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Dear Family Practitioner

Bonitas 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.

New Bonitas plans from 1 January 2026
The following plans will be introduced:

- BonCore – to be administered by Private Health Administrators (PHA)
- Primary Select will be replaced by BonPrime

Tariffs for 2026
From 1 January 2026, Bonitas will implement a **4.0% increase** in the Bonitas Family Practitioner (FP) tariff rates. This adjustment will apply to all options except BonCap and BonCore, which are administered by PHA. The current reimbursement model will remain in place and continue to include an enhanced fee structure aligned with your REPI² category score, as outlined below:

FP consultation rates (0190 - 0192)	
Bonitas FP Network consultation fee	R526.30
Enhanced consultation fee for REPI² category 1 FP Network practices	R63.80
Enhanced consultation fee for REPI² category 2 FP Network practices	R31.90

One of the key objectives of the Bonitas FP Network is to safeguard members against unforeseen co-payments. Accordingly, we wish to reiterate the importance of adhering to the agreed Bonitas FP Network Rate **(R526.30)** to ensure cost predictability and member protection.

Important billing note
Please do not manually add the enhanced consultation fee to the Bonitas FP Network consultation fee (**R526.30**). This enhanced fee will be automatically allocated to qualifying practices upon payment of consultations.

Your remittance advice will reflect a **code 247** comment for each consultation that qualifies for an enhanced fee. Please note that the enhanced fee amount will not appear on individual claim lines. Instead, the total value of all enhanced fees will be consolidated and displayed as a single amount, marked with **code 247** and the description '**Enhanced fees**' at the beginning of the claim summary. For example:

50 (consultations) X R63.80 = R3 190.00

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

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

1. FP to Specialist referral requirements

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 not have a referral, the claim will not be paid. The following exceptions are applicable to all options except BonStart and BonStart Plus:

- Two gynaecological consultations or visits per annum for female beneficiaries
- Maternity
- Children under the age of two years for paediatrician visits or consultations
- Consultations with oncologists and haematologists
- Consultations with ophthalmologists
- Specialist-to-Specialist referral
- Psychologist-to-psychiatrist referral
- Follow-up visits with one of the treating Specialists within eight weeks of discharge from the hospital for the same condition
- One urologist visit or consultation per annum for male beneficiaries

On BonStart and BonStart Plus, the following exceptions apply:

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

FPs can obtain a referral 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

2. Referrals to Specialists on the Bonitas Specialist Network

When referring a Bonitas member to a Specialist, please ensure the referral is directed to a Specialist within the Bonitas Specialist Network to prevent any co-payments for the member. To access the latest list of network Specialists on 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

3. Hospitalisation guidelines

As part of our ongoing efforts to offer members quality healthcare at an affordable price, we have enhanced our Hospital Network. After careful evaluation, we have selected cost-efficient hospitals for the network (while 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 and 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

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

Option name	Co-payment
BonClassic, BonComplete, BonSave, Hospital Standard, BonFit, BonEssential and BonEssential Select, Primary, BonPrime and Standard Select	30%
BonStart and BonStart Plus	R12 680

4. 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
BonComprehensive, BonClassic, BonComplete, BonSave and Standard	R5 440
BonFit, Hospital Standard, BonEssential and Primary	R6 500
BonPrime, BonEssential Select and Standard Select	R7 100
BonStart and BonStart Plus	R12 680

5. Back and Neck Programme

The Back and Neck Programme helps members living with chronic back and neck pain treat the cause of their pain and improve their quality of life. Run by Documentation Based Care (DBC), the programme incorporates the best protocols to improve functional ability and work capability, successfully and effectively, with minimal pain.

The programme is applicable to all options except BonCap, BonCore, BonStart and BonStart Plus. The DBC Network now also offers shoulder and knee pain treatment as an extension of the Back and Neck Programme, offered by certified, licensed DBC physiotherapists without the use of DBC equipment.

6. Spinal surgery

When spinal surgery is performed without prior assessment and/or intervention by the contracted conservative back programme for BonComprehensive, BonClassic, BonComplete, Standard and Standard Select, there is no benefit. On all the other options, only PMB level of care surgery is covered.

7. Hip and knee replacements

The Hip and Knee Programme manages primary, one-sided hip and knee arthroplasty replacements. Our partners for the programme are Improved Clinical Pathway Services (ICPS) and JointCare. Arthroplasty is performed via standardised clinical care pathways (developed in accordance with evidence-based outcomes) and/or expert-led Peer Panels and Peer Reviews.

The Hip and Knee Programme is applicable to the following options: BonComprehensive, BonClassic, BonComplete, Standard and Standard Select.

8. Medicine changes for 2026 (excluding BonCap and BonCore)

Acute medicine:

- The Bonitas Pharmacy Network will remain the Designated Service Provider (DSP) for acute pharmacy medicine claims in 2026. A 20% co-payment will apply to members who use a non-network pharmacy for their acute medicine, except on BonStart and BonStart Plus, where the co-payment is 40%
- A 20% co-payment will also apply to acute medicine on the Bonitas acute out-of-formulary list. This excludes BonStart and BonStart Plus, where members 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
- All homeopathic medicine will attract a 20% co-payment on options with an acute medicine benefit.

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
- The Bonitas Chronic PMB formularies for 2026 are named **Formulary A, B, C and D**
- As the formularies vary across the Bonitas options, kindly utilise the applicable formulary for the member's option.

Option name	Formulary
BonComprehensive and Standard	Formulary A
BonClassic and BonComplete	Formulary B
Primary, BonSave and Hospital Standard	Formulary C
Standard Select, BonPrime, BonEssential, BonEssential Select, BonFit, BonStart and BonStart Plus	Formulary D

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

A 30% member co-payment will apply for the voluntary use of a non-DSP pharmacy for chronic medicine. The DSP pharmacies per option are listed in the table below:

Option name	DSP
BonComprehensive, BonClassic, BonComplete and Standard	Bonitas Pharmacy Network
BonEssential, BonEssential Select, BonFit, BonSave, Hospital Standard, Standard Select, BonStart and BonStart Plus	Pharmacy Direct
BonPrime and Primary	Marara Courier Pharmacy

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

Option name	DSP
BonComprehensive	Bonitas Pharmacy Network
BonClassic, BonComplete, Standard, Standard Select, BonEssential, BonEssential Select, BonFit, BonSave, Hospital Standard, BonStart and BonStart Plus	Pharmacy Direct
BonPrime and Primary	Marara Courier Pharmacy

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

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

- Email: bonitas@mararapharm.co.za
- Website: www.mararapharmacy.co.za >> Register/Upload Prescription
- Reception: 012 883 5000
- Customer support: 0860 MARARA or 0860 627 272
- WhatsApp: 060 072 8744

9. 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 applies 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.

10. Advancing patient care with Medscheme's Alternatives to Hospitalisation Programmes

We're proud to reflect on the continued evolution and success of our **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 chronic condition management. 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, the 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 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.*