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Dear Family Practitioner

BonStart Family Practitioner Network rates for 2026

Collaborating with healthcare providers remains essential to delivering affordable, high-quality care to our members. Our focus is on strengthening care integration and expanding access to out-of-hospital services, clinical information, and benefits through innovative solutions. We value your partnership and look forward to continuing our collaboration in 2026.

Tariffs for 2026
We are pleased to inform you that, effective **1 January 2026**, the BonStart Family Practitioner **(FP) tariff rates** will be increased by **4.0%**.

Please find below the updated tariff schedules for the **BonStart** and **BonStart Plus** options.

Tariff code	Tariff code description
0190 – 0192	FP visit

Non-dispensing doctor tariff on the BonStart option	Dispensing doctor tariff on the BonStart option	Authorisation
R501.30	R594.40	Required after the 6th visit

Non-dispensing doctor tariff on the BonStart Plus option	Dispensing doctor tariff on the BonStart Plus option	Authorisation
R501.30	R594.40	Required after the 10th visit

Co-payment for network FP consultations
Please note that for day-to-day benefits, which include unlimited network FP consultations, a member co-payment applies of R130.00 per consultation on BonStart and R75.00 per consultation on BonStart Plus. For example:

A member on BonStart:

Dispensing consultation tariff	Member co-payment	Rate of reimbursement
R594.40	R130.00	R464.40

Non-dispensing consultation tariff	Member co-payment	Rate of reimbursement
R501.30	R130.00	R371.30

Medical Aid for South Africa

Bonitas Medical Fund registration number: 1512
Mr L R Callakoppen (Principal Officer) · Mr R Cowlin · Mr O Komane · Mr J Bagg
Mr M Netshisaulu · Ms T Monene · Mr A Edwards · Mr P Ribbens · Mr J Venter

0860 002 108 / For BonCap & BonCore 0861 239 333 | bonitas.co.za | | WhatsApp 060 070 2491 / For BonCap & BonCore 060 042 9254 type 'Hi' to start a session

A member on BonStart Plus:

Dispensing consultation tariff	Member co-payment	Rate of reimbursement
R594.40	R75.00	R519.40

Non-dispensing consultation tariff	Member co-payment	Rate of reimbursement
R501.30	R75.00	R426.30

Note: Two non-network FP consultations for emergencies are allowed per family, subject to the applicable co-payment.

To ensure your BonStart patient does not incur out-of-pocket expenses, please refer to the important information below.

Specialist referral
Members are required to obtain a Specialist referral from an FP before visiting a Specialist (preferably a Bonitas Network Specialist to avoid a co-payment). Should a member/beneficiary not have a referral, the claim will not be covered. The following exceptions are applicable:

- Consultations and visits related to maternity
- One urologist consultation/visit per annum for male beneficiaries

Specialist referrals can be obtained by logging in to the Healthcare Professional (HCP) portal on the Medscheme website:

- Visit www.medscheme.com
- Select the **HCPs** tab and log in using your **provider credentials**
- Navigate to **Main Menu** > **My Patients** > **Specialist Referral**
- Enter the membership number and select the appropriate **beneficiary**
- If the Specialist's practice number is known, enter it and select the **preferred Specialist** from the **map**
- If the Specialist practice number is unknown, select the **relevant discipline**, define the **preferred search radius**, click the **Search** button and choose the **preferred Specialist** from the **map**
- Alternatively, call the Healthcare Provider Contact Centre on 0861 112 666

Specialist consultations benefit
The Specialist consultations limit per family for the BonStart and BonStart Plus options for 2026 are listed below:

Option name	Specialist consultations limit	Benefit limit	Member co-payment per consultation
BonStart	One consultation per family	R1 370.00	R275.00
BonStart Plus	Two consultations per family	R2 480.00	R130.00

Hospitalisation guidelines
As part of our ongoing efforts to continue offering members quality healthcare at an affordable price, we have enhanced our Hospital Network for all Bonitas options. After careful evaluation, we have selected cost-efficient hospitals for the network (at the same time considering accessibility for members). If a member does not obtain pre-authorisation prior to a hospital admission, there will be no payment on all options, except for Prescribed Minimum Benefit (PMB) emergencies.

We urge you to refer members to network hospitals to avoid non-network co-payments. You can access the latest list of network hospitals by logging in to the HCP portal:

- Visit www.medscheme.com
- Select the **HCPs** tab and log in using your **provider credentials**
- Click on the **Main Menu > Locator**
- Enter the **membership number**
- Choose **Country** and enter **South Africa**
- In the **Discipline Group** drop-down menu, select **Facility**
- Specify the **preferred radius**
- Select the **current year** and **relevant month**
- Click the **Search** button
- Alternatively, call the Healthcare Provider Contact Centre on 0861 112 666

The member co-payment for the use of a non-network hospital per option is listed below:

Option name	Co-payment
BonStart and BonStart Plus	R12 680.00

Day Surgery Network
As of 1 January 2026, the member co-payment for the voluntary use of a non-network day surgery clinic per option is listed below:

Option name	Co-payment
BonStart and BonStart Plus	R12 680.00

You can access the list of network day surgery facilities by logging in to the HCP portal:

- Visit www.medscheme.com
- Select the **HCPs** tab and log in using your **provider credentials**
- Click on the **Main Menu > Locator**
- Enter the **membership number**
- Choose **Country** and enter **South Africa**
- In the **Discipline Group** drop-down menu, select **Facility**
- Specify the **preferred radius**
- Select the **current year** and **relevant month**
- Click the **Search** button
- Alternatively, call the Healthcare Provider Contact Centre on 0861 112 666

Spinal surgery
Only PMB level of care surgery is covered.

Medicine changes for 2026 (BonStart and BonStart Plus)
Acute medicine:

- The Bonitas Pharmacy Network will remain the Designated Service Provider (DSP) for acute pharmacy medicine claims in 2026. A 40% co-payment will apply to members who use a non-network pharmacy for their acute medicine.
- Members on BonStart and BonStart Plus only have access to acute medicine listed on their formulary. In conjunction, Bonitas applies generic reference pricing to all medicine, which promotes the use of cost-effective generic medicine.

Chronic medicine:

- Chronic medicine is subject to pre-authorisation, managed care protocols and generic reference pricing. A chronic PMB medicine formulary applies to PMB conditions, and a 30% co-payment will apply to out-of-formulary medicine on BonStart and BonStart Plus.
- The Bonitas Chronic PMB formularies for 2026 are named **Formulary A, B, C and D**.
- BonStart and BonStart Plus will use the Bonitas Chronic Formulary D in 2026.
- The DSP for chronic medicine is Pharmacy Direct. The member co-payment for the voluntary use of a non-DSP pharmacy for chronic medicine on BonStart and BonStart Plus is 30%.

Medicine formularies
You can access the acute and chronic medicine formularies by logging in to the HCP portal:

- Visit www.medscheme.com
- Select the **HCPs** tab and log in using your **provider credentials**
- Navigate to **Main Menu > Documents**
- Select the **2026-year** folder
- Select **Medicine Management**
- Open the **Bonitas** folder
- Open the relevant formulary folder

HIV medicine:
Subject to registration on the HIV/AIDS Programme:

Option name	DSP name
BonStart and BonStart Plus	Pharmacy Direct

Pharmacy Direct prescriptions:
New prescriptions can be sent to Pharmacy Direct using the details below:

- Email: care@pharmacydirect.co.za
- Website: www.pharmacydirect.co.za >> Register/Upload Prescription
- Reception: 012 001 3000
- Customer support: 086 002 7800
- WhatsApp: 086 002 7800

Oncology Management Programme
With the prevalence of cancer increasing at an alarming rate, Bonitas members have unlimited oncology cover for **PMBs** using a DSP on the Bonitas Oncology Network. A 30% co-payment may apply if a member consults with an oncologist outside of the DSP network for their active oncology treatment. To alleviate out-of-pocket expenses, we urge you to refer your patient to a participating DSP oncologist for their oncology treatment.

Certain options have **additional oncology cover**, over and above PMB cover ('non-PMB' oncology). This additional oncology cover has option-specific benefit limits. Once these limits are reached, the benefit will pay at 80% of the Bonitas Rate if a DSP is used. Costs for non-PMB oncology services exceeding the plan limits will be for the member's account if treatment is received at a non-DSP.

You can find a DSP oncologist by logging in to the HCP portal:

- Visit www.medscheme.com
- Select the **HCPs** tab and log in using your **provider credentials**
- Click on the **Main Menu > Locator**
- Enter the **membership number**
- Choose **Country** and enter **South Africa**
- In the **Discipline Group** drop-down menu, select **Specialist**
- Specify the **preferred radius**
- Select the **current year** and **relevant month**
- Click the **Search** button
- Alternatively, call the Healthcare Provider Contact Centre on 0861 112 666

The Bonitas Oncology Medicine Network is the DSP for dispensing oncology medicine on all options.

Advancing patient care with Medscheme's Alternatives to Hospitalisation Programmes
We are proud to reflect on the continued evolution and success of the **Alternatives to Hospitalisation** programmes. These initiatives are reshaping care delivery by offering clinically sound, patient-centred alternatives to traditional hospital stays, thereby improving outcomes, enhancing comfort, and reducing avoidable admissions.

- **Hospital-at-Home (HAH) Programme: Scaling safely and effectively**
  The **HAH** Programme continues to expand, offering a trusted alternative to general ward-level hospital care. Member feedback from recent surveys highlights high satisfaction with the programme's convenience, quality of care, and the comfort of recovering at home. Doctors have appreciated the reduced administrative burden and timely reimbursement for remote clinical oversight. HAH enables clinicians to maintain continuity of care while patients benefit from a familiar, low-risk environment, reducing exposure to hospital-acquired complications and improving recovery experiences.

- **Transitional Care Programme (TCP): Reducing readmissions, supporting recovery**
  Building on HAH's success, we introduced **TCP** to support members at high risk of unplanned readmission. Leveraging technology, TCP addresses key drivers of readmission – such as poor medicine reconciliation, inadequate follow-up and gaps in disease-specific education. This structured post-discharge intervention promotes safe recovery, strengthens care continuity, and improves long-term health outcomes. Results to date show meaningful reductions in readmission rates and strong improvements in patient engagement, reinforcing the programme's potential to deliver safer recoveries and lasting health benefits.

- **A future-focused approach to care**
  We're transforming healthcare through integrated interventions across the care continuum – from pre-admission support and acute care alternatives to post-discharge recovery and management of chronic conditions. Our value-based care approach aligns clinical excellence with cost-effectiveness, incentivising quality care through strong provider partnerships and data-driven insights.

  Enabled by technology, our care pathways – spanning remote monitoring, virtual consultations, predictive analytics, and digital engagement – enhance access, personalise interventions, and support proactive, coordinated decision-making for better patient outcomes.

Continuation of agreement
You are **not required** to sign or return the 2026 Bonitas BonStart Family Practitioner Network Agreement. Your continued participation in the network is appreciated and remains in effect.

Thank you for your continued commitment to delivering high-quality care. We look forward to working together to shape the future of healthcare in 2026.

Kind regards
Bonitas Medical Fund

Please note: *All benefits are approved by the Council for Medical Schemes.*