CMAC
Dr. Pikkie Kok
FINANCIAL & HEALTHCARE ADVISOR

| | BonComprehensive | BonClassic | BonComplete | BonSave | BonFit Select | Standard | Standard Select | Primary | Primary Select |
|---|---|---|---|---|---|---|---|---|---|
| **Monthly contributions** *(4th and subsequent children covered free)* | Main: R7 207<br>Adult: R6 797<br>Child: R1 467 | Main: R5 003<br>Adult: R4 295<br>Child: R1 236 | Main: R4 009<br>Adult: R3 211<br>Child: R1 089 | Main: R2 723<br>Adult: R2 109<br>Child: R815 | Main: R2 152<br>Adult: R1 668<br>Child: R645 | Main: R3 888<br>Adult: R3 371<br>Child: R1 140 | Main: R3 368<br>Adult: R2 914<br>Child: R986 | Main: R2 429<br>Adult: R1 900<br>Child: R773 | Main: R2 065<br>Adult: R1 615<br>Child: R657 |
| **Savings** | Main: R16 308<br>Adult: R15 384<br>Child: R3 324 | Main: R8 484<br>Adult: R7 284<br>Child: R2 100 | Main: R7 200<br>Adult: R5 772<br>Child: R1 936 | Main: R6 372<br>Adult: R4 932<br>Child: R1 908 | Main: R4 128<br>Adult: R3 204<br>Child: R1 236 | N/A | | | |
| **Self-payment gap** | Main: R4 080<br>Adult: R3 380<br>Child: R1 550 | N/A | Main: R1 770<br>Adult: R1 500<br>Child: R385 | N/A | | | | | |
| **Above threshold benefit** | Unlimited | N/A | Main: R4 770<br>Adult: R2 770<br>Child: R1 200 | N/A | | | | | |
| **GP benefit** *(based on family size)* | Paid from savings | | | Paid from savings<br>Additional benefit for GP consultations when savings are finished (limited to 3 per beneficiary, maximum 6 per family) paid at the Bonitas Rate | Paid from savings<br>Additional benefit for GP consultations when savings are finished (limited to 1 per beneficiary, maximum 2 per family) paid at the Bonitas Rate | *Ranges from R4 250 - R7 870 for network GPs (sublimit of R1 380 - R2 620 for non-network GPs)<br><br>GP nomination applies to Standard Select | | *Ranges from R1 900 - R5 030 for network GPs (sublimit of R615 - R1 750 for non-network GPs)<br><br>GP nomination applies to Primary Select | |
| **Day-to-day benefit** *(based on family size)* | N/A | | | | | *Ranges from R5 940 - R12 420 | | *Ranges from R2 660 - R6 510 | |
| **HOSPITAL BENEFITS** | | | | | | | | | |
| **Hospital network** | N/A | | | | Yes | N/A | Yes | N/A | Yes |
| **Hospital cover** | Unlimited | | | | | | | | |
| **GP and specialist consultations** *(network doctors covered in full at the Bonitas Rate)* | Unlimited<br>Specialist covered at 150%, GP covered at 100% of the Bonitas Rate | Unlimited<br>100% of the Bonitas Rate | | | | | | | |
| **Blood tests and x-rays** | Unlimited, 100% of the Bonitas Rate | | | | | | | | |
| **MRIs and CT scans** | R31 960 per family in and out-of-hospital | R29 570 per family in and out-of-hospital | R23 800 per family in and out-of-hospital | | R16 070 per family in hospital | R26 620 per family in and out-of-hospital | | R13 260 per family in and out-of-hospital | |
| **Internal and external prostheses** | R56 200 for internal prosthesis per family<br>R56 200 for external prosthesis per family | R55 690 per family in and out-of-hospital | R45 090 per family in and out-of-hospital | R32 130 per family *(internal only)*<br>Excluding joint replacement prosthesis | PMB only | R45 090 per family | | R32 130 per family *(internal only)*<br>Excluding joint replacement prosthesis | |
| **Internal nerve stimulators** | R168 900 per family | N/A | | | | R168 900 per family | | N/A | |
| **Cochlear implants** | R283 300 per family | | N/A | | | R283 300 per family | | N/A | |
| **Mental health hospitalisation** | R46 880 per family | R41 210 per family | R32 210 per family | | | R40 600 per family | | R15 830 per family | |
| **Sublimit of hospitalisation for mental health consultations per family** *(in or out-of-hospital)* | R15 890 per family | | | | PMB consultations only | R15 890 per family | | R9 560 per family | |
| **Take-home medicine** | R555 per hospital stay | R475 per hospital stay | R420 per hospital stay | R390 per hospital stay | | R475 per hospital stay | | R390 per hospital stay | |
| **Physical rehabilitation** | R50 600 per family | | | | | | | | |
| **Alternatives to hospital** *(hospice, step-down facilities)* | R16 880 per family | | | | | | | | |
| **Terminal care** | Unlimited | | | | | | | | |
| **Cancer treatment** *Uses the Bonitas Oncology Medicine Network (20% co-payment applies for use of a non-network provider)* | R618 500 per family<br>R245 400 of this can be used for specialised drugs (including biological drugs) | R410 400 per family | R344 500 per family | | | | | R165 500 per family | |
| **Non-cancer specialised drugs** *(including biological drugs)* | R200 100 per family | N/A | | | | | | | |
| **Organ transplants** | Unlimited | | | | | | | PMB only | |
| **Kidney dialysis** | Unlimited at a DSP or 20% co-payment applies at a non-DSP | | | | | | | | |
| **HIV/AIDS** | Unlimited, subject to registration on the HIV/AIDS programme | | | | | | | | |
| **Co-payments for certain procedures** | Co-payment applies for spinal surgery without DBC intervention<br>Co-payment applies for non-ICPS / JointCare hip and knee replacements | | | Yes | | Co-payment applies for spinal surgery without DBC intervention<br>Co-payment applies for non-ICPS / JointCare hip and knee replacements | | Yes | |
| **OUT-OF-HOSPITAL BENEFITS** | | | | | | | | | |
| **GP consultations** | Paid from available savings and/or above threshold benefit<br><br>20% co-payment for non-network or non-formulary use for acute and over-the-counter medicine in above threshold benefit | Paid from available savings | Paid from available savings and/or above threshold benefit<br><br>20% co-payment for non-network or non-formulary use for acute and over-the-counter medicine in above threshold benefit | Paid from available savings | | Paid from available GP benefit | | | |
| **Specialist consultations** | | | | | | Paid from available day-to-day benefit<br><br>Formulary and Bonitas Pharmacy Network applies to acute medicine (20% co-payment for non-network or non-formulary use) | | | |
| **X-rays and ultrasounds** | | R3 170 per beneficiary R7 030 per family (Combined benefit) | | | | | | | |
| **Blood tests** | | | | | | | | | |
| **Acute medicine** | | | | | | | | | |
| **Over-the-counter medicine** | | Paid from available savings | | | | R790 per beneficiary, R2 400 per family Formulary and Bonitas Pharmacy Network applies (20% co-payment for non-network or non-formulary use) | | R500 per beneficiary, R1 460 per family Formulary and Bonitas Pharmacy Network applies (20% co-payment for non-network or non-formulary use) | |
| **Paramedical/Allied medical professionals** *(such as occupational therapists and dieticians)* | | | | | | Paid from available day-to-day benefit | | | |
| **General medical appliances** | Paid from available savings | | | | | R7 820 per family Stoma Care and CPAP machines may exceed the limit by R6 680 per family | | R7 030 per family Stoma Care and CPAP machines may exceed the limit by R6 680 per family | |
| **Hearing aids** | R26 300 per family every 5 years 10% co-payment will apply | R17 220 per family every 5 years 10% co-payment will apply | | N/A | | R16 320 per family every 5 years 20% co-payment will apply | | N/A | |
| **Optometry** *(once every 2 years)* | Paid from available savings and/or above threshold benefit, limited to R3 170 per beneficiary | R5 845 per family every 2 years | Paid from available savings and/or above threshold benefit | Paid from available savings | | R6 115 per family every 2 years | | R4 710 per family every 2 years | |
| **Refractive surgery** | R21 190 per family | N/A | | | | | | | |
| **Basic dentistry** | Paid from available savings and/or above threshold benefit | R4 790 per family, per year | Covered from Risk | | | | | | |
| **Specialised dentistry** | | R5 760 per family, per year Covered at the Bonitas Dental Tariff | Covered at the Bonitas Dental Tariff | N/A | | Covered from Risk | | N/A | |
| **Chronic benefits** | 60 chronic conditions R14 110 per beneficiary R28 100 per family | 47 chronic conditions R11 560 per beneficiary R23 910 per family | 31 chronic conditions Unlimited, subject to Managed Care Protocols | Unlimited for PMBs, subject to Managed Care Protocols | | 45 chronic conditions R9 800 per beneficiary R19 670 per family Unlimited for PMBs | | Unlimited for PMBs, subject to Managed Care Protocols | |
| **ADDITIONAL BENEFITS (in addition to savings and day-to-day benefits)** | | | | | | | | | |
| **International travel benefit** | Cover for medical emergencies when you travel outside South Africa<br>You must register for this benefit | | | | | | | | |
| **Contraceptives** *(per family)* | R1 610 | R1 610 at the DSP | | | | | | | |
| **MATERNITY BENEFITS (per pregnancy)** | | | | | | | | | |
| **Private ward after delivery** | Yes | N/A | | | | | | | |
| **Antenatal consultations** | 12 | 6 | | | | 12 | | 6 | |
| **2D ultrasound scans** | 2 | | | | | | | | |
| **Antenatal classes** | R1 240 | | | N/A | | R1 240 | | N/A | |
| **Amniocentesis** | 1 | | | | | | | | |
| **Postnatal consultations** | 4 (1 can be used for a consultation with a lactation specialist) | | | | | | | | |
| **CHILDCARE BENEFITS** | | | | | | | | | |
| **Hearing screening** | Newborns, 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 | |
| **Paediatric consultations for children between ages 1 and 2** | 2 | | 1 | | | 2 | | 1 | |
| **GP consultations for children between ages 2 and 12** | 2 | | 1 | | | 2 | | 1 | |
| **Childhood immunisations** | According to the Expanded Programme on Immunisation in South Africa | | | | | | | | |
| **PREVENTATIVE CARE** | | | | | | | | | |
| **HIV test per beneficiary** | 1 | | | | | | | | |
| **Flu vaccine per beneficiary** | 1 | | | | | | | | |
| **Full lipogram every 5 years, for members aged 20 and over** | 1 | | N/A | | | 1 | | N/A | |
| **Mammogram every 2 years, women over 40** | 1 | | | | | | | | |
| **Pap smear every 3 years, women between ages 21-65** | 1 | | | | | | | | |
| **Prostate screening antigen test, men between ages 45-69** | 1 | | | | | | | | |
| **Pneumococcal vaccine every 5 years, members aged 65 and over** | 1 | | | | | | | | |
| **Stool test for colon cancer, members between ages 50-75** | 1 | | | | | | | | |
| **Bone density screening, women aged 65 and men aged 70 and over** | 1 | | N/A | | | | | | |
| **WELLNESS BENEFITS** | | | | | | | | | |
| **Wellness screening** *(Blood pressure, glucose, cholesterol, body mass index and waist-to-hip ratio)* | 1 per beneficiary | | | | | | | | |
| **Wellness extender** *Benefit includes: GP, biokineticist, dietician or physiotherapy consultation(s), a programme to stop smoking, blood tests or x-rays* | R2 540 per family 100% of the Bonitas Rate | R1 750 per family 100% of the Bonitas Rate | R1 270 per family 100% of the Bonitas Rate | | | R1 750 per family 100% of the Bonitas Rate | | R1 270 per family 100% of the Bonitas Rate | |

**Please note:** Product rules, limits, terms and conditions apply. Where there is a discrepancy between the content provided in this brochure, the website and the Fund Rules, the Fund Rules will prevail. The Fund Rules are available at www.bonitas.co.za or on request. Benefits are subject to approval from the Council for Medical Schemes.

**Please note:** **DSP** = Designated Service Provider **PMB** = Prescribed Minimum Benefits * For full details refer to the 2020 Bonitas Product Brochure.