	BonComprehensive	BonClassic	BonComplete	BonSavo	BonFit Select	Standard Standard Select	Drimary Soloct			
	BonComprehensive	BonClassic Main: R7 453	BonComplete Main: R6 040	BonSave Main: R3 782	BonFit Select Main: R2 524	Standard         Standard Select           Main:         R5 439         Main:         R4 915	Primary         Primary Select           Main:         R3 307         Main:         R2 946			
Monthly contributions (4th and subsequent children	Adult: R10 676	Adult: R6 398	Adult: R4 838	Adult: R2 859	Adult: R1 890	Adult: R4 715 Adult: R4 253	Adult:         R2 587         Adult:         R2 304			
covered free)	Child: R2 306	Child: R1 840	Child: R1 639	Child: R1 132	Child: R849	Child: R1596 Child: R1439	Child: R1052 Child: R936			
	Main: R25 632	Main: R12 636	Main: R10 848	Main: R11 352	Main: R4 536		I			
Savings	Adult: R24 168	Adult: R10 848	Adult: R8 688	Adult: R8 580	Adult: R3 396		N/A			
	Child: R5 220 Main: R5 210	Child: R3 120	Child: R2 940 Main: R2 260	Child: R3 396	Child: R1 524					
Self-payment gap	Adult: R4 320	N/A	Adult: R1 910	-		N/A				
	Child: R1 970	-	Child: R495	-						
			Main: R6 010							
Above threshold benefit	Unlimited	N/A	Adult: R3 520	-		N/A				
Overall day-to-day limit subject to			Child: R1 540							
below sublimits (*based on family size)						*Ranges from R13 440 - R24 650	*Ranges from R5 330 - R11 720			
Sublimits for GP & specialist benefit						*Ranges from R3 370 - R6 720 <b>On Standard Select:</b>	*Ranges from R2 240 - R5 040 <b>On Primary Select:</b>			
including virtual care consultations (*based on family size)						<ul> <li>Nomination of 2 network GPs applies</li> <li>2 non-nominated network GP visits allowed</li> </ul>	<ul> <li>Nomination of 2 network GPs applies</li> <li>2 non-nominated network GP visits allowed</li> </ul>			
						per family per year • Consultations with non-network GPs are limited to PMBs	per family per year • Consultations with non-network GPs are limited to PMBs			
Sublimits for acute and over-the-			N/A			*Ranges from R3 370 - R6 720 Over-the-counter medicine is limited to:	*Ranges from R1 680 - R3 370 Over-the-counter medicine is limited to:			
<b>counter medicine benefit</b> (*based on family size)						R895 per beneficiary R2 800 per family	Over-the-counter medicine is limited to: R535 per beneficiary R2 130 per family			
Sublimits for X-rays & blood tests	_					*Ranges from R3 370 - R6 720	*Ranges from R2 240 - R3 370			
benefit (*based on family size) Sublimits for auxiliary services benefit										
(*based on family size)						*Ranges from R3 370 - R6 720	*Ranges from R2 240 - R3 370			
	-	1		PITAL BENEFITS (pre-autho	risation required)					
Hospital cover	Unlimited Unlimited		Unlimited, ne	etwork applies		Unlimited Unlimited, network applies	Unlimited, network applies			
<b>GP and specialist consultations</b> (network doctors covered in full at the	Specialist covered at 150%, GP covered at 100% of the									
Bonitas Rate)	Bonitas Rate									
Blood tests and X-rays	D29 470 per family in and	D27 900 per family	P20.420		nlimited, 100% of the Bonitas R	ate				
MRIs and CT scans	R38 470 per family in and out-of-hospital	R37 800 per family in and out-of-hospital		per family -of-hospital 1	R20 550 per family in hospital	R34 020 per family in and out-of-hospital	R15 960 per family in and out-of-hospital			
Co-payment per scan event unless PMB		R2 800			R1	860	R2 240			
Internal and external prostheses	R67 640 for internal prosthesis per family	R71 190 per family	R57 630 per family	R41 070 per family	PMB only	R57 630 per family	PMB only			
	external prostheses R67 640 for external prostheses R67 640 for external prosthesis per family Prosthesis per family		use per ramily	(internal only)	. Me only		. No only			
 Internal nerve stimulators	R203 200 per family		IN	/A		R215 800 per family	N/A			
Cochlear implants	R341 000 per family	R362 100 per family				N/A				
Mental health hospitalisation Sublimit of hospitalisation for mental	R59 920 per family	R52 670 per family		R41 190 per family		R51 900 per family	R19 060 per family			
health consultations per family (in or out-of-hospital)		R20 310 p	per family		PMB only	R20 310 per family	R12 230 per family			
Take-home medicine	Limited to a 7-day supply up	Limited to a 7-day supply up	Limited to a 7-day supply up	Limited to a 7-day supply	up to R500 per hospital stay	Limited to a 7-day supply up to R605 per hospital stay	Limited to a 7-day supply up to R470 per hospital stay			
Physical rehabilitation	to R670 per hospital stay R60 900 per family	to R605 per hospital stay	to R535 per hospital stay		per family		R60 900 per family			
Alternatives to hospital	R20 310 per family				per family		R20 310 per family			
(hospice, step-down facilities) Palliative care (cancer only)	po. rommy				Unlimited, subject to the DSP		por rowning			
	Unlimited for PMBs	Unlimited for PMBs								
	R448 200 per family for non-PMBs (Paid at 80% at a	R336 100 per family for non-PMBs (Paid at 80% at a	Unlimited for PMBs	Linlimite	d for PMBs	Unlimited for PMBs	Unlimited for PMBs			
<b>Cancer treatment</b> (30% co-payment applies at non-DSP)	DSP and no cover at a non-DSP, once limit is	DSP and no cover at a non-DSP, once limit is	R280 100 per family for non-PMBs (Paid at 80% at a		PMBs (Paid at 80% at a DSP and	R280 100 per family for non-PMBs (Paid at 80% at a DSP and				
	reached) R448 200 of this can be used	reached) R157 800 of this can be used	DSP and no cover at a non-DSP, once limit is reached)		P, once limit is reached)	no cover at a non-DSP, once limit is reached)	and no cover at a non-DSP, once limit is reached)			
	for specialised drugs (including biological drugs)	for specialised drugs (including biological drugs)	reacried)							
Non-cancer specialised drugs (including biological drugs)	R247 400 per family				PME	3 only				
(including biological drugs) Organ transplants	·	<u>I</u>		Unlimited		PMB only				
Kidney dialysis					a DSP or 20% co-payment applie					
HIV/AIDS					INV/AIDC		1			
					, if you register on the HIV/AIDS You must use a network day	You must use a network day You must use a network day				
HIV/AIDS Day surgery procedures (applies to selected procedures)	Υοι	u must use a network day hospita	al or a R2 720 co-payment will a		1		You must use a network day hospital or a R2 720 co-payment will apply			
Day surgery procedures	Co-payment ap	plies for hip and knee replaceme	nts at a non-DSP	pply	You must use a network day hospital or a R5 440	You must use a network day hospital or a R2 720 hospital or a R2 440	hospital or a R2 720 hospital or a R5 440			
Day surgery procedures (applies to selected procedures)	Co-payment ap		nts at a non-DSP	pply	You must use a network day hospital or a R5 440 co-payment will apply	You must use a network day hospital or a R2 720 co-payment will apply Co-payment applies for hip and knee replacements at a	hospital or a R2 720 hospital or a R5 440 co-payment will apply co-payment will apply			
Day surgery procedures (applies to selected procedures)	Co-payment ap	plies for hip and knee replaceme	nts at a non-DSP	OUT-OF-HOSPITAL BE	You must use a network day hospital or a R5 440 co-payment will apply Yes	You must use a network day hospital or a R2 720 co-payment will apply Co-payment applies for hip and knee replacements at a non-DSP Co-payment applies for cataract surgery at a non-DSP	hospital or a R2 720 co-payment will apply Yes			
Day surgery procedures (applies to selected procedures) Co-payments for certain procedures GP consultations	Co-payment ap	plies for hip and knee replaceme	nts at a non-DSP	pply OUT-OF-HOSPITAL BE Paid from av Additional benefit for GP co	You must use a network day hospital or a R5 440 co-payment will apply (es <b>NEFITS</b> ailable savings onsultations when savings are	You must use a network day hospital or a R2 720 co-payment will apply       You must use a network day hospital or a R5 440 co-payment will apply         Co-payment applies for hip and knee replacements at a non-DSP       non-DSP         Co-payment applies for cataract surgery at a non-DSP         Paid from available GP & specialist benefit sublimit	hospital or a R2 720       hospital or a R5 440         co-payment will apply       Yes         Yes       Paid from available GP & specialist benefit sublimit			
Day surgery procedures (applies to selected procedures) Co-payments for certain procedures	Co-payment ap Co-payme	plies for hip and knee replaceme ant applies for cataract surgery at	nts at a non-DSP	pply OUT-OF-HOSPITAL BE Paid from av Additional benefit for GP cc finished (limited to 1 per ben	You must use a network day hospital or a R5 440 co-payment will apply Yes NEFITS ailable savings	You must use a network day hospital or a R2 720 co-payment will apply Co-payment applies for hip and knee replacements at a non-DSP Co-payment applies for cataract surgery at a non-DSP	hospital or a R2 720       hospital or a R5 440         co-payment will apply       Yes         Yes       Paid from available GP & specialist benefit sublimit			
Day surgery procedures (applies to selected procedures) Co-payments for certain procedures GP consultations	Co-payment ap Co-payme	plies for hip and knee replaceme ant applies for cataract surgery at	nts at a non-DSP	pply OUT-OF-HOSPITAL BE Paid from av Additional benefit for GP cc finished (limited to 1 per ben	You must use a network day hospital or a R5 440 co-payment will apply (es <b>NEFITS</b> ailable savings onsultations when savings are eficiary, maximum 2 per family)	You must use a network day hospital or a R2 720 co-payment will apply       You must use a network day hospital or a R5 440 co-payment will apply         Co-payment applies for hip and knee replacements at a non-DSP       non-DSP         Co-payment applies for cataract surgery at a non-DSP         Paid from available GP & specialist benefit sublimit         2 Additional network GP consultations per family when the	hospital or a R2 720       hospital or a R5 440         co-payment will apply       Yes         Yes       Paid from available GP & specialist benefit sublimit         1 Additional network GP consultation per family when the			
Day surgery procedures (applies to selected procedures)         Co-payments for certain procedures         GP consultations (including virtual care consultations)         Specialist consultations         X-rays and ultrasounds	Co-payment ap Co-payme Paid from available savings and/or above threshold	plies for hip and knee replaceme ent applies for cataract surgery at Paid from available savings Paid from available savings R4 060 per beneficiary R8 980 per family	nts at a non-DSP	pply OUT-OF-HOSPITAL BE Paid from av Additional benefit for GP cc finished (limited to 1 per ben	You must use a network day hospital or a R5 440 co-payment will apply (es <b>NEFITS</b> ailable savings onsultations when savings are eficiary, maximum 2 per family)	You must use a network day hospital or a R2 720 co-payment will apply       You must use a network day hospital or a R5 440 co-payment will apply         Co-payment applies for hip and knee replacements at a non-DSP       Co-payment applies for cataract surgery at a non-DSP         Paid from available GP & specialist benefit sublimit       2 Additional network GP consultations per family when the GP & specialist consultations sublimit is reached         2 Additional network specialist consultations	hospital or a R2 720 co-payment will apply       hospital or a R5 440 co-payment will apply         Yes         Paid from available GP & specialist benefit sublimit         1 Additional network GP consultation per family when the GP & specialist consultations sublimit is reached			
Day surgery procedures (applies to selected procedures)         Co-payments for certain procedures         GP consultations (including virtual care consultations)         Specialist consultations         X-rays and ultrasounds         Blood tests	Co-payment app Co-payme Paid from available savings and/or above threshold benefit	plies for hip and knee replaceme ant applies for cataract surgery at Paid from available savings Paid from available savings R4 060 per beneficiary	nts at a non-DSP	pply OUT-OF-HOSPITAL BE Paid from av Additional benefit for GP cc finished (limited to 1 per ben	You must use a network day hospital or a R5 440 co-payment will apply (es <b>NEFITS</b> ailable savings onsultations when savings are eficiary, maximum 2 per family)	You must use a network day hospital or a R2 720 co-payment will apply       You must use a network day hospital or a R5 440 co-payment will apply         Co-payment applies for hip and knee replacements at a non-DSP       Co-payment applies for cataract surgery at a non-DSP         Paid from available GP & specialist benefit sublimit       2 Additional network GP consultations per family when the GP & specialist consultations sublimit is reached         2 Additional network specialist consultations	hospital or a R2 720 co-payment will apply       hospital or a R5 440 co-payment will apply         Yes         Paid from available GP & specialist benefit sublimit         1 Additional network GP consultation per family when the GP & specialist consultations sublimit is reached         1 Additional network specialist consultation			
Day surgery procedures (applies to selected procedures)         Co-payments for certain procedures         GP consultations (including virtual care consultations)         Specialist consultations         X-rays and ultrasounds         Blood tests         Acute medicine 20% co-payment for non-DSP/	Co-payment ap Co-payment Paid from available savings and/or above threshold benefit Paid from available savings and/or above threshold	plies for hip and knee replaceme ent applies for cataract surgery at Paid from available savings Paid from available savings R4 060 per beneficiary R8 980 per family	nts at a non-DSP	pply OUT-OF-HOSPITAL BE Paid from av Additional benefit for GP cc finished (limited to 1 per ben	You must use a network day hospital or a R5 440 co-payment will apply (es <b>NEFITS</b> ailable savings onsultations when savings are eficiary, maximum 2 per family)	You must use a network day hospital or a R2 720 co-payment will apply       You must use a network day hospital or a R5 440 co-payment will apply         Co-payment applies for hip and knee replacements at a non-DSP       Co-payment applies for cataract surgery at a non-DSP         Paid from available GP & specialist benefit sublimit       2 Additional network GP consultations per family when the GP & specialist consultations sublimit is reached         2 Additional network specialist consultations	hospital or a R2 720 co-payment will apply       hospital or a R5 440 co-payment will apply         Yes         Paid from available GP & specialist benefit sublimit         1 Additional network GP consultation per family when the GP & specialist consultations sublimit is reached         1 Additional network specialist consultation			
Day surgery procedures (applies to selected procedures)         Co-payments for certain procedures         GP consultations (including virtual care consultations)         Specialist consultations         X-rays and ultrasounds         Blood tests         Acute medicine 20% co-payment for non-DSP/ non-formulary use	Co-payment ap Co-payme Paid from available savings and/or above threshold benefit Paid from available savings	plies for hip and knee replaceme ent applies for cataract surgery at Paid from available savings Paid from available savings R4 060 per beneficiary R8 980 per family	ints at a non-DSP t a non-DSP	pply OUT-OF-HOSPITAL BE Paid from av Additional benefit for GP cc finished (limited to 1 per ben	You must use a network day hospital or a R5 440 co-payment will apply (es <b>NEFITS</b> ailable savings onsultations when savings are eficiary, maximum 2 per family)	You must use a network day hospital or a R2 720 co-payment will apply       You must use a network day hospital or a R5 440 co-payment will apply         Co-payment applies for hip and knee replacements at a non-DSP       non-DSP         Co-payment applies for cataract surgery at a non-DSP         Paid from available GP & specialist benefit sublimit         2 Additional network GP consultations per family when the GP & specialist consultations sublimit is reached         2 Additional network specialist consultations         Paid from available acute and over-the-counter medicine benefit sublimit         Over-the-counter medicine is limited to:	hospital or a R2 720 co-payment will apply       hospital or a R5 440 co-payment will apply         Yes         Paid from available GP & specialist benefit sublimit         1 Additional network GP consultation per family when the GP & specialist consultations sublimit is reached         1 Additional network SP consultations sublimit is reached         1 Additional network specialist consultation         Ind blood tests benefit sublimit         Paid from available acute and over-the-counter medicine benefit sublimit         Over-the-counter medicine is limited to:			
Day surgery procedures (applies to selected procedures)         Co-payments for certain procedures         GP consultations (including virtual care consultations)         Specialist consultations         X-rays and ultrasounds         Blood tests         Acute medicine 20% co-payment for non-DSP/ non-formulary use         Over-the-counter medicine 20% co-payment for non-DSP/	Co-payment ap Co-payment Co-payment Paid from available savings and/or above threshold benefit Paid from available savings and/or above threshold benefit	plies for hip and knee replaceme ent applies for cataract surgery at Paid from available savings Paid from available savings R4 060 per beneficiary R8 980 per family	Paid from available savings and/or above threshold	pply OUT-OF-HOSPITAL BE Paid from av Additional benefit for GP co finished (limited to 1 per ben paid at the	You must use a network day hospital or a R5 440 co-payment will apply (es <b>NEFITS</b> ailable savings onsultations when savings are eficiary, maximum 2 per family)	You must use a network day hospital or a R2 720 co-payment will apply       You must use a network day hospital or a R5 440 co-payment will apply         Co-payment applies for hip and knee replacements at a non-DSP       non-DSP         Co-payment applies for cataract surgery at a non-DSP         Paid from available GP & specialist benefit sublimit         2 Additional network GP consultations per family when the GP & specialist consultations sublimit is reached         2 Additional network specialist consultations         Paid from available acute and over-the-counter medicine benefit sublimit	hospital or a R2 720 co-payment will apply       hospital or a R5 440 co-payment will apply         Yes         Paid from available GP & specialist benefit sublimit         1 Additional network GP consultation per family when the GP & specialist consultations sublimit is reached         1 Additional network Specialist consultation         Ind blood tests benefit sublimit         Paid from available acute and over-the-counter medicine benefit sublimit			
Day surgery procedures (applies to selected procedures)         Co-payments for certain procedures         GP consultations (including virtual care consultations)         Specialist consultations         X-rays and ultrasounds         Blood tests         Acute medicine 20% co-payment for non-DSP/ non-formulary use         Over-the-counter medicine 20% co-payment for non-DSP/ non-formulary use         Allied medical professionals	Co-payment ap Co-payment Co-payment Paid from available savings and/or above threshold benefit Paid from available savings and/or above threshold benefit Medicine limited to R17 850 per family above	plies for hip and knee replaceme ent applies for cataract surgery at Paid from available savings Paid from available savings R4 060 per beneficiary R8 980 per family	Paid from available savings and/or above threshold	pply OUT-OF-HOSPITAL BE Paid from av Additional benefit for GP co finished (limited to 1 per ben paid at the	You must use a network day hospital or a R5 440 co-payment will apply //es <b>NEFITS</b> ailable savings onsultations when savings are eficiary, maximum 2 per family) Bonitas Rate	You must use a network day hospital or a R2 720 co-payment will apply       You must use a network day hospital or a R5 440 co-payment will apply         Co-payment applies for hip and knee replacements at a non-DSP       non-DSP         Co-payment applies for cataract surgery at a non-DSP         Paid from available GP & specialist benefit sublimit         2 Additional network GP consultations per family when the GP & specialist consultations sublimit is reached         2 Additional network specialist consultations         Paid from available acute and over-the-counter medicine benefit sublimit         Over-the-counter medicine is limited to: R895 per beneficiary	hospital or a R2 720 co-payment will apply       hospital or a R5 440 co-payment will apply         Yes         Paid from available GP & specialist benefit sublimit         1 Additional network GP consultation per family when the GP & specialist consultations sublimit is reached         1 Additional network SP consultations sublimit is reached         1 Additional network specialist consultation         Paid from available acute and over-the-counter medicine benefit sublimit         Over-the-counter medicine is limited to: R565 per beneficiary			
Day surgery procedures (applies to selected procedures)         Co-payments for certain procedures         GP consultations (including virtual care consultations)         Specialist consultations         X-rays and ultrasounds         Blood tests         Acute medicine 20% co-payment for non-DSP/ non-formulary use         Over-the-counter medicine 20% co-payment for non-DSP/ non-formulary use	Co-payment ap Co-payment Co-payment Paid from available savings and/or above threshold benefit Paid from available savings and/or above threshold benefit Medicine limited to R17 850 per family above	plies for hip and knee replaceme ent applies for cataract surgery at Paid from available savings Paid from available savings R4 060 per beneficiary R8 980 per family (Combined benefit)	Paid from available savings and/or above threshold	pply OUT-OF-HOSPITAL BE Paid from av Additional benefit for GP co finished (limited to 1 per ben paid at the	You must use a network day hospital or a R5 440 co-payment will apply //es <b>NEFITS</b> ailable savings onsultations when savings are eficiary, maximum 2 per family) Bonitas Rate	You must use a network day hospital or a R2 720 co-payment will apply       You must use a network day hospital or a R5 440 co-payment will apply         Co-payment applies for hip and knee replacements at a non-DSP       Co-payment applies for cataract surgery at a non-DSP         Co-payment applies for cataract surgery at a non-DSP       Paid from available GP & specialist benefit sublimit         2 Additional network GP consultations per family when the GP & specialist consultations sublimit is reached       2 Additional network specialist consultations         Paid from available acute and over-the-counter medicine benefit sublimit       Over-the-counter medicine is limited to: R895 per beneficiary R2 800 per family	hospital or a R2 720 co-payment will apply       hospital or a R5 440 co-payment will apply         Yes         Paid from available GP & specialist benefit sublimit         1 Additional network GP consultation per family when the GP & specialist consultations sublimit is reached         1 Additional network SP consultations sublimit is reached         1 Additional network specialist consultation         Paid from available acute and over-the-counter medicine benefit sublimit         Over-the-counter medicine is limited to: R565 per beneficiary			
Day surgery procedures (applies to selected procedures)         Co-payments for certain procedures         GP consultations (including virtual care consultations)         Specialist consultations         X-rays and ultrasounds         Blood tests         Acute medicine 20% co-payment for non-DSP/ non-formulary use         Over-the-counter medicine 20% co-payment for non-DSP/ non-formulary use         Allied medical professionals (such as dietician, speech and	Co-payment app Co-payment Paid from available savings and/or above threshold benefit Paid from available savings and/or above threshold benefit Medicine limited to R17 850 per family above threshold Paid from available savings	plies for hip and knee replaceme ent applies for cataract surgery at Paid from available savings Paid from available savings R4 060 per beneficiary R8 980 per family (Combined benefit)	Paid from available savings and/or above threshold	pply OUT-OF-HOSPITAL BE Paid from av Additional benefit for GP co finished (limited to 1 per ben paid at the	You must use a network day hospital or a R5 440 co-payment will apply //es <b>NEFITS</b> ailable savings onsultations when savings are eficiary, maximum 2 per family) Bonitas Rate	You must use a network day hospital or a R2 720 co-payment will apply       You must use a network day hospital or a R5 440 co-payment will apply         Co-payment applies for hip and knee replacements at a non-DSP       Co-payment applies for cataract surgery at a non-DSP         Co-payment applies for cataract surgery at a non-DSP       Paid from available GP & specialist benefit sublimit         2 Additional network GP consultations per family when the GP & specialist consultations sublimit is reached       2 Additional network specialist consultations         Paid from available acute and over-the-counter medicine benefit sublimit       Over-the-counter medicine is limited to: R895 per beneficiary R2 800 per family	hospital or a R2 720 co-payment will apply       hospital or a R5 440 co-payment will apply         Yes         Paid from available GP & specialist benefit sublimit         1 Additional network GP consultation per family when the GP & specialist consultations sublimit is reached         1 Additional network specialist consultation         Ind blood tests benefit sublimit         Paid from available acute and over-the-counter medicine benefit sublimit         Over-the-counter medicine is limited to: R565 per beneficiary R2 240 per family			
Day surgery procedures (applies to selected procedures)         Co-payments for certain procedures         GP consultations (including virtual care consultations)         Specialist consultations         X-rays and ultrasounds         Blood tests         Acute medicine 20% co-payment for non-DSP/ non-formulary use         Over-the-counter medicine 20% co-payment for non-DSP/ non-formulary use         Allied medical professionals (such as dietician, speech and occupational therapist)         Physiotherapy, podiatry and biokinetics	Co-payment app Co-payment Paid from available savings and/or above threshold benefit Paid from available savings and/or above threshold benefit Medicine limited to R17 850 per family above threshold Paid from available savings and/or above threshold benefit	plies for hip and knee replaceme ent applies for cataract surgery at Paid from available savings Paid from available savings R4 060 per beneficiary R8 980 per family (Combined benefit)	Paid from available savings and/or above threshold	pply OUT-OF-HOSPITAL BE Paid from av Additional benefit for GP co finished (limited to 1 per ben paid at the	You must use a network day hospital or a R5 440 co-payment will apply //es <b>NEFITS</b> ailable savings onsultations when savings are eficiary, maximum 2 per family) Bonitas Rate	You must use a network day hospital or a R2 720 co-payment will apply       You must use a network day hospital or a R5 440 co-payment will apply         Co-payment applies for hip and knee replacements at a non-DSP       or payment will apply         Paid from available GP & specialist benefit sublimit         2 Additional network GP consultations per family when the GP & specialist consultations sublimit is reached         2 Additional network Specialist consultations         Paid from available acute and over-the-counter medicine benefit sublimit         Over-the-counter medicine is limited to: R895 per beneficiary R2 800 per family         Paid from available acute and over amaly         Paid from available acute and over family	hospital or a R2 720 co-payment will apply       hospital or a R5 440 co-payment will apply         Yes         Paid from available GP & specialist benefit sublimit         1 Additional network GP consultation per family when the GP & specialist consultations sublimit is reached         1 Additional network GP consultations sublimit is reached         1 Additional network specialist consultation         Ind blood tests benefit sublimit         Paid from available acute and over-the-counter medicine benefit sublimit         Over-the-counter medicine is limited to: R565 per beneficiary R2 240 per family         iary services benefit sublimit         Subject to the available overall day-to-day limit			
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Note: CPAP machines subject to Managed Care protocols acility of a hospital or children under the age of 6         aid from available GP & specialist day-to-day benefit         N/A         N/A			
Day surgery procedures (applies to selected procedures)Co-payments for certain proceduresGP consultations (including virtual care consultations)Specialist consultationsX-rays and ultrasoundsBlood testsAcute medicine 20% co-payment for non-DSP/ non-formulary useOver-the-counter medicine 20% co-payment for non-DSP/ non-formulary useAllied medical professionals (such as dietician, speech and occupational therapist)Physiotherapy, podiatry and biokineticsGeneral medical appliancesEmergency room benefit (NEW) (For emergencies only)Insulin pump or continuous glucose monitor (Limited to one device per type 1 diabetic for beneficiaries younger than 18)Blood pressure monitor (Subject to registration of chronic condition - hypertension)Audiology (Hearing aids, consultations and tests)Optometry	Co-payment ap Co-payment Co-payment Paid from available savings and/or above threshold benefit Paid from available savings and/or above threshold benefit Medicine limited to R17 850 per family above threshold Paid from available savings and/or above threshold benefit Paid from available savings 2 emergency consultations If it is not classified as an emergency, it will be paid from available savings and/ or above threshold benefit R89 420 per family even R1200 per family even R1200 per family even R11200 per family All tests and consultations lin Paid from available savings and/or above threshold benefit	Paid from available savings Paid from available savings R4 060 per beneficiary R8 980 per family (Combined benefit) Paid from available savings R4 060 per beneficiary R8 980 per family (Combined benefit) Paid from available savings Paid from available savings If it is not classified as an emergency, it will be paid from available savings ery 5 years (Consumables limited ailable savings nily every 2 years R9 700 per device (maximum two devices per beneficiary), once every 3 years (based on the date of your previous claim) mited to the Hearing Loss Manag a network provider	Paid from available savings and/or above threshold benefit Paid from available savings and/or above threshold benefit emergency room facility of a If it is not classified as an emergency, it will be paid from available savings and/ or above threshold benefit d to R89 420 per family) Paid from available savings and/or above threshold benefit R1 200 per family every 2 years R9 700 per device (maximum two devices per beneficiary), once every 3 years (based on the date of your previous claim) gement Programme and use of Paid from available savings and/or above threshold benefit	pply OUT-OF-HOSPITAL BE Paid from av Additional benefit for GP cc finished (limited to 1 per ben paid at the Paid from av Paid from av If it is not classified as an er availab	You must use a network day hospital or a R5 440 co-payment will apply (es <b>NEFITS</b> ailable savings onsultations when savings are eficiary, maximum 2 per family) Bonitas Rate ailable savings 2 emergency consultation 2 emergency consultation mergency, it will be paid from le savings J/A J/A	You must use a network day hospital or a R2 720 co-payment will apply Co-payment applies for hip and knee replacements at a non-DSP Co-payment applies for cataract surgery at a non-DSP Co-payment applies for cataract surgery at a non-DSP Co-payment applies for cataract surgery at a non-DSP Co-payment applies for cataract surgery at a non-DSP Paid from available GP & specialist benefit sublimit 2 Additional network GP consultations per family when the GP & specialist consultations sublimit is reached 2 Additional network specialist consultations Paid from available acute and over-the-counter medicine benefit sublimit Over-the-counter medicine is limited to: R895 per beneficiary R2 800 per family Paid from available auxil Subject to the available overall day-to-day limit R8 550 per family for Stoma Care and CPAP machines. 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Note: CPAP machines subject to Managed Care protocols acility of a hospital or children under the age of 6         aid from available GP & specialist day-to-day benefit         N/A       N/A         N/A       N/A			
Day surgery procedures (applies to selected procedures)Co-payments for certain proceduresGP consultations (including virtual care consultations)Specialist consultationsX-rays and ultrasoundsBlood testsAcute medicine 20% co-payment for non-DSP/ non-formulary useOver-the-counter medicine 20% co-payment for non-DSP/ non-formulary useAllied medical professionals (such as dietician, speech and occupational therapist)Physiotherapy, podiatry and biokineticsGeneral medical appliancesEmergency room benefit (NEW) (For emergencies only)Insulin pump or continuous glucose monitor (Limited to one device per type 1 diabetic for beneficiaries younger than 18)Blood pressure monitor (Subject to registration of chronic condition - hypertension)Audiology (Hearing aids, consultations and tests)Optometry (once every 2 years)	Co-payment ap Co-payment Co-payment Paid from available savings and/or above threshold benefit Paid from available savings and/or above threshold benefit Medicine limited to R17 850 per family above threshold Paid from available savings and/or above threshold benefit Paid from available savings 2 emergency consultations If it is not classified as an emergency, it will be paid from available savings and/ or above threshold benefit R89 420 per family even R1200 per family even R1200 per family even R11200 per family All tests and consultations lin Paid from available savings and/or above threshold benefit	plies for hip and knee replacement applies for cataract surgery at         Paid from available savings         Paid from available savings         R4 060 per beneficiary R8 980 per family (Combined benefit)         Paid from available savings         per family at a casualty ward or hospital         If it is not classified as an emergency, it will be paid from available savings         ery 5 years (Consumables limited ailable savings nily every 2 years         R9 700 per device (maximum two devices per beneficiary), on ce every 3 years (based on the date of your previous claim)         mited to the Hearing Loss Manag a network provider         Paid from Risk         R6 155 per family, per year	Paid from available savings and/or above threshold benefit emergency room facility of a If it is not classified as an emergency, it will be paid from available savings and/ or above threshold benefit d to R89 420 per family) Paid from available savings and/or above threshold benefit R1 200 per family every 2 years R9 700 per device (maximum two devices per beneficiary), once every 3 years (based on the date of your previous claim) gement Programme and use of Paid from available savings and/or above threshold benefit R1 200 per family every 2 years	pply OUT-OF-HOSPITAL BE Paid from av Additional benefit for GP cc finished (limited to 1 per ben paid at the Paid from av Paid from av If it is not classified as an ee availab Paid from av Paid from av Paid from av	You must use a network day hospital or a R5 440 co-payment will apply (es <b>NEFITS</b> ailable savings onsultations when savings are eficiary, maximum 2 per family) Bonitas Rate ailable savings 2 emergency consultation 2 emergency consultation mergency, it will be paid from le savings J/A J/A	You must use a network day hospital or a R2 720 co-payment will apply Co-payment applies for hip and knee replacements at a non-DSP Co-payment applies for cataract surgery at a non-DSP Co-payment applies for cataract surgery at a non-DSP Co-payment applies for cataract surgery at a non-DSP Paid from available GP & specialist benefit sublimit 2 Additional network GP consultations per family when the GP & specialist consultations sublimit is reached 2 Additional network specialist consultations Paid from available acute and over-the-counter medicine benefit sublimit Over-the-counter medicine is limited to: R895 per beneficiary R2 800 per family Paid from available acute and over-the-counter medicine benefit sublimit Over-the-counter medicine is limited to: R895 per beneficiary R2 800 per family Paid from available auxil Subject to the available overall day-to-day limit R8 550 per family for Stoma Care and CPAP machines. 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Note: CPAP machines subject to Managed Care protocols         acility of a hospital or children under the age of 6         aid from available GP & specialist day-to-day benefit         N/A       N/A         Paid from Risk       Paid from Risk			
Day surgery procedures (applies to selected procedures)Co-payments for certain proceduresGP consultations (including virtual care consultations)Specialist consultationsX-rays and ultrasoundsBlood testsAcute medicine 20% co-payment for non-DSP/ non-formulary useOver-the-counter medicine 20% co-payment for non-DSP/ non-formulary useAllied medical professionals (such as dietician, speech and occupational therapist)Physiotherapy, podiatry and biokineticsGeneral medical appliancesEmergency room benefit (NEW) (For emergencies only)Insulin pump or continuous glucose monitor (Limited to one device per type 1 diabetic for beneficiaries younger than 18)Blood pressure monitor (Subject to registration of chronic condition - hypertension)Audiology (Hearing aids, consultations and tests)Optometry (once every 2 years)Basic dentistry (Managed Care protocols apply)Specialised dentistry	Co-payment app Co-payment Co-payment and/or above threshold benefit         Paid from available savings and/or above threshold benefit         Medicine limited to R17 850 per family above threshold         Paid from available savings and/or above threshold benefit         Paid from available savings and/or above threshold benefit         Paid from available savings         2 emergency consultations         If it is not classified as an emergency, it will be paid from available savings and/ or above threshold benefit         R89 420 per family even R1200 per family even R1200 per family even gaid from available savings and/or above threshold benefit         R10 900 per device (maximum two devices per beneficiary), once every 3 years (based on the date of your previous claim)         All tests and consultations lint         Paid from available savings and/or above threshold benefit, limited to R4 053 per beneficiary	plies for hip and knee replacement applies for cataract surgery at         Paid from available savings         Paid from available savings         R4 060 per beneficiary R8 980 per family (Combined benefit)         Paid from available savings         Paid from available savings         If it is not classified as an emergency, it will be paid from available savings         ery 5 years (Consumables limited from available savings         R9 700 per device (maximum two devices per beneficiary), once every 3 years (based on the date of your previous claim)         mited to the Hearing Loss Manag a network provider         Paid from Risk         R6 155 per family, per year         R7 410 per family, per year Covered at the Bonitas	Paid from available savings and/or above threshold benefit Paid from available savings and/or above threshold benefit emergency room facility of a If it is not classified as an emergency, it will be paid from available savings and/ or above threshold benefit d to R89 420 per family) Paid from available savings and/or above threshold benefit R1 200 per family every 2 years R9 700 per device (maximum two devices per beneficiary), once every 3 years (based on the date of your previous claim) pement Programme and use of Paid from available savings and/or above threshold benefit R1 200 per family every 2 years (based on the date of your previous claim)	pply OUT-OF-HOSPITAL BE Paid from av Additional benefit for GP cc finished (limited to 1 per ben paid at the Paid from av Paid from av If it is not classified as an ee availab Paid from av Paid from av Paid from av	You must use a network day hospital or a R5 440 co-payment will apply (es NEFITS ailable savings onsultations when savings are eficiary, maximum 2 per family) Bonitas Rate ailable savings 2 emergency consultation 2 emergency consultation mergency, it will be paid from le savings I/A I/A I/A	You must use a network day hospital or a R2 720 co-payment will apply Co-payment applies for hip and knee replacements at a non-DSP Co-payment applies for cataract surgery at a non-DSP Co-payment applies for cataract surgery at a non-DSP Paid from available GP & specialist benefit sublimit 2 Additional network GP consultations per family when the GP & specialist consultations sublimit is reached 2 Additional network specialist consultations Paid from available acute and over-the-counter medicine benefit sublimit Over-the-counter medicine is limited to: R895 per beneficiary R2 800 per family Paid from available auxil Paid from available acute and over-the-counter medicine subject to the available overall day-to-day limit R8 550 per family for Stoma Care and CPAP machines. Note: CPAP machines subject to Managed Care protocols multations per family for Stoma Care and CPAP machines. Note: CPAP machines subject to Managed Care protocols multations per family at a casualty ward or emergency room facility of a hospital for If it is not classified as an emergency, it will be p If it is not classified as an emergency, it will be p R89 420 per family every 5 years (Consumables limited to R89 420 per family every 5 years (Consumables limited to R89 420 per family every 2 years R9 100 per device (maximum two devices per family), once every 3 years (based on the date of your previous claim) All tests and consultations limited to the Audiology Benefit Management Programme and use of a network provider Paid from Risk Covered at the Bonitas Dental Tariff, subject to the Bonitas	hospital or a R2 720 co-payment will apply       hospital or a R5 440 co-payment will apply         Yes         Paid from available GP & specialist benefit sublimit         1 Additional network GP consultation per family when the GP & specialist consultations sublimit is reached 1 Additional network specialist consultation         Ind blood tests benefit sublimit         Paid from available acute and over-the-counter medicine benefit sublimit         Over-the-counter medicine is limited to: R555 per beneficiary R2 240 per family         R2 30 per family for Stoma Care and CPAP machines. Note: CPAP machines subject to Managed Care protocols         acility of a hospital or children under the age of 6         aid from available GP & specialist day-to-day benefit         N/A         N/A         N/A         Paid from Risk			
Day surgery procedures (applies to selected procedures)Co-payments for certain proceduresGP consultations (including virtual care consultations)Specialist consultationsX-rays and ultrasoundsBlood testsAcute medicine 20% co-payment for non-DSP/ non-formulary useOver-the-counter medicine 20% co-payment for non-DSP/ non-formulary useAllied medical professionals (such as dietician, speech and occupational therapist)Physiotherapy, podiatry and biokineticsGeneral medical appliancesEmergency room benefit (NEW) (For emergencies only)Insulin pump or continuous glucose monitor (Limited to one device per type 1 diabetic for beneficiaries younger than 18)Blood pressure monitor (Subject to registration of chronic condition - hypertension)Audiology (IHearing aids, consultations and tests)Deptometry (once every 2 years)Basic dentistry (Managed Care protocols apply)	Co-payment approximate         Paid from available savings and/or above threshold benefit         Paid from available savings and/or above threshold benefit         Medicine limited to R17 850 per family above threshold benefit         Paid from available savings and/or above threshold benefit         Raid from available savings and/or above threshold benefit         Raid from available savings and/or above threshold benefit         R89 420 per family events         R10 900 per device (maximum two devices per beneficiary), once every 3 years (based on the date of your previous claim)         All tests and consultations limited to R4 053 per beneficiary         Paid from available savings and/or above threshold benefit, limited to R4 053 per beneficiary	plies for hip and knee replacement applies for cataract surgery at         Paid from available savings         Paid from available savings         R4 060 per beneficiary         R8 980 per family         (Combined benefit)         Paid from available savings         Paid from available savings         R4 060 per beneficiary         R8 980 per family         (Combined benefit)         Paid from available savings         per family at a casualty ward or thospital         If it is not classified as an emergency, it will be paid from available savings         ailable savings         nily every 2 years         R9 700 per device (maximum two devices per beneficiary), once every 3 years (based on the date of your previous claim)         mited to the Hearing Loss Managa a network provider         Paid from Risk         R6 155 per family, per year         R7 410 per family, per year         R7 410 per datily Borytar         Covered at the Borytar         Covered at the Borytar         R7 410 per family, per year         R7 410 per family, per year         R7 410 per family, per year         R7 410 per datily Borytar         Covered at the Borytar         Covered at the Borytar         Dental Tariff	Paid from available savings and/or above threshold benefit Paid from available savings and/or above threshold benefit emergency room facility of a If it is not classified as an emergency, it will be paid from available savings and/ or above threshold benefit d to R89 420 per family) Paid from available savings and/or above threshold benefit R1 200 per family every 2 years R9 700 per device (maximum two devices per beneficiary), once every 3 years (based on the date of your previous claim) gement Programme and use of Paid from available savings and/or above threshold benefit R1 200 per device (maximum two devices per beneficiary), once every 3 years (based on the date of your previous claim) gement Programme and use of Paid from available savings and/or above threshold benefit	pply OUT-OF-HOSPITAL BE Paid from av Additional benefit for GP cc finished (limited to 1 per ben paid at the Paid from av Paid from av If it is not classified as an ee availab Paid from av Paid from av Paid from av	You must use a network day hospital or a R5 440 co-payment will apply (es NEFITS ailable savings onsultations when savings are eficiary, maximum 2 per family) Bonitas Rate ailable savings 2 emergency consultation 2 emergency consultation mergency, it will be paid from le savings I/A I/A I/A	You must use a network day hospital or a R2 720 co-payment will apply Co-payment applies for hip and knee replacements at a non-DSP Co-payment applies for cataract surgery at a non-DSP Co-payment applies for cataract surgery at a non-DSP Paid from available GP & specialist benefit sublimit 2 Additional network GP consultations per family when the GP & specialist consultations sublimit is reached 2 Additional network specialist consultations Paid from available acute and over-the-counter medicine benefit sublimit Over-the-counter medicine is limited to: R895 per beneficiary R2 800 per family Paid from available acute and over-the-counter medicine busenefit sublimit Over-the-counter medicine is limited to: R895 per beneficiary R2 800 per family Paid from available auxil I fit is not classified as an emergency room facility of a hospital fo If it is not classified as an emergency, it will be p If it is not classified as an emergency, it will be p R89 420 per family every 5 years (Consumables limited to R89 420 per family or stoma classified as an emergency, it will be p R89 100 per device (maximum two devices per family), once every 3 years (based on the date of your previous claim) All tests and consultations limited to the Audiology Benefit Management Programme and use of a network provider Paid from Risk Covered at the Bonitas Dental Tariff, subject to the Bonitas Dental Management Programme	hospital or a R2 720 co-payment will apply       hospital or a R5 440 co-payment will apply         Yes         Paid from available GP & specialist benefit sublimit         1 Additional network GP consultation per family when the GP & specialist consultations sublimit is reached 1 Additional network specialist consultation         md blood tests benefit sublimit         Paid from available acute and over-the-counter medicine benefit sublimit         Over-the-counter medicine is limited to: R565 per beneficiary R2 240 per family         Subject to the available overall day-to-day limit R8 230 per family for Stoma Care and CPAP machines. Note: CPAP machines subject to Managed Care protocols acility of a hospital or children under the age of 6         aid from available GP & specialist day-to-day benefit         N/A         N/A         Paid from Risk         Covered at 75% of the Bonitas Dental Tariff, subject to the Bonitas Dental Management Programme and a Designated Service Provider			
Day surgery procedures (applies to selected procedures)         Co-payments for certain procedures         GP consultations (including virtual care consultations)         Specialist consultations         X-rays and ultrasounds         Blood tests         Acute medicine 20% co-payment for non-DSP/ non-formulary use         Over-the-counter medicine 20% co-payment for non-DSP/ non-formulary use         Allied medical professionals (such as dietician, speech and occupational therapist)         Physiotherapy, podiatry and biokinetics         General medical appliances         Emergency room benefit (NEW) (For emergencies only)         Insulin pump or continuous glucose monitor (Limited to one device per type 1 diabetic for beneficiaries younger than 18)         Blood pressure monitor (Subject to registration of chronic condition - hypertension)         Audiology (Hearing aids, consultations and tests)         Optometry (once every 2 years)         Basic dentistry (Managed Care protocols apply)         Specialised dentistry (Managed Care protocols apply)	Co-payment approximate         Paid from available savings and/or above threshold benefit         Paid from available savings and/or above threshold benefit         Medicine limited to R17 850 per family above threshold benefit         Paid from available savings and/or above threshold benefit         Raid from available savings and/or above threshold benefit         Raid from available savings and/or above threshold benefit         R89 420 per family events         R10 900 per device (maximum two devices per beneficiary), once every 3 years (based on the date of your previous claim)         All tests and consultations limited to R4 053 per beneficiary         Paid from available savings and/or above threshold benefit, limited to R4 053 per beneficiary	plies for hip and knee replacement applies for cataract surgery at         Paid from available savings         Paid from available savings         R4 060 per beneficiary R8 980 per family (Combined benefit)         Paid from available savings         Paid from available savings         If it is not classified as an emergency, it will be paid from available savings         ery 5 years (Consumables limited from available savings         R9 700 per device (maximum two devices per beneficiary), once every 3 years (based on the date of your previous claim)         mited to the Hearing Loss Manag a network provider         Paid from Risk         R6 155 per family, per year         R7 410 per family, per year Covered at the Bonitas	Paid from available savings and/or above threshold benefit Paid from available savings and/or above threshold benefit emergency room facility of a If it is not classified as an emergency, it will be paid from available savings and/ or above threshold benefit d to R89 420 per family) Paid from available savings and/or above threshold benefit R1 200 per family every 2 years R9 700 per device (maximum two devices per beneficiary), once every 3 years (based on the date of your previous claim) gement Programme and use of Paid from available savings and/or above threshold benefit R1 200 per device (maximum two devices per beneficiary), once every 3 years (based on the date of your previous claim) gement Programme and use of Paid from available savings and/or above threshold benefit	pply OUT-OF-HOSPITAL BE Paid from av Additional benefit for GP cc finished (limited to 1 per ben paid at the Paid from av Paid from av If it is not classified as an el availab If it is not classified as an el availab Paid from av Paid from av Paid from av	You must use a network day hospital or a R5 440 co-payment will apply (es NEFITS ailable savings onsultations when savings are eficiary, maximum 2 per family) Bonitas Rate ailable savings 2 emergency consultation 2 emergency consultation mergency, it will be paid from le savings I/A I/A I/A	You must use a network day hospital or a R5 220 co-payment will apply         You must use a network day hospital or a R5 440 co-payment will apply           Co-payment applies for high and knee replacements at a non-DSP         Co-payment applies for cataract surgery at a non-DSP           Paid from available GP & specialist benefit sublimit         2 Additional network GP consultations per family when the GP & specialist consultations sublimit is reached 2 Additional network GP consultations sublimit is reached 2 Additional network specialist consultations           Paid from available acute and over-the-counter medicine benefit sublimit Over-the-counter medicine is limited to: R895 per beneficiary R2 800 per family           Paid from available acute and over-the-counter medicine benefit sublimit           Over-the-counter medicine is limited to: R895 per beneficiary R2 800 per family           Subject to the available overall day-to-day limit R8 550 per family for Stoma Care and CPAP machines. Note: CPAP machines subject to Managed Care protocols           nsultations per family at a casualty ward or emergency room facility of a hospital fo If it is not classified as an emergency, it will be p           R89 420 per family every 5 years (Consumables limited to R89 420 per family every 2 years           R9 100 per device (maximum two devices per family), once every 3 years (based on the date of your previous claim)           All tests and consultations limited to the Audiology Benefit Management Programme and use of a network provider           Paid from Risk           Covered at the Bonitas Dental Tariff           Subject to th	hospital or a R2 720 co-payment will apply       hospital or a R5 440 co-payment will apply         Yes         Paid from available GP & specialist benefit sublimit         1 Additional network GP consultation per family when the GP & specialist consultations sublimit is reached 1 Additional network specialist consultation         md blood tests benefit sublimit         Paid from available acute and over-the-counter medicine benefit sublimit         Over-the-counter medicine is limited to: R565 per beneficary R2 240 per family         Subject to the available overall day-to-day limit R8 230 per family for Stoma Care and CPAP machines. Note: CPAP machines subject to Managed Care protocols acility of a hospital or children under the age of 6         aid from available GP & specialist day-to-day benefit         N/A         N/A         Paid from Risk         Covered at 75% of the Bonitas Dental Tariff, subject to the Bonitas Dental Management Programme and a Designated Service Provider			
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dentistry (Managed Care protocols apply)	Paid from available savings and/or above threshold benefit Paid from available savings and/or above threshold benefit Medicine limited to R17 850 per family above threshold Paid from available savings and/or above threshold benefit Paid from available savings and/or above threshold benefit Paid from available savings and/or above threshold benefit R11 is not classified as an emergency, it will be paid from available savings and/ or above threshold benefit R89 420 per family ever R1200 per family ever R1 200 per family ever and from available savings and/ or above threshold benefit R10 900 per device (maximum two devices per beneficiary), once every 3 years (based on the date of your previous claim) All tests and consultations lin Paid from available savings and/or above threshold benefit limited to R4 053 per beneficiary Paid from available savings and/or above threshold benefit limited to R4 053 per beneficiary R18 040 per beneficiary	plies for 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Day surgery procedures (applies to selected procedures)         Co-payments for certain procedures         GP consultations (including virtual care consultations)         Specialist consultations         X-rays and ultrasounds         Blood tests         Acute medicine 20% co-payment for non-DSP/ non-formulary use         Over-the-counter medicine 20% co-payment for non-DSP/ non-formulary use         Allied medical professionals (such as dietician, speech and occupational therapist)         Physiotherapy, podiatry and biokinetics         General medical appliances         Emergency room benefit (NEW) (For emergencies only)         Insulin pump or continuous glucose monitor (Limited to one device per type 1 diabetic for beneficiaries younger than 18)         Blood pressure monitor (Subject to registration of chronic condition - hypertension)         Audiology (Hearing aids, consultations and tests)         Specialised dentistry (Managed Care protocols apply)         Specialised dentistry (Managed Care protocols apply)	Co-payment ap Co-payment Co-payme	plies for hip and knee replacement applies for cataract surgery at a price for available savings         Paid from available savings         R4 060 per beneficiary R8 980 per family (Combined benefit)         Paid from available savings         Paid from available savings         Paid from available savings         If it is not classified as an emergency, it will be paid from available savings         ailable savings         R9 700 per device (maximum two devices per beneficiary), once every 3 years (based on the date of your previous claim)         mited to the Hearing Loss Manage a network provider         Paid from Risk         R6 155 per family, per year Covered attal Boint as Dental Tariff         A7 chronic conditions R14 780 per beneficiary R30 550 per family Unlimited for PMB, subject to use of Bonitas Pharmacy Network and formulary	Paid from available savings and/or above threshold benefit Paid from available savings and/or above threshold benefit emergency room facility of a If it is not classified as an emergency, it will be paid from available savings and/ or above threshold benefit d to R89 420 per family) Paid from available savings and/or above threshold benefit R1 200 per family every 2 years R9 700 per device (maximum two devices per beneficiary), once every 3 years (based on the date of your previous claim) pement Programme and use of Paid from available savings and/or above threshold benefit Support the beneficiary) once every 3 years (based on the date of your previous claim) pement Programme and use of Paid from available savings and/or above threshold benefit	pply   OUT-OF-HOSPITAL BE   Paid from av   Additional benefit for GP co   finished (limited to 1 per ben   paid at the   Paid from av   Paid from av   If it is not classified as an er   availab   If it is not classified as an er   availab   Paid from av   Paid from av   Paid from av   Unlimited, subject to to   ENEFITS (in addition to savi   Up to R5 000 per family	You must use a network day hospital or a R5 440 co-payment will apply //es NEFITS ailable savings onsultations when savings are eficiary, maximum 2 per family) Bonitas Rate ailable savings 2 emergency consultation mergency, it will be paid from le savings //A //A //A //A //A //A //A //A //A //	You must use a network day hospital or a R5 220 co-payment will apply       You must use a network day hospital or a R5 440 co-payment will apply         Co-payment applies for hip and knee replacements at a non-DSP       Co-payment will apply         Co-payment applies for cataract surgery at a non-DSP         Paid from available GP & specialist benefit sublimit         2 Additional network GP consultations per family when the GP & specialist consultations sublimit is reached         2 Additional network GP consultations sublimit is reached         2 Additional network specialist consultations         Paid from available acute and over-the-counter medicine benefit sublimit         Over-the-counter medicine is limited to: R895 per beneficiary R2 800 per family         Subject to the available overall day-to-day limit R8 550 per family for Stoma Care and CPAP machines. 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(Available when you complete a wellness screening)	Co-payment ap Co-payment Co-payment Paid from available savings and/or above threshold benefit Paid from available savings and/or above threshold benefit Medicine limited to R17 850 per family above threshold Paid from available savings and/or above threshold benefit Paid from available savings and/or above threshold benefit R10 genefit R89 420 per family even R1 200 per family even R1 200 per family even R1 200 per family even All tests and consultations lim Paid from available savings and/or above threshold benefit R89 420 per family even R1 200 per family even R1 200 per family per beneficiary, once every 3 years (based on the date of your previous claim) All tests and consultations lim Paid from available savings and/or above threshold benefit, limited to R4 053 per beneficiary Paid from available savings and/or above threshold benefit Paid from available savings and/or above threshold benefit subject to use of parts of parts of parts and/or above threshold benefit subject to use of parts of	plies for hip and knee replacement applies for cataract surgery at a price for available savings         Paid from available savings         R4 060 per beneficiary R8 980 per family (Combined benefit)         Paid from available savings         Paid from available savings         Paid from available savings         If it is not classified as an emergency, it will be paid from available savings         ailable savings         R9 700 per device (maximum two devices per beneficiary), once every 3 years (based on the date of your previous claim)         mited to the Hearing Loss Manage a network provider         Paid from Risk         R6 155 per family, per year Covered attal Boint as Dental Tariff         A7 chronic conditions R14 780 per beneficiary R30 550 per family Unlimited for PMB, subject to use of Bonitas Pharmacy Network and formulary	Paid from available savings and/or above threshold benefit Paid from available savings and/or above threshold benefit emergency room facility of a If it is not classified as an emergency, it will be paid from available savings and/ or above threshold benefit d to R89 420 per family) Paid from available savings and/or above threshold benefit R1 200 per family every 2 years R9 700 per device (maximum two devices per beneficiary), once every 3 years (based on the date of your previous claim) ement Programme and use of Paid from available savings and/or above threshold benefit R1 200 per family every 2 years R9 700 per device (maximum two devices per beneficiary), once every 3 years (based on the date of your previous claim) ement Programme and use of Paid from available savings and/or above threshold benefit Covered at the Bonitas Dental Tariff, subject to the Bonitas Dental Management Programme 32 chronic conditions Unlimited, subject to use of Bonitas Pharmacy Network and formulary ADDITIONAL B1 er family	pply   OUT-OF-HOSPITAL BE   Paid from av   Additional benefit for GP cc   finished (limited to 1 per ben   paid at the   Paid from av Paid from av If it is not classified as an el availab If it is not classified as an el availab If it is not classified as an el availab Paid from av Unlimited, subject to the subject	You must use a network day hospital or a R5 440 co-payment will apply (es NEFITS ailable savings onsultations when savings are efficiary, maximum 2 per family) Bonitas Rate ailable savings 2 emergency consultation mergency, it will be paid from le savings J/A J/A J/A I/A R1 440 per family register for this benefit prior to iily for medical emergencies whe uarantine up to R10 000 per per	You must use a network day hospital or a R5 440 co-payment will apply       You must use a network day hospital or a R5 440 co-payment will apply         Co-payment applies for hip and knee replacements at a non-DSP       To mon-DSP         Co-payment applies for cataract surgery at a non-DSP         Paid from available GP & specialist benefit sublimit         2 Additional network GP consultations per family when the GP & specialist consultations sublimit is reached         2 Additional network GP consultations usulimit is reached         2 Additional network specialist consultations         Paid from available acute and over-the-counter medicine benefit sublimit         Over-the-counter medicine is limited to: R895 per beneficiary R2 800 per family         Subject to the available overall day-to-day limit R8 550 per family for Stoma Care and CPAP machines. Note: CPAP machines subject to Managed Care protocols         nsultations per family at a casualty ward or emergency room facility of a hospital for R89 420 per family at a casualty ward or emergency, it will be p         R89 420 per family every 5 years (Consumables limited to R89 420 per family every 5 years (Consumables limited to R89 420 per family)         Subject to the general medical appliances benefit R1 200 per device (maximum two devices per family), once every 3 years (based on the date of your previous claim)         All tests and consultations limited to the Audiology Benefit Management Programme and use of a network provider         Paid from Risk       Covered at the Bonitas Dental Tariff, subject to the Bonitas Dental Managemen	hospital or a R2 720 co-payment will apply       hospital or a R5 440 co-payment will apply         Yes         Paid from available GP & specialist benefit sublimit         1 Additional network GP consultation per family when the GP & specialist consultations sublimit is reached 1 Additional network specialist consultation         nd blood tests benefit sublimit         Paid from available acute and over-the-counter medicine benefit sublimit         Over-the-counter medicine is limited to: R565 per beneficary R2 240 per family         Subject to the available overall day-to-day limit R8 230 per family for Stoma Care and CPAP machines. Note: CPAP machines subject to Managed Care protocols         acility of a hospital or children under the age of 6         aid from available GP & specialist day-to-day benefit         mild from available GP & specialist day-to-day benefit         N/A         N/A         Paid from Risk         Covered at 75% of the Bonitas Dental Tariff, subject to the Bonitas Dental Management Programme and a Designated Service Provider         Covered at 75% of the Bonitas Dental Tariff         Service Provider         Covered at 75% of the Bonitas Dental Tariff			

				MOTHER & CHILD CARE	BENEFII				
Private ward after delivery	Yes				N/	A			
Antenatal consultations	-	12		6		12	2	6	i
2D ultrasound scans					2				
Antenatal classes		R1 580		R1 530	Paid from savings	R15	580	N/	Ά
Amniocentesis			I		1			<u> </u>	
Postnatal consultations (with a midwife)				4 (1 can be us	ed for a consultation with a lactat	tion specialist)			
Antenatal vitamins (during pregnancy, subject to formulary)		195 per month vings or Benefit Booster	Limited to R195 per month Paid from available savings and/or above threshold benefit or Benefit Booster	Limited to R	195 per month vings or Benefit Booster		Limited to R1 rom available acute and over-th	95 per month e-counter benefit or Benefit Boo	oster
Hearing screening		· · · ·		For nev	vborns up to 8 weeks, in or out-of-	hospital			
Vision screening				2 screenings f	or newborns up to 6 weeks, in or o	out-of-hospital			
Congenital hypothyroidism screening					Infants under 1 month old				
24/7 telephonic baby advice line					For children under 3 years				
Paediatric consultations for children under 1 year	3				2			1	
Paediatric consultations for children between ages 1 and 2	2	N/A		1		2		1	
GP consultations for children between ages 2 and 12	2			1		2	2	1	
Childhood immunisations up to the age of 12	According to t	he Private Vaccination schedule	in South Africa		Programme on Immunisation in h Africa	According to the Private Vac Afr		According to the Expanded Pro South	
			BE BETTER BENEFIT	(Preventative care and we	llness benefits for all life stag	es)			
Dental fissure sealants					h decay on permanent teeth for c				
HIV test and counselling per beneficiary					1				
Flu vaccine per beneficiary					1				
Full lipogram every 5 years, members aged 20 and over		1		I	N/A	1		N/	Ά
Mammogram every 2 years, women over 40					1				
Pap smear every 3 years or 1 HPV PCR test every 5 years, women between ages 21 and 65					1				
Prostate screening antigen test, men between ages 55 and 69					1				
Pneumococcal vaccine every 5 years, members aged 65 and over					1				
Stool test for colon cancer, members between ages 45 and 75					1				
Whooping cough booster vaccine every 10 years, members between ages 7 and		1		r	N/A	1		N/	Ά
Human Papillomavirus (HPV) vaccines, female beneficiaries between ages 9 and 14					2				
Human Papillomavirus (HPV) vaccines, female beneficiaries between ages 15 and 26					3				
Bone density screening every 5 years, women aged 65 and men aged 70 and over		1				N/A			
Free online hearing screening , beneficiaries aged 18 and over					Unlimited				
<b>Contraceptives</b> (per family for women aged up to 50)	R2 050	R2 050 at	t the DSP	R	970	R2 050	R2 050 at the DSP	R1 970	R1 970 at the DSP
Wellness screening per beneficiary,					1				

	the second second second	Bargarantal	Barra and Indexe		
	Hospital Standard Main: R3 252	BonEssential Main: R2 509	BonEssential Select Main: R2 192		
Monthly contributions	Adult: R2 739	Adult: R1 854	Adult: R1 606		
(4th and subsequent children covered free)	Child: R1 236	Child: R811	Child: R723		
 H0		I			
Hospital cover	Unlimited, network applies	Unlimited	Unlimited, network applies		
GP and specialist consultations		·	·		
Blood tests and X-rays		Unlimited, 100% of the Bonitas Rate			
MRIs and CT scans (in and out-of-hospital)	R32 040 per family R2 800 co-payment per scan event except for PMB R2 800 co-payment per scan event except for PI				
Internal prosthesis (no cover for joint replacements or back and neck surgery)	R54 270 per family	PMI	3 only		
External prostheses Mental health hospitalisation		PMB only R38 780 per family			
Take-home medicine	Limited to a 7-day supply up to R575		up to R470 per hospital stay		
Physical rehabilitation	per hospital stay	R60 900 per family	· · · · ·		
Alternatives to hospital (hospice, step-down facilities)		R20 310 per family			
Palliative care (cancer only)		Unlimited, subject to the DSP			
<b>Cancer treatment</b> (30% co-payment applies at a non-DSP)	Unlimited for PMBs R168 100 per family for non-PMBs (Paid at 80% at a DSP and no cover at a non-DSP, once limit is reached)				
Organ transplants	Unlimited at a DSP	PMB onl	y at a DSP		
Kidney dialysis	Unlimite	d at a DSP or 20% co-payment applies at	a non-DSP		
HIV/AIDS	Unlim	ited, if you register on the HIV/AIDS prog	Ì		
Day surgery procedures (applies to selected procedures)	You must use a network day hospit	al or a R2 720 co-payment will apply	You must use a network day hospital or a R5 440 co-payment will apply		
Co-payments for certain procedures		Yes	I		
Chronic medicine		Unlimited for PMB at the DSP			
(30% co-payment for non-DSP/non-formulary use)	OUT-OF-HOSPITAL BENEFITS				
Emergency room benefit (For emergencies only)	-	per family at a casualty ward or emerger	aurean facility of a beautal		
	ONAL BENEFITS (in addition to your		ley room facility of a hospital		
	<b>UNAL BENEFITS</b> (In addition to your				
Benefit Booster (Available when you complete a wellness screening)	N/A		per family		
International travel benefit (per trip)	Up to R2.5 million cover per Additional benefit for medi	nust register for this benefit prior to dep family for medical emergencies when yo cal quarantine up to R10 000 per person i	u travel outside South Africa		
Antenatal consultations	<b>IER &amp; CHILD BENEFIT</b> (Maternity – p –	6			
2D ultrasound scans		2			
Amniocentesis		1			
Postnatal consultations (with a midwife)	4 (1 can b	e used for a consultation with a lactatior	specialist)		
Antenatal vitamins (during pregnancy, subject to formulary)	N/A		195 per month le Benefit Booster		
Hearing screening	-	newborns up to 8 weeks, in or out-of-hos	pital		
Vision screening	2 screenir	igs for newborns up to 6 weeks, in or out	of-hospital		
Congenital hypothyroidism screening		For infants under 1 month old			
24/7 telephonic baby advice line		For children under 3 years			
Paediatric consultations for children under 1 year	2	N	I/A		
Paediatric consultations for children between ages 1 and 2	1	l	I/A		
GP consultations for children between ages 2 and 12 RF BETTER BENE	_ FIT (Preventative care and wellness b	1 enefits for all life stages)			
Dental fissure sealants	One per tooth once every 3 y	ears to prevent tooth decay on permane	nt teeth for children under 16		
HIV test and counselling per beneficiary		1			
Flu vaccine per beneficiary		1			
Mammogram every 2 years, women over 40 Pap smear every 3 years or 1 HPV PCR test every 5 years, women between ages 21 and 65	1       1       1       1				
Prostate screening antigen test, men between ages 55 and 69		1			
Pneumococcal vaccine every 5 years, members aged 65 and over		1			
Stool test for colon cancer, members between ages 45 and 75		1			
Human Papillomavirus (HPV) vaccines, female beneficiaries between ages 9 and 14	2				
Human Papillomavirus (HPV) vaccines, female beneficiaries between ages 15 and 26		3			
Free online hearing screening , beneficiaries aged 18 and over	Ì	Unlimited			
Contraceptives (per family for women aged up to 50)	· · · · · · · · · · · · · · · · · · ·				
	R2 050 at the DSP	R1 580 a	it the DSP		
Wellness screening per beneficiary, aged 21 and over	R2 050 at the DSP	R1 580 a	it the DSP		

**PMB** = Prescribed Minimum Benefits

	BonCap							
Subject to income verification	R0 to R11 250 R11 251 to R18 250			to R18 250	R18 251 to R23 740 R23 741			+
	Main:	R1 554	Main:	R1 897	Main:	R3 058	Main:	R3 753
Monthly contributions	Adult:	R1 554	Adult:	R1 897	Adult:	R3 058	Adult:	R3 753
	Child:	R732	Child:	R872	Child:	R1 157	Child:	R1 424
	cillu.	N/SE		NO72	ciniu:	11157		
HOSPITAL	BENEFIT	<b>S</b> (pre-authorisa	tion requi	red)				
 Hospital cover				Unlimite	d at a DSP			
GP and specialist consultations			Linka			DanCan Data		
(network doctors covered in full at negotiated rates)		Non-n		ited, covered at 1 cialists and GPs are			Cap Rate	
<del>_</del>				Blood tests R32	1 230 per fa	amily		
Blood tests and X-rays			X-r	ays unlimited, 100				
MRIs and CT scans		R14 2	50 per fami	ly, R1 230 co-payn	nent per sc	an event, except	for PMB	
Internal and external prostheses				PMB only	y at a DSP			
Mental health hospitalisation					y at a DSP			
				30% co-payment				
Take-home medicine			Limited	to a 7-day supply ι	ا p to R470	per hospital stay		
Physical rehabilitation				R60 900	per family			
Alternatives to hospital (hospice, step-down facilities)				ا R17 550	per family			
Palliative care (cancer only)				Unlimited, sub	ject to the	DSP		
Cancer treatment			PMB only a	t a DSP (30% co-p	ayment ap	plies at a non-DSI	<sup>D</sup> )	
Organ transplants				PMB only	y at a DSP			
Kidney dialysis		Unlimited at	a DSP or 2	0% co-payment ap	oplies (subj	ect to Managed C	are protoco	ols)
HIV/AIDS		U	nlimited, su	ıbject to registrati	ion on the H	HIV/AIDS program	ime	
	001-06-6	IOSPITAL BENE	-115					
Network GP consultations including virtual care consultations (GP nomination applies)		Unl		ng a maximum of 2 e-authorisation re			k GPs	
Non-network GP consultations	1 out-of-network consultation per beneficiary, maximum 2 consultations per family, limited to R400 per vi 30% co-payment applies, unless PMB						o R400 per visit	
<b>Network specialist consultations</b> (this benefit includes acute medicine, blood tests, X-rays, MRIs and CT scans)	Maximum of 3 visits limited to R3 900 per beneficiary or a maximum of 5 visits limited to R5 800 per family Subject to the BonCap Specialist network and referral from a BonCap network GP Pre-authorisation required (including MRIs and CT scans)							
GP-referred acute medicine, X-rays and blood tests (*based on family size)	*Ranges from R2 300 - R5 570 Subject to the applicable formularies and pharmacy and pathology networks For acute medicine and blood tests: 20% co-payment applies at non-DSP							
Over-the-counter medicine	R115 per event, R330 per beneficiary per year Subject to the BonCap DSP network and medicine formulary							
Allied medical professionals (such as dietician, speech and occupational therapist)	PMB only							
General medical appliances (Managed Care protocols apply)	R7 090 per family							
Optometry (once every 2 years)	Managed Care protocols apply							
Basic dentistry	Managed Care protocols apply							
Day surgery procedures (applies to selected procedures)	You must use a network day hospital or a 30% co-payment will apply							
					conditions			
Chronic benefits	Unlimited, subject to use of DSP and formulary Subject to nomination of a network GP for management of chronic conditions							
		Subject t	o nominatio	on of a network GP	for manag	ement of chronic	conditions	
	CHILI	DCARE BENEFIT						
			Now	borns up to 8 wee	ks in ar au	t of hospital		
Congenital hypothyroidism screening			11000	Infants unde				
24/7 telephonic baby advice line				For children				
Childhood immunisations up to the age of 12		Accord	ling to the l	Expanded Program			th Africa	
		ALLON	ing to the	-spanueu Froyidii	and on min		an Annud	
BE BETTER BENEFIT (Pre	ventative	care and wellne	ss benefit	s for all life stag	es)			
 Dental fissure sealants	0,	e per tooth once	everv 3 ves	rs to prevent toot	h decay on	permanent teeth	for childre	n under 16
HIV test and counselling per beneficiary		- por tooth once	y 5 yea	•	1	r sanent teeti		
Flu vaccine per beneficiary					1			
Mammogram and ultrasound every 2 years, women over 40					1			
					1			
Pap smear every 3 years or 1 HPV PCR test every 5 years, women between ages 21 and 65				:	1			
– – – – – Human Papillomavirus (HPV) vaccines, female beneficiaries between ages 9 and 14	2							
	3							
Prostate screening antigen test, men between ages 55 and 69	1							
Pneumococcal vaccine every 5 years, members aged 65 and over					1			
Stool test for colon cancer, members between ages 45 and 75				:	1			
<b>Contraceptives</b> (per family for women aged up to 50)			R1 330 at	the DSP (40% co-۱	payment ap	plies at non-DSP	)	
Wellness screening per beneficiary, aged 21 and over (Blood pressure, glucose, cholesterol, Body Mass Index and waist-to-hip ratio)					1			

**DSP** = Designated Service Provider **PMB** = Prescribed Minimum Benefits All claims are paid at the BonCap Rate, unless otherwise stated.

			_	
	BonStart		BonStart Plus	
Monthly contributions	Main: R1 498 Adult: R1 498		Main: R1 907 Adult: R1 813	
	Child: R1 498		Child: R840	
	HOSPITAL BENEFITS (pre	e-authorisation required)		
		Unlimited at the applic	cable hospital network	
Hospital cover	R1 780 co-payment per admission, e	except for PMB emergencies	R1 190 co-payment per admissior	, except for PMB emergencies
GP and specialist consultations		Unlimited, 100% o	f the Bonitas Rate	
Blood tests and X-rays	Blood tests limited to R30 880 X-rays unlimited, 100% of		Blood tests unlimited, 100 X-rays unlimited, 100%	
 MRIs and CT scans	R14 090 per family unless PMB (R2 80		R19 130 per family unless PMB (R2	
Allied medical professionals			1	
(such as dietician, speech and occupational therapy)		PMB	only	
Physiotherapy and biokinetics Childbirth	Natural birti	. Unlimited at the applicable bospita	I network (Emergency approved C-section	conly)
Neonatal care	Natural Dirti	Limited to R55 080 per		, only)
Internal and external prostheses	PMB only	-	Internal: R19 130 per family (no cover fo	
			External: P	MB only
Mental health hospitalisation Take-home medicine		PMB only Limited to a 7-day supply u		
Physical rehabilitation		R60 210 p		
Alternatives to hospital (hospice, step-down facilities)			R20 090 pe	r family
Palliative care (cancer only)	·	Unlimited, subj	iect to the DSP	
Dentistry		РМВ	only	
Cancer treatment				
Organ transplants	1	PMB only, at a DSP or a 3	80% co-payment applies	
Kidney dialysis				
HIV/AIDS	<u> </u>	Unlimited, if you register o	n the HIV/AIDS programme	
	OUT-OF-HOSP	ITAL BENEFITS		
GP consultations	Unlimited Network GP consultations Pre-authorisation require		Unlimited Network GP consultati Pre-authorisation requ	
Virtual Care GP and Nurse consultations		Unlin	nited	
Emergency room benefit (for emergencies only)	2 emergenc	y consultations per family at a casual	Ity ward or emergency room facility of a ho	spital
GP-referred acute medicine, X-rays and blood tests	Limited to R1 780	per family	Limited to R3 32	20 per family
(combined benefit & subject to the applicable formulary)	Acute med	licine: 20% co-payment per script, 40	)% co-payment for non-DSP/non-formulary	use
Specialist consultations	Limited to 1 visit per family up to R1 320	R265 co-payment per visit	Limited to 2 visits per family up to R2 380	R125 co-payment per visit
(subject to GP referral and applicable formulary)	Including all acute	medicine, basic radiology, specialise	ı d radiology and pathology prescribed by th	ne specialist
Over-the-counter medicine	Limited to R110 per event, R5	45 per family per year	Limited to R175 per event,	R825 per family per year
	Avoid a 20% co-payment by using a	a Bonitas Network Pharmacy, medi	cine that is on the formulary and comple	ting your wellness screening
General medical appliances	PMB only	1	R6 600 per	family
Optometry	1 eye test per beneficiary,		1 eye test per beneficia	
Basic dentistry	1 consultation per beneficiar		1 consultation per benefi	
Physiotherapy Mental health	2 consultations per beneficiary for sport-r	PMB only, subje	4 consultations per beneficiary for spo	rt-related injuries, R70 co-payment
Day surgery procedures (applies to selected procedures)		You must use a network day hospit		
Co-payments for certain procedures		Ye		
Chronic medicine	Unlimite	for PMB, subject to use of DSP (30%	໌ co-payment for non-DSP/non-formulary ເ	se)
	ADDITIONA	L BENEFITS		
Benefit Booster (Available when you complete a wellness		R1 160 p	per family	
screening)				
International travel benefit (per trip)	Up to R2.5 million cover per family for MOTHER & CHIL		el outside South Africa (You must register f	or this benefit prior to departure)
Antenatal consultations	MOTHER & CHIL	D CARE BENEFII	6	
2D ultrasound scans			2	
Amniocentesis	No benefi	t	1	
Postnatal consultations (with a midwife)			4 (1 can be used for a consultation	on with a lactation specialist)
	Limited to R195 p	er month	Limited to R19	
Antenatal vitamins (during pregnancy subject to formulary)				
Antenatal vitamins (during pregnancy, subject to formulary)	Paid from available Be		Paid from available	Benefit Booster
Hearing screening		nefit Booster	Paid from available For newborns up to 8 wee	Benefit Booster
Hearing screening Vision screening	Paid from available Be		Paid from available For newborns up to 8 wee o 6 weeks, in or out-of-hospital	Benefit Booster ks, in or out-of-hospital
Hearing screening	Paid from available Be	nefit Booster	Paid from available For newborns up to 8 wee o 6 weeks, in or out-of-hospital Infants under :	Benefit Booster ks, in or out-of-hospital
Hearing screening Vision screening Congenital hypothyroidism screening	Paid from available Be	nefit Booster 2 screenings for newborns up t	Paid from available For newborns up to 8 wee o 6 weeks, in or out-of-hospital Infants under :	Benefit Booster ks, in or out-of-hospital . month old
Hearing screening Vision screening Congenital hypothyroidism screening 24/7 telephonic baby advice line	Paid from available Be	nefit Booster 2 screenings for newborns up t For children u	Paid from available For newborns up to 8 wee o 6 weeks, in or out-of-hospital Infants under 3 under 3 years According to the Expanded Programm	Benefit Booster xs, in or out-of-hospital . month old
Hearing screening Vision screening Congenital hypothyroidism screening 24/7 telephonic baby advice line	Paid from available Be	nefit Booster 2 screenings for newborns up t For children u	Paid from available For newborns up to 8 wee o 6 weeks, in or out-of-hospital Infants under 2 under 3 years According to the Expanded Programm stages)	Benefit Booster ks, in or out-of-hospital . month old
Hearing screening Vision screening Congenital hypothyroidism screening 24/7 telephonic baby advice line Childhood immunisations up to the age of 12	Paid from available Be	nefit Booster 2 screenings for newborns up t For children u and wellness benefits for all life	Paid from available For newborns up to 8 wee o 6 weeks, in or out-of-hospital Infants under 2 under 3 years According to the Expanded Programm stages)	Benefit Booster ks, in or out-of-hospital . month old
Hearing screening         Vision screening         Congenital hypothyroidism screening         24/7 telephonic baby advice line         Childhood immunisations up to the age of 12         Dental fissure sealants	Paid from available Be	nefit Booster 2 screenings for newborns up t For children u and wellness benefits for all life To prevent tooth decay on perma	Paid from available For newborns up to 8 wee o 6 weeks, in or out-of-hospital Infants under 3 under 3 years According to the Expanded Programm stages) unent teeth for children under 16	Benefit Booster xs, in or out-of-hospital . month old
Hearing screening         Vision screening         Congenital hypothyroidism screening         24/7 telephonic baby advice line         Childhood immunisations up to the age of 12         Dental fissure sealants         HIV test per beneficiary         Flu vaccine per beneficiary         Mammogram every 2 years, women over 40	Paid from available Be	nefit Booster 2 screenings for newborns up t For children u and wellness benefits for all life	Paid from available For newborns up to 8 wee o 6 weeks, in or out-of-hospital Infants under 3 under 3 years According to the Expanded Programm stages) unent teeth for children under 16	Benefit Booster ks, in or out-of-hospital . month old
Hearing screening         Vision screening         Congenital hypothyroidism screening         24/7 telephonic baby advice line         Childhood immunisations up to the age of 12         Dental fissure sealants         HIV test per beneficiary         Flu vaccine per beneficiary	Paid from available Be	nefit Booster 2 screenings for newborns up t For children u and wellness benefits for all life To prevent tooth decay on perma	Paid from available For newborns up to 8 wee o 6 weeks, in or out-of-hospital Infants under 3 under 3 years According to the Expanded Programm stages) unent teeth for children under 16	Benefit Booster ks, in or out-of-hospital . month old
Hearing screening         Vision screening         Congenital hypothyroidism screening         24/7 telephonic baby advice line         Childhood immunisations up to the age of 12         Dental fissure sealants         HIV test per beneficiary         Flu vaccine per beneficiary         Mammogram every 2 years, women over 40         Pap smear every 3 years or 1 HPV PCR test every 5 years, women between ages 21 and 65         Human Papillomavirus (HPV) vaccines, female	Paid from available Be	nefit Booster 2 screenings for newborns up t For children u and wellness benefits for all life To prevent tooth decay on perma 1	Paid from available For newborns up to 8 wee o 6 weeks, in or out-of-hospital Infants under 2 under 3 years According to the Expanded Programm stages) Inent teeth for children under 16	Benefit Booster ks, in or out-of-hospital . month old
Hearing screening         Vision screening         Congenital hypothyroidism screening         24/7 telephonic baby advice line         Childhood immunisations up to the age of 12         Dental fissure sealants         HIV test per beneficiary         Flu vaccine per beneficiary         Mammogram every 2 years, women over 40         Pap smear every 3 years or 1 HPV PCR test every 5 years, women between ages 21 and 65         Human Papillomavirus (HPV) vaccines, female beneficiaries between ages 9 and 14	Paid from available Be	nefit Booster 2 screenings for newborns up t For children u and wellness benefits for all life To prevent tooth decay on perma	Paid from available For newborns up to 8 wee o 6 weeks, in or out-of-hospital Infants under 2 under 3 years According to the Expanded Programm stages) Inent teeth for children under 16	Benefit Booster ks, in or out-of-hospital . month old
Hearing screening         Vision screening         Congenital hypothyroidism screening         24/7 telephonic baby advice line         Childhood immunisations up to the age of 12         Dental fissure sealants         HIV test per beneficiary         Flu vaccine per beneficiary         Mammogram every 2 years, women over 40         Pap smear every 3 years or 1 HPV PCR test every 5 years, women between ages 21 and 65         Human Papillomavirus (HPV) vaccines, female	Paid from available Be	nefit Booster 2 screenings for newborns up t For children u and wellness benefits for all life To prevent tooth decay on perma 1	Paid from available For newborns up to 8 wee o 6 weeks, in or out-of-hospital Infants under 1 under 3 years According to the Expanded Programm stages) inent teeth for children under 16	Benefit Booster ks, in or out-of-hospital . month old
Hearing screening         Vision screening         Congenital hypothyroidism screening         24/7 telephonic baby advice line         Childhood immunisations up to the age of 12         Dental fissure sealants         HIV test per beneficiary         Flu vaccine per beneficiary         Mammogram every 2 years, women over 40         Pap smear every 3 years or 1 HPV PCR test every 5 years, women between ages 21 and 65         Human Papillomavirus (HPV) vaccines, female beneficiaries between ages 9 and 14         Human Papillomavirus (HPV) vaccines, female	Paid from available Be	nefit Booster 2 screenings for newborns up t For children u and wellness benefits for all life To prevent tooth decay on perma 1 2	Paid from available For newborns up to 8 wee o 6 weeks, in or out-of-hospital Infants under 1 under 3 years According to the Expanded Programm stages) inent teeth for children under 16	Benefit Booster  (s, in or out-of-hospital  month old  e on Immunisation in South Africa