



Key changes for 2023



Savings Top-Up payments

You will have the choice to opt in or out for your claims to automatically pay above Scheme rate from your savings (known as top-up payments). This would be on condition that there are sufficient funds in your Savings, and that the services provided must be covered by your benefit plan. We will communicate more details around this new feature in due course, so watch this space!



Unlimited PMB oncology benefits

With the prevalence of cancer increasing at an alarming rate, we have structured this benefit to best suit your needs and care. You have unlimited cover for Prescribed Minimum Benefit (PMB) oncology benefits at a Designated Service Provider (DSP). It is important to use a DSP for PMB oncology, to avoid a 30% co-payment.

Non-PMB oncology benefits

In addition, you have a yearly limit of R300 000 per family for non-PMB oncology benefits. When the non-PMB oncology limit is reached, the benefit will be unlimited, paid at 80% of the Bonitas Rate if you use a DSP. If you do not use a DSP, such further costs will be for your own account.



Co-payment on spinal procedures falls away

The Fund's conservative back and neck programme can improve affected beneficiaries' quality of life and reduce pain and suffering, and has also been proven to limit, avoid or postpone surgery.

Where surgery is truly warranted, there will no longer be a co-payment on spinal procedures. However, such a procedure will only be covered from the relevant and available benefit limit if the beneficiary has followed the appropriate clinical pathway with DBC, the Fund's Designated Service Provider for the conservative back and neck programme.

If a beneficiary declines participation in the conservative back and neck programme prior to surgery, such surgery will not be covered (except in the case of emergency admissions or other PMB).



Introduction of a hospital network

As part of our ongoing efforts to continue offering members quality healthcare at an affordable price, we have restructured this plan to include a network hospital component. We have selected the best and most efficient hospitals for our networks and at the same time considering accessibility for members.

You can avoid a 30% 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, or by visiting www.bonitas.co.za/networks.



Benefit enhancements

- Beneficiaries younger than 18 years who are diagnosed with Type 1 Diabetes will now be covered for an insulin pump or continuous glucose monitoring (CGM) device of up to R51 010 per family per year, subject to pre-authorisation. This benefit is limited to one device per beneficiary every 5 years, based on the last claim date. In addition, there is a separate limit of R25 740 per family for an insulin pump or CGM consumables. Once the benefit for consumables is exceeded, the benefit limit for the pump may not be used to cover such costs.
- We have enhanced our preventative care benefit even further! These benefits now include two additional vaccines, namely:
 - Two doses of the human papillomavirus (HPV) vaccine for girls aged 9 to 14 years
 - A pertussis (whooping cough) booster vaccine for beneficiaries aged 7 to 64 years, every 10 years