



## Key changes for 2023



### Income bands and contributions updated

Remember that income verification is conducted every year on this plan and that you need to submit relevant supporting documentation to avoid your contribution being defaulted to that of the highest income band.

As BonCap's income bands have been adjusted for 2023 to better suit all our members' circumstances and needs, it is especially important that you review the new income bands to ensure that you are paying the correct contribution.

If you are already in the highest income band, you do not need to verify your income.



### Hospital network and co-payment changes

As part of our ongoing efforts to continue offering members quality healthcare at an affordable price, we have enhanced the hospital network on this plan. After careful evaluation, we have selected the best and most efficient hospitals for the network (at the same time considering accessibility for members).

The co-payment for voluntarily using a non-network hospital will now be a percentage (30% of total cost), rather than the fixed amount previously applicable. You can avoid this co-payment by using a hospital on your plan's network. You can access the latest list of network hospitals by logging into the Member Zone at [www.bonitas.co.za](http://www.bonitas.co.za), or by visiting [www.bonitas.co.za/networks](http://www.bonitas.co.za/networks).



## New medicine formulary

A new chronic medicine formulary (a list of cost-effective and evidence-based medicines) is being introduced for this plan, to ensure continued access to quality medicines at an affordable price for our members with registered chronic conditions.

If you are registered on the chronic medicine management programme, ensure that your chronic medicine is listed, or consider switching to a listed medicine, as you will have to pay a 40% co-payment if you continue to use medicine that is not listed in the formulary.

To view the formulary applicable to your plan, visit [www.bonitas.co.za](http://www.bonitas.co.za) >> Log in as a member >> Documents >> Medicine Formularies >> Chronic Medicine Management.

***If our systems show that your chronic medicine authorisation will be impacted by this change in formulary, you will receive more detailed communication in due course.***



## Benefit adjustments

- Non-network General Practitioners will be paid at 70% of the BonCap rate for in-hospital consultations.
- Non-network specialists will be paid at 70% of the BonCap rate for in-hospital consultations. Out-of-hospital consultations will not be covered, except in the case of PMBs, in which case claims will be covered at 70% of the BonCap rate.
- Both in-hospital and out-of-hospital consultations with allied medical professionals will not be covered, except in the case of PMBs, in which case claims will be covered at 70% of the BonCap rate.
- The DSPs for blood tests out of hospital are Ampath, Lancet, PathCare, and Vermaak & Partners. Claims for out-of-hospital blood tests at a non-DSP will be paid at 70% of the BonCap rate.
- Beneficiaries have access to one out-of-network GP consultation each, covered at R380 per consultation, subject to a maximum of two consultations per family. Once the family limit is exceeded, a 30% co-payment on the BonCap rate will apply.



## Unlimited PMB oncology benefits

With the prevalence of cancer increasing at an alarming rate, we have restructured this benefit to best suit your needs and care. The BonCap Prescribed Minimum Benefit (PMB) oncology benefit remains unlimited if you use a Designated Service Provider (DSP).

The co-payment applied for the voluntary use of a non-DSP has been reduced from 40% to 30%.