

BONSTART — & — BONSTART PLUS

EDGE

2021



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Bonitas

Medical Aid for South Africa

WHAT YOU PAY

BONSTART

| MAIN MEMBER | ADULT DEPENDANT | CHILD DEPENDANT |
|-------------|-----------------|-----------------|
| R1 452 | R1 452 | R1 452 |

BONSTART^{PLUS}

| MAIN MEMBER | ADULT DEPENDANT | CHILD DEPENDANT |
|-------------|-----------------|-----------------|
| R1 731 | R1 636 | R761 |

FULL-TIME STUDENTS PAY CHILD RATES UP TO AGE 24 YEARS.

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OUT-OF-HOSPITAL BENEFITS

| | BONSTART | | BONSTART^{PLUS} | |
|--|---|--|---|--|
| GP CONSULTATIONS | You must complete the Online Wellness Assessment first | Unlimited network GP consultations | You must complete the Online Wellness Assessment first | Unlimited network GP consultations |
| | R110 co-payment per visit | Authorisation required after 6th visit | R55 co-payment per visit | Authorisation required after 10th visit |
| VIRTUAL CARE GP AND NURSE CONSULTATIONS | Unlimited network GP and Nurse Virtual Care consultations | | Unlimited network GP and Nurse Virtual Care consultations | |
| SPECIALIST CONSULTATIONS | No benefit | | 2 consultations per beneficiary for sport-related injuries | R55 co-payment per visit |
| | | | You must get a referral from your network GP | |
| GP-REFERRED ACUTE MEDICINE, X-RAYS AND BLOOD TESTS | Limited to R1 500 per family | | Limited to R2 800 per family | |
| | For acute medicine: • A 20% co-payment will apply per script • You must use a Bonitas Pharmacy Network or a 40% co-payment will apply • A 40% co-payment will apply if you use medicine that is not on the formulary | | For acute medicine: • A 20% co-payment will apply per script • You must use a Bonitas Pharmacy Network or a 40% co-payment will apply • A 40% co-payment will apply if you use medicine that is not on the formulary | |
| OVER-THE-COUNTER MEDICINE | Limited to R95 per event | Maximum of R460 per family, per year | Limited to R145 per event | Maximum of R690 per family, per year |
| | Formulary and Bonitas Pharmacy Network applies | 40% co-payment for non-network or non-formulary use | Formulary and Bonitas Pharmacy Network applies | 40% co-payment for non-network or non-formulary use |
| OPTOMETRY | 1 eye test per beneficiary at a network provider | R110 co-payment | 1 eye test per beneficiary at a network provider | R55 co-payment |
| BASIC DENTISTRY | 1 dental consultation per beneficiary | R110 co-payment | 1 dental consultation per beneficiary | R55 co-payment |
| GENERAL APPLIANCES (SUCH AS WHEELCHAIRS AND CRUTCHES) | PMB only | You must use a preferred supplier | R5 550 per family | You must use a preferred supplier |
| | | | Subject to frequency limits and Managed Care protocols | |
| PHYSIOTHERAPY | 2 consultations for sport-related injuries | R110 co-payment | 4 consultations for sport-related injuries | R55 co-payment |
| | You must get a referral from your network GP or medical specialist | | You must get a referral from your network GP or medical specialist | |
| PSYCHIATRY | PMB only | | PMB only | |
| HIV/AIDS | Unlimited, if you register on the HIV/AIDS programme | Chronic medicine must be obtained from the Designated Service Provider, or a 30% upfront co-payment will apply | Unlimited, if you register on the HIV/AIDS programme | Chronic medicine must be obtained from the Designated Service Provider, or a 30% upfront co-payment will apply |

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ADDITIONAL BENEFITS

We believe in giving you more value. The following benefits are in addition to your other benefits.

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| CONTRACEPTIVES | | | | |
|-------------------------------------|---|---|---|---|
| FOR WOMEN AGED UP TO 50 | R1 070 per family | You must use the Designated Service Provider for pharmacy-dispensed contraceptives | R1 290 per family | You must use the Designated Service Provider for pharmacy-dispensed contraceptives |
| | If you choose not to use a Designated Service Provider, a 40% co-payment applies | | If you choose not to use a Designated Service Provider, a 40% co-payment applies | |
| MATERNITY CARE | | | | |
| PER PREGNANCY | Access to the Bonitas Maternity Programme | | 6 antenatal consultations with a gynaecologist, network GP or midwife | 2 2D ultrasound scans |
| | | | 1 amniocentesis | 4 consultations with a midwife after delivery (1 of these can be used for a consultation with a lactation specialist) |
| | | | Access to the Bonitas Maternity Programme | |
| PREVENTATIVE CARE | | | | |
| GENERAL HEALTH | 1 HIV test per beneficiary | 1 flu vaccine per beneficiary | 1 HIV test per beneficiary | 1 flu vaccine per beneficiary |
| WOMEN'S HEALTH | 1 pap smear every 3 years, for women between ages 21 and 65 | | 1 pap smear every 3 years, for women between ages 21 and 65 | |
| CHILDCARE | | | | |
| HEARING SCREENING | No benefit | | For newborns, in or out-of-hospital | |
| CONGENITAL HYPOTHYROIDISM SCREENING | No benefit | | For infants under 1 month old | |
| BABYLINE | 24/7 helpline for medical advice for children under 3 years | | 24/7 helpline for medical advice for children under 3 years | |
| WELLNESS BENEFITS | | | | |
| WELLNESS SCREENING | 1 wellness screening per beneficiary at a participating pharmacy, biokineticist or a Bonitas wellness day | Wellness screening includes the following tests: • Blood pressure • Glucose • Cholesterol • Body Mass Index • Waist-to-hip ratio | 1 wellness screening per beneficiary at a participating pharmacy, biokineticist or a Bonitas wellness day | Wellness screening includes the following tests: • Blood pressure • Glucose • Cholesterol • Body Mass Index • Waist-to-hip ratio |
| INTERNATIONAL TRAVEL BENEFIT | | | | |
| PER TRIP | You must register for this benefit prior to departure | Up to R10 million cover per family for medical emergencies when you travel outside South Africa | You must register for this benefit prior to departure | Up to R10 million cover per family for medical emergencies when you travel outside South Africa |
| AFRICA BENEFIT | | | | |
| PER TRIP | In and out-of-hospital treatment covered at 100% of the Bonitas rate | Subject to authorisation | In and out-of-hospital treatment covered at 100% of the Bonitas rate | Subject to authorisation |

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MANAGED CARE PROGRAMMES

We offer a range of Managed Care programmes to support you and help put you on the path to good health. These programmes empower you to manage your condition effectively in the most clinically-proven way, ensuring your benefits last longer.

You will need to register to join these programmes.

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MATERNITY SUPPORT

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| Access to 24/7 maternity advice line | Pregnancy education emails and SMSs sent to you weekly |
| Dedicated maternity nurse/midwife to support and advise you throughout your pregnancy | Online antenatal classes to prepare you for the birth and what to expect when you get home |
| Access to articles regarding common pregnancy concerns | Baby bag including baby care essentials |

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IN-HOSPITAL BENEFITS

This benefit offers cover for major medical events that result in a beneficiary being admitted to hospital. Members have access to the BonStart Hospital Network. Pre-authorisation is required. Managed Care protocols apply.

Please note: On these options you must use a hospital on the BonStart Hospital Network or you will have to pay a 30% co-payment.

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| PRIVATE HOSPITAL CARE | Unlimited, at the BonStart Hospital Network | | Unlimited, at the BonStart Hospital Network | |
| | R1 500 co-payment per admission, except for motor vehicle accidents, maternity confinements and emergency treatment | | R1 000 co-payment per admission, except for motor vehicle accidents, maternity confinements and emergency treatment | |
| GP CONSULTATIONS | Unlimited, covered at 100% of the Bonitas Rate | | Unlimited, covered at 100% of the Bonitas Rate | |
| SPECIALIST CONSULTATIONS | Unlimited, covered at 100% of the Bonitas Rate | | Unlimited, covered at 100% of the Bonitas Rate | |
| BLOOD TESTS | R25 950 per family except for PMB | | Unlimited, covered at 100% of the Bonitas Rate | |
| BLOOD TRANSFUSIONS | R18 850 per family except for PMB | | Unlimited, covered at 100% of the Bonitas Rate | |
| X-RAYS AND ULTRASOUNDS | Unlimited, covered at 100% of the Bonitas Rate | | Unlimited, covered at 100% of the Bonitas Rate | |
| MRI_s AND CT SCANS (SPECIALISED RADIOLOGY) | R11 840 per family | R2 500 co-payment per scan except for PMB | R16 070 per family | R2 000 co-payment per scan except for PMB |
| | Pre-authorisation required | | Pre-authorisation required | |
| ALLIED MEDICAL PROFESSIONALS (SUCH AS DIETICIAN, SPEECH AND OCCUPATIONAL THERAPY) | PMB only | Subject to referral by treating practitioner | PMB only | Subject to referral by treating practitioner |
| PHYSIOTHERAPY, PODIATRY AND BIKINETICS | PMB only | Subject to referral by treating practitioner | PMB only | Subject to referral by treating practitioner |
| NATURAL BIRTH | Unlimited on the BonStart Hospital Network | R10 650 co-payment at non-network hospitals | Unlimited on the BonStart Hospital Network | R10 650 co-payment at non-network hospitals |
| CAESAREAN BIRTH | Emergency approved C-sections only | Managed Care protocols apply | Emergency approved C-sections only | Managed Care protocols apply |
| NEONATAL CARE | Limited to R46 290 per family except for PMB | | Limited to R46 290 per family except for PMB | |
| INTERNAL PROSTHESIS | PMB only | You must use a preferred supplier | R16 070 per family (no cover for joint replacement except for PMB) | You must use a preferred supplier |
| | Pre-authorisation required | Managed Care protocols apply | Pre-authorisation required | Managed Care protocols apply |
| EXTERNAL PROSTHESIS | PMB only | You must use a preferred supplier | PMB only | You must use a preferred supplier |
| MENTAL HEALTH HOSPITALISATION | PMB only | You must use a Designated Service Provider | PMB only | You must use a Designated Service Provider |
| | No cover for physiotherapy for mental health admissions | | No cover for physiotherapy for mental health admissions | |
| TAKE-HOME MEDICINE | R390 per hospital stay | | R390 per hospital stay | |
| PHYSICAL REHABILITATION | R50 600 per family | Pre-authorisation required | R50 600 per family | Pre-authorisation required |
| ALTERNATIVES TO HOSPITAL (HOSPICE, STEP-DOWN FACILITIES) | R14 570 per family | Pre-authorisation required | R16 880 per family | Pre-authorisation required |
| | Managed Care protocols apply | | Managed Care protocols apply | |

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|---|--|--|--|--|
| TERMINAL CARE (ONCOLOGY ONLY) | Unlimited | Includes hospice/private nursing, home oxygen, pain management, psychologist and social worker support | Unlimited | Includes hospice/private nursing, home oxygen, pain management, psychologist and social worker support |
| CATARACT SURGERY | You must use a Designated Service Provider, or a R6 000 co-payment will apply | | You must use a Designated Service Provider, or a R6 000 co-payment will apply | |
| DENTISTRY | PMB only | | PMB only | |
| CANCER TREATMENT | PMB only | Pre-authorisation required | PMB only | Pre-authorisation required |
| | You must use a Designated Service Provider, or a 30% upfront co-payment will apply | | You must use a Designated Service Provider, or a 30% upfront co-payment will apply | |
| ORGAN TRANSPLANTS | PMB only | Pre-authorisation required | PMB only | Pre-authorisation required |
| | You must use a Designated Service Provider, or a 30% upfront co-payment will apply | | You must use a Designated Service Provider, or a 30% upfront co-payment will apply | |
| KIDNEY DIALYSIS | PMB only | Pre-authorisation required | PMB only | Pre-authorisation required |
| | You must use a Designated Service Provider, or a 30% upfront co-payment will apply | | You must use a Designated Service Provider, or a 30% upfront co-payment will apply | |
| HIV/AIDS | Unlimited, if you register on the HIV/AIDS programme | Chronic medicine must be obtained from the Designated Service Provider, or a 30% upfront co-payment will apply | Unlimited, if you register on the HIV/AIDS programme | Chronic medicine must be obtained from the Designated Service Provider, or a 30% upfront co-payment will apply |
| DAY SURGERY PROCEDURES (APPLIES TO SELECTED PROCEDURES) | You must use a network day hospital or a R10 650 co-payment will apply | | You must use a network day hospital or a R10 650 co-payment will apply | |

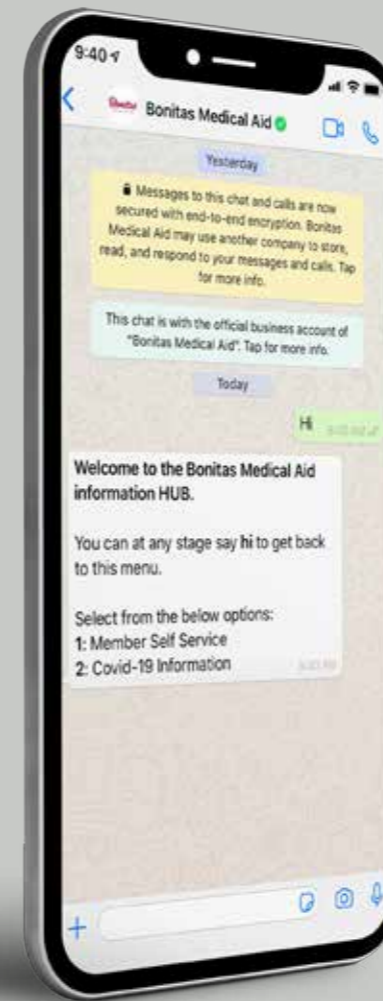
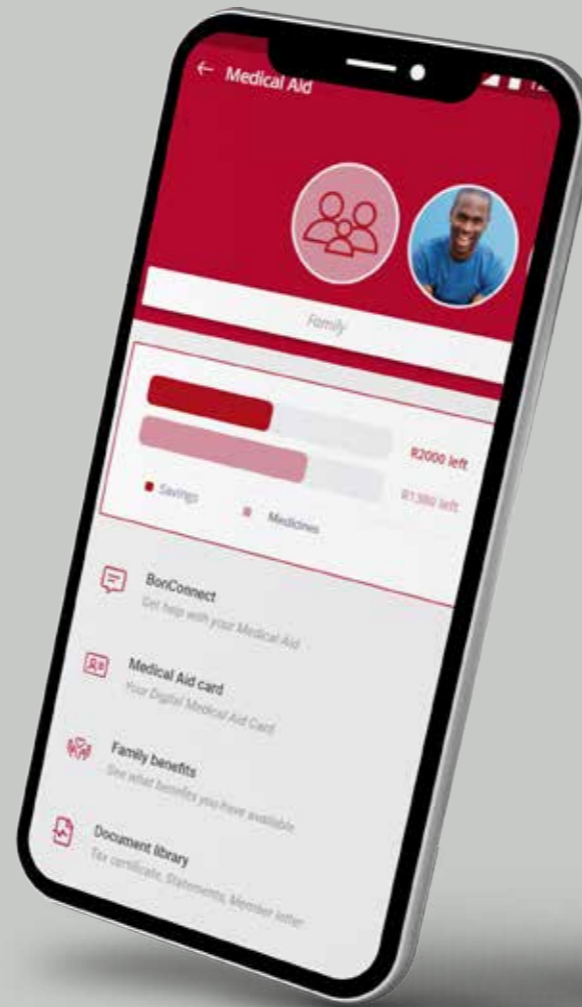
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|------------------------------|---|
| PROCEDURE CO-PAYMENTS | <p>R2 550 co-payment</p> <ol style="list-style-type: none"> Laparoscopic Hysterectomy Arthroscopy (when done as part of a surgical procedures) |
|------------------------------|---|

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