

	BonComprehensive	BonClassic	BonComplete	BonSave	BonFit	BonPrime	Standard	Standard Select	Primary	
Monthly contributions (4th and subsequent children covered free)	Main: R12 509 Adult: R11 796 Child: R2 548	Main: R8 238 Adult: R7 071 Child: R2 034	Main: R6 614 Adult: R5 298 Child: R1 794	Main: R4 047 Adult: R3 059 Child: R1 211	Main: R2 698 Adult: R2 021 Child: R908	Main: R3 255 Adult: R2 546 Child: R1 035	Main: R5 929 Adult: R5 139 Child: R1 740	Main: R5 431 Adult: R4 700 Child: R1 590	Main: R3 588 Adult: R2 807 Child: R1 141	
Savings	Main: R22 512 Adult: R21 228 Child: R4 584	Main: R14 832 Adult: R12 732 Child: R3 660	Main: R11 880 Adult: R9 516 Child: R3 216	Main: R12 144 Adult: R9 180 Child: R3 636	Main: R4 848 Adult: R3 636 Child: R1 632	Main: R6 252 Adult: R4 884 Child: R1 992	N/A			
Self-payment gap	Main: R5 420 Adult: R4 490 Child: R2 050	N/A	Main: R2 350 Adult: R1 990 Child: R510	N/A						
Above threshold benefit	Unlimited	N/A	Main: R6 250 Adult: R3 660 Child: R1 600	N/A						
Overall day-to-day limit subject to below sublimits (*based on family size)							*Ranges from R13 980 - R25 640	*Ranges from R5 540 - R12 190		
Sublimits for GP & specialist benefit including virtual care consultations (*based on family size)							*Ranges from R3 500 - R6 990 On Standard Select: - Nomination of 2 network GPs applies - 2 non-nominated network GP visits allowed per family per year - Consultations with non-network GPs are limited to PMBs	*Ranges from R2 330 - R5 240		
Sublimits for acute and over-the-counter medicine benefit (*based on family size)	N/A						*Ranges from R3 500 - R6 990 Over-the-counter medicine is limited to: R930 per beneficiary R2 910 per family	*Ranges from R1 750 - R3 500 Over-the-counter medicine is limited to: R590 per beneficiary R2 330 per family		
Sublimits for X-rays & blood tests benefit (*based on family size)							*Ranges from R3 500 - R6 990	*Ranges from R2 330 - R3 500		
Sublimits for auxiliary services benefit (*based on family size)							*Ranges from R3 500 - R6 990	*Ranges from R2 330 - R3 500		
HOSPITAL BENEFITS (pre-authorisation required)										
Hospital cover	Unlimited	Unlimited, network applies					Unlimited	Unlimited, network applies	Unlimited, network applies	
GP and specialist consultations (network doctors covered in full at the Bonitas Rate)	Unlimited Specialist covered at 150%, GP covered at 100% of the Bonitas Rate	Unlimited 100% of the Bonitas Rate								
Blood tests and X-rays	Unlimited, 100% of the Bonitas Rate									
MRIs and CT scans	R38 470 per family in and out-of-hospital	R37 800 per family in and out-of-hospital	R30 430 per family in and out-of-hospital		R15 960 per family in hospital, Out-of-hospital paid from available savings	R15 960 per family in hospital, R3 990 out-of-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 800	R2 240	R1 860		R2 240	
Internal and external prostheses	R67 640 for internal prosthesis per family R67 640 for external prosthesis per family	R67 640 per family	R57 630 per family	R41 070 per family (internal only)	PMB only		R57 630 per family		PMB only	
Internal nerve stimulators	R211 300 per family	N/A								
Cochlear implants	R354 600 per family	R376 600 per family	N/A							
Mental health hospitalisation	R59 920 per family	R52 670 per family	R41 190 per family		R19 060 per family	R28 590 per family	R51 900 per family		R38 780 per family	
Submit of hospitalisation for mental health consultations per family (in or out-of-hospital)	R20 310 per family		R15 440 per family		Paid from available savings		R20 310 per family		R9 780 per family	
Take-home medicine	Limited to a 7-day supply up to R670 per hospital stay	Limited to a 7-day supply up to R605 per hospital stay	Limited to a 7-day supply up to R535 per hospital stay	Limited to a 7-day supply up to R500 per hospital stay	Limited to a 7-day supply up to R470 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	R63 340 per family	R67 270 per family		R63 340 per family		R67 270 per family				
Alternatives to hospital (hospice, step-down facilities)	R21 570 per family				R20 310 per family		R21 570 per family		R20 310 per family	
Palliative care (cancer only)	Unlimited, subject to the DSP									
Cancer treatment (30% co-payment applies at non-DSP)	Unlimited for PMBs R448 200 per family for non-PMBs (Paid at 80% at a DSP and no cover at a non-DSP, once limit is reached) R448 200 of this can be used for specialised drugs (including biological drugs)	Unlimited for PMBs R336 100 per family for non-PMBs (Paid at 80% at a DSP and no cover at a non-DSP, once limit is reached) R164 100 of this can be used for specialised drugs (including biological drugs)	Unlimited for PMBs R280 100 per family for non-PMBs (Paid at 80% at a DSP and no cover at a non-DSP, once limit is reached)	Unlimited for PMBs R224 100 per family for non-PMBs (Paid at 80% at a DSP and no cover at a non-DSP, once limit is reached)	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)	Unlimited for PMBs R224 100 per family for non-PMBs (Paid at 80% at a DSP and no cover at a non-DSP, once limit is reached)	Unlimited for PMBs R280 100 per family for non-PMBs (Paid at 80% at a DSP and no cover at a non-DSP, once limit is reached) R164 100 of this can be used for specialised drugs (including biological drugs)		Unlimited for PMBs R224 100 per family for non-PMBs (Paid at 80% at a DSP and no cover at a non-DSP, once limit is reached)	
PET scans (25% co-payment for non-network provider use)	2 per family	1 per family	PMB only				1 per family			
Non-cancer specialised drugs (including biological drugs)	R257 300 per family	PMB only								
Organ transplants	Unlimited					PMB only		Unlimited		
Kidney dialysis	Unlimited at a DSP or 20% co-payment applies at a non-DSP									
HIV/AIDS	Unlimited, if you register on the HIV/AIDS programme									
Day surgery procedures (applies to selected procedures)	You must use a network day hospital or a R5 440 co-payment will apply				You must use a network day hospital or a R6 500 co-payment will apply	You must use a network day hospital or a R7 100 co-payment will apply	You must use a network day hospital or a R5 440 co-payment will apply	You must use a network day hospital or a R7 100 co-payment will apply	You must use a network day hospital or a R6 500 co-payment will apply	
Co-payments for certain procedures	Co-payment applies for hip and knee replacements at a non-DSP Co-payment applies for cataract surgery at a non-DSP			Yes			Co-payment applies for hip and knee replacements at a non-DSP Co-payment applies for cataract surgery at a non-DSP			
OUT-OF-HOSPITAL BENEFITS										
GP consultations (including virtual care consultations)	Paid from available savings and/or above threshold benefit		Paid from available savings and/or above threshold benefit		Paid from available savings Additional benefit for GP consultations when savings are finished (limited to 1 per beneficiary, maximum 2 per family) paid at the Bonitas Rate		Paid from available savings Additional benefit for GP consultations when savings are finished (limited to 1 per family) paid at the Bonitas Rate		Paid from available GP & specialist benefit submit 1 Additional network GP consultation per family when the GP & specialist consultations submit is reached	
Specialist consultations	Paid from available savings and/or above threshold benefit		Paid from available savings and/or above threshold benefit		Paid from available savings		Paid from available savings		2 Additional network GP & specialist benefit submit 2 Additional network specialist consultations 1 Additional network specialist consultation	
X-rays and ultrasounds	Paid from available savings and/or above threshold benefit		Paid from available savings and/or above threshold benefit		Paid from available savings		Paid from available savings		Paid from available X-rays and blood tests benefit submit	
Blood tests	Paid from available savings and/or above threshold benefit		Paid from available savings and/or above threshold benefit		Paid from available savings		Paid from available savings		Paid from available acute and over-the-counter medicine benefit submit	
Acute medicine 20% co-payment for non-DSP/non-formulary use	Paid from available savings and/or above threshold benefit		Paid from available savings and/or above threshold benefit		Paid from available savings		Paid from available savings		Over-the-counter medicine is limited to: R930 per beneficiary R2 910 per family	
Over-the-counter medicine 20% co-payment for non-DSP/non-formulary use	Medicine limited to R18 560 per family above threshold		Medicine limited to R18 560 per family above threshold		Paid from available savings		Paid from available savings		Over-the-counter medicine is limited to: R590 per beneficiary R2 330 per family	
Allied medical professionals (such as dietician, speech and occupational therapist)	Paid from available savings and/or above threshold benefit		Paid from available savings and/or above threshold benefit		Paid from available savings		Paid from available savings		Paid from available auxiliary services benefit submit	
Physiotherapy, podiatry and biokinetics	Paid from available savings and/or above threshold benefit		Paid from available savings and/or above threshold benefit		Paid from available savings		Paid from available savings		Subject to the available overall day-to-day limit R8 560 per family for Stoma Care and CPAP machines. Note: CPAP machines subject to Managed Care protocols	
General medical appliances	Paid from available savings		Paid from available savings		Paid from available savings		Paid from available savings		Subject to the available overall day-to-day limit R8 560 per family for Stoma Care and CPAP machines. Note: CPAP machines subject to Managed Care protocols	
Emergency room benefit (For emergencies only)	2 emergency consultations per family at a casualty ward or emergency room facility of a hospital				2 emergency consultations per family at a casualty ward or emergency room facility of a hospital 2 emergency consultations at a casualty ward or emergency room facility of a hospital for children under the age of 6					
Insulin pump & continuous glucose monitor & consumables (per type 1 diabetic for beneficiaries younger than 18)	If it is not classified as an emergency, it will be paid from available savings and/or above threshold benefit		If it is not classified as an emergency, it will be paid from available savings		If it is not classified as an emergency, it will be paid from available savings and/or above threshold benefit		If it is not classified as an emergency, it will be paid from available savings		If it is not classified as an emergency, it will be paid from available GP & specialist day-to-day benefit	
Blood pressure monitor (Subject to Managed Care protocols & registration of chronic condition - hypertension)	R11 340 per device (maximum two devices per beneficiary), once every 3 years (based on the date of your previous claim)		R10 090 per device (maximum two devices per beneficiary), once every 3 years (based on the date of your previous claim)		R10 090 per device (maximum two devices per beneficiary), once every 3 years (based on the date of your previous claim)		R9 460 per device (maximum two devices per family), once every 3 years (based on the date of your previous claim)		N/A	
Audiology (Hearing aids, consultations and tests)	All tests and consultations limited to the Hearing Loss Management Programme and use of a network provider		All tests and consultations limited to the Hearing Loss Management Programme and use of a network provider		All tests and consultations limited to the Hearing Loss Management Programme and use of a network provider		All tests and consultations limited to the Hearing Loss Management Programme and use of a network provider		N/A	
Optometry (once every 2 years)	Paid from available savings and/or above threshold benefit, limited to R4 225 per beneficiary		Paid from Risk		Paid from available savings		Paid from Risk		Paid from Risk	
Basic dentistry (Managed Care protocols apply)	Paid from available savings and/or above threshold benefit		R6 400 per family, per year		Covered at the Bonitas Dental Tariff, subject to the Bonitas Dental Management Programme		Covered at the Bonitas Dental Tariff, subject to the Bonitas Dental Management Programme		Covered at 75% of the Bonitas Dental Tariff, subject to the Bonitas Dental Management Programme and a Designated Service Provider	
Specialised dentistry (Managed Care protocols apply)	Paid from available savings and/or above threshold benefit		R7 710 per family, per year Covered at the Bonitas Dental Tariff		Covered at the Bonitas Dental Tariff, subject to the Bonitas Dental Management Programme		Covered at the Bonitas Dental Tariff		Covered at 75% of the Bonitas Dental Tariff	
Chronic medicine (30% co-payment for non-DSP/non-formulary use)	61 chronic conditions R18 760 per beneficiary R37 360 per family Unlimited for PMB, subject to use of Bonitas Pharmacy Network and formulary	46 chronic conditions R15 370 per beneficiary R31 770 per family Unlimited for PMB, subject to use of Bonitas Pharmacy Network and formulary	32 chronic conditions Paid from available savings and/or above threshold benefit or Benefit Booster	28 chronic conditions Unlimited, subject to use of DSP and formulary	45 chronic conditions R13 030 per beneficiary R26 150 per family Unlimited for PMB, subject to use of Bonitas Pharmacy Network and formulary	45 chronic conditions R13 030 per beneficiary R26 150 per family Unlimited for PMB, subject to use of DSP and formulary	28 chronic conditions Unlimited, subject to use of DSP and formulary			
ADDITIONAL BENEFITS (in addition to savings and day-to-day benefits)										
Benefit Booster (Available after completing an online mental health assessment and wellness screening)	N/A		R2 070 per family		R5 000 per family		R1 440 per family		R4 000 per family	
International travel (per trip)	Up to R1.2 million cover per family for medical emergencies when you travel outside South Africa You must register for this benefit prior to departure.									
MOTHER & CHILD CARE BENEFIT										
Private ward after delivery	Yes		N/A							
Antenatal consultations	12				6		12		6	
2D ultrasound scans					2					
Antenatal classes	R1 640		R1 580		R1 530		R1 100		R1 100	
Amniocentesis	1									
Postnatal consultations (with a midwife)	4 (1 can be used for a consultation with an accredited lactation specialist)									
Antenatal vitamins (during pregnancy, subject to formulary)	Limited to R200 per month Paid from available savings and/or above threshold benefit		Limited to R200 per month Paid from available savings or Benefit Booster		Limited to R200 per month Paid from available savings and/or above threshold benefit or Benefit Booster		Limited to R200 per month Paid from available acute medicine benefit or Benefit Booster			
Hearing screening	For newborns up to 8 weeks, in or out-of-hospital									
Vision screening	2 screening tests for premature newborns up to 6 weeks, in or 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		N/A		2		1		2	
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		N/A		1		2		1	
Childhood immunisations up to the age of 12	According to the Private Vaccination schedule in South Africa			According to the Expanded Programme on Immunisation in South Africa			According to the Private Vaccination schedule in South Africa		According to the Expanded Programme on Immunisation in South Africa	
BE BETTER BENEFIT (Preventative care and wellness benefits for all life stages)										
Dental fissure sealants	To prevent tooth decay on permanent teeth for children under 16									
HIV test and counselling per beneficiary	1									
Flu vaccine per beneficiary	1									
Full lipogram every 5 years, members aged 20 and over	1				N/A		1		N/A	
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 64	1				N/A		1		N/A	
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 on the Bonitas website									
Contraceptives (per family for women aged up to 50)	R2 050		R1 970		R1 580		R1 970		R2 050	
Wellness screening per beneficiary, aged 21 and over	1									

DSP = Designated Service Provider

PMB = Prescribed Minimum Benefits