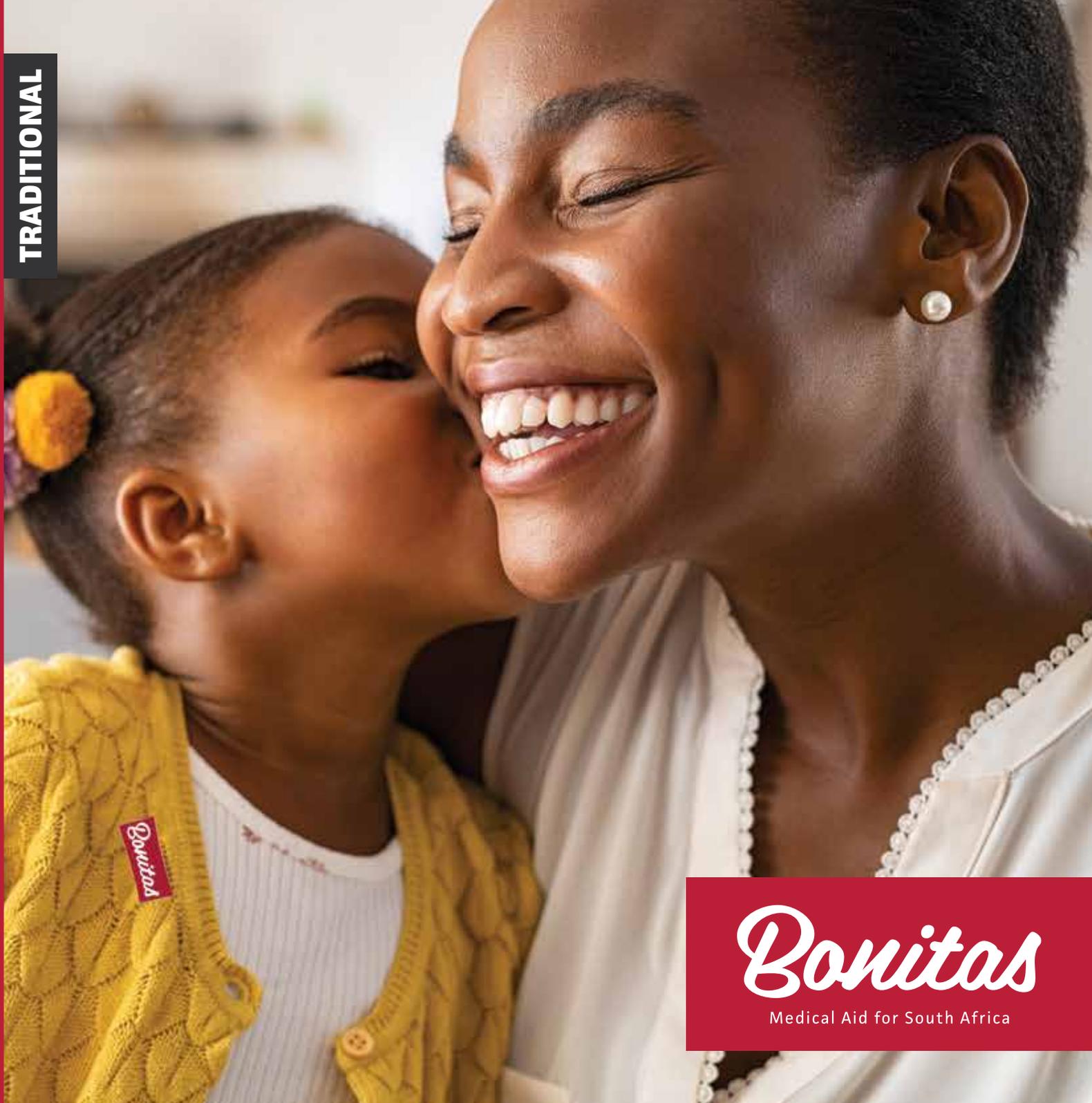


PRIMARY PRIMARY SELECT

TRADITIONAL



Bonitas

Medical Aid for South Africa

WHAT YOU PAY

PRIMARY

	JANUARY – MARCH 2023	APRIL – DECEMBER 2023
 MAIN MEMBER	R2 654	R2 792
 ADULT DEPENDANT	R2 076	R2 184
 CHILD DEPENDANT	R844	R888

PRIMARY PROVIDES ACCESS TO **ANY PRIVATE HOSPITAL** AND USES A LINKED FORMULARY OF CHRONIC MEDICATION.

YOU ONLY PAY FOR A MAXIMUM OF THREE CHILDREN. DEPENDANTS WHO ARE FULL-TIME STUDENTS PAY CHILD RATES UP TO AGE 24 YEARS, SUBJECT TO AN ANNUAL REVIEW.

PRIMARY SELECT

	JANUARY – MARCH 2023	APRIL – DECEMBER 2023
 MAIN MEMBER	R2 322	R2 443
 ADULT DEPENDANT	R1 816	R1 910
 CHILD DEPENDANT	R738	R776

PRIMARY SELECT USES A LIST OF **SPECIFIC PRIVATE HOSPITALS** AND LINKED FORMULARY OF CHRONIC MEDICATION.

OUT-OF-HOSPITAL BENEFITS

Please note: When you complete a wellness screening or online wellness questionnaire, you unlock the Benefit Booster which can be used to pay for out-of-hospital expenses first.

OVERALL DAY-TO-DAY LIMIT

MAIN MEMBER ONLY
MAIN MEMBER + 1 DEPENDANT
MAIN MEMBER + 2 DEPENDANTS
MAIN MEMBER + 3 OR MORE DEPENDANTS

PRIMARY

DAY-TO-DAY BENEFITS

The day-to-day benefits provide cover for consultations with your GP and specialist, acute medicine, X-rays, blood tests and other out-of-hospital medical expenses up to the overall day-to-day limit, subject to the relevant sublimit per category.

R5 000
R8 000
R10 000
R11 000

PRIMARY SELECT

DAY-TO-DAY BENEFITS

R5 000
R8 000
R10 000
R11 000

DAY-TO-DAY SUBLIMITS

The sublimits below are the maximum available for each category, subject to the overall day-to-day limit.

MAIN MEMBER ONLY
MAIN MEMBER + 1 DEPENDANT
MAIN MEMBER + 2 DEPENDANTS
MAIN MEMBER + 3 OR MORE DEPENDANTS
GENERAL MEDICAL APPLIANCES (SUCH AS WHEELCHAIRS AND CRUTCHES)

PRIMARY & PRIMARY SELECT

GP & SPECIALIST CONSULTATIONS	ACUTE AND OVER-THE-COUNTER MEDICINE	X-RAYS & BLOOD TESTS	AUXILIARY SERVICES
For specialist consultations you must get a referral from your GP. (Including virtual care consultations) On Primary Select: <ul style="list-style-type: none"> You must nominate 2 GPs on our network for each beneficiary for the year 2 non-nominated network GP visits allowed per family per year Consultations with non-network GPs are limited to PMBs only 	<ul style="list-style-type: none"> Avoid a 20% co-payment by using a Bonitas Pharmacy Network Avoid a 20% co-payment by using medicine that is on the formulary Over-the-counter medicine is limited to R500 per beneficiary and R2 000 per family 	This category applies to blood and other laboratory tests as well as X-rays and ultrasounds.	This category applies to physiotherapy, podiatry and biokinetics, allied medical professionals (such as dieticians, speech and occupational therapists) and alternative healthcare (20% co-payment applies to homoeopathic medicine).
R2 000	R1 500	R2 000	R2 000
R3 500	R2 500	R2 500	R2 500
R4 500	R3 000	R3 000	R3 000
R4 500	R3 000	R3 000	R3 000
Subject to the available overall day-to-day limit		Recommend use of the preferred supplier	
Subject to frequency limits as per Managed Care protocols		R7 340 per family for Stoma Care and CPAP machines. Note: CPAP machines subject to Managed Care protocols	

All benefits and limits are per calendar year, unless otherwise stated. Managed Care protocols apply. Benefits are subject to approval by the Council for Medical Schemes.

These benefits are in addition to your overall day-to-day limit.

MRIs AND CT SCANS (SPECIALISED RADIOLOGY)
MENTAL HEALTH CONSULTATIONS
OPTOMETRY
EYE TESTS
SINGLE VISION LENSES (CLEAR) OR
BIFOCAL LENSES (CLEAR) OR
MULTIFOCAL LENSES
FRAMES (AND/OR LENS ENHANCEMENTS)
CONTACT LENSES
BASIC DENTISTRY
CONSULTATIONS
X-RAYS: INTRA-ORAL
X-RAYS: EXTRA-ORAL
PREVENTATIVE CARE
FILLINGS
ROOT CANAL THERAPY AND EXTRACTIONS

PRIMARY			
R14 240 per family, in and out-of-hospital	Pre-authorisation required		
R2 000 co-payment per scan event except for PMB			
In and out-of-hospital consultations (included in the mental health hospitalisation benefit)	Limited to R10 920 per family		
R5 421 per family, once every 2 years (based on the date of your previous claim)	Each beneficiary can choose glasses	OR	contact lenses
1 consultation per beneficiary, at a network provider	OR	R365 per beneficiary for an eye examination, at a non-network provider	
100% towards the cost of lenses at network rates	R215 per lens, per beneficiary, out of network		
100% towards the cost of lenses at network rates	R460 per lens, per beneficiary, out of network		
100% towards the cost of base lenses at a network provider, or limited to a maximum of R860 per designer lens, per beneficiary, in and out of network			
R550 per beneficiary at a network provider	OR	R413 per beneficiary at a non-network provider	
R1 360 per beneficiary (included in the family limit)			
Covered at the Bonitas Dental Tariff	Subject to the Bonitas Dental Management Programme and a Designated Service Provider		
2 annual check-ups per beneficiary (once every 6 months)			
Managed Care protocols apply			
1 per beneficiary, every 3 years			
2 annual scale and polish treatments per beneficiary (once every 6 months)	Fissure sealants are only covered for children under 16 years		
Fluoride treatments are only covered for children from age 5 and younger than 16 years			
Benefit for fillings is granted once per tooth, every 2 years	Benefit for re-treatment of a tooth is subject to Managed Care protocols		
A treatment plan and X-rays may be required for multiple fillings			
Managed Care protocols apply	Benefit for root canal includes all teeth except primary teeth and permanent molars		

PRIMARY SELECT			
R14 240 per family, in and out-of-hospital	Pre-authorisation required		
R2 000 co-payment per scan event except for PMB			
In and out-of-hospital consultations (included in the mental health hospitalisation benefit)	Limited to R10 920 per family		
R5 421 per family, once every 2 years (based on the date of your previous claim)	Each beneficiary can choose glasses	OR	contact lenses
1 consultation per beneficiary, at a network provider	OR	R365 per beneficiary for an eye examination, at a non-network provider	
100% towards the cost of lenses at network rates	R215 per lens, per beneficiary, out of network		
100% towards the cost of lenses at network rates	R460 per lens, per beneficiary, out of network		
100% towards the cost of base lenses at a network provider, or limited to a maximum of R860 per designer lens, per beneficiary, in and out of network			
R550 per beneficiary at a network provider	OR	R413 per beneficiary at a non-network provider	
R1 360 per beneficiary (included in the family limit)			
Covered at the Bonitas Dental Tariff	Subject to the Bonitas Dental Management Programme and a Designated Service Provider		
2 annual check-ups per beneficiary (once every 6 months)			
Managed Care protocols apply			
1 per beneficiary, every 3 years			
2 annual scale and polish treatments per beneficiary (once every 6 months)	Fissure sealants are only covered for children under 16 years		
Fluoride treatments are only covered for children from age 5 and younger than 16 years			
Benefit for fillings is granted once per tooth, every 2 years	Benefit for re-treatment of a tooth is subject to Managed Care protocols		
A treatment plan and X-rays may be required for multiple fillings			
Managed Care protocols apply	Benefit for root canal includes all teeth except primary teeth and permanent molars		

All benefits and limits are per calendar year, unless otherwise stated. Managed Care protocols apply. Benefits are subject to approval by the Council for Medical Schemes.

These benefits are in addition to your overall day-to-day limit.

PLASTIC DENTURES AND ASSOCIATED LABORATORY COSTS

PRIMARY

1 set of plastic dentures (an upper and a lower), once every 4 years for beneficiaries 21 years and older	
20% co-payment applies	Pre-authorization required

PRIMARY SELECT

1 set of plastic dentures (an upper and a lower), once every 4 years for beneficiaries 21 years and older	
20% co-payment applies	Pre-authorization required

MAXILLO-FACIAL SURGERY AND ORAL PATHOLOGY

SURGERY IN THE DENTAL CHAIR

Managed Care protocols apply	
------------------------------	--

Managed Care protocols apply	
------------------------------	--

HOSPITALISATION (GENERAL ANAESTHETIC)

A co-payment of R3 500 per hospital admission for children younger than 5 years and R5 000 for all other admissions, admission protocols apply	General anaesthetic is only available to children under the age of 5 for extensive dental treatment once per lifetime
General anaesthetic benefit is available for the removal of impacted teeth	Managed Care protocols apply
Pre-authorization required	

A co-payment of R3 500 per hospital admission for children younger than 5 years and R5 000 for all other admissions, admission protocols apply	General anaesthetic is only available to children under the age of 5 for extensive dental treatment once per lifetime
Avoid a 30% co-payment by using a hospital on the applicable network	General anaesthetic benefit is available for the removal of impacted teeth
Pre-authorization required	Managed Care protocols apply

INHALATION SEDATION IN DENTAL ROOMS (LAUGHING GAS)

Managed Care protocols apply	
------------------------------	--

Managed Care protocols apply	
------------------------------	--

MODERATE/DEEP SEDATION IN DENTAL ROOMS (IV CONSCIOUS SEDATION)

Limited to extensive dental treatment	Managed Care protocols apply
Pre-authorization required	

Limited to extensive dental treatment	Managed Care protocols apply
Pre-authorization required	

CHRONIC BENEFITS

Primary and Primary Select ensures that you are covered for the **27** Prescribed Minimum Benefits listed below on the applicable formulary. You must use Pharmacy Direct, our Designated Service Provider, to get your medicine. If you choose not to use Pharmacy Direct or if you choose to use medicine that is not on the formulary, you will have to pay a 40% co-payment.

PRIMARY

& PRIMARY SELECT

PRESCRIBED MINIMUM BENEFITS COVERED

1.	Addison's Disease
2.	Asthma
3.	Bipolar Mood Disorder
4.	Bronchiectasis
5.	Cardiac Failure
6.	Cardiomyopathy
7.	Chronic Obstructive Pulmonary Disease
8.	Chronic Renal Disease
9.	Coronary Artery Disease

10.	Crohn's Disease
11.	Diabetes Insipidus
12.	Diabetes Type 1
13.	Diabetes Type 2
14.	Dysrhythmias
15.	Epilepsy
16.	Glaucoma
17.	Haemophilia
18.	HIV/AIDS

19.	Hyperlipidaemia
20.	Hypertension
21.	Hypothyroidism
22.	Multiple Sclerosis
23.	Parkinson's Disease
24.	Rheumatoid Arthritis
25.	Schizophrenia
26.	Systemic Lupus Erythematosus
27.	Ulcerative Colitis

All benefits and limits are per calendar year, unless otherwise stated. Managed Care protocols apply. Benefits are subject to approval by the Council for Medical Schemes.

ADDITIONAL BENEFITS

We believe in giving you more value. The following benefits are in addition to your day-to-day and other benefits.

BENEFIT BOOSTER

Available after completing a wellness screening or online wellness questionnaire

PRIMARY & PRIMARY SELECT

R1 500

per family which can be used for out-of-hospital claims for:

- GP and specialist consultations
- Acute and over-the-counter medicine
- Biokineticist and physiotherapist consultations and treatment
- Paramedical services such as dietician, speech and occupational therapy consultations and treatment
- Alternative healthcare such as homeopathic consultations, treatment and acupuncture
- Non-surgical procedures and tests e.g. wart removal
- X-rays
- Blood tests

Child dependants can access the Benefit Booster once an adult beneficiary has completed a wellness screening or online wellness questionnaire

(All claims are paid at the Bonitas Rate)

MATERNITY CARE

- 6 antenatal consultations with a gynaecologist, GP or midwife
- 2 2D ultrasound scans
- 1 amniocentesis
- 4 consultations with a midwife after delivery (1 of these can be used for a consultation with a lactation specialist)

MATERNITY PROGRAMME

Register for the maternity programme and get:

- Access to 24/7 maternity advice line
- Dedicated maternity nurse/midwife to support and advise you throughout your pregnancy
- Access to articles regarding common pregnancy concerns
- Pregnancy education emails and SMSs sent to you weekly
- Online antenatal classes to prepare you for the birth and what to expect when you get home
- Baby bag including baby care essentials

WELLNESS BENEFIT

- 1 wellness screening per beneficiary at a participating pharmacy, biokineticist or a Bonitas wellness day

Wellness screening includes the following tests:

- Blood pressure
- Body Mass Index
- Glucose
- Waist-to-hip ratio
- Cholesterol

CONTRACEPTIVES

- R1 760 per family (for women aged up to 50)
- You must use the Designated Service Provider for pharmacy-dispensed contraceptives
- If you choose not to use a Designated Service Provider, a 40% co-payment applies

CHILDCARE

- Hearing screening for newborns up to 8 weeks, in or out-of-hospital
- Congenital hypothyroidism screening for infants under 1 month old
- Babyline: 24/7 helpline for medical advice for children under 3 years
- 1 Paediatrician or GP consultation per child under 1 year
- 1 Paediatrician or GP consultation per child between ages 1 and 2
- 1 GP consultation per child between ages 2 and 12
- Immunisation according to Expanded Programme on Immunisation in South Africa up to the age of 12

PREVENTATIVE CARE

- 1 HIV test and counselling per beneficiary
- 1 flu vaccine per beneficiary
- 1 mammogram every 2 years, for women over 40
- 1 pap smear every 3 years, for women between ages 21 and 65
- 1 prostate screening antigen test for men between ages 45 and 69
- 1 pneumococcal vaccine every 5 years, for members aged 65 and over
- 1 stool test for colon cancer, for members between ages 50 and 75
- Dental fissure sealants to prevent tooth decay on permanent teeth for children under 16
- Covid-19 vaccines and boosters as directed by the National Department of Health

AFRICA BENEFIT

- In and out-of-hospital treatment covered at 100% of the Bonitas Rate
- Subject to authorisation

INTERNATIONAL TRAVEL BENEFIT

You must register for this benefit prior to departure

- Up to R10 million cover per family for medical emergencies when you travel outside South Africa
- Additional benefit for medical quarantine up to R10 000 per beneficiary if tested positive for Covid-19

All benefits and limits are per calendar year, unless otherwise stated. Managed Care protocols apply. Benefits are subject to approval by the Council for Medical Schemes.

MANAGED CARE BENEFITS

We believe in giving you more value. The following benefits are in addition to your day-to-day and other benefits.

HIV/AIDS

- Provides you with appropriate treatment and tools to live your best life
- Offers HIV-related consultations to visit your doctor to monitor your clinical status
- Offers access to telephonic support from doctors
- Covers medicine to treat HIV (including drugs to prevent mother-to-child transmission and infection after sexual assault or needle-stick injury)
- Covers regular blood tests to monitor disease progression, response to therapy and to detect possible side-effects of treatment
- Gives ongoing patient support via a team of trained and experienced counsellors
- Treatment and prevention of opportunistic infections such as pneumonia, TB and flu
- Helps in finding a registered counsellor for face-to-face emotional support

DIABETES MANAGEMENT

- Empowers you to make the right decisions to stay healthy
- Provides cover for the tests required for the management of diabetes as well as other chronic conditions
- Offers access to diabetes doctors, dieticians and podiatrists
- Gives access to a dedicated Health Coach to answer any questions you may have
- Offers a personalised care plan for your specific needs
- Provides education to help you understand your condition better

CANCER

- Puts you first, offering emotional and medical support
- Liaises with your doctor to ensure your treatment plan is clinically appropriate to meet your needs
- Access to a social worker for you and your loved ones
- Uses the Bonitas Oncology Medicine Network (20% co-payment applies for use of a non-network provider)
- Matches the treatment plan to your benefits to ensure you have the cover you need
- Uses the Bonitas Oncology Network of specialists

BACK AND NECK

- Assessment of back and neck pain to determine the level of care required before surgery to give you the best outcome
- Offers a personalised treatment plan for up to 6 weeks
- Includes treatment from doctors, physiotherapists and biokineticists
- Gives access to a home care plan to maintain long-term results and helps manage severe back and neck pain
- Highly effective and low-risk, with an excellent success rate
- We cover the cost of the programme, excluding X-rays
- Uses the DBC network

All benefits and limits are per calendar year, unless otherwise stated. Managed Care protocols apply. Benefits are subject to approval by the Council for Medical Schemes.

HOSPITAL-AT-HOME

- Care for any acute condition deemed appropriate by your treating provider i.e., pneumonia, Covid-19
- An alternative to general ward admission and stepdown facilities, allowing you to receive quality, safe healthcare in the comfort of your home
- Remote patient monitoring including 24/7 vital signs monitoring from our clinical command centre, continuous virtual visits and clinical support, continuous care from a doctor, short-term oxygen (as prescribed) and emergency ambulance services
- Our hospital setup at home also includes remote patient monitoring, daily visits, laboratory services, blood tests, wound dressings, medication/fluids via a drip, allied healthcare services and physiotherapy (as prescribed)
- A team of trained healthcare professionals, including skilled nurses, that will bring all the essential elements of hospital care to your home
- A transitional care programme to minimise re-admissions
- Hospital-at-Home is subject to pre-authorisation

All benefits and limits are per calendar year, unless otherwise stated. Managed Care protocols apply. Benefits are subject to approval by the Council for Medical Schemes.

IN-HOSPITAL BENEFITS

This benefit offers cover for major medical events that result in a beneficiary being admitted to hospital. Members have access to cover at a private hospital. Pre-authorisation is required. A co-payment may apply to specific admissions and/or procedures. Managed Care protocols apply.

Please note: On the Primary Select option you can avoid a 30% co-payment by using a hospital on the applicable network.

	PRIMARY		PRIMARY SELECT	
SPECIALIST CONSULTATIONS/TREATMENT	Unlimited, network specialists covered in full at the Bonitas Rate	Unlimited, non-network specialists paid at 100% of the Bonitas Rate	Unlimited, network specialists covered in full at the Bonitas Rate	Unlimited, non-network specialists paid at 100% of the Bonitas Rate
GP CONSULTATIONS/TREATMENT	Unlimited, covered at 100% of the Bonitas Rate		Unlimited, covered at 100% of the Bonitas Rate	
BLOOD TESTS AND OTHER LABORATORY TESTS	Unlimited, covered at 100% of the Bonitas Rate		Unlimited, covered at 100% of the Bonitas Rate	
X-RAYS AND ULTRASOUNDS	Unlimited, covered at 100% of the Bonitas Rate		Unlimited, covered at 100% of the Bonitas Rate	
MRIs AND CT SCANS (SPECIALISED RADIOLOGY)	R14 240 per family, in and out-of-hospital	Pre-authorisation required	R14 240 per family, in and out-of-hospital	Pre-authorisation required
	R2 000 co-payment per scan event except for PMB		R2 000 co-payment per scan event except for PMB	
CATARACT SURGERY	Avoid a R6 620 co-payment by using the Designated Service Provider		Avoid a R6 620 co-payment by using the Designated Service Provider	
ALLIED MEDICAL PROFESSIONALS (SUCH AS DIETICIAN, SPEECH AND OCCUPATIONAL THERAPIST)	Limited to and included in the day-to-day benefit	Subject to referral by treating practitioner	Limited to and included in the day-to-day benefit	Subject to referral by treating practitioner
PHYSIOTHERAPY, PODIATRY AND BIKINETICS	Limited to and included in the day-to-day benefit	Subject to referral by treating practitioner	Limited to and included in the day-to-day benefit	Subject to referral by treating practitioner
INTERNAL PROSTHESES	PMB only	Managed Care protocols apply	PMB only	Managed Care protocols apply
MENTAL HEALTH HOSPITALISATION	R17 010 per family	No cover for physiotherapy for mental health admissions	R17 010 per family	No cover for physiotherapy for mental health admissions
	Avoid a 30% co-payment by using a hospital on the applicable network		Avoid a 30% co-payment by using a hospital on the applicable network	
TAKE-HOME MEDICINE	Limited to a 7-day supply up to R420 per hospital stay		Limited to a 7-day supply up to R420 per hospital stay	
PHYSICAL REHABILITATION	R54 360 per family		R54 360 per family	
ALTERNATIVES TO HOSPITAL (HOSPICE, STEP-DOWN FACILITIES)	R18 130 per family	Managed Care protocols apply	R18 130 per family	Managed Care protocols apply
PALLIATIVE CARE (CANCER ONLY)	Unlimited, subject to the DSP	Including hospice/private nursing, home oxygen, pain management, psychologist and social worker support	Unlimited, subject to the DSP	Including hospice/private nursing, home oxygen, pain management, psychologist and social worker support

All benefits and limits are per calendar year, unless otherwise stated. Managed Care protocols apply. Benefits are subject to approval by the Council for Medical Schemes.

CANCER TREATMENT**CANCER MEDICINE****ORGAN TRANSPLANTS****KIDNEY DIALYSIS****HIV/AIDS****DAY SURGERY PROCEDURES**

(APPLIES TO SELECTED PROCEDURES)

PRIMARY

Unlimited for PMBs	R200 000 per family for non-PMBs. Paid at 80% at a Designated Service Provider and no cover at a non-Designated Service Provider, once limit is reached.
Avoid a 30% co-payment by using a Designated Service Provider	Sublimit of R54 160 per beneficiary for Brachytherapy
Subject to Medicine Price List and preferred product list	Avoid a 20% co-payment by using a Designated Service Provider
PMB only	
Unlimited	Avoid a 20% co-payment by using a Designated Service Provider
Unlimited, if you register on the HIV/AIDS programme	Chronic medicine must be obtained from the Designated Service Provider
Avoid a R2 430 co-payment by using a network day hospital	

PRIMARY SELECT

Unlimited for PMBs	R200 000 per family for non-PMBs. Paid at 80% at a Designated Service Provider and no cover at a non-Designated Service Provider, once limit is reached.
Avoid a 30% co-payment by using a Designated Service Provider	Sublimit of R54 160 per beneficiary for Brachytherapy
Subject to Medicine Price List and preferred product list	Avoid a 20% co-payment by using a Designated Service Provider
PMB only	
Unlimited	Avoid a 20% co-payment by using a Designated Service Provider
Unlimited, if you register on the HIV/AIDS programme	Chronic medicine must be obtained from the Designated Service Provider
Avoid a R4 850 co-payment by using a network day hospital	

PROCEDURE CO-PAYMENTS

(PER EVENT, SUBJECT TO PRE-AUTHORISATION)

R1 730 co-payment	R4 400 co-payment	R8 150 co-payment
<ol style="list-style-type: none"> 1. Colonoscopy 2. Conservative Back Treatment 3. Cystoscopy 4. Facet Joint Injections 5. Flexible Sigmoidoscopy 6. Functional Nasal Surgery 7. Gastroscopy 8. Hysteroscopy (not Endometrial Ablation) 9. Myringotomy 10. Tonsillectomy and Adenoidectomy 11. Umbilical Hernia Repair 12. Varicose Vein Surgery 	<ol style="list-style-type: none"> 1. Arthroscopy 2. Diagnostic Laparoscopy 3. Laparoscopic Hysterectomy 4. Percutaneous Radiofrequency Ablations (Percutaneous Rhizotomies) 	<ol style="list-style-type: none"> 1. Laparoscopic Pyeloplasty 2. Laparoscopic Radical Prostatectomy 3. Nissen Fundoplication (Reflux Surgery)

All benefits and limits are per calendar year, unless otherwise stated. Managed Care protocols apply. Benefits are subject to approval by the Council for Medical Schemes.

**TO JOIN SPEAK TO YOUR FINANCIAL ADVISOR,
CALL 0861 266 482 OR VISIT BONITAS.CO.ZA**



Bonitas WhatsApp 060 070 2491



www.bonitas.co.za



Bonitas Medical Fund



bonitas.co.za/member



Bonitas Member App



@BonitasMedical

Please note: Product rules, limits, terms and conditions apply. Where there is a discrepancy between the content provided in this brochure and the Scheme Rules, the Scheme Rules will prevail. The Scheme Rules are available at www.bonitas.co.za. All benefits and limits are per calendar year, unless otherwise stated. Managed Care protocols apply. Benefits are subject to approval by the Council for Medical Schemes. All claims are paid at the Bonitas Rate, unless otherwise stated.