

2020



PRODUCT BROCHURE

Bonitas

Medical Aid for South Africa

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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.



WHY CHOOSE BONITAS

Affordable, quality healthcare
for you and your family

A wide range of plans including
savings, traditional, income based and
hospital plans

Cover for up to 60 chronic
conditions and free medicine delivery

Care and support for families
including additional benefits for maternity,
consultations with a paediatrician and
24/7 baby advice line

Managed Care programmes
to help you manage chronic conditions
including cancer, mental health, HIV/AIDS
and diabetes

Access to quality service providers
and healthcare professionals so you get the
best care

Preventative care and wellness
benefits in addition to savings and day-to-day
benefits so you get more value

Benefits for dentistry and optometry
in addition to your savings and day-to-day
benefits

Free cover for your fourth
and subsequent children so you only pay for a
maximum of three children (except on BonCap)

**Largest GP network and a specialist
network** to give you more value for money

OVERVIEW OF OUR PLANS

	BonComprehensive	BonClassic	BonComplete	BonSave	BonFit Select
In-hospital benefits					
Unlimited hospital cover	✓	✓	✓	✓	✓
Bonitas Rate for hospital cover*	150%	100%	100%	100%	100%
Hospital network applies	x	x	x	x	✓
Prostheses	✓	✓	✓	✓	x
Cancer treatment	✓	✓	✓	✓	✓
Mental health	✓	✓	✓	✓	✓
Out-of-hospital benefits					
Day-to-day/GP consultations/Savings	✓	✓	✓	✓	✓
Chronic conditions covered	60	47	31	27	27
Specialist consultations	✓	✓	✓	✓	✓
Blood and lab tests	✓	✓	✓	✓	✓
Specialised radiology (CT scans, MRIs) with no co-payments	✓	✓	✓	✓	✓
X-rays	✓	✓	✓	✓	✓
Basic dentistry	✓	✓	✓	✓	✓
Specialised dentistry	✓	✓	✓	x	x
Optometry	✓	✓	✓	✓	✓
Mental health consultations	✓	✓	✓	✓	✓
Additional benefits					
Contraceptives	✓	✓	✓	✓	✓
Maternity benefits	✓	✓	✓	✓	✓
24/7 baby advice line for children under 3	✓	✓	✓	✓	✓
Childhood immunisations	✓	✓	✓	✓	✓
Separate benefit for paediatric consultations	✓	x	✓	✓	✓
Wellness benefits	✓	✓	✓	✓	✓
Preventative care	✓	✓	✓	✓	✓
International travel benefit	✓	✓	✓	✓	✓

* **Please note:** Network specialists will be covered in full at the Bonitas Rate.

** Contributions for BonCap are income based. Income will be verified once a year.

Standard	Standard Select	Primary	Primary Select	BonCap**	Hospital Standard	BonEssential	BonEssential Select
✓	✓	✓	✓	✓	✓	✓	✓
100%	100%	100%	100%	100%	100%	100%	100%
x	✓	x	✓	✓	x	x	✓
✓	✓	✓	✓	x	✓	✓	✓
✓	✓	✓	✓	✓	✓	✓	✓
✓	✓	✓	✓	✓	✓	✓	✓
✓	✓	✓	✓	✓	x	x	x
45	45	27	27	27	27	27	27
✓	✓	✓	✓	✓	x	x	x
✓	✓	✓	✓	✓	x	x	x
✓	✓	✓	✓	✓	✓	x	x
✓	✓	✓	✓	✓	x	x	x
✓	✓	✓	✓	✓	x	x	x
✓	✓	x	x	x	x	x	x
✓	✓	✓	✓	✓	x	x	x
✓	✓	✓	✓	✓	✓	✓	✓
✓	✓	✓	✓	✓	✓	✓	✓
✓	✓	✓	✓	✓	✓	✓	✓
✓	✓	✓	✓	✓	x	x	x
✓	✓	✓	✓	x	✓	x	x
✓	✓	✓	✓	✓	✓	✓	✓
✓	✓	✓	✓	✓	✓	✓	✓
✓	✓	✓	✓	x	✓	✓	✓

HOW OUR PLANS WORK

Comprehensive options

These plans offer you in-hospital and out-of-hospital benefits.

Savings plans

Give you set amount to use as you choose for out-of-hospital expenses such as GP visits, optometry and dentistry.

BONCOMPREHENSIVE
BONCLASSIC
BONCOMPLETE
BONSAVE

Traditional plans

Give you set limits for specific benefits for example a GP benefit, optical benefit and dental benefit.

STANDARD
PRIMARY

Hospital options

These plans cover you in-hospital for emergency and planned procedures.

HOSPITAL STANDARD
BONESSENTIAL

Network options

These plans use a quality provider network to help you get more value for money.

Savings plan

BONFIT SELECT

Traditional plans

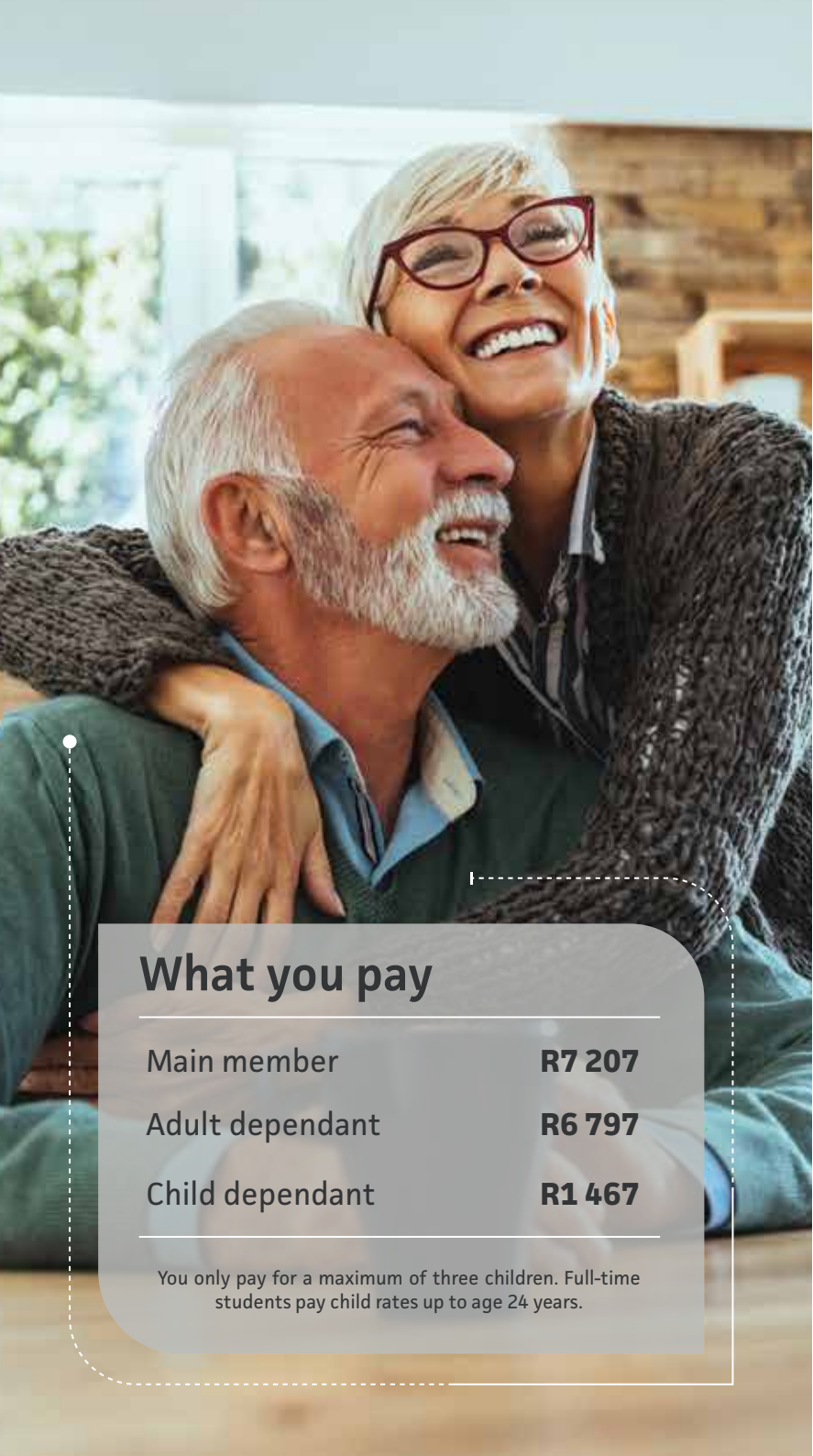
STANDARD SELECT
PRIMARY SELECT
BONCAP (INCOME BASED)

Hospital plan

BONESSENTIAL SELECT

All plans include benefits for:

-  Chronic medicine
-  Contraceptives
-  Maternity
-  Wellness
-  Preventative care
-  Managed Care programmes



BONCOMPREHENSIVE


	Savings	Above-threshold benefit
Main member	R16 308	Unlimited
Adult dependant	R15 384	
Child dependant	R3 324	


What you pay

Main member	R7 207
Adult dependant	R6 797
Child dependant	R1 467

You only pay for a maximum of three children. Full-time students pay child rates up to age 24 years.

Plus extra benefits for:


 MRIs and CT scans

 Mental health

 **R28 100 for chronic medicine**
for up to 60 conditions

R283 300 cochlear implant benefit

R618 500 cancer benefit
(R245 400 can be used for specialised drugs)

 **Preventative care:**

- Bone density screening
- Flu vaccine
- Full lipogram
- HIV test
- Mammogram
- Pneumococcal vaccine
- Prostate screening

R26 300 hearing aid benefit
once every 5 years

R21 190 refractive eye surgery benefit

 **Managed Care programmes:**

- Back and neck
- Cancer
- Diabetes
- Hip and knee replacements
- Mental health
- HIV/AIDS

Unlimited terminal care benefit

Out-of-hospital benefits

These benefits provide cover for consultations with your GP or specialist, acute medicine, x-rays, blood tests and other out-of-hospital medical expenses.

	Main member	Adult dependant	Child dependant
Savings	R16 308	R15 384	R3 324
Self-payment gap	R4 080	R3 380	R1 550
Above threshold benefit	Unlimited		

Once your savings for the year are finished, you will need to pay for day-to-day medical expenses yourself until you have paid the full self-payment gap. You will then have access to your above threshold benefit. Please submit all claims you have paid towards the self-payment gap to us, so that we can let you know when you have access to your above threshold benefit. Please note that claims will accumulate at the Bonitas rate, and not all claims will accumulate.

GP consultations	Paid from available savings or above threshold benefit
Specialist consultations	Paid from available savings or above threshold benefit You must get a referral from your GP
Blood tests and other laboratory tests	Paid from available savings or above threshold benefit
X-rays and ultrasounds	Paid from available savings or above threshold benefit
Acute medicine	Paid from available savings or above threshold benefit Formulary and Bonitas Pharmacy Network applies to above threshold benefit 20% co-payment for non-network or non-formulary use in above threshold benefit
Over-the-counter medicine	Paid from available savings or above threshold benefit Formulary and Bonitas Pharmacy Network applies to above threshold benefit 20% co-payment for non-network or non-formulary use in above threshold benefit
Paramedical/Allied medical professionals (such as physiotherapists, occupational therapists, dieticians and biokineticists)	Paid from available savings or above threshold benefit
Basic dentistry	Paid from available savings and/or above threshold benefit
Consultations	2 annual check-ups per beneficiary (once every 6 months)
X-rays: Intra-oral	Managed Care protocols apply
X-rays: Extra-oral	1 per beneficiary, every 3 years Additional benefits may be considered if specialist dental treatment is required
Oral hygiene	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

Fillings	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
Root canal therapy and extractions	Managed Care protocols apply
Plastic dentures and associated laboratory costs	1 set of plastic dentures (an upper and a lower) per beneficiary, once every 4 years Pre-authorization required
Specialised dentistry	Paid from available savings and/or above threshold benefit
Partial metal frame dentures and associated laboratory costs	2 partial frames (an upper or a lower) per beneficiary, once every 5 years Managed Care protocols apply Pre-authorization required
Crowns, bridges and associated laboratory costs	3 crowns per family, per year Benefit for crowns will be granted once per tooth, every 5 years A treatment plan and x-rays may be requested Pre-authorization required
Implants and associated laboratory costs	Limited to 2 implants per beneficiary, every 5 years. Limited to R2 762 per implant
Orthodontics and associated laboratory costs	Orthodontic treatment is granted once per beneficiary, per lifetime Pre-authorization cases will be clinically assessed by using an orthodontic needs analysis Benefit allocation is subject to the outcome of the needs analysis and funding can be granted up to 100% of the Bonitas Dental Tariff Benefit for orthodontic treatment will be granted where function is impaired (not granted for cosmetic reasons) Only 1 family member may begin orthodontic treatment in a calendar year, except in the case of identically aged siblings Benefit for fixed comprehensive treatment is limited to beneficiaries from age 9 and younger than 18 years Managed Care protocols apply Pre-authorization required
Periodontics	Benefit is limited to conservative, non-surgical therapy only and will only be applied to members who are registered on the Periodontal Programme Managed Care protocols apply Pre-authorization required
Maxillo-facial surgery and oral pathology	
Surgery in the dental chair	Managed Care protocols apply
Hospitalisation (general anaesthetic)	A co-payment of R3 500 per hospital admission and 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

Laughing gas in dental rooms	Managed Care protocols apply
IV conscious sedation in rooms	Limited to extensive dental treatment Managed Care protocols apply Pre-authorisation required
Optometry	Paid from available savings or above threshold benefit Limited to R3 170 per beneficiary, once every 2 years (based on the date of your previous claim) Sublimits apply Each beneficiary can choose glasses or contact lenses
General medical appliances (such as wheelchairs)	Paid from available savings

The following are paid from your unlimited overall annual benefit (and not from your savings, so you get more value for money):

MRIs and CT scans (specialised radiology)	R31 960 per family, in and out-of-hospital Pre-authorisation required
Mental health consultations	R15 890 per family In and out-of-hospital consultations (included in the mental health hospitalisation benefit)
Hearing aids	R26 300 per family, once every 5 years (based on the date of your previous claim) 10% co-payment applies You must use a preferred supplier

Additional benefits

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

Contraceptives	
For women aged up to 50	R1 610 per family
Maternity care	
Per pregnancy	12 antenatal consultations with a gynaecologist, GP or midwife 2 2D ultrasound scans R1 240 for antenatal classes 1 amniocentesis Private ward after delivery 4 consultations with a midwife after delivery (1 of these can be used for a consultation with a lactation specialist) Maternity support for pregnant moms
Childcare	
Hearing screening	For newborns, 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
Paediatrician or GP consultations	3 consultations per child under 1 year 2 consultations per child between ages 1 and 2
GP consultations	2 consultations per child between ages 2 and 12
Immunisations	According to Expanded Programme on Immunisation in South Africa
Preventative care	
General health	1 HIV test per beneficiary 1 flu vaccine per beneficiary
Cardiac health	1 full lipogram every 5 years, for members aged 20 and over
Women's health	1 mammogram every 2 years, for women over 40 1 pap smear every 3 years, for women between ages 21 and 65
Men's health	1 prostate screening antigen test for men between ages 45 and 69, who are considered to be at high risk for prostate cancer
Elderly health	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 1 bone density screening every 5 years, for women aged 65 and over and men aged 70 and over
Wellness benefits	
Wellness screening	1 wellness screening per beneficiary at a participating pharmacy, biokineticist or a Bonitas wellness day Wellness screening includes the following tests: <ul style="list-style-type: none"> • Blood pressure • Glucose • Cholesterol • Body mass index • Waist-to-hip ratio

Wellness extender	R2 540 per family which can be used for: <ul style="list-style-type: none"> • GP consultations only • Biokineticist consultations and treatment • Dietician consultations and treatment • Physiotherapist consultations and treatment • A programme to stop smoking • X-rays as per formulary • Blood tests as per formulary Available after completing a wellness screening Child dependants can access the wellness extender once an adult beneficiary has completed a wellness screening
International travel benefit	
Per trip	Cover for medical emergencies when you travel outside South Africa You must register for this benefit

Chronic benefits

BonComprehensive offers extensive cover for the 60 chronic conditions listed below. Your chronic medicine benefit is R14 110 per beneficiary and R28 100 per family on the applicable formulary. If you choose to use medicine that is not on the formulary, you will have to pay a 40% co-payment. Once the amount above is finished, you will still be covered for the 27 Prescribed Minimum Benefits, listed below. You must get your medicine from the Bonitas Pharmacy Network. If you choose to use a non-network pharmacy, you will have to pay a 40% co-payment. Pre-authorisation is required.

Prescribed Minimum Benefits covered

1. Addison's Disease	10. Crohn's Disease	19. Hyperlipidaemia
2. Asthma	11. Diabetes Insipidus	20. Hypertension
3. Bipolar Mood Disorder	12. Diabetes Type 1	21. Hypothyroidism
4. Bronchiectasis	13. Diabetes Type 2	22. Multiple Sclerosis
5. Cardiac Failure	14. Dysrhythmias	23. Parkinson's Disease
6. Cardiomyopathy	15. Epilepsy	24. Rheumatoid Arthritis
7. Chronic Obstructive Pulmonary Disease	16. Glaucoma	25. Schizophrenia
8. Chronic Renal Disease	17. Haemophilia	26. Systemic Lupus Erythematosus
9. Coronary Artery Disease	18. HIV/AIDS	27. Ulcerative Colitis

Additional conditions covered

28. Acne	39. Dermatomyositis	50. Obsessive Compulsive Disorder
29. Allergic Rhinitis	40. Depression	51. Osteoporosis
30. Alzheimer's Disease (early onset)	41. Eczema	52. Paget's Disease

31. Ankylosing Spondylitis	42. Gastro-Oesophageal Reflux Disease (GORD)	53. Panic Disorder
32. Anorexia Nervosa	43. Generalised Anxiety Disorder	54. Polyarteritis Nodosa
33. Attention Deficit Disorder (in children aged 5-18)	44. Gout	55. Post-Traumatic Stress Disorder
34. Barrett's Oesophagus	45. Huntington's Disease	56. Pulmonary Interstitial Fibrosis
35. Behcet's Disease	46. Hyperthyroidism	57. Psoriatic Arthritis
36. Bulimia Nervosa	47. Myasthenia Gravis	58. Systemic Sclerosis
37. Cystic Fibrosis	48. Narcolepsy	59. Tourette's Syndrome
38. Dermatitis	49. Neuropathies	60. Zollinger-Ellison Syndrome

Managed Care programmes

We offer a range of Managed Care programmes to support you and help put you on the path to good health. These programmes empower you to manage your condition effectively in the most clinically-proven way, ensuring your benefits last longer.

You will need to register to join these programmes.

Back and neck	Helps manage severe back and neck pain Offers a personalised treatment plan for up to 6 weeks Includes assistance from doctors, physiotherapists and biokineticists Gives access to a home care plan to maintain long-term results We cover the full cost of the programme so it won't impact your savings or day-to-day benefits Highly effective and low-risk, with an excellent success rate Uses the DBC network
Cancer	Puts you first, offering emotional and medical support Delivers cost-effective care of the highest quality Liaises with your doctor to ensure your treatment plan is clinically appropriate to meet your needs Matches the treatment plan to your benefits to ensure you have the cover you need Access to a social worker for you and your loved ones Uses the ICON network of oncology specialists Uses the Bonitas Oncology Medicine Network (20% co-payment applies for use of a non-network provider)
Diabetes management	Empowers you to make the right decisions to stay healthy Offers a personalised care plan for your specific needs Provides cover for the tests required for the management of diabetes as well as other chronic conditions Helps you track the results of the required tests Offers access to diabetes doctors, dieticians and podiatrists Helps you better understand your condition through diabetes education Gives access to a dedicated Health Coach to answer any questions you may have

Hip and knee replacement	Based on the latest international standardised clinical care pathways Uses a multidisciplinary team, dedicated to assist with successful recovery Doctors evaluate and treat your condition before surgery to give you the best outcomes Treatment is covered in full on the ICPS and Joint Care network
HIV/AIDS	Provides you with appropriate treatment and tools to live a normal life Covers medicine to treat HIV (including drugs to prevent mother-to-child transmission and infection after sexual assault or needle-stick injury) Treatment and prevention of opportunistic infections such as pneumonia, TB and flu Covers regular blood tests to monitor disease progression, response to therapy and to detect possible side-effects of treatment Offers HIV-related consultations to visit your doctor to monitor your clinical status Gives ongoing patient support via a team of trained and experienced counsellors Offers access to telephonic support from doctors Helps in finding a registered counsellor for emotional support
Mental wellness	Available to pre-identified members who suffer from depression, anxiety, post-traumatic stress disorder and alcohol abuse Access to a Care Manager who will work with you, your treating doctor and where appropriate, with other healthcare professionals to assist in improving your condition Your Care Manager will assist with setting up appointments with your doctor, obtain authorisation for healthcare services, understand the importance of preventative care and the use of wellness benefits or resolve queries related to any other health condition Provides educational material about mental health which empowers you to manage your condition

In-hospital benefits

This benefit offers cover for major medical events that result in a beneficiary being admitted to hospital. We negotiate extensively with hospitals to ensure the best possible value for our members. Members have access to all private hospitals. A 30% co-payment may apply to admissions at specific hospitals. Please call us on **086 002 108** or log in to **www.bonitas.co.za** for a list of these hospitals.

Pre-authorisation is required.




Specialist consultations / treatment	Unlimited, covered at 150% of the Bonitas Rate
GP consultations/treatment	Unlimited, covered at 100% of the Bonitas Rate
Blood tests and other laboratory tests	Unlimited, covered at 100% of the Bonitas Rate
X-rays and ultrasounds	Unlimited, covered at 100% of the Bonitas Rate
MRIs and CT scans (specialised radiology)	R31 960 per family, in and out-of-hospital Pre-authorisation required

Paramedical/Allied medical professionals (such as physiotherapists, occupational therapists, dieticians and biokineticists)	Unlimited, covered at 100% of the Bonitas Rate Your therapist must get a referral from the doctor treating you in hospital
Internal prosthesis	R56 200 per family
External prosthesis	R56 200 per family Sublimit of R5 360 per breast prosthesis (limited to 2 per year)
Internal nerve stimulators	R168 900 per family
Deep brain stimulation (excluding prosthesis)	R238 000 per beneficiary
Cochlear implants	R283 300 per family You must use a preferred supplier
Refractive eye surgery	R21 190 per family Pre-authorisation required
Spinal surgery	You will have to pay a R10 000 co-payment if you do not go for an assessment through the back and neck programme
Hip and knee replacements	You will have to pay a R10 000 co-payment if you do not use the preferred provider
Mental health hospitalisation	R46 880 per family No cover for physiotherapy for mental health admissions You must use a Designated Service Provider
Take-home medicine	R555 per beneficiary, per hospital stay
Physical rehabilitation	R50 600 per family
Alternatives to hospital (hospice, step-down facilities)	R16 880 per family
Terminal care	Unlimited Including hospice/private nursing, home oxygen, pain management, psychologist and social worker support
Cancer treatment	R618 500 per family R245 400 of this can be used for specialised drugs (including biological drugs) Sublimit of R44 220 per beneficiary for Brachytherapy
Non-cancer specialised drugs (including biological drugs)	R200 100 per family
Organ transplants	Unlimited Sublimit of R32 130 per beneficiary for corneal grafts
Kidney dialysis	Unlimited You must use a Designated Service Provider or a 20% co-payment will apply
HIV/AIDS	Unlimited, if you register on the HIV/AIDS managed care programme

BONCLASSIC

	Savings
Main member	R8 484
Adult dependant	R7 284
Child dependant	R2 100

Plus extra benefits for:

-  R5 845 for optometry
-  R4 790 for basic dentistry
-  R5 760 for specialised dentistry
-  MRIs and CT scans
-  Mental health


Unlimited hospital cover
100% Bonitas Rate

Unlimited terminal care benefit

R283 300 cochlear implant benefit

 **R23 910 for chronic medicine**
for up to 47 conditions

Preventative care:

-  • Bone density screening
- Flu vaccine
- Full lipogram
- HIV test
- Mammogram
- Pap smear
- Pneumococcal vaccine
- Prostate screening

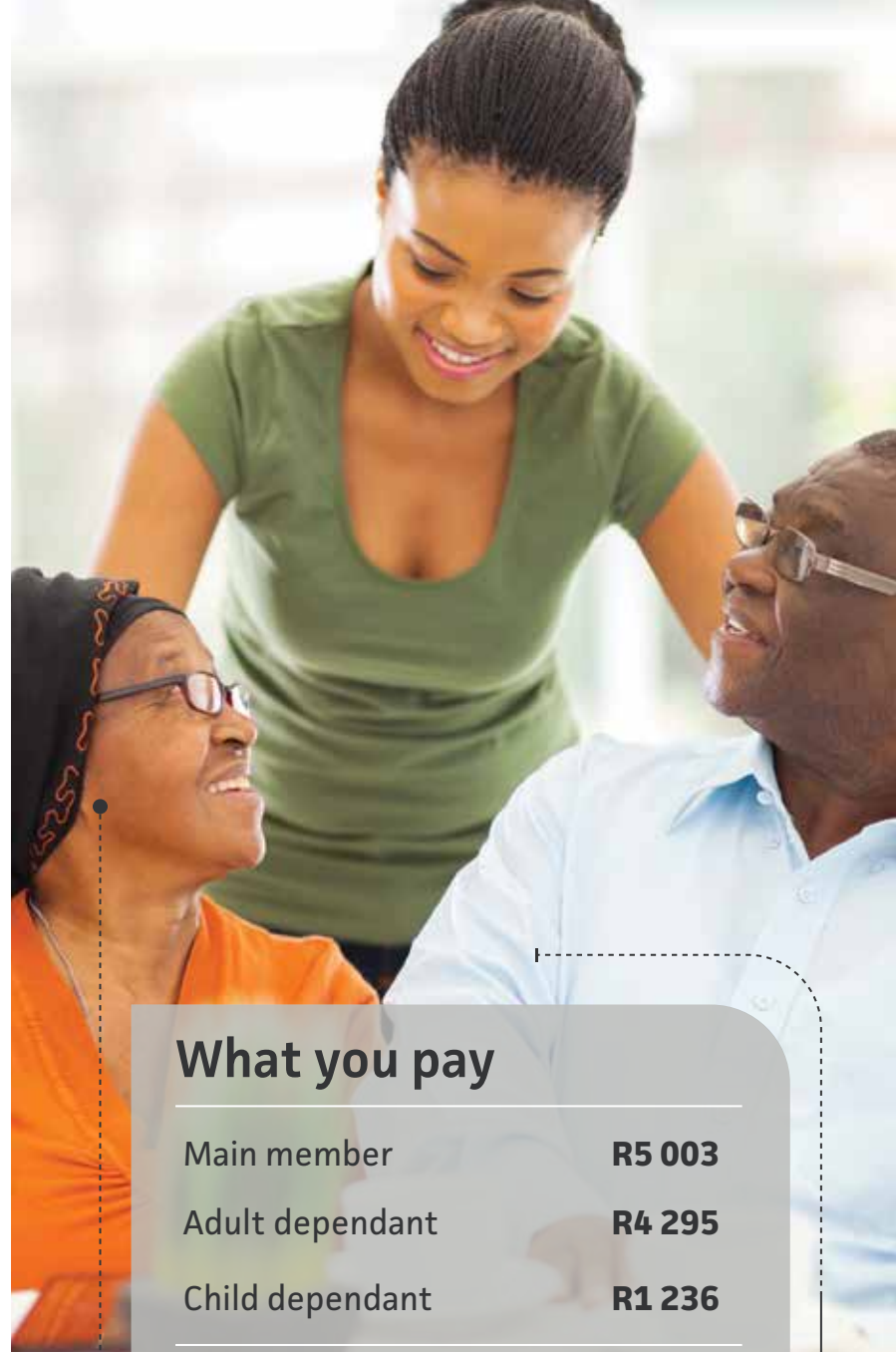
 **Managed Care programmes:**

- Back and neck
- Cancer
- Diabetes
- Hip and knee replacements
- Mental health
- HIV/AIDS

What you pay

Main member	R5 003
Adult dependant	R4 295
Child dependant	R1 236

You only pay for a maximum of three children. Full-time students pay child rates up to age 24 years.



Out-of-hospital benefits

These benefits provide cover for consultations with your GP or specialist, acute medicine, x-rays, blood tests and other out-of-hospital medical expenses.

	Main member	Adult dependant	Child dependant
Savings	R8 484	R7 284	R2 100
GP consultations	Paid from available savings		
Specialist consultations	Paid from available savings You must get a referral from your GP		
Acute medicine	Paid from available savings		
Over-the-counter medicine	Paid from available savings		
Paramedical/Allied medical professionals (such as occupational therapists, physiotherapists, biokineticists and dieticians)	Paid from available savings		
General medical appliances (such as wheelchairs and crutches)	Paid from available savings		

The following are paid from your unlimited overall annual benefit (and not from your savings, so you get more value for money):

Blood tests and x-rays	R3 170 per beneficiary R7 030 per family
MRIs and CT scans (specialised radiology)	R29 570 per family, in and out-of-hospital Pre-authorization required
Mental health consultations	R15 890 per family In and out-of-hospital consultations (included in the mental health hospitalisation benefit)
Hearing aids	R17 220 per family, once every 5 years (based on the date of your previous claim) 10% co-payment applies You must use a preferred supplier
Optometry	R5 845 per family, once every 2 years (based on the date of your previous claim) Each beneficiary can choose glasses or contact lenses
Eye tests	1 per beneficiary, at a network provider OR R325 per beneficiary, at a non-network provider

Single vision lenses (Clear) or	100% towards the cost of lenses at network rates R185 per lens, per beneficiary, out of network
Bifocal lenses (Clear) or	100% towards the cost of lenses at network rates R420 per lens, per beneficiary, out of network
Multifocal lenses (Clear)	100% towards the cost of lenses at network rates R745 per lens, per beneficiary, out of network
Frames	R1 110 per beneficiary at a network provider R777 per beneficiary at a non-network provider
Contact lenses	R1 790 per beneficiary, included in family limit
Basic dentistry	R4 790 per family, per year Covered at the Bonitas Dental Tariff
Consultations	2 annual check-ups per beneficiary (once every 6 months)
X-rays: Intra-oral	Managed Care protocols apply
X-rays: Extra-oral	1 per beneficiary, every 3 years Additional benefits may be considered if specialist dental treatment is required
Oral hygiene	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
Fillings	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
Root canal therapy and extractions	Managed Care protocols apply
Plastic dentures and associated laboratory costs	1 set of plastic dentures (an upper and a lower) per beneficiary, once every 4 years Managed Care protocols apply Pre-authorization required
Specialised dentistry	R5 760 per family, per year Covered at the Bonitas Dental Tariff
Partial metal frame dentures and associated laboratory costs	2 partial frames (an upper and a lower) per beneficiary, once every 5 years Managed Care protocols apply Pre-authorization required

Crowns, bridges and associated laboratory costs	<p>1 crown per family, per year</p> <p>Benefit for crowns will be granted once per tooth, every 5 years</p> <p>A treatment plan and x-rays may be requested</p> <p>Pre-authorization required</p>
Orthodontics and associated laboratory costs	<p>Orthodontic treatment is granted once per beneficiary, per lifetime</p> <p>Pre-authorization cases will be clinically assessed by using an orthodontic needs analysis</p> <p>Benefit allocation is subject to the outcome of the needs analysis and funding can be granted up to 100% of the Bonitas Dental Tariff</p> <p>Benefit for orthodontic treatment will be granted where function is impaired (not granted for cosmetic reasons)</p> <p>Only 1 family member may begin orthodontic treatment in a calendar year</p> <p>Benefit for fixed comprehensive treatment is limited to beneficiaries from age 9 and younger than 18 years</p> <p>Managed Care protocols apply</p> <p>Pre-authorization required</p>
Periodontics	<p>Benefit is limited to conservative, non-surgical therapy only and will only be applied to members who are registered on the Periodontal Programme</p> <p>Managed Care protocols apply</p> <p>Pre-authorization required</p>
Maxillo-facial surgery and oral pathology	
Surgery in the dental chair	Managed Care protocols apply
Hospitalisation (general anaesthetic)	<p>A co-payment of R3 500 per hospital admission and admission protocols apply</p> <p>General anaesthetic is only available to children under the age of 5 for extensive dental treatment</p> <p>General anaesthetic benefit is available for the removal of impacted teeth</p> <p>Managed Care protocols apply</p> <p>Pre-authorization required</p>
Laughing gas in dental rooms	Managed Care protocols apply
IV conscious sedation in rooms	<p>Limited to extensive dental treatment</p> <p>Managed Care protocols apply</p> <p>Pre-authorization required</p>

Additional benefits

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

Contraceptives	
For women aged up to 50	<p>R1 610 per family</p> <p>You must use the Designated Service Provider for pharmacy-dispensed contraceptives</p>
Maternity care	
Per pregnancy	<p>12 antenatal consultations with a gynaecologist, GP or midwife</p> <p>2 2D ultrasound scans</p> <p>R1 240 for antenatal classes</p> <p>1 amniocentesis</p> <p>4 consultations with a midwife after delivery (1 of these can be used for a consultation with a lactation specialist)</p> <p>Maternity support for pregnant moms</p>
Childcare	
Hearing screening	For newborns, 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
Immunisations	According to Expanded Programme on Immunisation in South Africa
Preventative care	
General health	<p>1 HIV test per beneficiary</p> <p>1 flu vaccine per beneficiary</p>
Cardiac health	1 full lipogram every 5 years, for members aged 20 and over
Women's health	<p>1 mammogram every 2 years, for women over 40</p> <p>1 pap smear every 3 years, for women between ages 21 and 65</p>
Men's health	1 prostate screening antigen test for men between ages 45 and 69, who are considered to be at high risk for prostate cancer
Elderly health	<p>1 pneumococcal vaccine every 5 years, for members aged 65 and over</p> <p>1 stool test for colon cancer, for members between ages 50 and 75</p> <p>1 bone density screening every 5 years, for women aged 65 and over and men aged 70 and over</p>

Wellness benefits	
Wellness screening	1 wellness screening per beneficiary at a participating pharmacy, biokineticist or a Bonitas wellness day Wellness screening includes the following tests: <ul style="list-style-type: none"> • Blood pressure • Glucose • Cholesterol • Body mass index • Waist-to-hip ratio
Wellness extender	R1 750 per family which can be used for: <ul style="list-style-type: none"> • GP consultations only • Biokineticist consultations and treatment • Dietician consultations and treatment • Physiotherapist consultations and treatment • A programme to stop smoking • X-rays as per formulary • Blood tests as per formulary Available after completing a wellness screening Child dependants can access the wellness extender once an adult beneficiary has completed a wellness screening
International travel benefit	
Per trip	Cover for medical emergencies when you travel outside South Africa You must register for this benefit

Chronic benefits

BonClassic offers generous cover for the 47 chronic conditions listed below. Your chronic medicine benefit is R11 560 per beneficiary and R23 910 per family on the applicable formulary. If you choose to use medicine that is not on the formulary, you will have to pay a 40% co-payment. You must get your medicine from the Bonitas Pharmacy Network. If you choose to use a non-network pharmacy, you will have to pay a 40% co-payment. Pre-authorisation is required.

Once the amount above is finished, you will still be covered for the 27 Prescribed Minimum Benefits, listed below, through Pharmacy Direct our Designated Service Provider. If you choose not to use Pharmacy Direct, you will have to pay a 40% co-payment.

Prescribed Minimum Benefits covered

1. Addison's Disease	10. Crohn's Disease	19. Hyperlipidaemia
2. Asthma	11. Diabetes Insipidus	20. Hypertension
3. Bipolar Mood Disorder	12. Diabetes Type 1	21. Hypothyroidism
4. Bronchiectasis	13. Diabetes Type 2	22. Multiple Sclerosis
5. Cardiac Failure	14. Dysrhythmias	23. Parkinson's Disease
6. Cardiomyopathy	15. Epilepsy	24. Rheumatoid Arthritis
7. Chronic Obstructive Pulmonary Disease	16. Glaucoma	25. Schizophrenia
8. Chronic Renal Disease	17. Haemophilia	26. Systemic Lupus Erythematosus
9. Coronary Artery Disease	18. HIV/AIDS	27. Ulcerative Colitis

Additional conditions covered

28. Alzheimer's Disease (early onset)	35. Gastro-Oesophageal Reflux Disease (GORD)	42. Polyarteritis Nodosa
29. Ankylosing Spondylitis	36. Generalised Anxiety Disorder	43. Pulmonary Interstitial Fibrosis
30. Attention Deficit Disorder (in children aged 5-18)	37. Gout	44. Post-Traumatic Stress Disorder
31. Barrett's Oesophagus	38. Obsessive Compulsive Disorder	45. Scleroderma
32. Benign Prostatic Hypertrophy	39. Osteoporosis	46. Tourette's Syndrome
33. Depression	40. Paget's Disease	47. Zollinger-Ellison Syndrome
34. Eczema	41. Panic Disorder	

Managed Care programmes

We offer a range of Managed Care programmes to support you and help put you on the path to good health. These programmes empower you to manage your condition effectively in the most clinically-proven way, ensuring your benefits last longer.

You will need to register to join these programmes.

<p>Back and neck</p>	<p>Helps manage severe back and neck pain</p> <p>Offers a personalised treatment plan for up to 6 weeks</p> <p>Includes assistance from doctors, physiotherapists and biokineticists</p> <p>Gives access to a home care plan to maintain long-term results</p> <p>We cover the full cost of the programme so it won't impact your savings or day-to-day benefits</p> <p>Highly effective and low-risk, with an excellent success rate</p> <p>Uses the DBC network</p>
<p>Cancer</p>	<p>Puts you first, offering emotional and medical support</p> <p>Delivers cost-effective care of the highest quality</p> <p>Liaises with your doctor to ensure your treatment plan is clinically appropriate to meet your needs</p> <p>Matches the treatment plan to your benefits to ensure you have the cover you need</p> <p>Access to a social worker for you and your loved ones</p> <p>Uses the ICON network of oncology specialists</p> <p>Uses the Bonitas Oncology Medicine Network (20% co-payment applies for use of a non-network provider)</p>
<p>Diabetes management</p>	<p>Empowers you to make the right decisions to stay healthy</p> <p>Offers a personalised care plan for your specific needs</p> <p>Provides cover for the tests required for the management of diabetes as well as other chronic conditions</p> <p>Helps you track the results of the required tests</p> <p>Offers access to diabetes doctors, dieticians and podiatrists</p> <p>Helps you better understand your condition through diabetes education</p> <p>Gives access to a dedicated Health Coach to answer any questions you may have</p>
<p>Hip and knee replacement</p>	<p>Based on the latest international standardised clinical care pathways</p> <p>Uses a multidisciplinary team, dedicated to assist with successful recovery</p> <p>Doctors evaluate and treat your condition before surgery to give you the best outcomes</p> <p>Treatment is covered in full on the ICPS and Joint Care network</p>

<p>HIV/AIDS</p>	<p>Provides you with appropriate treatment and tools to live a normal life</p> <p>Covers medicine to treat HIV (including drugs to prevent mother-to-child transmission and infection after sexual assault or needle-stick injury)</p> <p>Treatment and prevention of opportunistic infections such as pneumonia, TB and flu</p> <p>Covers regular blood tests to monitor disease progression, response to therapy and to detect possible side-effects of treatment</p> <p>Offers HIV-related consultations to visit your doctor to monitor your clinical status</p> <p>Gives ongoing patient support via a team of trained and experienced counsellors</p> <p>Offers access to telephonic support from doctors</p> <p>Helps in finding a registered counsellor for emotional support</p>
<p>Mental wellness</p>	<p>Available to pre-identified members who suffer from depression, anxiety, post-traumatic stress disorder and alcohol abuse</p> <p>Access to a Care Manager who will work with you, your treating doctor and where appropriate, with other healthcare professionals to assist in improving your condition</p> <p>Your Care Manager will assist with setting up appointments with your doctor, obtain authorisation for healthcare services, understand the importance of preventative care and the use of wellness benefits or resolve queries related to any other health condition</p> <p>Provides educational material about mental health which empowers you to manage your condition</p>

In-hospital benefits

This benefit offers cover for major medical events that result in a beneficiary being admitted to hospital. We negotiate extensively with hospitals to ensure the best possible value for our members. Members have access to all private hospitals. A 30% co-payment may apply to admissions at specific hospitals. Please call us on **086 002 108** or log in to **www.bonitas.co.za** for a list of these hospitals.

Pre-authorisation is required.





Specialist consultations/treatment	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
Blood tests and other laboratory tests	Unlimited, covered at 100% of the Bonitas Rate
X-rays and ultrasounds	Unlimited, covered at 100% of the Bonitas Rate
MRIs and CT scans (specialised radiology)	R29 570 per family, in and out-of-hospital Pre-authorisation required
Paramedical/Allied medical professionals (such as physiotherapists, occupational therapists, dieticians and biokineticists)	Unlimited, covered at 100% of the Bonitas Rate Your therapist must get a referral from the doctor treating you in hospital
Internal and external prostheses	R55 690 per family Managed Care protocols apply Sublimit of R5 360 per breast prosthesis (limited to 2 per year) You must use a preferred supplier
Spinal surgery	You will have to pay a R10 000 co-payment if you do not go for an assessment through the back and neck programme
Hip and knee replacements	You will have to pay a R10 000 co-payment if you do not use the preferred provider
Cochlear implants	R283 300 per family You must use a preferred supplier
Mental health hospitalisation	R41 210 per family No cover for physiotherapy for mental health admissions You must use a Designated Service Provider
Take-home medicine	R475 per beneficiary, per hospital stay
Physical rehabilitation	R50 600 per family
Alternatives to hospital (hospice, step-down facilities)	R16 880 per family
Terminal care	Unlimited Including hospice/private nursing, home oxygen, pain management, psychologist and social worker support

Cancer treatment	R410 400 per family You must use a preferred provider Sublimit of R44 220 per beneficiary for Brachytherapy
Organ transplants	Unlimited Sublimit of R32 130 per beneficiary for corneal grafts
Kidney dialysis	Unlimited You must use a Designated Service Provider, or a 20% co-payment will apply
HIV/AIDS	Unlimited, if you register on the HIV/AIDS programme Chronic medicine must be obtained from the Designated Service Provider

BONCOMPLETE

	Savings	Above-threshold benefit
Main member	R7 200	R4 700
Adult dependant	R5 772	R2 770
Child dependant	R1 956	R1 200

Plus extra benefits for:

-  Basic and specialised dentistry
-  MRIs and CT scans
-  Mental health
-  GP consultations for children under 12

Unlimited **hospital cover**

100% Bonitas Rate

Unlimited **terminal care** benefit



Wellness screening plus R1 750 Extender to use for blood tests, x-rays, programme to stop smoking or consultations with a GP, dietician, biokineticist and physiotherapist



Chronic medicine for 31 conditions



Preventative care:

- Flu vaccine
- Full lipogram
- HIV test
- Pap smear
- Prostate screening
- Mammogram



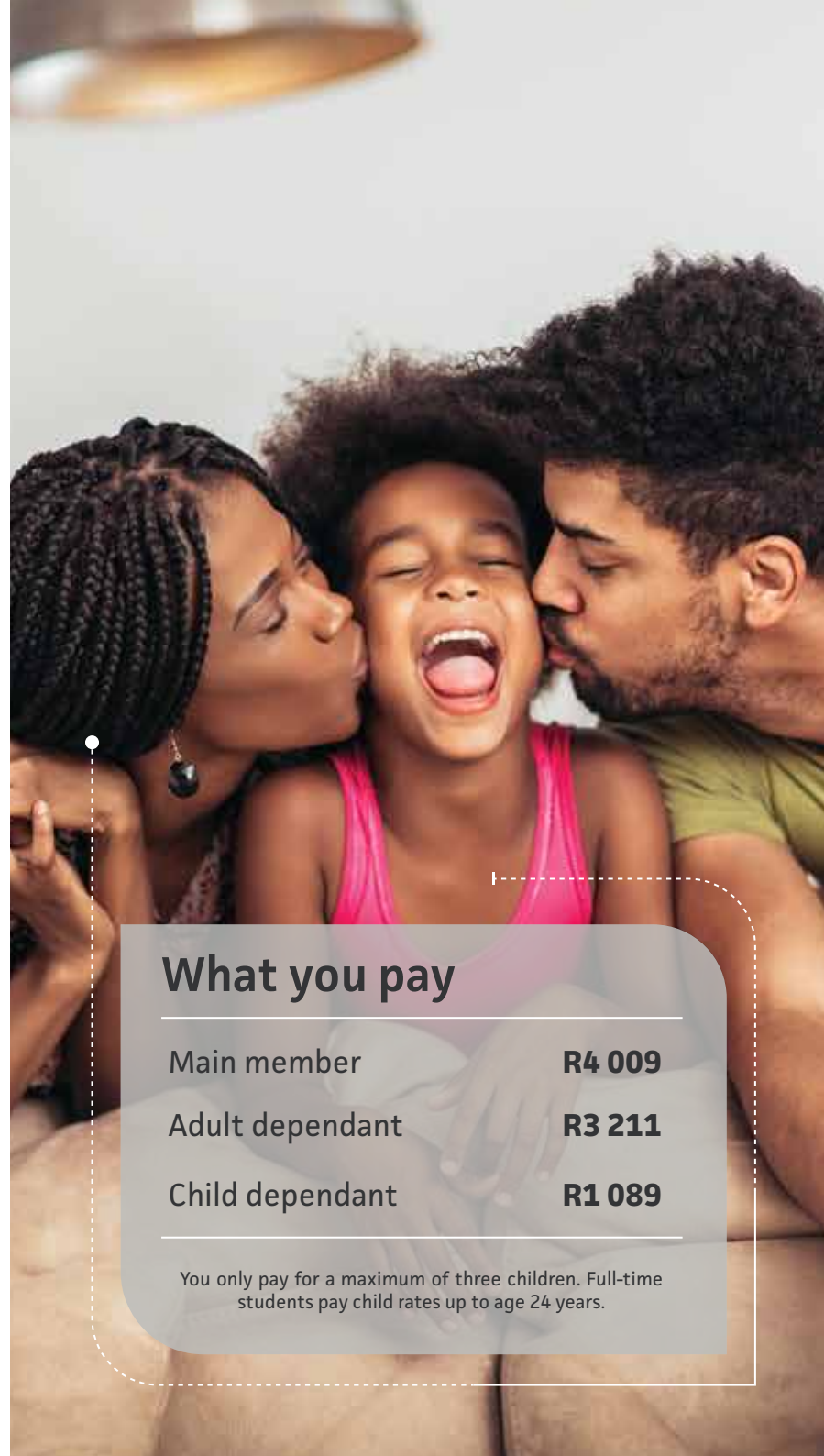
Managed Care programmes:

- Back and neck
- Cancer
- Diabetes
- HIV/AIDS

What you pay

Main member	R4 009
Adult dependant	R3 211
Child dependant	R1 089

You only pay for a maximum of three children. Full-time students pay child rates up to age 24 years.



Out-of-hospital benefits

These benefits provide cover for consultations with your GP or specialist, acute medicine, x-rays, blood tests and other out-of-hospital medical expenses.

	Main member	Adult dependant	Child dependant
Savings	R7 200	R5 772	R1 956
Self-payment gap	R1 770	R1 500	R385
Above threshold benefit	R4 700	R2 770	R1 200

Once your savings for the year are finished, you will need to pay for day-to-day medical expenses yourself, until you have paid the full self-payment gap. You will then have access to your above threshold benefit. Please submit all claims you have paid towards the self-payment gap to us, so that we can let you know when you have access to your above threshold benefit. Please note that claims will accumulate at the Bonitas rate, and not all claims will accumulate.

GP consultations	Paid from available savings or above threshold benefit
Specialist consultations	Paid from available savings or above threshold benefit You must get a referral from your GP
Blood tests and other laboratory tests	Paid from available savings, wellness extender or above threshold benefit
X-rays and ultrasounds	Paid from available savings, wellness extender or above threshold benefit
MRIs and CT scans (specialised radiology)	R23 800 per family, in and out-of-hospital Pre-authorization required
Acute medicine	Paid from available savings or above threshold benefit Formulary and Bonitas Pharmacy Network applies to above threshold benefit 20% co-payment for non-network or non-formulary use in above threshold benefit
Over-the-counter medicine	Paid from available savings or above threshold benefit Formulary and Bonitas Pharmacy Network applies to above threshold benefit 20% co-payment for non-network or non-formulary use in above threshold benefit
Paramedical/Allied medical professionals (such as physiotherapists, occupational therapists, dieticians and biokineticists)	Paid from available savings or above threshold benefit
Mental health consultations	R15 890 per family In and out-of-hospital consultations (included in the mental health hospitalisation benefit)
General medical appliances (such as wheelchairs and crutches)	Paid from available savings or above threshold benefit You must use a preferred supplier
Optometry	Paid from available savings or above threshold benefit, once every 2 years (based on the date of your previous claim) Each beneficiary can choose glasses or contact lenses

Eye tests	1 per beneficiary, once every 2 years at a network provider OR R325 per beneficiary, once every 2 years at a non-network provider
Single vision lenses (Clear) or	100% towards the cost of clear lenses, limited to R185 per lens, per beneficiary, at a non-network provider
Bifocal lenses (Clear) or	100% towards the cost of clear lenses, limited to R420 per lens, per beneficiary, at a non-network provider
Multifocal lenses (Clear)	100% towards the cost of clear lenses, limited to R745 per lens, per beneficiary, at a non-network provider
Frames	R775 per beneficiary
Contact lenses	R1 910 per beneficiary
Hearing aids	Paid from available savings or above threshold benefit Available once every 5 years (based on the date of your previous claim) You must use a preferred supplier

The following are paid from your unlimited overall annual benefit (and not from your savings, so you get more value for money):

Basic dentistry	Covered at the Bonitas Dental Tariff
Consultations	2 annual check-ups per beneficiary (once every 6 months)
X-rays: Intra-oral	Managed Care protocols apply
X-rays: Extra-oral	1 per beneficiary, every 3 years Additional benefits may be considered if specialist dental treatment is required
Oral hygiene	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
Fillings	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
Root canal therapy and extractions	Managed Care protocols apply
Plastic dentures and associated laboratory costs	1 set of plastic dentures (an upper and a lower) per beneficiary, once every 4 years Pre-authorization required

Specialised dentistry	Covered at the Bonitas Dental Tariff
Partial metal frame dentures and associated laboratory costs	1 partial frame (an upper or a lower) per beneficiary, once every 5 years Managed Care protocols apply Pre-authorization required
Crowns, bridges and associated laboratory costs	1 crown per family, per year Benefit for crowns will be granted once per tooth, every 5 years A treatment plan and x-rays may be requested Pre-authorization required
Implants and associated laboratory costs	No benefit
Orthodontics and associated laboratory costs	Orthodontic treatment is granted once per beneficiary, per lifetime Pre-authorization cases will be clinically assessed by using an orthodontic needs analysis Benefit allocation is subject to the outcome of the needs analysis and funding can be granted up to 65% of the Bonitas Dental Tariff Benefit for orthodontic treatment will be granted where function is impaired (not granted for cosmetic reasons) Only 1 family member may begin orthodontic treatment in a calendar year Benefit for fixed comprehensive treatment is limited to beneficiaries from age 9 and younger than 18 years Managed Care protocols apply Pre-authorization required
Periodontics	Benefit is limited to conservative, non-surgical therapy only and will only be applied to members who are registered on the Periodontal Programme Managed Care protocols apply Pre-authorization required
Maxillo-facial surgery and oral pathology	
Surgery in the dental chair	Managed Care protocols apply
Hospitalisation (general anaesthetic)	A co-payment of R3 500 per hospital admission and 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
Laughing gas in dental rooms	Managed Care protocols apply

IV conscious sedation in rooms	Limited to extensive dental treatment Managed Care protocols apply Pre-authorization required
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Additional benefits

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

Contraceptives	
For women aged up to 50	R1 610 per family You must use the Designated Service Provider for pharmacy-dispensed contraceptives
Maternity care	
Per pregnancy	6 antenatal consultations with a gynaecologist, GP or midwife 2 2D ultrasound scans R1 240 for antenatal classes 1 amniocentesis 4 consultations with a midwife after delivery (1 of these can be used for a consultation with a lactation specialist) Maternity support for pregnant moms
Childcare	
Hearing screening	For newborns, 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
Paediatrician or GP consultations	2 consultations per child under 1 year 1 consultation per child between ages 1 and 2
GP consultations	1 consultation per child between ages 2 and 12
Immunisations	According to Expanded Programme on Immunisation in South Africa
Preventative care	
General health	1 HIV test per beneficiary 1 flu vaccine per beneficiary
Cardiac health	1 full lipogram every 5 years, for members aged 20 and over
Women's health	1 mammogram every 2 years, for women over 40 1 pap smear every 3 years, for women between ages 21 and 65
Men's health	1 prostate screening antigen test for men between ages 45 and 69, who are considered to be at high risk for prostate cancer

Elderly health	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
Wellness benefits	
Wellness screening	1 wellness screening per beneficiary at a participating pharmacy, biokineticist or a Bonitas wellness day Wellness screening includes the following tests: <ul style="list-style-type: none"> • Blood pressure • Glucose • Cholesterol • Body mass index • Waist-to-hip ratio
Wellness extender	R1 750 per family which can be used for: <ul style="list-style-type: none"> • GP consultations only • Biokineticist consultations and treatment • Dietician consultations and treatment • Physiotherapist consultations and treatment • A programme to stop smoking • X-rays as per formulary • Blood tests as per formulary Available after completing a wellness screening Child dependants can access the wellness extender once an adult beneficiary has completed a wellness screening
International travel benefit	
Per trip	Cover for medical emergencies when you travel outside South Africa You must register for this benefit

Chronic benefits

BonComplete offers cover for 31 chronic conditions, using the applicable formulary.

Pre-authorization is required.

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.

Prescribed Minimum Benefits covered

1. Addison's Disease	10. Crohn's Disease	19. Hyperlipidaemia
2. Asthma	11. Diabetes Insipidus	20. Hypertension
3. Bipolar Mood Disorder	12. Diabetes Type 1	21. Hypothyroidism
4. Bronchiectasis	13. Diabetes Type 2	22. Multiple Sclerosis
5. Cardiac Failure	14. Dysrhythmias	23. Parkinson's Disease
6. Cardiomyopathy	15. Epilepsy	24. Rheumatoid Arthritis
7. Chronic Obstructive Pulmonary Disease	16. Glaucoma	25. Schizophrenia
8. Chronic Renal Disease	17. Haemophilia	26. Systemic Lupus Erythematosus
9. Coronary Artery Disease	18. HIV/AIDS	27. Ulcerative Colitis

Additional conditions covered

28. Acne (children up to 21 years)	30. Allergic Dermatitis/Eczema (children up to 21 years)	31. Attention Deficit Disorder (in children aged 5-18)
29. Allergic Rhinitis (children up to 21 years)		

Managed Care programmes

We offer a range of Managed Care programmes to support you and help put you on the path to good health. These programmes empower you to manage your condition effectively in the most clinically-proven way, ensuring your benefits last longer.

You will need to register to join these programmes.

<p>Back and neck</p>	<p>Helps manage severe back and neck pain</p> <p>Offers a personalised treatment plan for up to 6 weeks</p> <p>Includes assistance from doctors, physiotherapists and biokineticists</p> <p>Gives access to a home care plan to maintain long-term results</p> <p>We cover the full cost of the programme so it won't impact your savings or day-to-day benefits</p> <p>Highly effective and low-risk, with an excellent success rate</p> <p>Uses the DBC network</p>
<p>Cancer</p>	<p>Puts you first, offering emotional and medical support</p> <p>Delivers cost-effective care of the highest quality</p> <p>Liaises with your doctor to ensure your treatment plan is clinically appropriate to meet your needs</p> <p>Matches the treatment plan to your benefits to ensure you have the cover you need</p> <p>Access to a social worker for you and your loved ones</p> <p>Uses the ICON network of oncology specialists</p> <p>Uses the Bonitas Oncology Medicine Network (20% co-payment applies for use of a non-network provider)</p>
<p>Diabetes management</p>	<p>Empowers you to make the right decisions to stay healthy</p> <p>Offers a personalised care plan for your specific needs</p> <p>Provides cover for the tests required for the management of diabetes as well as other chronic conditions</p> <p>Helps you track the results of the required tests</p> <p>Offers access to diabetes doctors, dieticians and podiatrists</p> <p>Helps you better understand your condition through diabetes education</p> <p>Gives access to a dedicated Health Coach to answer any questions you may have</p>
<p>Hip and knee replacement</p>	<p>Based on the latest international standardised clinical care pathways</p> <p>Uses a multidisciplinary team, dedicated to assist with successful recovery</p> <p>Doctors evaluate and treat your condition before surgery to give you the best outcomes</p> <p>Treatment is covered in full on the ICPS and Joint Care network</p>

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

This benefit offers cover for major medical events that result in a beneficiary being admitted to hospital. We negotiate extensively with hospitals to ensure the best possible value for our members. Members have access to all private hospitals. A 30% co-payment may apply to admissions at specific hospitals. Please call us on **086 002 108** or log in to **www.bonitas.co.za** for a list of these hospitals.

Pre-authorisation is required.





Specialist consultations/treatment	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
Blood tests and other laboratory tests	Unlimited, covered at 100% of the Bonitas Rate
X-rays and ultrasounds	Unlimited, covered at 100% of the Bonitas Rate
MRIs and CT scans (specialised radiology)	R23 800 per family, in and out-of-hospital Pre-authorisation required
Paramedical/Allied medical professionals (such as physiotherapists, occupational therapists, dieticians and biokineticists)	Unlimited, covered at 100% of the Bonitas Rate Your therapist must get a referral from the doctor treating you in hospital
Internal and external prostheses	R45 090 per family Managed Care protocols apply Sublimit of R5 360 per breast prosthesis (limited to 2 per year) You must use a preferred supplier
Spinal surgery	You will have to pay a R10 000 co-payment if you do not go for an assessment through the back and neck programme
Hip and knee replacements	You will have to pay a R10 000 co-payment if you do not use the preferred provider
Mental health hospitalisation	R32 210 per family No cover for physiotherapy for mental health admissions You must use a Designated Service Provider
Take-home medicine	R420 per beneficiary, per hospital stay
Physical rehabilitation	R50 600 per family
Alternatives to hospital (hospice, step-down facilities)	R16 880 per family
Terminal care	Unlimited Including hospice/private nursing, home oxygen, pain management, psychologist and social worker support
Cancer treatment	R344 500 per family You must use a preferred provider Sublimit of R44 220 per beneficiary for Brachytherapy


Organ transplants	Unlimited Sublimit of R32 130 per beneficiary for corneal grafts
Kidney dialysis	Unlimited You must use a Designated Service Provider, or a 20% co-payment will apply
HIV/AIDS	Unlimited, if you register on the HIV/AIDS programme Chronic medicine must be obtained from the Designated Service Provider

BONSAVE

	Savings
Main member	R6 372
Adult dependant	R4 932
Child dependant	R1 908

Plus extra benefits for:

-  6 GP consultations when savings are finished
-  Basic dentistry
-  MRIs and CT scans
-  Mental health

 **Wellness screening plus R1 270 Extender** to use for blood tests, x-rays, programme to stop smoking or consultations with a GP, dietician, biokineticist and physiotherapist

R1 610 for contraceptives

Unlimited hospital cover
100% Bonitas Rate

Unlimited terminal care benefit

 **Chronic medicine for 27 PMB conditions**

Maternity benefits:

- 6 consultations during pregnancy
- 2 x 2D scans
- R1 240 for antenatal classes
- 4 consultations with a midwife after delivery (1 of these can be used for a consultation with a lactation specialist)
- Maternity support for pregnant moms

Childcare benefits:

- Newborn hearing screening
- Thyroid screening for infants under 1 month
- Childhood immunisations according to the Expanded Programme on Immunisation
- 2 Paediatric or GP consultations for children under 1
- 1 GP consultation for children aged 2 - 12
- 24/7 Babyline for advice for children under 3

Preventative care:

- Flu vaccine
- HIV test
- Pap smear
- Prostate screening
- Mammogram

Managed Care programmes:

- Back and neck
- Cancer
- Diabetes
- HIV/AIDS

What you pay

Main member	R2 723
Adult dependant	R2 109
Child dependant	R815

You only pay for a maximum of three children. Full-time students pay child rates up to age 24 years.



Out-of-hospital benefits

These benefits provide cover for consultations with your GP or specialist, acute medicine, x-rays, blood tests and other out-of-hospital medical expenses.

	Main member	Adult dependant	Child dependant
Savings	R6 372	R4 932	R1 908
GP consultations	Paid from available savings		
Specialist consultations	Paid from available savings You must get a referral from your GP		
Acute medicine and over-the-counter medicine	Paid from available savings		
X-rays and ultrasounds	Paid from available savings		
Blood tests and other laboratory tests	Paid from available savings		
Paramedical/Allied medical professionals (such as physiotherapists, occupational therapists, dieticians and biokineticists)	Paid from available savings		
Optometry	Paid from available savings		
General medical appliances (such as wheelchairs and crutches)	Paid from available savings		
External prostheses	Paid from available savings		

The following are paid from your unlimited overall annual benefit (and not from your savings, so you get more value for money):

MRIs and CT scans (specialised radiology)	R23 800 per family, in and out-of-hospital Pre-authorization required
Mental health consultations	R15 890 per family In and out-of-hospital consultations (included in the mental health hospitalisation benefit)
Basic dentistry	Covered at the Bonitas Dental Tariff
Consultations	2 annual check-ups per beneficiary (once every 6 months)
X-rays: Intra-oral	Managed Care protocols apply
X-rays: Extra-oral	1 per beneficiary, every 3 years Additional benefits may be considered if specialist dental treatment is required

Oral hygiene	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
Fillings	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
Root canal therapy and extractions	Benefit for root canal limited to the shortened dental arch and excludes milk teeth and permanent molars Managed Care protocols apply
Plastic dentures and associated laboratory costs	No benefit
Maxillo-facial surgery and oral pathology	
Surgery in the dental chair	Managed Care protocols apply Pre-authorization required
Hospitalisation (general anaesthetic)	PMB only Pre-authorization required
Laughing gas in dental rooms	Managed Care protocols apply
IV conscious sedation in rooms	Limited to extensive dental treatment Managed Care protocols apply Pre-authorization required

Additional benefits

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

Additional GP consultations	If you use all your savings for the year, your family will still get a maximum of 6 GP consultations (limited to 3 per beneficiary) paid at the Bonitas Rate
Contraceptives	
For women aged up to 50	R1 610 per family You must use the Designated Service Provider for pharmacy-dispensed contraceptives
Maternity care	
Per pregnancy	6 antenatal consultations with a gynaecologist, GP or midwife 2 2D ultrasound scans R1 240 for antenatal classes 1 amniocentesis 4 consultations with a midwife after delivery (1 of these can be used for a consultation with a lactation specialist) Maternity support for pregnant moms
Childcare	
Hearing screening	For newborns, 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
Paediatrician or GP consultations	2 consultations per child under 1 year 1 consultation per child between ages 1 and 2
GP consultations	1 consultation per child between ages 2 and 12
Immunisations	According to Expanded Programme on Immunisation in South Africa
Preventative care	
General health	1 HIV test per beneficiary 1 flu vaccine per beneficiary
Women's health	1 mammogram every 2 years, for women over 40 1 pap smear every 3 years, for women between ages 21 and 65
Men's health	1 prostate screening antigen test for men between ages 45 and 69, who are considered to be at high risk for prostate cancer
Elderly health	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

Wellness benefits	
Wellness screening	1 wellness screening per beneficiary at a participating pharmacy, biokineticist or a Bonitas wellness day Wellness screening includes the following tests: <ul style="list-style-type: none"> • Blood pressure • Glucose • Cholesterol • Body mass index • Waist-to-hip ratio
Wellness extender	R1 270 per family which can be used for: <ul style="list-style-type: none"> • GP consultations only • Biokineticist consultations and treatment • Dietician consultations and treatment • Physiotherapist consultations and treatment • A programme to stop smoking • X-rays as per formulary • Blood tests as per formulary Available after completing a wellness screening Child dependants can access the wellness extender once an adult beneficiary has completed a wellness screening
International travel benefit	
Per trip	Cover for medical emergencies when you travel outside South Africa You must register for this benefit

Chronic benefits

BonSave ensures that you are covered for the 27 Prescribed Minimum Benefits listed below. 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.

Prescribed Minimum Benefits covered

1. Addison's Disease	10. Crohn's Disease	19. Hyperlipidaemia
2. Asthma	11. Diabetes Insipidus	20. Hypertension
3. Bipolar Mood Disorder	12. Diabetes Type 1	21. Hypothyroidism
4. Bronchiectasis	13. Diabetes Type 2	22. Multiple Sclerosis
5. Cardiac Failure	14. Dysrhythmias	23. Parkinson's Disease
6. Cardiomyopathy	15. Epilepsy	24. Rheumatoid Arthritis
7. Chronic Obstructive Pulmonary Disease	16. Glaucoma	25. Schizophrenia
8. Chronic Renal Disease	17. Haemophilia	26. Systemic Lupus Erythematosus
9. Coronary Artery Disease	18. HIV/AIDS	27. Ulcerative Colitis

Managed Care programmes

We offer a range of Managed Care programmes to support you and help put you on the path to good health. These programmes empower you to manage your condition effectively in the most clinically-proven way, ensuring your benefits last longer.

You will need to register to join these programmes.

Back and neck	<p>Helps manage severe back and neck pain</p> <p>Offers a personalised treatment plan for up to 6 weeks</p> <p>Includes assistance from doctors, physiotherapists and biokineticists</p> <p>Gives access to a home care plan to maintain long-term results</p> <p>We cover the full cost of the programme so it won't impact your savings or day-to-day benefits</p> <p>Highly effective and low-risk, with an excellent success rate</p> <p>Uses the DBC network</p>
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Cancer	<p>Puts you first, offering emotional and medical support</p> <p>Delivers cost-effective care of the highest quality</p> <p>Liaises with your doctor to ensure your treatment plan is clinically appropriate to meet your needs</p> <p>Matches the treatment plan to your benefits to ensure you have the cover you need</p> <p>Access to a social worker for you and your loved ones</p> <p>Uses the ICON network of oncology specialists</p> <p>Uses the Bonitas Oncology Medicine Network (20% co-payment applies for use of a non-network provider)</p>
Diabetes management	<p>Empowers you to make the right decisions to stay healthy</p> <p>Offers a personalised care plan for your specific needs</p> <p>Provides cover for the tests required for the management of diabetes as well as other chronic conditions</p> <p>Helps you track the results of the required tests</p> <p>Offers access to diabetes doctors, dieticians and podiatrists</p> <p>Helps you better understand your condition through diabetes education</p> <p>Gives access to a dedicated Health Coach to answer any questions you may have</p>
HIV/AIDS	<p>Provides you with appropriate treatment and tools to live a normal life</p> <p>Covers medicine to treat HIV (including drugs to prevent mother-to-child transmission and infection after sexual assault or needle-stick injury)</p> <p>Treatment and prevention of opportunistic infections such as pneumonia, TB and flu</p> <p>Covers regular blood tests to monitor disease progression, response to therapy and to detect possible side-effects of treatment</p> <p>Offers HIV-related consultations to visit your doctor to monitor your clinical status</p> <p>Gives ongoing patient support via a team of trained and experienced counsellors</p> <p>Offers access to telephonic support from doctors</p> <p>Helps in finding a registered counsellor for emotional support</p>

In-hospital benefits

This benefit offers cover for major medical events that result in a beneficiary being admitted to hospital. We negotiate extensively with hospitals to ensure the best possible value for our members. Members have access to all private hospitals. A 30% co-payment may apply to admissions at specific hospitals. Please call us on **086 002 108** or log in to **www.bonitas.co.za** for a list of these hospitals.

Pre-authorisation is required.

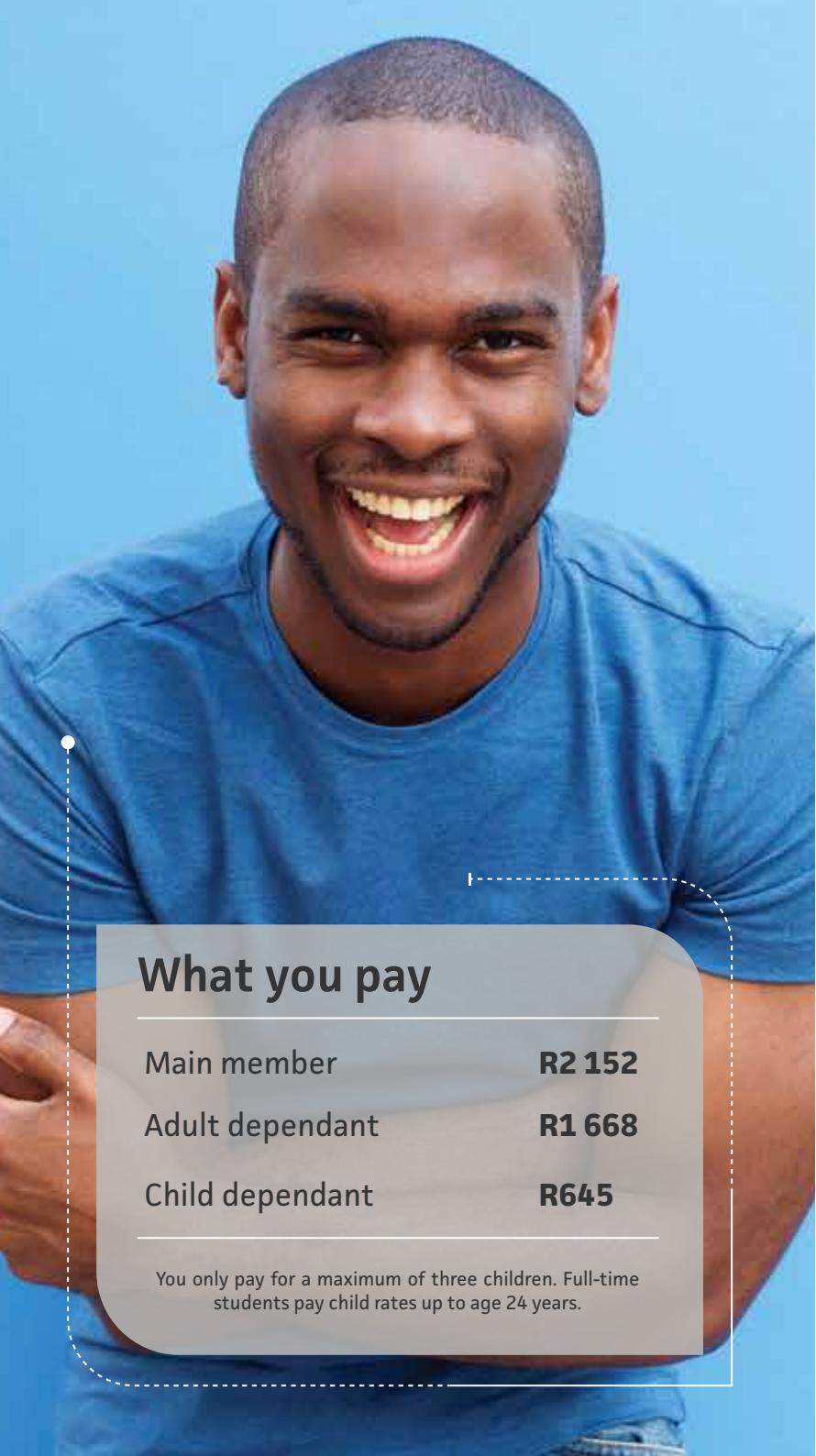
Specialist consultations/treatment	Unlimited, covered at 100% of the Bonitas Rate
GP consultations/treatment	Unlimited, covered at 100% of the Bonitas Rate
Blood tests and other laboratory tests	Unlimited, covered at 100% of the Bonitas Rate
X-rays and ultrasounds	Unlimited, covered at 100% of the Bonitas Rate
MRIs and CT scans (specialised radiology)	R23 800 per family, in and out-of-hospital Pre-authorisation required
Paramedical/Allied medical professionals (such as physiotherapists, occupational therapists, dieticians and biokineticists)	Paid from available savings (except for PMB)
Internal prosthesis	R32 130 per family (excluding joint replacement prosthesis) Managed Care protocols apply You must use a preferred supplier
Mental health hospitalisation	R32 210 per family No cover for physiotherapy for mental health admissions You must use a Designated Service Provider
Take-home medicine	R390 per beneficiary, per hospital stay
Physical rehabilitation	R50 600 per family
Alternatives to hospital (hospice, step-down facilities)	R16 880 per family
Terminal care	Unlimited Including hospice/private nursing, home oxygen, pain management, psychologist and social worker support
Cancer treatment	R344 500 per family You must use a preferred provider Sublimit of R44 220 per beneficiary for Brachytherapy
Organ transplants	Unlimited Sublimit of R32 130 per beneficiary for corneal grafts
Kidney dialysis	Unlimited You must use a Designated Service Provider, or a 20% co-payment will apply

HIV/AIDS

Unlimited, if you register on the HIV/AIDS programme
Chronic medicine must be obtained from the Designated Service Provider

A co-payment will apply to the following procedures in hospital:

R1 520 co-payment	R3 850 co-payment	R7 580 co-payment
1. Colonoscopy	1. Arthroscopy	1. Back Surgery including Spinal Fusion
2. Conservative Back Treatment	2. Diagnostic Laparoscopy	2. Joint Replacements
3. Cystoscopy	3. Laparoscopic Hysterectomy	3. Laparoscopic Pyeloplasty
4. Facet Joint Injections	4. Percutaneous Radiofrequency Ablations (Percutaneous Rhizotomies)	4. Laparoscopic Radical Prostatectomy
5. Flexible Sigmoidoscopy		5. Nissen Fundoplication (Reflux Surgery)
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		



BONFIT SELECT



	Savings
Main member	R4 128
Adult dependant	R3 204
Child dependant	R1 236

What you pay

Main member	R2 152
Adult dependant	R1 668
Child dependant	R645

You only pay for a maximum of three children. Full-time students pay child rates up to age 24 years.

Plus extra benefits for:

-  2 GP consultations when savings are finished
-  Basic dentistry

Unlimited hospital cover

100% Bonitas Rate



Wellness screening plus R1 270 Extender to use for blood tests, x-rays, programme to stop smoking or consultations with a GP, dietician, biokineticist and physiotherapist

R1 610 for contraceptives



Managed Care programmes:

- Back and neck
- Cancer
- Diabetes
- HIV/AIDs



Chronic medicine for 27 PMB conditions



Maternity benefits:

- 6 consultations during pregnancy
- 2 x 2D scans
- 4 consultations with a midwife after delivery (1 of these can be used for a consultation with a lactation specialist)
- Maternity support for pregnant moms



Childcare benefits:

- Newborn hearing screening
- Thyroid screening for infants under 1 month
- Childhood immunisations according to the Expanded Programme on Immunisation
- 2 Paediatric or GP consultations for children under 1
- 1 GP consultation for children aged 2 - 12
- 24/7 Babyline for advice for children under 3



Preventative care:

- Flu vaccine
- HIV test
- Pap smear

Out-of-hospital benefits

These benefits provide cover for consultations with your GP or specialist, acute medicine, x-rays, blood tests and other out-of-hospital medical expenses.

	Main member	Adult dependant	Child dependant
Savings	R4 128	R3 204	R1 236
GP consultations	Paid from available savings		
Specialist consultations	Paid from available savings You must get a referral from your GP		
Blood tests and other laboratory tests	Paid from available savings		
X-rays and ultrasounds	Paid from available savings		
MRIs and CT scans (specialised radiology)	Paid from available savings Pre-authorisation required		
Acute medicine	Paid from available savings		
Over-the-counter medicine	Paid from available savings		
Paramedical/Allied medical professionals (such as physiotherapists, occupational therapists, dieticians and biokineticists)	Paid from available savings		
General medical appliances	Paid from available savings		
Optometry	Paid from available savings		

The following are paid from your unlimited overall annual benefit (and not from your savings, so you get more value for money):

Mental health consultations	PMB consultations only In and out-of-hospital consultations (included in the mental health hospitalisation benefit)
Basic dentistry	Covered at the Bonitas Dental Tariff Managed Care protocols apply
Consultations	2 annual check-ups per beneficiary (once every 6 months)
X-rays: Intra-oral	No benefit
X-rays: Extra-oral	No benefit
Oral hygiene	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

Fillings	No benefit
Root canal therapy and extractions	No benefit

Additional benefits

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

Additional GP consultations	If you use all your savings for the year, your family will still get a maximum of 2 GP consultations (limited to 1 per beneficiary) paid at the Bonitas Rate
Contraceptives	
For women aged up to 50	R1 610 per family You must use the Designated Service Provider for pharmacy-dispensed contraceptives
Maternity care	
Per pregnancy	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 support for pregnant moms
Childcare	
Hearing screening	For newborns, 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
Paediatrician or GP consultations	2 consultations per child under 1 year 1 consultation per child between ages 1 and 2
GP consultations	1 consultation per child between ages 2 and 12
Immunisations	According to Expanded Programme on Immunisation in South Africa
Preventative care	
General health	1 HIV test per beneficiary 1 flu vaccine per beneficiary
Women's health	1 mammogram every 2 years, for women over 40 1 pap smear every 3 years, for women between ages 21 and 65
Men's health	1 prostate screening antigen test for men between ages 45 and 69, who are considered to be at high risk for prostate cancer

Elderly health	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
Wellness benefits	
Wellness screening	1 wellness screening per beneficiary at a participating pharmacy, biokineticist or a Bonitas wellness day Wellness screening includes the following tests: <ul style="list-style-type: none"> • Blood pressure • Glucose • Cholesterol • Body mass index • Waist-to-hip ratio
Wellness extender	R1 270 per family which can be used for: <ul style="list-style-type: none"> • GP consultations only • Biokineticist consultations and treatment • Dietician consultations and treatment • Physiotherapist consultations and treatment • A programme to stop smoking • X-rays as per formulary • Blood tests as per formulary Available after completing a wellness screening Child dependants can access the wellness extender once an adult beneficiary has completed a wellness screening
International travel benefit	
Per trip	Cover for medical emergencies when you travel outside South Africa You must register for this benefit

Chronic benefits

BonFit Select ensures that you are covered for the 27 Prescribed Minimum Benefits listed below. 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.

Prescribed Minimum Benefits covered

1. Addison's Disease	10. Crohn's Disease	19. Hyperlipidaemia
2. Asthma	11. Diabetes Insipidus	20. Hypertension
3. Bipolar Mood Disorder	12. Diabetes Type 1	21. Hypothyroidism
4. Bronchiectasis	13. Diabetes Type 2	22. Multiple Sclerosis
5. Cardiac Failure	14. Dysrhythmias	23. Parkinson's Disease
6. Cardiomyopathy	15. Epilepsy	24. Rheumatoid Arthritis
7. Chronic Obstructive Pulmonary Disease	16. Glaucoma	25. Schizophrenia
8. Chronic Renal Disease	17. Haemophilia	26. Systemic Lupus Erythematosus
9. Coronary Artery Disease	18. HIV/AIDS	27. Ulcerative Colitis

Managed Care programmes

We offer a range of Managed Care programmes to support you and help put you on the path to good health. These programmes empower you to manage your condition effectively in the most clinically-proven way, ensuring your benefits last longer.

You will need to register to join these programmes.

<p>Back and neck</p>	<p>Helps manage severe back and neck pain</p> <p>Offers a personalised treatment plan for up to 6 weeks</p> <p>Includes assistance from doctors, physiotherapists and biokineticists</p> <p>Gives access to a home care plan to maintain long-term results</p> <p>We cover the full cost of the programme so it won't impact your savings or day-to-day benefits</p> <p>Highly effective and low-risk, with an excellent success rate</p> <p>Uses the DBC network</p>
<p>Cancer</p>	<p>Puts you first, offering emotional and medical support</p> <p>Delivers cost-effective care of the highest quality</p> <p>Liaises with your doctor to ensure your treatment plan is clinically appropriate to meet your needs</p> <p>Matches the treatment plan to your benefits to ensure you have the cover you need</p> <p>Access to a social worker for you and your loved ones</p> <p>Uses the ICON network of oncology specialists</p> <p>Uses the Bonitas Oncology Medicine Network (20% co-payment applies for use of a non-network provider)</p>
<p>Diabetes management</p>	<p>Empowers you to make the right decisions to stay healthy</p> <p>Offers a personalised care plan for your specific needs</p> <p>Provides cover for the tests required for the management of diabetes as well as other chronic conditions</p> <p>Helps you track the results of the required tests</p> <p>Offers access to diabetes doctors, dieticians and podiatrists</p> <p>Helps you better understand your condition through diabetes education</p> <p>Gives access to a dedicated Health Coach to answer any questions you may have</p>

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

This benefit offers cover for major medical events that result in a beneficiary being admitted to hospital. We negotiate extensively with private hospitals to ensure the best possible value for our members.

Pre-authorisation is required.

Please note: You must use a hospital on the BonFit Select network or you will have to pay a 30% co-payment.

Specialist consultations/treatment	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
Blood tests and other laboratory tests	Unlimited, covered at 100% of the Bonitas Rate
X-rays and ultrasounds	Unlimited, covered at 100% of the Bonitas Rate
MRIs and CT scans (specialised radiology)	R16 070 per family Pre-authorisation required
Paramedical/Allied medical professionals (such as physiotherapists, occupational therapists, dieticians and biokineticists)	Paid from available savings (except for PMB)
Internal and external prostheses	PMB only Managed Care protocols apply You must use a preferred supplier
Mental health hospitalisation	R32 210 per family No cover for physiotherapy for mental health admissions You must use a Designated Service Provider
Take-home medicine	R390 per beneficiary, per hospital stay
Physical rehabilitation	R50 600 per family
Alternatives to hospital (hospice, step-down facilities)	R16 880 per family
Terminal care	Unlimited Including hospice/private nursing, home oxygen, pain management, psychologist and social worker support
Cancer treatment	R344 500 per family You must use a preferred provider Sublimit of R44 220 per beneficiary for Brachytherapy
Organ transplants	Unlimited
Kidney dialysis	Unlimited You must use a Designated Service Provider, or a 20% co-payment will apply

HIV/AIDS	Unlimited, if you register on the HIV/AIDS programme Chronic medicine must be obtained from the Designated Service Provider
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A co-payment will apply to the following procedures in hospital:

R1 520 co-payment	R3 850 co-payment	R7 580 co-payment
1. Colonoscopy	1. Arthroscopy	1. Back Surgery including Spinal Fusion
2. Conservative Back Treatment	2. Diagnostic Laparoscopy	2. Joint Replacements
3. Cystoscopy	3. Laparoscopic Hysterectomy	3. Laparoscopic Pyeloplasty
4. Facet Joint Injections	4. Percutaneous Radiofrequency Ablations (Percutaneous Rhizotomies)	4. Laparoscopic Radical Prostatectomy
5. Flexible Sigmoidoscopy		5. Nissen Fundoplication (Reflux Surgery)
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		


STANDARD

Rich GP benefit up to R7 870 and day-to-day up to R12 420

Plus extra benefits for:

-  **General appliances**
(including moonboot and crutches)
-  **MRIs and CT scans**
-  **Mental health**
-  **Basic and specialised dentistry**
-  **Optometry**

Unlimited hospital cover
100% Bonitas Rate

 **Wellness screening plus R1 750 Extender** to use for blood tests, x-rays, programme to stop smoking or consultations with a GP, dietician, biokineticist and physiotherapist

R283 300 cochlear implant benefit

 **R19 670 for chronic medicine for up to 45 conditions**

Maternity benefits:

- 12 consultations during pregnancy
- 2 x 2D scans
- R1 240 for antenatal classes
- 4 consultations with a midwife after delivery (1 of these can be used for a consultation with a lactation specialist)
- Maternity support for pregnant moms

Childcare benefits:

- Newborn hearing screening
- Thyroid screening for infants under 1 month
- Childhood immunisations according to the Expanded Programme on Immunisation
- 2 Paediatric or GP consultations for children under 1
- 2 GP consultations for children aged 2 - 12
- 24/7 Babyline for advice for children under 3

Preventative care:

- Full lipogram
- Flu vaccine
- HIV test
- Mammogram
- Pap smear
- Prostate screening

Managed Care programmes:

- Back and neck
- Cancer
- Diabetes
- Hip and knee replacements
- HIV/AIDS
- Mental health

What you pay

Main member	R3 888
Adult dependant	R3 371
Child dependant	R1 140

You only pay for a maximum of three children. Full-time students pay child rates up to age 24 years.

Out-of-hospital benefits

Out-of-hospital claims will be paid from available day-to-day benefits. There is a separate benefit for GP consultations.

GP consultations

If you do not use a GP on our network, your benefit for GP consultations will be limited to the non-network GP consultation benefit. This is shown in the table below.

Main member only	R4 250 (R1 380 of this can be used for non-network GP consultations)
Main member + 1 dependant	R6 230 (R2 130 of this can be used for non-network GP consultations)
Main member + 2 dependants	R6 910 (R2 330 of this can be used for non-network GP consultations)
Main member + 3 dependants	R7 250 (R2 430 of this can be used for non-network GP consultations)
Main member + 4 or more dependants	R7 870 (R2 620 of this can be used for non-network GP consultations)

Day-to-day benefits

These benefits provide cover for consultations with your specialist, acute medicine, x-rays, blood tests and other out-of-hospital medical expenses.

There is a separate benefit for tests and consultations for PMB treatment plans (excluding GP consultations) so this will not affect your day-to-day benefits.

Main member only	R5 940
Main member + 1 dependant	R9 030
Main member + 2 dependants	R10 440
Main member + 3 dependants	R11 400
Main member + 4 or more dependants	R12 420

Specialist consultations	Paid from available day-to-day benefits You must get a referral from your GP
Blood tests and other laboratory tests	Paid from available day-to-day benefits
X-rays and ultrasounds	Paid from available day-to-day benefits
Acute medicine	Paid from available day-to-day benefits Formulary and Bonitas Pharmacy Network applies 20% co-payment for non-network or non-formulary use
Paramedical/Allied medical professionals (such as physiotherapists, occupational therapists, dieticians and biokineticists)	Paid from available day-to-day benefits

Over-the-counter medicine	R790 per beneficiary R2 400 per family Paid from available day-to-day benefits Formulary and Bonitas Pharmacy Network applies 20% co-payment for non-network or non-formulary use
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The following are paid from your unlimited overall annual benefit (and not from your day-to-day benefits, so you get more value for money):

MRIs and CT scans (specialised radiology)	R26 620 per family, in and out-of-hospital Pre-authorisation required
Mental health consultations	R15 890 per family In and out-of-hospital consultations (included in the mental health hospitalisation benefit)
General medical appliances (such as wheelchairs and crutches)	R7 820 per family An additional R6 680 per family will apply should Stoma Care and CPAP machines exceed the general medical appliances limit You must use a preferred supplier
Hearing aids	R16 320 per family, once every 5 years (based on the date of your previous claim) 20% co-payment applies You must use a preferred supplier
Optometry	R6 115 per family, once every 2 years (based on the date of your previous claim) Each beneficiary can choose glasses or contact lenses
Eye tests	1 per beneficiary, at a network provider OR R325 per beneficiary, at a non-network provider
Single vision lenses (Clear) or	100% towards the cost of lenses at network rates R185 per lens, per beneficiary, out of network
Bifocal lenses (Clear) or	100% towards the cost of lenses at network rates R420 per lens, per beneficiary, out of network
Multifocal lenses (Clear)	100% towards the cost of lenses at network rates R745 per lens, per beneficiary, out of network
Frames	R1 275 per beneficiary at a network provider R893 per beneficiary at a non-network provider
Contact lenses	R1 870 per beneficiary (included in the family limit)
Basic dentistry	Covered at the Bonitas Dental Tariff

Consultations	2 annual check-ups per beneficiary (once every 6 months)
X-rays: Intra-oral	Managed Care protocols apply
X-rays: Extra-oral	1 per beneficiary, every 3 years Additional benefit may be considered if specialist dental treatment planning/follow up is required
Oral hygiene	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
Fillings	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
Root canal and extractions	Managed Care protocols apply
Plastic dentures and associated laboratory costs	1 set of plastic dentures (an upper and a lower) per beneficiary, once every 4 years Pre-authorization required
Specialised dentistry	Covered at the Bonitas Dental Tariff
Partial metal frame dentures and associated laboratory costs	1 partial frame (an upper or lower) per beneficiary, once every 5 years Managed Care protocols apply Pre-authorization required
Crowns, bridges and associated laboratory costs	1 crown per family, per year Benefit for crowns will be granted once per tooth, every 5 years A treatment plan and x-rays may be requested Pre-authorization required
Orthodontics and associated laboratory costs	Orthodontic treatment is granted once per beneficiary, per lifetime Pre-authorization cases will be clinically assessed by using an orthodontic needs analysis Benefit allocation is subject to the outcome of the needs analysis and funding can be granted up to 80% of the Bonitas Dental Tariff Benefit for orthodontic treatment will be granted where function is impaired (not granted for cosmetic reasons) Only 1 family member may begin orthodontic treatment in a calendar year Benefit for fixed comprehensive treatment is limited to beneficiaries from age 9 and younger than 18 years Managed Care protocols apply Pre-authorization required

Periodontics	Benefit is limited to conservative, non-surgical therapy only and will only be applied to members who are registered on the Periodontal Programme Managed Care protocols apply Pre-authorization required
Maxillo-facial surgery and oral pathology	
Surgery in the dental chair	Managed Care protocols apply
Hospitalisation (general anaesthetic)	A co-payment of R3 500 per hospital admission and 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
Laughing gas in dental rooms	Managed Care protocols apply
IV conscious sedation in rooms	Limited to extensive dental treatment Managed Care protocols apply Pre-authorization required

Additional benefits

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

Contraceptives	
For women aged up to 50	R1 610 per family You must use the Designated Service Provider for pharmacy-dispensed contraceptives
Maternity care	
Per pregnancy	12 antenatal consultations with a gynaecologist, GP or midwife 2 2D ultrasound scans R1 240 for antenatal classes 1 amniocentesis 4 consultations with a midwife after delivery (1 of these can be used for a consultation with a lactation specialist) Maternity support for pregnant moms
Childcare	
Hearing screening	For newborns, 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
Paediatrician or GP consultations	2 consultations per child under 1 year 2 consultations per child between ages 1 and 2
GP consultations	2 consultations per child between ages 2 and 12
Immunisations	According to Expanded Programme on Immunisation in South Africa
Preventative care	
General health	1 HIV test per beneficiary 1 flu vaccine per beneficiary
Cardiac health	1 full lipogram every 5 years, for members aged 20 and over
Women's health	1 mammogram every 2 years, for women over 40 1 pap smear every 3 years, for women between ages 21 and 65
Men's health	1 prostate screening antigen test for men between ages 45 and 69, who are considered to be at high risk for prostate cancer
Elderly health	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
Wellness benefits	
Wellness screening	1 wellness screening per beneficiary at a participating pharmacy, biokineticist or a Bonitas wellness day Wellness screening includes the following tests: <ul style="list-style-type: none"> • Blood pressure • Glucose • Cholesterol • Body mass index • Waist-to-hip ratio
Wellness extender	R1 750 per family which can be used for: <ul style="list-style-type: none"> • GP consultations only • Biokineticist consultations and treatment • Dietician consultations and treatment • Physiotherapist consultations and treatment • A programme to stop smoking • X-rays as per formulary • Blood tests as per formulary Available after completing a wellness screening Child dependants can access the wellness extender once an adult beneficiary has completed a wellness screening
International travel benefit	
Per trip	Cover for medical emergencies when you travel outside South Africa You must register for this benefit

Chronic benefits

Standard offers generous cover for the 45 chronic conditions listed below. Your chronic medicine benefit is R9 800 per beneficiary and R19 670 per family on the applicable formulary. If you choose to use medicine that is not on the formulary, you will have to pay a 40% co-payment. You must get your medicine from the Bonitas Pharmacy Network. If you choose to use a non-network pharmacy, you will have to pay a 40% co-payment. Pre-authorisation is required.

Once the amount above is finished, you will still be covered for the 27 Prescribed Minimum Benefits, listed below, through Pharmacy Direct our Designated Service Provider. If you choose not to use Pharmacy Direct, you will have to pay a 40% co-payment.

Prescribed Minimum Benefits covered

1. Addison's Disease	10. Crohn's Disease	19. Hyperlipidaemia
2. Asthma	11. Diabetes Insipidus	20. Hypertension
3. Bipolar Mood Disorder	12. Diabetes Type 1	21. Hypothyroidism
4. Bronchiectasis	13. Diabetes Type 2	22. Multiple Sclerosis
5. Cardiac Failure	14. Dysrhythmias	23. Parkinson's Disease
6. Cardiomyopathy	15. Epilepsy	24. Rheumatoid Arthritis
7. Chronic Obstructive Pulmonary Disease	16. Glaucoma	25. Schizophrenia
8. Chronic Renal Disease	17. Haemophilia	26. Systemic Lupus Erythematosus
9. Coronary Artery Disease	18. HIV/AIDS	27. Ulcerative Colitis

Additional conditions covered

28. Acne	34. Dermatitis	40. Narcolepsy
29. Allergic Rhinitis	35. Depression	41. Obsessive Compulsive Disorder
30. Ankylosing Spondylitis	36. Eczema	42. Panic Disorder
31. Attention Deficit Disorder (in children aged 5-18)	37. Gastro-Oesophageal Reflux Disease (GORD)	43. Post-Traumatic Stress Disorder
32. Barrett's Oesophagus	38. Generalised Anxiety Disorder	44. Tourette's Syndrome
33. Behcet's Disease	39. Gout	45. Zollinger-Ellison Syndrome

Managed Care programmes

We offer a range of Managed Care programmes to support you and help put you on the path to good health. These programmes empower you to manage your condition effectively in the most clinically-proven way, ensuring your benefits last longer.

You will need to register to join these programmes.

Back and neck	<p>Helps manage severe back and neck pain</p> <p>Offers a personalised treatment plan for up to 6 weeks</p> <p>Includes assistance from doctors, physiotherapists and biokineticists</p> <p>Gives access to a home care plan to maintain long-term results</p> <p>We cover the full cost of the programme so it won't impact your savings or day-to-day benefits</p> <p>Highly effective and low-risk, with an excellent success rate</p> <p>Uses the DBC network</p>
Cancer	<p>Puts you first, offering emotional and medical support</p> <p>Delivers cost-effective care of the highest quality</p> <p>Liaises with your doctor to ensure your treatment plan is clinically appropriate to meet your needs</p> <p>Matches the treatment plan to your benefits to ensure you have the cover you need</p> <p>Access to a social worker for you and your loved ones</p> <p>Uses the ICON network of oncology specialists</p> <p>Uses the Bonitas Oncology Medicine Network (20% co-payment applies for use of a non-network provider)</p>
Diabetes management	<p>Empowers you to make the right decisions to stay healthy</p> <p>Offers a personalised care plan for your specific needs</p> <p>Provides cover for the tests required for the management of diabetes as well as other chronic conditions</p> <p>Helps you track the results of the required tests</p> <p>Offers access to diabetes doctors, dieticians and podiatrists</p> <p>Helps you better understand your condition through diabetes education</p> <p>Gives access to a dedicated Health Coach to answer any questions you may have</p>
Hip and knee replacement	<p>Based on the latest international standardised clinical care pathways</p> <p>Uses a multidisciplinary team, dedicated to assist with successful recovery</p> <p>Doctors evaluate and treat your condition before surgery to give you the best outcomes</p> <p>Treatment is covered in full on the ICPS and Joint Care network</p>

HIV/AIDS	<p>Provides you with appropriate treatment and tools to live a normal life</p> <p>Covers medicine to treat HIV (including drugs to prevent mother-to-child transmission and infection after sexual assault or needle-stick injury)</p> <p>Treatment and prevention of opportunistic infections such as pneumonia, TB and flu</p> <p>Covers regular blood tests to monitor disease progression, response to therapy and to detect possible side-effects of treatment</p> <p>Offers HIV-related consultations to visit your doctor to monitor your clinical status</p> <p>Gives ongoing patient support via a team of trained and experienced counsellors</p> <p>Offers access to telephonic support from doctors</p> <p>Helps in finding a registered counsellor for emotional support</p>
Mental wellness	<p>Available to pre-identified members who suffer from depression, anxiety, post-traumatic stress disorder and alcohol abuse</p> <p>Access to a Care Manager who will work with you, your treating doctor and where appropriate, with other healthcare professionals to assist in improving your condition</p> <p>Your Care Manager will assist with setting up appointments with your doctor, obtain authorisation for healthcare services, understand the importance of preventative care and the use of wellness benefits or resolve queries related to any other health condition</p> <p>Provides educational material about mental health which empowers you to manage your condition</p>

In-hospital benefits

This benefit offers cover for major medical events that result in a beneficiary being admitted to hospital. We negotiate extensively with hospitals to ensure the best possible value for our members. Members have access to all private hospitals. A 30% co-payment may apply to admissions at specific hospitals. Please call us on **086 002 108** or log in to **www.bonitas.co.za** for a list of these hospitals.

Pre-authorisation is required.






Specialist consultations/treatment	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
Blood and other laboratory tests	Unlimited, covered at 100% of the Bonitas Rate
X-rays and ultrasounds	Unlimited, covered at 100% of the Bonitas Rate
MRIs and CT scans (specialised radiology)	R26 620 per family, in and out-of-hospital Pre-authorisation required
Paramedical/Allied medical professionals (such as physiotherapists, occupational therapists, dieticians and biokineticists)	Unlimited, covered at 100% of the Bonitas Rate Your therapist must get a referral from the doctor treating you in hospital
Internal and external prostheses	R45 090 per family Managed Care protocols apply Sublimit of R5 360 per breast prosthesis (limited to 2 per year) You must use a preferred supplier
Spinal surgery	You will have to pay a R10 000 co-payment if you do not go for an assessment through the back and neck programme
Hip and knee replacements	You will have to pay a R10 000 co-payment if you do not use the preferred provider
Internal nerve stimulators	R168 900 per family
Cochlear implants	R283 300 per family You must use a preferred supplier
Mental health hospitalisation	R40 600 per family No cover for physiotherapy for mental health admissions You must use a Designated Service Provider
Take-home medicine	R475 per beneficiary, per hospital stay
Physical rehabilitation	R50 600 per family
Alternatives to hospital (hospice, step-down facilities)	R16 880 per family
Terminal care	Unlimited Including hospice/private nursing, home oxygen, pain management, psychologist and social worker support

Cancer treatment	R344 500 per family You must use a preferred provider Sublimit of R44 220 per beneficiary for Brachytherapy
Organ transplants	Unlimited Sublimit of R32 130 per beneficiary for corneal grafts
Kidney dialysis	Unlimited You must use a Designated Service Provider, or a 20% co-payment will apply
HIV/AIDS	Unlimited, if you register on the HIV/AIDS programme Chronic medicine must be obtained from the Designated Service Provider


STANDARD SELECT

Approximately 15% cheaper using a quality network

Plus extra benefits for:

-  **General appliances**
(including moonboot and crutches)
-  **MRIs and CT scans**
-  **Mental health**
-  **Basic and specialised dentistry**
-  **Optometry**

Unlimited hospital cover
100% Bonitas Rate

 **Wellness screening plus R1 750 Extender** to use for blood tests, x-rays, programme to stop smoking or consultations with a GP, dietician, biokineticist and physiotherapist

R283 300 cochlear implant benefit

 **R19 670 for chronic medicine for up to 45 conditions**

Maternity benefits:

- 12 consultations during pregnancy
- 2 x 2D scans
- R1 240 for antenatal classes
- 4 consultations with a midwife after delivery (1 of these can be used for a consultation with a lactation specialist)
- Maternity support for pregnant moms

Childcare benefits:

- Newborn hearing screening
- Thyroid screening for infants under 1 month
- Childhood immunisations according to the Expanded Programme on Immunisation
- 2 Paediatric or GP consultations for children under 1
- 2 GP consultations for children aged 2 - 12
- 24/7 Babyline for advice for children under 3

Preventative care:

- Full lipogram
- Flu vaccine
- HIV test
- Mammogram
- Pap smear
- Prostate screening

Managed Care programmes:

- Back and neck
- Cancer
- Diabetes
- Hip and knee replacements
- HIV/AIDS
- Mental health



What you pay

Main member	R3 368
Adult dependant	R2 914
Child dependant	R986

You only pay for a maximum of three children. Full-time students pay child rates up to age 24 years.

Out-of-hospital benefits

Out-of-hospital claims will be paid from available day-to-day benefits. There is a separate benefit for GP consultations.

GP consultations

You must choose 1 GP on our network for each beneficiary. This is your nominated GP for the year. If you do not use your nominated GP, your benefit will be limited to the non-nominated GP consultation benefit as indicated in the table below.

Main member only	R4 250 (R1 380 of this can be used for non-nominated GP consultations)
Main member + 1 dependant	R6 230 (R2 130 of this can be used for non-nominated GP consultations)
Main member + 2 dependants	R6 910 (R2 330 of this can be used for non-nominated GP consultations)
Main member + 3 dependants	R7 250 (R2 430 of this can be used for non-nominated GP consultations)
Main member + 4 or more dependants	R7 870 (R2 620 of this can be used for non-nominated GP consultations)

Day-to-day benefits

These benefits provide cover for consultations with your specialist, acute medicine, x-rays, blood tests and other out-of-hospital medical expenses.

There is a separate benefit for tests and consultations for PMB treatment plans (excluding GP consultations) so this will not affect your day-to-day benefits.

Main member only	R5 940
Main member + 1 dependant	R9 030
Main member + 2 dependants	R10 440
Main member + 3 dependants	R11 400
Main member + 4 or more dependants	R12 420

Specialist consultations	Paid from available day-to-day benefits You must get a referral from your GP
Blood tests and other laboratory tests	Paid from available day-to-day benefits
X-rays and ultrasounds	Paid from available day-to-day benefits
Acute medicine	Paid from available day-to-day benefits Formulary and Bonitas Pharmacy Network applies 20% co-payment for non-network or non-formulary use
Paramedical/Allied medical professionals (such as physiotherapists, occupational therapists, dieticians and biokineticists)	Paid from available day-to-day benefits

Over-the-counter medicine	R790 per beneficiary R2 400 per family Paid from available day-to-day benefits Formulary and Bonitas Pharmacy Network applies 20% co-payment for non-network or non-formulary use
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The following are paid from your unlimited overall annual benefit (and not from your day-to-day benefits, so you get more value for money):

MRIs and CT scans (specialised radiology)	R26 620 per family, in and out-of-hospital Pre-authorisation required
Mental health consultations	R15 890 per family In and out-of-hospital consultations (included in the mental health hospitalisation benefit)
General medical appliances (such as wheelchairs and crutches)	R7 820 per family An additional R6 680 per family will apply should Stoma Care and CPAP machines exceed the general medical appliances limit You must use a preferred supplier
Hearing aids	R16 320 per family, once every 5 years (based on the date of your previous claim) 20% co-payment applies You must use a preferred supplier
Optometry	R6 115 per family, once every 2 years (based on the date of your previous claim) Each beneficiary can choose glasses or contact lenses
Eye tests	1 per beneficiary, at a network provider OR R325 per beneficiary, at a non-network provider
Single vision lenses (Clear) or	100% towards the cost of lenses at network rates R185 per lens, per beneficiary, out of network
Bifocal lenses (Clear) or	100% towards the cost of lenses at network rates R420 per lens, per beneficiary, out of network
Multifocal lenses (Clear)	100% towards the cost of lenses at network rates R745 per lens, per beneficiary, out of network
Frames	R1 275 per beneficiary at a network provider R893 per beneficiary at a non-network provider
Contact lenses	R1 870 per beneficiary (included in the family limit)
Basic dentistry	Covered at the Bonitas Dental Tariff
Consultations	2 annual check-ups per beneficiary (once every 6 months)

X-rays: Intra-oral	Managed Care protocols apply
X-rays: Extra-oral	1 per beneficiary, every 3 years Additional benefit may be considered if specialist dental treatment planning/follow up is required
Oral hygiene	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
Fillings	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
Root canal and extractions	Managed Care protocols apply
Plastic dentures and associated laboratory costs	1 set of plastic dentures (an upper and a lower) per beneficiary, once every 4 years Pre-authorization required
Specialised dentistry	Covered at the Bonitas Dental Tariff
Partial metal frame dentures and associated laboratory costs	1 partial frame (an upper or lower) per beneficiary, once every 5 years Managed Care protocols apply Pre-authorization required
Crowns, bridges and associated laboratory costs	1 crown per family, per year Benefit for crowns will be granted once per tooth, every 5 years A treatment plan and x-rays may be requested Pre-authorization required
Orthodontics and associated laboratory costs	Orthodontic treatment is granted once per beneficiary, per lifetime Pre-authorization cases will be clinically assessed by using an orthodontic needs analysis Benefit allocation is subject to the outcome of the needs analysis and funding can be granted up to 80% of the Bonitas Dental Tariff Benefit for orthodontic treatment will be granted where function is impaired (not granted for cosmetic reasons) Only 1 family member may begin orthodontic treatment in a calendar year Benefit for fixed comprehensive treatment is limited to beneficiaries from age 9 and younger than 18 years Managed Care protocols apply Pre-authorization required

Periodontics	Benefit is limited to conservative, non-surgical therapy only and will only be applied to members who are registered on the Periodontal Programme Managed Care protocols apply Pre-authorization required
Maxillo-facial surgery and oral pathology	
Surgery in the dental chair	Managed Care protocols apply
Hospitalisation (general anaesthetic)	A co-payment of R3 500 per hospital admission and 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
Laughing gas in dental rooms	Managed Care protocols apply
IV conscious sedation in rooms	Limited to extensive dental treatment Managed Care protocols apply Pre-authorization required

Additional benefits

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

Contraceptives	
For women aged up to 50	R1 610 per family You must use the Designated Service Provider for pharmacy-dispensed contraceptives
Maternity care	
Per pregnancy	12 antenatal consultations with a gynaecologist, GP or midwife 2 2D ultrasound scans R1 240 for antenatal classes 1 amniocentesis 4 consultations with a midwife after delivery (1 of these can be used for a consultation with a lactation specialist) Maternity support for pregnant moms
Childcare	
Hearing screening	For newborns, 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
Paediatrician or GP consultations	2 consultations per child under 1 year 2 consultations per child between ages 1 and 2
GP consultations	2 consultations per child between ages 2 and 12
Immunisations	According to Expanded Programme on Immunisation in South Africa
Preventative care	
General health	1 HIV test per beneficiary 1 flu vaccine per beneficiary
Cardiac health	1 full lipogram every 5 years, for members aged 20 and over
Women's health	1 mammogram every 2 years, for women over 40 1 pap smear every 3 years, for women between ages 21 and 65
Men's health	1 prostate screening antigen test for men between ages 45 and 69, who are considered to be at high risk for prostate cancer
Elderly health	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
Wellness benefits	
Wellness screening	1 wellness screening per beneficiary at a participating pharmacy, biokineticist or a Bonitas wellness day Wellness screening includes the following tests: <ul style="list-style-type: none"> • Blood pressure • Glucose • Cholesterol • Body mass index • Waist-to-hip ratio
Wellness extender	R1 750 per family which can be used for: <ul style="list-style-type: none"> • GP consultations only • Biokineticist consultations and treatment • Dietician consultations and treatment • Physiotherapist consultations and treatment • A programme to stop smoking • X-rays as per formulary • Blood tests as per formulary Available after completing a wellness screening Child dependants can access the wellness extender once an adult beneficiary has completed a wellness screening
International travel benefit	
Per trip	Cover for medical emergencies when you travel outside South Africa You must register for this benefit

Chronic benefits

Standard Select offers generous cover for the 45 chronic conditions listed below. Your chronic medicine benefit is R9 800 per beneficiary and R19 670 per family 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.

Once the amount above is finished, you will still be covered for the 27 Prescribed Minimum Benefits, listed below.

Prescribed Minimum Benefits covered

1. Addison's Disease	10. Crohn's Disease	19. Hyperlipidaemia
2. Asthma	11. Diabetes Insipidus	20. Hypertension
3. Bipolar Mood Disorder	12. Diabetes Type 1	21. Hypothyroidism
4. Bronchiectasis	13. Diabetes Type 2	22. Multiple Sclerosis
5. Cardiac Failure	14. Dysrhythmias	23. Parkinson's Disease
6. Cardiomyopathy	15. Epilepsy	24. Rheumatoid Arthritis
7. Chronic Obstructive Pulmonary Disease	16. Glaucoma	25. Schizophrenia
8. Chronic Renal Disease	17. Haemophilia	26. Systemic Lupus Erythematosus
9. Coronary Artery Disease	18. HIV/AIDS	27. Ulcerative Colitis

Additional conditions covered

28. Acne	34. Dermatitis	40. Narcolepsy
29. Allergic Rhinitis	35. Depression	41. Obsessive Compulsive Disorder
30. Ankylosing Spondylitis	36. Eczema	42. Panic Disorder
31. Attention Deficit Disorder (in children aged 5-18)	37. Gastro-Oesophageal Reflux Disease (GORD)	43. Post-Traumatic Stress Disorder
32. Barrett's Oesophagus	38. Generalised Anxiety Disorder	44. Tourette's Syndrome
33. Behcet's Disease	39. Gout	45. Zollinger-Ellison Syndrome

Managed Care programmes

We offer a range of Managed Care programmes to support you and help put you on the path to good health. These programmes empower you to manage your condition effectively in the most clinically-proven way, ensuring your benefits last longer.

You will need to register to join these programmes.

<p>Back and neck</p>	<p>Helps manage severe back and neck pain</p> <p>Offers a personalised treatment plan for up to 6 weeks</p> <p>Includes assistance from doctors, physiotherapists and biokineticists</p> <p>Gives access to a home care plan to maintain long-term results</p> <p>We cover the full cost of the programme so it won't impact your savings or day-to-day benefits</p> <p>Highly effective and low-risk, with an excellent success rate</p> <p>Uses the DBC network</p>
<p>Cancer</p>	<p>Puts you first, offering emotional and medical support</p> <p>Delivers cost-effective care of the highest quality</p> <p>Liaises with your doctor to ensure your treatment plan is clinically appropriate to meet your needs</p> <p>Matches the treatment plan to your benefits to ensure you have the cover you need</p> <p>Access to a social worker for you and your loved ones</p> <p>Uses the ICON network of oncology specialists</p> <p>Uses the Bonitas Oncology Medicine Network (20% co-payment applies for use of a non-network provider)</p>
<p>Diabetes management</p>	<p>Empowers you to make the right decisions to stay healthy</p> <p>Offers a personalised care plan for your specific needs</p> <p>Provides cover for the tests required for the management of diabetes as well as other chronic conditions</p> <p>Helps you track the results of the required tests</p> <p>Offers access to diabetes doctors, dieticians and podiatrists</p> <p>Helps you better understand your condition through diabetes education</p> <p>Gives access to a dedicated Health Coach to answer any questions you may have</p>
<p>Hip and knee replacement</p>	<p>Based on the latest international standardised clinical care pathways</p> <p>Uses a multidisciplinary team, dedicated to assist with successful recovery</p> <p>Doctors evaluate and treat your condition before surgery to give you the best outcomes</p> <p>Treatment is covered in full on the ICPS and Joint Care network</p>

<p>HIV/AIDS</p>	<p>Provides you with appropriate treatment and tools to live a normal life</p> <p>Covers medicine to treat HIV (including drugs to prevent mother-to-child transmission and infection after sexual assault or needle-stick injury)</p> <p>Treatment and prevention of opportunistic infections such as pneumonia, TB and flu</p> <p>Covers regular blood tests to monitor disease progression, response to therapy and to detect possible side-effects of treatment</p> <p>Offers HIV-related consultations to visit your doctor to monitor your clinical status</p> <p>Gives ongoing patient support via a team of trained and experienced counsellors</p> <p>Offers access to telephonic support from doctors</p> <p>Helps in finding a registered counsellor for emotional support</p>
<p>Mental wellness</p>	<p>Available to pre-identified members who suffer from depression, anxiety, post-traumatic stress disorder and alcohol abuse</p> <p>Access to a Care Manager who will work with you, your treating doctor and where appropriate, with other healthcare professionals to assist in improving your condition</p> <p>Your Care Manager will assist with setting up appointments with your doctor, obtain authorisation for healthcare services, understand the importance of preventative care and the use of wellness benefits or resolve queries related to any other health condition</p> <p>Provides educational material about mental health which empowers you to manage your condition</p>

In-hospital benefits

This benefit offers cover for major medical events that result in a beneficiary being admitted to hospital. We negotiate extensively with private hospitals to ensure the best possible value for our members.

Pre-authorisation is required.

Please note: You must use a hospital on the Standard Select network or you will have to pay a 30% co-payment.






Specialist consultations/treatment	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
Blood and other laboratory tests	Unlimited, covered at 100% of the Bonitas Rate
X-rays and ultrasounds	Unlimited, covered at 100% of the Bonitas Rate
MRIs and CT scans (specialised radiology)	R26 620 per family, in and out-of-hospital Pre-authorisation required
Paramedical/Allied medical professionals (such as physiotherapists, occupational therapists, dieticians and biokineticists)	Unlimited, covered at 100% of the Bonitas Rate Your therapist must get a referral from the doctor treating you in hospital
Internal and external prostheses	R45 090 per family Managed Care protocols apply Sublimit of R5 360 per breast prosthesis (limited to 2 per year) You must use a preferred supplier
Spinal surgery	You will have to pay a R10 000 co-payment if you do not go for an assessment through the back and neck programme
Hip and knee replacements	You must use the Designated Service Provider
Internal nerve stimulators	R168 900 per family
Cochlear implants	R283 300 per family You must use a preferred supplier
Mental health hospitalisation	R40 600 per family No cover for physiotherapy for mental health admissions You must use a Designated Service Provider
Take-home medicine	R475 per beneficiary, per hospital stay
Physical rehabilitation	R50 600 per family
Alternatives to hospital (hospice, step-down facilities)	R16 880 per family
Terminal care	Unlimited Including hospice/private nursing, home oxygen, pain management, psychologist and social worker support

Cancer treatment	R344 500 per family You must use a preferred provider Sublimit of R44 220 per beneficiary for Brachytherapy
Organ transplants	Unlimited Sublimit of R32 130 per beneficiary for corneal grafts
Kidney dialysis	Unlimited You must use a Designated Service Provider, or a 20% co-payment will apply
HIV/AIDS	Unlimited, if you register on the HIV/AIDS programme Chronic medicine must be obtained from Pharmacy Direct

PRIMARY


Rich GP benefit up to R5 030 and day-to-day up to R6 510

Plus extra benefits for:

-  **General appliances**
(including moonboot and crutches)
-  **MRIs and CT scans**
-  **Mental health**
-  **Basic dentistry**
-  **Optometry**

Unlimited hospital cover
100% Bonitas Rate

Unlimited terminal care benefit

 **Wellness screening plus R1 270 Extender** to use for blood tests, x-rays, programme to stop smoking or consultations with a GP, dietician, biokineticist and physiotherapist

R1 610 for contraceptives

 **Chronic medicine for 27 PMB conditions**

Maternity benefits:

- 6 consultations during pregnancy
- 2 x 2D scans
- 4 consultations with a midwife after delivery (1 of these can be used for a consultation with a lactation specialist)
- Maternity support for pregnant moms

Childcare benefits:

- Newborn hearing screening
- Thyroid screening for infants under 1 month
- Childhood immunisations according to the Expanded Programme on Immunisation
- 1 Paediatric or GP consultation for children under 1
- 1 GP consultation for children aged 2 - 12
- 24/7 Babyline for advice for children under 3

Preventative care:

- Flu vaccine
- HIV test
- Mammogram
- Pap smear
- Pneumococcal vaccine
- Prostate screening

Managed Care programmes:

- Back and neck
- Cancer
- Diabetes
- HIV/AIDS

What you pay

Main member	R2 429
Adult dependant	R1 900
Child dependant	R773

You only pay for a maximum of three children. Full-time students pay child rates up to age 24 years.

Out-of-hospital benefits

Out-of-hospital claims will be paid from available day-to-day benefits. There is a separate benefit for GP consultations.

GP consultations

If you do not use a GP on our network, your benefit for GP consultations will be limited to the non-network GP consultation benefit. This is shown in the table below.

Main member only	R1 900 (R615 of this may be used for non-network GP consultations)
Main member + 1 dependant	R3 490 (R1 160 of this may be used for non-network GP consultations)
Main member + 2 dependants	R4 130 (R1 320 of this may be used for non-network GP consultations)
Main member + 3 dependants	R4 440 (R1 480 of this may be used for non-network GP consultations)
Main member + 4 or more dependants	R5 030 (R1 750 of this may be used for non-network GP consultations)

Day-to-day benefits

These benefits provide cover for consultations with your specialist, acute medicine, x-rays, blood tests and other out-of-hospital medical expenses.

There is a separate benefit for tests and consultations for PMB treatment plans (excluding GP consultations). Therefore this will not affect your day-to-day benefits.

Main member only	R2 660
Main member + 1 dependant	R4 760
Main member + 2 dependants	R5 590
Main member + 3 dependants	R6 010
Main member + 4 or more dependants	R6 510

Specialist consultations	Paid from available day-to-day benefits You must get a referral from your GP
Blood tests and other laboratory tests	Paid from available day-to-day benefits
X-rays and ultrasounds	Paid from available day-to-day benefits
Acute medicine	Paid from available day-to-day benefits Formulary and Bonitas Pharmacy Network applies 20% co-payment for non-network or non-formulary use
Over-the-counter medicine	R500 per beneficiary R1 460 per family Paid from available day-to-day benefits Formulary and Bonitas Pharmacy Network applies 20% co-payment for non-network or non-formulary use

Paramedical/Allied medical professionals (such as physiotherapists, occupational therapists, dieticians and biokineticists)	Paid from available day-to-day benefits
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The following are paid from your unlimited overall annual benefit (and not from your day-to-day benefits, so you get more value for money):

MRIs and CT scans (specialised radiology)	R13 260 per family, in and out-of-hospital Pre-authorisation required
Mental health consultations	R9 560 per family In and out-of-hospital consultations (included in the mental health hospitalisation benefit)
General medical appliances (such as wheelchairs and crutches)	R7 030 per family An additional R6 680 per family will apply should Stoma Care and CPAP machines exceed the general medical appliances limit You must use a preferred supplier
Optometry	R4 710 per family, once every 2 years (based on the date of your previous claim) Each beneficiary can choose glasses or contact lenses
Eye tests	1 per beneficiary, at a network provider OR R325 per beneficiary, at a non-network provider
Single vision lenses (Clear) or	100% towards the cost of lenses at network rates R185 per lens, per beneficiary, out of network
Bifocal lenses (Clear) or	100% towards the cost of lenses at network rates R420 per lens, per beneficiary, out of network
Multifocal lenses (Clear)	100% towards the cost of lenses at network rates R745 per lens, per beneficiary, out of network
Frames	R525 per beneficiary at a network provider R368 per beneficiary at a non-network provider
Contact lenses	R1 295 per beneficiary (included in the family limit)
Basic dentistry	Covered at the Bonitas Dental Tariff You must use a provider on the DENIS network
Consultations	2 annual check-ups per beneficiary (once every 6 months)
X-rays: Intra-oral	Managed Care protocols apply
X-rays: Extra-oral	1 per beneficiary, every 3 years

Oral hygiene	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
Fillings	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
Root canal therapy and extractions	Managed Care protocols apply Benefit for root canal includes all teeth except primary teeth and permanent molars
Plastic dentures and associated laboratory costs	1 set of plastic dentures (an upper and a lower) per beneficiary, once every 4 years Pre-authorization required
Maxillo-facial surgery and oral pathology	
Surgery in the dental chair	Managed Care protocols apply
Hospitalisation (general anaesthetic)	A co-payment of R3 500 per hospital admission and 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
Laughing gas in dental rooms	Managed Care protocols apply
IV conscious sedation in rooms	Limited to extensive dental treatment Managed Care protocols apply Pre-authorization required

Additional benefits

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

Contraceptives	
For women aged up to 50	R1 610 per family You must use the Designated Service Provider for pharmacy-dispensed contraceptives
Maternity care	
Per pregnancy	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 support for pregnant moms
Childcare	
Hearing screening	For newborns, 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
Paediatrician or GP consultations	1 consultation per child under 1 year 1 consultation per child between ages 1 and 2
GP consultations	1 consultation per child between ages 2 and 12
Immunisations	According to Expanded Programme on Immunisation in South Africa
Preventative care	
General health	1 HIV test per beneficiary 1 flu vaccine per beneficiary
Women's health	1 mammogram every 2 years, for women over 40 1 pap smear every 3 years, for women between ages 21 and 65
Men's health	1 prostate screening antigen test for men between ages 45 and 69, who are considered to be at high risk for prostate cancer
Elderly health	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

Wellness benefits	
Wellness screening	<p>1 wellness screening per beneficiary at a participating pharmacy, biokineticist or a Bonitas wellness day</p> <p>Wellness screening includes the following tests:</p> <ul style="list-style-type: none"> • Blood pressure • Glucose • Cholesterol • Body mass index • Waist-to-hip ratio
Wellness extender	<p>R1 270 per family which can be used for:</p> <ul style="list-style-type: none"> • GP consultations only • Biokineticist consultations and treatment • Dietician consultations and treatment • Physiotherapist consultations and treatment • A programme to stop smoking • X-rays as per formulary • Blood tests as per formulary <p>Available after completing a wellness screening</p> <p>Child dependants can access the wellness extender once an adult beneficiary has completed a wellness screening</p>
International travel benefit	
Per trip	<p>Cover for medical emergencies when you travel outside South Africa</p> <p>You must register for this benefit</p>

Chronic benefits

Primary ensures that you are covered for the 27 Prescribed Minimum Benefits listed below. 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.

Prescribed Minimum Benefits covered

1. Addison's Disease	10. Crohn's Disease	19. Hyperlipidaemia
2. Asthma	11. Diabetes Insipidus	20. Hypertension
3. Bipolar Mood Disorder	12. Diabetes Type 1	21. Hypothyroidism
4. Bronchiectasis	13. Diabetes Type 2	22. Multiple Sclerosis
5. Cardiac Failure	14. Dysrhythmias	23. Parkinson's Disease
6. Cardiomyopathy	15. Epilepsy	24. Rheumatoid Arthritis
7. Chronic Obstructive Pulmonary Disease	16. Glaucoma	25. Schizophrenia
8. Chronic Renal Disease	17. Haemophilia	26. Systemic Lupus Erythematosus
9. Coronary Artery Disease	18. HIV/AIDS	27. Ulcerative Colitis

Managed Care programmes

We offer a range of Managed Care programmes to support you and help put you on the path to good health. These programmes empower you to manage your condition effectively in the most clinically-proven way, ensuring your benefits last longer.

You will need to register to join these programmes.

<p>Back and neck</p>	<p>Helps manage severe back and neck pain</p> <p>Offers a personalised treatment plan for up to 6 weeks</p> <p>Includes assistance from doctors, physiotherapists and biokineticists</p> <p>Gives access to a home care plan to maintain long-term results</p> <p>We cover the full cost of the programme so it won't impact your savings or day-to-day benefits</p> <p>Highly effective and low-risk, with an excellent success rate</p> <p>Uses the DBC network</p>
<p>Cancer</p>	<p>Puts you first, offering emotional and medical support</p> <p>Delivers cost-effective care of the highest quality</p> <p>Liaises with your doctor to ensure your treatment plan is clinically appropriate to meet your needs</p> <p>Matches the treatment plan to your benefits to ensure you have the cover you need</p> <p>Access to a social worker for you and your loved ones</p> <p>Uses the ICON network of oncology specialists</p> <p>Uses the Bonitas Oncology Medicine Network (20% co-payment applies for use of a non-network provider)</p>
<p>Diabetes management</p>	<p>Empowers you to make the right decisions to stay healthy</p> <p>Offers a personalised care plan for your specific needs</p> <p>Provides cover for the tests required for the management of diabetes as well as other chronic conditions</p> <p>Helps you track the results of the required tests</p> <p>Offers access to diabetes doctors, dieticians and podiatrists</p> <p>Helps you better understand your condition through diabetes education</p> <p>Gives access to a dedicated Health Coach to answer any questions you may have</p>

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

This benefit offers cover for major medical events that result in a beneficiary being admitted to hospital. We negotiate extensively with hospitals to ensure the best possible value for our members. Members have access to all private hospitals. A 30% co-payment may apply to admissions at specific hospitals. Please call us on **086 002 108** or log in to **www.bonitas.co.za** for a list of these hospitals.

Pre-authorisation is required.

Specialist consultations/treatment	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
Blood tests and other laboratory tests	Unlimited, covered at 100% of the Bonitas Rate
X-rays and ultrasounds	Unlimited, covered at 100% of the Bonitas Rate
MRIs and CT scans (specialised radiology)	R13 260 per family, in and out-of-hospital Pre-authorisation required
Paramedical/Allied medical professionals (such as physiotherapists, occupational therapists, dieticians and biokineticists)	Paid from available day-to-day benefits (except for PMB)
Internal prosthesis	R32 130 per family (excluding joint replacement prosthesis) Managed Care protocols apply You must use a preferred supplier
Mental health hospitalisation	R15 830 per family No cover for physiotherapy for mental health admissions You must use a Designated Service Provider
Take-home medicine	R390 per beneficiary, per hospital stay
Physical rehabilitation	R50 600 per family
Alternatives to hospital (hospice, step-down facilities)	R16 880 per family
Terminal care	Unlimited Including hospice/private nursing, home oxygen, pain management, psychologist and social worker support
Cancer treatment	R165 500 per family You must use a preferred provider Sublimit of R44 220 per beneficiary for Brachytherapy
Organ transplants	PMB only
Kidney dialysis	Unlimited You must use a Designated Service Provider, or a 20% co-payment will apply

HIV/AIDS	Unlimited, if you register on the HIV/AIDS programme Chronic medicine must be obtained from Pharmacy Direct
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A co-payment will apply to the following procedures in hospital:

R1 520 co-payment	R3 850 co-payment	R7 580 co-payment
1. Colonoscopy	1. Arthroscopy	1. Back Surgery including Spinal Fusion
2. Conservative Back Treatment	2. Diagnostic Laparoscopy	2. Joint Replacements
3. Cystoscopy	3. Laparoscopic Hysterectomy	3. Laparoscopic Pyeloplasty
4. Facet Joint Injections	4. Percutaneous Radiofrequency Ablations (Percutaneous Rhizotomies)	4. Laparoscopic Radical Prostatectomy
5. Flexible Sigmoidoscopy		5. Nissen Fundoplication (Reflux Surgery)
6. Functional Nasal Surgery		
7. Gastrosocopy		
8. Hysteroscopy (not Endometrial Ablation)		
9. Myringotomy		
10. Tonsillectomy and Adenoidectomy		
11. Umbilical Hernia Repair		
12. Varicose Vein Surgery		

PRIMARY SELECT


Approximately 15% cheaper using a quality network

Plus extra benefits for:

-  **General appliances**
(including moonboot and crutches)
-  **MRIs and CT scans**
-  **Mental health**
-  **Basic dentistry**
-  **Optometry**

Unlimited hospital cover
100% Bonitas Rate

Unlimited terminal care benefit

 **Wellness screening plus R1 270 Extender** to use for blood tests, x-rays, programme to stop smoking or consultations with a GP, dietician, biokineticist and physiotherapist

R1 610 for contraceptives

 **Chronic medicine for 27 PMB conditions**

Maternity benefits:

- 6 consultations during pregnancy
- 2 x 2D scans
- 4 consultations with a midwife after delivery (1 of these can be used for a consultation with a lactation specialist)
- Maternity support for pregnant moms

Childcare benefits:

- Newborn hearing screening
- Thyroid screening for infants under 1 month
- Childhood immunisations according to the Expanded Programme on Immunisation
- 1 Paediatric or GP consultation for children under 1
- 1 GP consultation for children aged 2 - 12
- 24/7 Babyline for advice for children under 3

Preventative care:

- Flu vaccine
- HIV test
- Mammogram
- Pap smear
- Pneumococcal vaccine
- Prostate screening

Managed Care programmes:

- Back and neck
- Cancer
- Diabetes
- HIV/AIDS

What you pay

Main member	R2 065
Adult dependant	R1 615
Child dependant	R657

You only pay for a maximum of three children. Full-time students pay child rates up to age 24 years.

Out-of-hospital benefits

Out-of-hospital claims will be paid from available day-to-day benefits. There is a separate benefit for GP consultations.

GP consultations

You must choose 1 GP on our network for each beneficiary. This is your nominated GP for the year. If you do not use your nominated GP, your benefit will be limited to the non-nominated GP consultation benefit as indicated in the table below.

Main member only	R1 900 (R615 of this may be used for non-nominated GP consultations)
Main member + 1 dependant	R3 490 (R1 160 of this may be used for non-nominated GP consultations)
Main member + 2 dependants	R4 130 (R1 320 of this may be used for non-nominated GP consultations)
Main member + 3 dependants	R4 440 (R1 480 of this may be used for non-nominated GP consultations)
Main member + 4 or more dependants	R5 030 (R1 750 of this may be used for non-nominated GP consultations)

Day-to-day benefits

These benefits provide cover for consultations with your specialist, acute medicine, x-rays, blood tests and other out-of-hospital medical expenses.

There is a separate benefit for tests and consultations for PMB treatment plans (excluding GP consultations). Therefore this will not affect your day-to-day benefits.

Main member only	R2 660
Main member + 1 dependant	R4 760
Main member + 2 dependants	R5 590
Main member + 3 dependants	R6 010
Main member + 4 or more dependants	R6 510

Specialist consultations	Paid from available day-to-day benefits You must get a referral from your GP
Blood tests and other laboratory tests	Paid from available day-to-day benefits
X-rays and ultrasounds	Paid from available day-to-day benefits
Acute medicine	Paid from available day-to-day benefits Formulary and Bonitas Pharmacy Network applies 20% co-payment for non-network or non-formulary use
Paramedical/Allied medical professionals (such as physiotherapists, occupational therapists, dieticians and biokineticists)	Paid from available day-to-day benefits

Over-the-counter medicine	R500 per beneficiary R1 460 per family Paid from available day-to-day benefits Formulary and Bonitas Pharmacy Network applies 20% co-payment for non-network or non-formulary use
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The following are paid from your unlimited overall annual benefit (and not from your day-to-day benefits, so you get more value for money):

MRIs and CT scans (specialised radiology)	R13 260 per family, in and out-of-hospital Pre-authorization required
Mental health consultations	R9 560 per family In and out-of-hospital consultations (included in the mental health hospitalisation benefit)
General medical appliances (such as wheelchairs and crutches)	R7 030 per family An additional R6 680 per family will apply should Stoma Care and CPAP machines exceed the general medical appliances limit You must use a preferred supplier
Optometry	R4 710 per family, once every 2 years (based on the date of your previous claim) Each beneficiary can choose glasses or contact lenses
Eye tests	1 per beneficiary, at a network provider OR R325 per beneficiary, at a non-network provider
Single vision lenses (Clear) or	100% towards the cost of lenses at network rates R185 per lens, per beneficiary, out of network
Bifocal lenses (Clear) or	100% towards the cost of lenses at network rates R420 per lens, per beneficiary, out of network
Multifocal lenses (Clear)	100% towards the cost of lenses at network rates R745 per lens, per beneficiary, out of network
Frames	R525 per beneficiary at a network provider R368 per beneficiary at a non-network provider
Contact lenses	R1 295 per beneficiary (included in the family limit)
Basic dentistry	Covered at the Bonitas Dental Tariff You must use a provider on the DENIS network
Consultations	2 annual check-ups per beneficiary (once every 6 months)
X-rays: Intra-oral	Managed Care protocols apply

X-rays: Extra-oral	1 per beneficiary, every 3 years
Oral hygiene	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
Fillings	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
Root canal therapy and extractions	Managed Care protocols apply Benefit for root canal includes all teeth except primary teeth and permanent molars
Plastic dentures and associated laboratory costs	1 set of plastic dentures (an upper and a lower) per beneficiary, once every 4 years Pre-authorisation required
Maxillo-facial surgery and oral pathology	
Surgery in the dental chair	Managed Care protocols apply
Hospitalisation (general anaesthetic)	A co-payment of R3 500 per hospital admission and 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-authorisation required
Laughing gas in dental rooms	Managed Care protocols apply
IV conscious sedation in rooms	Limited to extensive dental treatment Managed Care protocols apply Pre-authorisation required

Additional benefits

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

Contraceptives	
For women aged up to 50	R1 610 per family You must use the Designated Service Provider for pharmacy-dispensed contraceptives
Maternity care	
Per pregnancy	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 support for pregnant moms
Childcare	
Hearing screening	For newborns, 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
Paediatrician or GP consultations	1 consultation per child under 1 year 1 consultation per child between ages 1 and 2
GP consultations	1 consultation per child between ages 2 and 12
Immunisations	According to Expanded Programme on Immunisation in South Africa
Preventative care	
General health	1 HIV test per beneficiary 1 flu vaccine per beneficiary
Women's health	1 mammogram every 2 years, for women over 40 1 pap smear every 3 years, for women between ages 21 and 65
Men's health	1 prostate screening antigen test for men between ages 45 and 69, who are considered to be at high risk for prostate cancer
Elderly health	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

Wellness benefits	
Wellness screening	1 wellness screening per beneficiary at a participating pharmacy, biokineticist or a Bonitas wellness day Wellness screening includes the following tests: <ul style="list-style-type: none"> • Blood pressure • Glucose • Cholesterol • Body mass index • Waist-to-hip ratio
Wellness extender	R1 270 per family which can be used for: <ul style="list-style-type: none"> • GP consultations only • Biokineticist consultations and treatment • Dietician consultations and treatment • Physiotherapist consultations and treatment • A programme to stop smoking • X-rays as per formulary • Blood tests as per formulary Available after completing a wellness screening Child dependants can access the wellness extender once an adult beneficiary has completed a wellness screening
International travel benefit	
Per trip	Cover for medical emergencies when you travel outside South Africa You must register for this benefit

Chronic benefits

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.

Prescribed Minimum Benefits covered

1. Addison's Disease	10. Crohn's Disease	19. Hyperlipidaemia
2. Asthma	11. Diabetes Insipidus	20. Hypertension
3. Bipolar Mood Disorder	12. Diabetes Type 1	21. Hypothyroidism
4. Bronchiectasis	13. Diabetes Type 2	22. Multiple Sclerosis
5. Cardiac Failure	14. Dysrhythmias	23. Parkinson's Disease
6. Cardiomyopathy	15. Epilepsy	24. Rheumatoid Arthritis
7. Chronic Obstructive Pulmonary Disease	16. Glaucoma	25. Schizophrenia
8. Chronic Renal Disease	17. Haemophilia	26. Systemic Lupus Erythematosus
9. Coronary Artery Disease	18. HIV/AIDS	27. Ulcerative Colitis

Managed Care programmes

We offer a range of Managed Care programmes to support you and help put you on the path to good health. These programmes empower you to manage your condition effectively in the most clinically-proven way, ensuring your benefits last longer.

You will need to register to join these programmes.

<p>Back and neck</p>	<p>Helps manage severe back and neck pain</p> <p>Offers a personalised treatment plan for up to 6 weeks</p> <p>Includes assistance from doctors, physiotherapists and biokineticists</p> <p>Gives access to a home care plan to maintain long-term results</p> <p>We cover the full cost of the programme so it won't impact your savings or day-to-day benefits</p> <p>Highly effective and low-risk, with an excellent success rate</p> <p>Uses the DBC network</p>
<p>Cancer</p>	<p>Puts you first, offering emotional and medical support</p> <p>Delivers cost-effective care of the highest quality</p> <p>Liaises with your doctor to ensure your treatment plan is clinically appropriate to meet your needs</p> <p>Matches the treatment plan to your benefits to ensure you have the cover you need</p> <p>Access to a social worker for you and your loved ones</p> <p>Uses the ICON network of oncology specialists</p> <p>Uses the Bonitas Oncology Medicine Network (20% co-payment applies for use of a non-network provider)</p>
<p>Diabetes management</p>	<p>Empowers you to make the right decisions to stay healthy</p> <p>Offers a personalised care plan for your specific needs</p> <p>Provides cover for the tests required for the management of diabetes as well as other chronic conditions</p> <p>Helps you track the results of the required tests</p> <p>Offers access to diabetes doctors, dieticians and podiatrists</p> <p>Helps you better understand your condition through diabetes education</p> <p>Gives access to a dedicated Health Coach to answer any questions you may have</p>

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

This benefit offers cover for major medical events that result in a beneficiary being admitted to hospital. We negotiate extensively with private hospitals to ensure the best possible value for our members.

Pre-authorisation is required.

Please note: You must use a hospital on the Primary Select network or you will have to pay a 30% co-payment.

Specialist consultations/treatment	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
Blood tests and other laboratory tests	Unlimited, covered at 100% of the Bonitas Rate
X-rays and ultrasounds	Unlimited, covered at 100% of the Bonitas Rate
MRIs and CT scans (specialised radiology)	R13 260 per family, in and out-of-hospital Pre-authorisation required
Paramedical/Allied medical professionals (such as physiotherapists, occupational therapists, dieticians and biokineticists)	Paid from available day-to-day benefits (except for PMB)
Internal prosthesis	R32 130 per family (excluding joint replacement prosthesis) Managed Care protocols apply You must use a preferred supplier
Mental health hospitalisation	R15 830 per family No cover for physiotherapy for mental health admissions You must use a Designated Service Provider
Take-home medicine	R390 per beneficiary, per hospital stay
Physical rehabilitation	R50 600 per family
Alternatives to hospital (hospice, step-down facilities)	R16 880 per family
Terminal care	Unlimited Including hospice/private nursing, home oxygen, pain management, psychologist and social worker support
Cancer treatment	R165 500 per family You must use a preferred provider Sublimit of R44 220 per beneficiary for Brachytherapy
Organ transplants	PMB only
Kidney dialysis	Unlimited You must use a Designated Service Provider, or a 20% co-payment will apply

HIV/AIDS	Unlimited, if you register on the HIV/AIDS programme Chronic medicine must be obtained from Pharmacy Direct
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A co-payment will apply to the following procedures in hospital:

R1 520 co-payment	R3 850 co-payment	R7 580 co-payment
1. Colonoscopy	1. Arthroscopy	1. Back Surgery including Spinal Fusion
2. Conservative Back Treatment	2. Diagnostic Laparoscopy	2. Joint Replacements
3. Cystoscopy	3. Laparoscopic Hysterectomy	3. Laparoscopic Pyeloplasty
4. Facet Joint Injections	4. Percutaneous Radiofrequency Ablations (Percutaneous Rhizotomies)	4. Laparoscopic Radical Prostatectomy
5. Flexible Sigmoidoscopy		5. Nissen Fundoplication (Reflux Surgery)
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		

BONCAP

Basic day-to-day benefits with GP consultations at a network provider

Unlimited **hospital cover**

100% Bonitas Rate

Unlimited **terminal care** benefit

R1 070 for **contraceptives**

Chronic medicine for 27 PMB conditions



Preventative care:

- Flu vaccine
- HIV test
- Mammogram
- Pap smear
- Pneumococcal vaccine
- Prostate screening



Managed care programmes:

- Cancer
- HIV/AIDS

What you pay if your monthly income is:

Main member

Adult dependant

Child dependant

R0 to R8 520

R1 159

R1 098

R546

R8 521 to R13 840

R1 372

R1 297

R630

R13 841 to R18 900

R2 210

R1 967

R836

R18 901 +

R2 714

R2 417

R1 029



Out-of-hospital benefits

These benefits cover your day-to-day medical expenses at of 100% of the Bonitas Rate.

Network GP consultations	Unlimited consultations, using a maximum of 2 nominated network GPs Approval is required from the 8th GP consultation per beneficiary	
Non-network GP consultations	1 out-of-network consultation per beneficiary Maximum of 2 consultations per family, limited to R1 070 20% co-payment applies	
GP-referred acute medicine, x-rays and blood tests	Main member only	R1 880
	Main member + 1 dependant	R3 120
	Main member + 2 dependants	R3 730
	Main member + 3 dependants	R4 080
	Main member + 4 or more dependants	R4 530
	Formulary and Bonitas Pharmacy Network applies for acute medicine (20% co-payment for non-network or non-formulary use)	
Specialist consultations (this benefit includes prescribed acute medicine, blood tests, x-rays, MRIs and CT scans)	Limited to 3 visits or R3 170 per beneficiary	
	Limited to 5 visits or R4 710 per family	
	Subject to referral from a network GP Pre-authorisation required for MRIs and CT scans	
Maternity care	Antenatal consultations are subject to the GP consultations and specialist consultations benefits 4 consultations with a midwife after delivery (1 of these can be used for a consultation with a lactation specialist)	
Over-the-counter medicine	Limited to R95 per event	
	Maximum of R270 per beneficiary, per year Formulary and Bonitas Pharmacy Network applies (20% co-payment for non-network or non-formulary use)	
Paramedical/Allied medical professionals (such as physiotherapists, occupational therapists, dieticians and biokineticists)	PMB only	
General medical appliances (such as wheelchairs and crutches)	R5 550 per family	
	You must use a preferred supplier	
Optometry	You must use the contracted service provider Managed Care protocols apply	

Eye tests	1 per beneficiary, at a network provider
	OR R325 per beneficiary, at a non-network provider
Single vision lenses (Clear) or	100% towards the cost of lenses at network rates R185 per lens, per beneficiary, out of network
Bifocal lenses (Clear) or	100% towards the cost of lenses at network rates R420 per lens, per beneficiary, out of network
Multifocal lenses (Clear)	100% towards the cost of lenses at network rates R745 per lens, per beneficiary, out of network
Frames	R225 per beneficiary at a network provider
	R158 per beneficiary at a non-network provider
Contact lenses	R1 085 per beneficiary (included in the family limit)
Basic dentistry	You must use a provider on the DENIS network
	Covered at the Bonitas Dental Tariff Managed Care protocols apply
Consultations	1 consultation per beneficiary, per year
Emergency consultation	1 specific (emergency) consultation for pain and sepsis per beneficiary
X-rays: Intra-oral	4 x-rays per beneficiary
X-rays: Extra-oral	1 per beneficiary, in a lifetime X-rays must be submitted to DENIS for review
Scaling and polishing	1 polish
	OR 1 scaling and polishing per beneficiary
Fluoride treatments	1 treatment for beneficiaries under 16 years
Fissure sealants	1 per tooth, once every 3 years for beneficiaries under 16 years
Infection control, instrument sterilisation and local anaesthetic	1 set per beneficiary, per visit
Laughing gas in dental rooms	Inhalation sedation limited to extensive dental treatment only
Emergency root canal therapy	For emergency treatment only Subject to DENIS treatment protocols
Pulp treatments	For amputation of pulp of primary teeth
Extractions (removal of teeth)	Subject to DENIS treatment protocols Extractions and treatment of septic sockets

Dental fillings	4 fillings per beneficiary Benefit for fillings is granted once per tooth, every 2 years Benefit for retreatment of a tooth is subject to Managed Care protocols
Plastic dentures	1 set of plastic dentures (an upper and a lower) per family, once every 2 years for beneficiaries 21 years and over 20% co-payment applies Pre-authorization required A further 20% co-payment will apply if authorisation is applied for after the treatment has been done
Maxillo-facial surgery in dental chair	PMB only Please note: No benefit for Osseo-integrated implants and Orthognathic surgery Access to a maxillo-facial specialist by DENIS pre-authorization only Pre-authorization from DENIS required
IV conscious sedation in the rooms	Limited to extensive dental treatment Pre-authorization from DENIS required
Hospitalisation (general anaesthetic)	PMB only Pre-authorization from DENIS required

Additional benefits

We believe in giving you more value. These additional benefits will not affect your other benefit limits.

Contraceptives	
For women aged up to 50	R1 070 per family You must use the Designated Service Provider for pharmacy-dispensed contraceptives
Childcare	
Hearing screening	For newborns, 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
Preventative care	
General health	1 HIV test per beneficiary 1 flu vaccine per beneficiary
Women's health	1 mammogram every 2 years, for women over 40 1 pap smear every 3 years, for women between ages 21 and 65
Men's health	1 prostate screening antigen test for men between ages 45 and 69, who are considered to be at high risk for prostate cancer
Elderly health	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
Wellness benefits	
Wellness screening	1 wellness screening per beneficiary at a participating pharmacy, biokineticist or a Bonitas wellness day Wellness screening includes the following tests: <ul style="list-style-type: none"> • Blood pressure • Glucose • Cholesterol • Body mass index • Waist-to-hip ratio

Chronic benefits

BonCap ensures that you are covered for the 27 Prescribed Minimum Benefits listed below. 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.

Prescribed Minimum Benefits covered

1. Addison's Disease	10. Crohn's Disease	19. Hyperlipidaemia
2. Asthma	11. Diabetes Insipidus	20. Hypertension
3. Bipolar Mood Disorder	12. Diabetes Type 1	21. Hypothyroidism
4. Bronchiectasis	13. Diabetes Type 2	22. Multiple Sclerosis
5. Cardiac Failure	14. Dysrhythmias	23. Parkinson's Disease
6. Cardiomyopathy	15. Epilepsy	24. Rheumatoid Arthritis
7. Chronic Obstructive Pulmonary Disease	16. Glaucoma	25. Schizophrenia
8. Chronic Renal Disease	17. Haemophilia	26. Systemic Lupus Erythematosus
9. Coronary Artery Disease	18. HIV/AIDS	27. Ulcerative Colitis

Managed Care programmes

We offer a range of Managed Care programmes to support you and help put you on the path to good health. These programmes empower you to manage your condition effectively in the most clinically-proven way, ensuring your benefits last longer.

You will need to register to join these programmes.

Cancer	<p>Puts you first, offering emotional and medical support</p> <p>Delivers cost-effective care of the highest quality</p> <p>Liaises with your doctor to ensure your treatment plan is clinically appropriate to meet your needs</p> <p>Matches the treatment plan to your benefits to ensure you have the cover you need</p> <p>Access to a social worker for you and your loved ones</p> <p>Uses the ICON network of oncology specialists</p> <p>Uses the Bonitas Oncology Medicine Network (20% co-payment applies for use of a non-network provider)</p>
HIV/AIDS	<p>Provides you with appropriate treatment and tools to live a normal life</p> <p>Covers medicine to treat HIV (including drugs to prevent mother-to-child transmission and infection after sexual assault or needle-stick injury)</p> <p>Treatment and prevention of opportunistic infections such as pneumonia, TB and flu</p> <p>Covers regular blood tests to monitor disease progression, response to therapy and to detect possible side-effects of treatment</p> <p>Offers HIV-related consultations to visit your doctor to monitor your clinical status</p> <p>Gives ongoing patient support via a team of trained and experienced counsellors</p> <p>Offers access to telephonic support from doctors</p> <p>Helps in finding a registered counsellor for emotional support</p>

In-hospital benefits



Hospitalisation is covered at 100% of the Bonitas Rate at all hospitals on the BonCap Network. You must get pre-authorization for your hospital admission. You will have to pay a R10 000 co-payment if you use a non-network hospital (except for emergencies) or if you do not get pre-authorization within 48 hours of admission.

GP consultations	Unlimited, covered at 100% of the Bonitas Rate
Specialist consultations	Unlimited, covered at 100% of the Bonitas Rate
Blood tests and other laboratory tests	R25 950 per family
Blood transfusions	R18 850 per family
X-rays and ultrasounds	Unlimited, covered at 100% of the Bonitas Rate
MRIs and CT scans (specialised radiology)	R11 840 per family Pre-authorization required
Paramedical/Allied medical professionals (such as physiotherapists, occupational therapists)	PMB only Your therapist must have a referral from the doctor treating you
Surgical procedures that are not covered	Back and neck surgery Joint replacement surgery Caesarean sections done for non-medical reasons Functional nasal and sinus surgery Varicose vein surgery Hernia repair surgery Laparoscopic or keyhole surgery Gastrosopies, colonoscopies and all other endoscopies Bunion surgery In-hospital dental surgery
Internal and external prostheses	PMB only Managed Care protocols apply Pre-authorization required You must use a preferred supplier
Mental health hospitalisation	PMB only No cover for physiotherapy for mental health admissions Subject to using the Designated Service Provider
Neonatal care	Limited to R46 290 per family, except for PMB
Take-home medicine	R390 per beneficiary, per hospital stay
Physical rehabilitation	R50 600 per family Pre-authorization required

Alternatives to hospital (hospice, step-down facilities)	R14 570 per family Pre-authorization required
Terminal care	Unlimited Including hospice/private nursing, home oxygen, pain management, psychologist and social worker support
Cancer treatment	PMB only Subject to using the Designated Service Provider
Organ transplants	Unlimited Pre-authorization required
Kidney dialysis	Unlimited You must use a Designated Service Provider, or a 20% co-payment will apply Pre-authorization required
HIV/AIDS	Unlimited, if you register on the HIV/AIDS programme Chronic medicine must be obtained from Pharmacy Direct


HOSPITAL STANDARD

Plus extra benefits for:

-  MRIs and CT scans
-  Mental health

Unlimited hospital cover

100% Bonitas Rate

 **Wellness screening plus R1 270 Extender** to use for blood tests, x-rays, programme to stop smoking or consultations with a GP, dietician, biokineticist and physiotherapist

R1 610 for contraceptives

 **Chronic medicine for 27 PMB conditions**

Unlimited terminal care benefit

Maternity benefits:

- 6 consultations during pregnancy
- 2 x 2D scans
- 4 consultations with a midwife after delivery (1 of these can be used for a consultation with a lactation specialist)
- Maternity support for pregnant moms

Childcare benefits:

- Newborn hearing screening
- Thyroid screening for infants under 1 month
- 2 Paediatric or GP consultations for children under 1
- 1 GP consultation for children aged 2 - 12
- 24/7 Babyline for advice for children under 3

Preventative care:

- Flu vaccine
- HIV test
- Mammogram
- Pap smear
- Pneumococcal vaccine
- Prostate screening

Managed Care programmes:

- Back and neck
- Cancer
- Diabetes
- HIV/AIDS

What you pay

Main member	R2 284
Adult dependant	R1 925
Child dependant	R869

You only pay for a maximum of three children. Full-time students pay child rates up to age 24 years.

Additional benefits

We believe in giving you more value. These additional benefits will not affect your other benefit limits.

Contraceptives	
For women aged up to 50	R1 610 per family You must use the Designated Service Provider for pharmacy-dispensed contraceptives
Maternity care	
Per pregnancy	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 support for pregnant moms
Childcare	
Hearing screening	For newborns, 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
Paediatrician or GP consultations	2 consultations per child under 1 year 1 consultation per child between ages 1 and 2
GP consultations	1 consultation per child between ages 2 and 12
Preventative care	
General health	1 HIV test per beneficiary 1 flu vaccine per beneficiary
Women's health	1 mammogram every 2 years, for women over 40 1 pap smear every 3 years, for women between ages 21 and 65
Men's health	1 prostate screening antigen test for men between ages 45 and 69, who are considered to be at high risk for prostate cancer
Elderly health	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

Wellness benefits	
Wellness screening	1 wellness screening per beneficiary at a participating pharmacy, biokineticist or a Bonitas wellness day Wellness screening includes the following tests: <ul style="list-style-type: none"> • Blood pressure • Glucose • Cholesterol • Body mass index • Waist-to-hip ratio
Wellness extender	R1 270 per family which can be used for: <ul style="list-style-type: none"> • GP consultations only • Biokineticist consultations and treatment • Dietician consultations and treatment • Physiotherapist consultations and treatment • A programme to stop smoking • X-rays as per formulary • Blood tests as per formulary Available after completing a wellness screening Child dependants can access the wellness extender once an adult beneficiary has completed a wellness screening
International travel benefit	
Per trip	Cover for medical emergencies when you travel outside South Africa You must register for this benefit

Chronic benefits

Hospital Standard 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.

Prescribed Minimum Benefits covered

1. Addison's Disease	10. Crohn's Disease	19. Hyperlipidaemia
2. Asthma	11. Diabetes Insipidus	20. Hypertension
3. Bipolar Mood Disorder	12. Diabetes Type 1	21. Hypothyroidism
4. Bronchiectasis	13. Diabetes Type 2	22. Multiple Sclerosis
5. Cardiac Failure	14. Dysrhythmias	23. Parkinson's Disease
6. Cardiomyopathy	15. Epilepsy	24. Rheumatoid Arthritis
7. Chronic Obstructive Pulmonary Disease	16. Glaucoma	25. Schizophrenia
8. Chronic Renal Disease	17. Haemophilia	26. Systemic Lupus Erythematosus
9. Coronary Artery Disease	18. HIV/AIDS	27. Ulcerative Colitis

Managed Care programmes

We offer a range of Managed Care programmes to support you and help put you on the path to good health. These programmes empower you to manage your condition effectively in the most clinically-proven way, ensuring your benefits last longer.

You will need to register to join these programmes.

Back and neck	<p>Helps manage severe back and neck pain</p> <p>Offers a personalised treatment plan for up to 6 weeks</p> <p>Includes assistance from doctors, physiotherapists and biokineticists</p> <p>Gives access to a home care plan to maintain long-term results</p> <p>We cover the full cost of the programme so it won't impact your savings or day-to-day benefits</p> <p>Highly effective and low-risk, with an excellent success rate</p> <p>Uses the DBC network</p>
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Cancer	<p>Puts you first, offering emotional and medical support</p> <p>Delivers cost-effective care of the highest quality</p> <p>Liaises with your doctor to ensure your treatment plan is clinically appropriate to meet your needs</p> <p>Matches the treatment plan to your benefits to ensure you have the cover you need</p> <p>Access to a social worker for you and your loved ones</p> <p>Uses the ICON network of oncology specialists</p> <p>Uses the Bonitas Oncology Medicine Network (20% co-payment applies for use of a non-network provider)</p>
Diabetes management	<p>Empowers you to make the right decisions to stay healthy</p> <p>Offers a personalised care plan for your specific needs</p> <p>Provides cover for the tests required for the management of diabetes as well as other chronic conditions</p> <p>Helps you track the results of the required tests</p> <p>Offers access to diabetes doctors, dieticians and podiatrists</p> <p>Helps you better understand your condition through diabetes education</p> <p>Gives access to a dedicated Health Coach to answer any questions you may have</p>
HIV/AIDS	<p>Provides you with appropriate treatment and tools to live a normal life</p> <p>Covers medicine to treat HIV (including drugs to prevent mother-to-child transmission and infection after sexual assault or needle-stick injury)</p> <p>Treatment and prevention of opportunistic infections such as pneumonia, TB and flu</p> <p>Covers regular blood tests to monitor disease progression, response to therapy and to detect possible side-effects of treatment</p> <p>Offers HIV-related consultations to visit your doctor to monitor your clinical status</p> <p>Gives ongoing patient support via a team of trained and experienced counsellors</p> <p>Offers access to telephonic support from doctors</p> <p>Helps in finding a registered counsellor for emotional support</p>

In-hospital benefits

This benefit offers cover for major medical events that result in a beneficiary being admitted to hospital. We negotiate extensively with hospitals to ensure the best possible value for our members. Members have access to all private hospitals. A 30% co-payment may apply to admissions at specific hospitals. Please call us on **086 002 108** or log in to **www.bonitas.co.za** for a list of these hospitals.

Pre-authorisation is required.

Specialist consultations/treatment	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
Blood tests and other laboratory tests	Unlimited, covered at 100% of the Bonitas Rate
X-rays and ultrasounds	Unlimited, covered at 100% of the Bonitas Rate
MRIs and CT scans (specialised radiology)	R26 620 per family, in and out-of-hospital Pre-authorisation required
Paramedical/Allied medical professionals (such as physiotherapists, occupational therapists, dieticians and biokineticists)	PMB only Your therapist must get a referral from the doctor treating you in hospital
Internal prosthesis	R45 090 per family (excluding joint replacements) Managed Care protocols apply You must use a preferred supplier
External prosthesis	PMB only Managed Care protocols apply
Hospitalisation for basic dentistry (general anaesthetic)	General anaesthetic is only available to children under the age of 5 years for extensive dental treatment once per lifetime General anaesthetic benefits are available for the removal of impacted teeth R3 500 co-payment for hospital admissions Managed Care protocols apply Pre-authorisation required
IV conscious sedation in rooms	Managed Care protocols apply Pre-authorisation required
Mental health hospitalisation	R32 210 per family Physiotherapy will be excluded for all mental health admissions You must use a Designated Service Provider
Take-home medicine	R475 per beneficiary, per hospital stay
Physical rehabilitation	R50 600 per family

Alternatives to hospital (hospice, step-down facilities)	R16 880 per family
Terminal care	Unlimited Including hospice/private nursing, home oxygen, pain management, psychologist and social worker support
Cancer treatment	R344 500 per family You must use a preferred provider Sublimit of R44 220 per beneficiary for Brachytherapy
Organ transplants	Unlimited Sublimit of R32 130 per beneficiary for corneal grafts
Kidney dialysis	Unlimited You must use a Designated Service Provider, or a 20% co-payment will apply
HIV/AIDS	Unlimited, if you register on the HIV/AIDS programme Chronic medicine must be obtained from Pharmacy Direct

A co-payment will apply to the following procedures in hospital:

R1 520 co-payment	R3 850 co-payment	R7 580 co-payment
1. Colonoscopy	1. Arthroscopy	1. Back Surgery including Spinal Fusion
2. Conservative Back Treatment	2. Diagnostic Laparoscopy	2. Joint Replacements
3. Cystoscopy	3. Laparoscopic Hysterectomy	3. Laparoscopic Pyeloplasty
4. Facet Joint Injections	4. Percutaneous Radiofrequency Ablations (Percutaneous Rhizotomies)	4. Laparoscopic Radical Prostatectomy
5. Flexible Sigmoidoscopy		5. Nissen Fundoplication (Reflux Surgery)
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		

BONESSENTIAL





What you pay

Main member	R1 877
Adult dependant	R1 436
Child dependant	R550


You only pay for a maximum of three children. Full-time students pay child rates up to age 24 years.

Plus extra benefits for:

-  MRIs and CT scans
-  Mental health

Unlimited **hospital cover**

100% Bonitas Rate

-  **Wellness screening plus R910 Extender** to use for blood tests, x-rays, programme to stop smoking or consultations with a GP, dietician, biokineticist and physiotherapist

R1 290 for **contraceptives**

-  **Chronic medicine for 27 PMB conditions**

Unlimited **terminal care** benefit

Maternity benefits:

- 6 consultations during pregnancy
- 2 x 2D scans
- 4 consultations with a midwife after delivery (1 of these can be used for a consultation with a lactation specialist)
- Maternity support for pregnant moms

Childcare benefits:

- Newborn hearing screening
- Thyroid screening for infants under 1 month
- 1 GP consultation for children aged 2 - 12
- 24/7 Babyline for advice for children under 3

Preventative care:

- Flu vaccine
- HIV test
- Mammogram
- Pap smear
- Pneumococcal vaccine
- Prostate screening

Managed Care programmes:

- Back and neck
- Cancer
- Diabetes
- HIV/AIDS

Additional benefits

We believe in giving you more value. These additional benefits will not affect your other benefit limits.

Contraceptives	
For women aged up to 50	R1 290 per family You must use the Designated Service Provider for pharmacy-dispensed contraceptives
Maternity care	
Per pregnancy	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 support for pregnant moms
Childcare	
Hearing screening	For newborns, 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
GP consultations	1 consultation per child between ages 2 and 12
Preventative care	
General health	1 HIV test per beneficiary 1 flu vaccine per beneficiary
Women's health	1 mammogram every 2 years, for women over 40 1 pap smear every 3 years, for women between ages 21 and 65
Men's health	1 prostate screening antigen test for men between ages 45 and 69, who are considered to be at high risk for prostate cancer
Elderly health	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
Wellness benefits	
Wellness screening	1 wellness screening per beneficiary at a participating pharmacy, biokineticist or a Bonitas wellness day Wellness screening includes the following tests: <ul style="list-style-type: none"> • Blood pressure • Glucose • Cholesterol • Body mass index • Waist-to-hip ratio

Wellness extender	R910 per family which can be used for: <ul style="list-style-type: none"> • GP consultations only • Biokineticist consultations and treatment • Dietician consultations and treatment • Physiotherapist consultations and treatment • A programme to stop smoking • X-rays as per formulary • Blood tests as per formulary Available after completing a wellness screening Child dependants can access the wellness extender once an adult beneficiary has completed a wellness screening
International travel benefit	
Per trip	Cover for medical emergencies when you travel outside South Africa You must register for this benefit

Chronic benefits

BonEssential ensures that you are covered for the 27 Prescribed Minimum Benefits listed below. 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.

Prescribed Minimum Benefits covered

1. Addison's Disease	10. Crohn's Disease	19. Hyperlipidaemia
2. Asthma	11. Diabetes Insipidus	20. Hypertension
3. Bipolar Mood Disorder	12. Diabetes Type 1	21. Hypothyroidism
4. Bronchiectasis	13. Diabetes Type 2	22. Multiple Sclerosis
5. Cardiac Failure	14. Dysrhythmias	23. Parkinson's Disease
6. Cardiomyopathy	15. Epilepsy	24. Rheumatoid Arthritis
7. Chronic Obstructive Pulmonary Disease	16. Glaucoma	25. Schizophrenia
8. Chronic Renal Disease	17. Haemophilia	26. Systemic Lupus Erythematosus
9. Coronary Artery Disease	18. HIV/AIDS	27. Ulcerative Colitis

Managed Care programmes

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You will need to register to join these programmes.

<p>Back and neck</p>	<p>Helps manage severe back and neck pain</p> <p>Offers a personalised treatment plan for up to 6 weeks</p> <p>Includes assistance from doctors, physiotherapists and biokineticists</p> <p>Gives access to a home care plan to maintain long-term results</p> <p>We cover the full cost of the programme so it won't impact your savings or day-to-day benefits</p> <p>Highly effective and low-risk, with an excellent success rate</p> <p>Uses the DBC network</p>
<p>Cancer</p>	<p>Puts you first, offering emotional and medical support</p> <p>Delivers cost-effective care of the highest quality</p> <p>Liaises with your doctor to ensure your treatment plan is clinically appropriate to meet your needs</p> <p>Matches the treatment plan to your benefits to ensure you have the cover you need</p> <p>Access to a social worker for you and your loved ones</p> <p>Uses the ICON network of oncology specialists</p> <p>Uses the Bonitas Oncology Medicine Network (20% co-payment applies for use of a non-network provider)</p>
<p>Diabetes management</p>	<p>Empowers you to make the right decisions to stay healthy</p> <p>Offers a personalised care plan for your specific needs</p> <p>Provides cover for the tests required for the management of diabetes as well as other chronic conditions</p> <p>Helps you track the results of the required tests</p> <p>Offers access to diabetes doctors, dieticians and podiatrists</p> <p>Helps you better understand your condition through diabetes education</p> <p>Gives access to a dedicated Health Coach to answer any questions you may have</p>

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

This benefit offers cover for major medical events that result in a beneficiary being admitted to hospital. We negotiate extensively with hospitals to ensure the best possible value for our members. Members have access to all private hospitals. A 30% co-payment may apply to admissions at specific hospitals. Please call us on **086 002 108** or log in to **www.bonitas.co.za** for a list of these hospitals.

Pre-authorisation is required.

Specialist consultations/treatment	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
Blood tests and other laboratory tests	Unlimited, covered at 100% of the Bonitas Rate
X-rays and ultrasounds	Unlimited, covered at 100% of the Bonitas Rate
MRIs and CT scans (specialised radiology)	R16 070 per family, in and out-of-hospital Pre-authorisation required
Paramedical/Allied medical professionals (such as physiotherapists, occupational therapists, dieticians and biokineticists)	PMB only Your therapist must get a referral from the doctor treating you in hospital
Internal prosthesis	R32 130 per family (excluding joint replacement prosthesis) Managed Care protocols apply You must use a preferred supplier
External prosthesis	PMB only Managed Care protocols apply You must use a preferred supplier
Mental health hospitalisation	R32 210 per family Physiotherapy will be excluded for all mental health admissions You must use a Designated Service Provider
Take-home medicine	R390 per beneficiary, per hospital stay
Physical rehabilitation	R50 600 per family
Alternatives to hospital (hospice, step-down facilities)	R16 880 per family
Terminal care	Unlimited Including hospice/private nursing, home oxygen, pain management, psychologist and social worker support
Cancer treatment	R344 500 per family You must use a preferred provider Sublimit of R44 220 per beneficiary for Brachytherapy

Organ transplants (excluding corneal grafts)	Unlimited
Kidney dialysis	You must use a Designated Service Provider, or a 20% co-payment will apply
HIV/AIDS	Unlimited, if you register on the HIV/AIDS programme Chronic medicine must be obtained from Pharmacy Direct



A co-payment will apply to the following procedures in hospital:

R1 520 co-payment	R3 850 co-payment	R7 580 co-payment
1. Colonoscopy	1. Arthroscopy	1. Back Surgery including Spinal Fusion
2. Conservative Back Treatment	2. Diagnostic Laparoscopy	2. Joint Replacements
3. Cystoscopy	3. Laparoscopic Hysterectomy	3. Laparoscopic Pyeloplasty
4. Facet Joint Injections	4. Percutaneous Radiofrequency Ablations (Percutaneous Rhizotomies)	4. Laparoscopic Radical Prostatectomy
5. Flexible Sigmoidoscopy		5. Nissen Fundoplication (Reflux Surgery)
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		


BONESSENTIAL SELECT

Approximately 15% cheaper using a quality network

Plus extra benefits for:

-  MRIs and CT scans
-  Mental health

Unlimited hospital cover
100% Bonitas Rate

 **Wellness screening plus R910 Extender** to use for blood tests, x-rays, programme to stop smoking or consultations with a GP, dietician, biokineticist and physiotherapist

R1 290 for contraceptives

 **Chronic medicine for 27 PMB conditions**

Unlimited terminal care benefit

Maternity benefits:

- 6 consultations during pregnancy
- 2 x 2D scans
- 4 consultations with a midwife after delivery (1 of these can be used for a consultation with a lactation specialist)
- Maternity support for pregnant moms

Childcare benefits:

- Newborn hearing screening
- Thyroid screening for infants under 1 month
- 1 GP consultation for children aged 2 - 12
- 24/7 Babyline for advice for children under 3

Preventative care:

- Flu vaccine
- HIV test
- Mammogram
- Pap smear
- Pneumococcal vaccine
- Prostate screening

Managed Care programmes:

- Back and neck
- Cancer
- Diabetes
- HIV/AIDS

What you pay

Main member	R1 602
Adult dependant	R1 225
Child dependant	R470

You only pay for a maximum of three children. Full-time students pay child rates up to age 24 years.

Additional benefits

We believe in giving you more value. These additional benefits will not affect your other benefit limits.

Contraceptives	
For women aged up to 50	R1 290 per family You must use the Designated Service Provider for pharmacy-dispensed contraceptives
Maternity care	
Per pregnancy	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 support for pregnant moms
Childcare	
Hearing screening	For newborns, 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
GP consultations	1 consultation per child between ages 2 and 12
Preventative care	
General health	1 HIV test per beneficiary 1 flu vaccine per beneficiary
Women's health	1 mammogram every 2 years, for women over 40 1 pap smear every 3 years, for women between ages 21 and 65
Men's health	1 prostate screening antigen test for men between ages 45 and 69, who are considered to be at high risk for prostate cancer
Elderly health	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
Wellness benefits	
Wellness screening	1 wellness screening per beneficiary at a participating pharmacy, biokineticist or a Bonitas wellness day Wellness screening includes the following tests: <ul style="list-style-type: none"> • Blood pressure • Glucose • Cholesterol • Body mass index • Waist-to-hip ratio

Wellness extender	R910 per family which can be used for: <ul style="list-style-type: none"> • GP consultations only • Biokineticist consultations and treatment • Dietician consultations and treatment • Physiotherapist consultations and treatment • A programme to stop smoking • X-rays as per formulary • Blood tests as per formulary Available after completing a wellness screening Child dependants can access the wellness extender once an adult beneficiary has completed a wellness screening
International travel benefit	
Per trip	Cover for medical emergencies when you travel outside South Africa You must register for this benefit

Chronic benefits

BonEssential Select ensures that you are covered for the 27 Prescribed Minimum Benefits listed below. 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.

Prescribed Minimum Benefits covered

1. Addison's Disease	10. Crohn's Disease	19. Hyperlipidaemia
2. Asthma	11. Diabetes Insipidus	20. Hypertension
3. Bipolar Mood Disorder	12. Diabetes Type 1	21. Hypothyroidism
4. Bronchiectasis	13. Diabetes Type 2	22. Multiple Sclerosis
5. Cardiac Failure	14. Dysrhythmias	23. Parkinson's Disease
6. Cardiomyopathy	15. Epilepsy	24. Rheumatoid Arthritis
7. Chronic Obstructive Pulmonary Disease	16. Glaucoma	25. Schizophrenia
8. Chronic Renal Disease	17. Haemophilia	26. Systemic Lupus Erythematosus
9. Coronary Artery Disease	18. HIV/AIDS	27. Ulcerative Colitis

Managed Care programmes

We offer a range of Managed Care programmes to support you and help put you on the path to good health. These programmes empower you to manage your condition effectively in the most clinically-proven way, ensuring your benefits last longer.

You will need to register to join these programmes.

<p>Back and neck</p>	<p>Helps manage severe back and neck pain</p> <p>Offers a personalised treatment plan for up to 6 weeks</p> <p>Includes assistance from doctors, physiotherapists and biokineticists</p> <p>Gives access to a home care plan to maintain long-term results</p> <p>We cover the full cost of the programme so it won't impact your savings or day-to-day benefits</p> <p>Highly effective and low-risk, with an excellent success rate</p> <p>Uses the DBC network</p>
<p>Cancer</p>	<p>Puts you first, offering emotional and medical support</p> <p>Delivers cost-effective care of the highest quality</p> <p>Liaises with your doctor to ensure your treatment plan is clinically appropriate to meet your needs</p> <p>Matches the treatment plan to your benefits to ensure you have the cover you need</p> <p>Access to a social worker for you and your loved ones</p> <p>Uses the ICON network of oncology specialists</p> <p>Uses the Bonitas Oncology Medicine Network (20% co-payment applies for use of a non-network provider)</p>
<p>Diabetes management</p>	<p>Empowers you to make the right decisions to stay healthy</p> <p>Offers a personalised care plan for your specific needs</p> <p>Provides cover for the tests required for the management of diabetes as well as other chronic conditions</p> <p>Helps you track the results of the required tests</p> <p>Offers access to diabetes doctors, dieticians and podiatrists</p> <p>Helps you better understand your condition through diabetes education</p> <p>Gives access to a dedicated Health Coach to answer any questions you may have</p>

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

This benefit offers cover for major medical events that result in a beneficiary being admitted to hospital. We negotiate extensively with private hospitals to ensure the best possible value for our members.

Pre-authorisation is required.

Please note: You must use a hospital on the BonEssential Select network or you will have to pay a 30% co-payment.

Specialist consultations/treatment	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
Blood tests and other laboratory tests	Unlimited, covered at 100% of the Bonitas Rate
X-rays and ultrasounds	Unlimited, covered at 100% of the Bonitas Rate
Internal prosthesis	R32 130 per family (excluding joint replacement prosthesis) Managed Care protocols apply You must use a preferred supplier
External prosthesis	PMB only Managed Care protocols apply You must use a preferred supplier
MRIs and CT scans (specialised radiology)	R16 070 per family, in and out-of-hospital Pre-authorisation required
Paramedical/Allied medical professionals (such as physiotherapists, occupational therapists, dieticians and biokineticists)	PMB only Your therapist must get a referral from the doctor treating you in hospital
Mental health hospitalisation	R32 210 per family Physiotherapy will be excluded for all mental health admissions You must use a Designated Service Provider
Take-home medicine	R390 per beneficiary, per hospital stay
Physical rehabilitation	R50 600 per family
Alternatives to hospital (hospice, step-down facilities)	R16 880 per family
Terminal care	Unlimited Including hospice/private nursing, home oxygen, pain management, psychologist and social worker support
Cancer treatment	R344 500 per family You must use a preferred provider Sublimit of R44 220 per beneficiary for Brachytherapy

Organ transplants (excluding corneal grafts)	Unlimited
Kidney dialysis	You must use a Designated Service Provider, or a 20% co-payment will apply
HIV/AIDS	Unlimited, if you register on the HIV/AIDS programme Chronic medicine must be obtained from Pharmacy Direct

A co-payment will apply to the following procedures in hospital:

R1 520 co-payment	R3 850 co-payment	R7 580 co-payment
1. Colonoscopy	1. Arthroscopy	1. Back Surgery including Spinal Fusion
2. Conservative Back Treatment	2. Diagnostic Laparoscopy	2. Joint Replacements
3. Cystoscopy	3. Laparoscopic Hysterectomy	3. Laparoscopic Pyeloplasty
4. Facet Joint Injections	4. Percutaneous Radiofrequency Ablations (Percutaneous Rhizotomies)	4. Laparoscopic Radical Prostatectomy
5. Flexible Sigmoidoscopy		5. Nissen Fundoplication (Reflux Surgery)
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		

WHAT YOU NEED TO KNOW

Designated Service Providers

We negotiate rates with Designated Service Providers to ensure that they do not charge you more than the agreed rate. This will ensure that your benefits last as long as possible and give you more value for money.

Please note: Where you are required to use a Designated Service Provider and you do not do so, a significant co-payment will apply.

You can call us on 0860 002 108 or log in to www.bonitas.co.za to view the list of Designated Service Providers.

Understanding the Bonitas Rate

The Bonitas Rate is the rate at which we reimburse healthcare providers.

Where we pay 100% of the Bonitas Rate and your healthcare provider charges more than this, you will have to pay the outstanding amount. For example, if you visit a healthcare provider who charges 200% of the medical aid rate and you receive a bill of R1 000, we will only pay R500.

If you visit a healthcare provider who charges the Bonitas Rate, we will pay the bill in full (provided that you have benefits available). On some options we pay more than 100% of the Bonitas Rate.

Dependants

An adult dependant is any dependant on your medical aid who is 21 years or older. A child dependant is any dependant on your medical aid who is under 21 years.

If your child is a student and is registered on your medical aid, child rates will apply up to and including the last day of the month in which he/she turns 24 years old. We will require valid proof of registration from a recognised tertiary institution for child rates to apply to a student.

Please note:

Some exclusions may apply. These exclusions are included in the Fund Rules which are available at www.bonitas.co.za or on request.

Underwriting

Late-joiner penalties and waiting periods may apply to your membership as permitted by the Medical Schemes Act No. 131 of 1998.

A late-joiner penalty applies to members over 35 years of age or older, who have had a break in medical aid membership for more than 3 months from 1 April 2001. Late-joiner penalties will result in your premium being increased. This is based on a specific calculation considering the number of years you have not been a member of a medical aid.

A general waiting period lasts 3 months. During this period, you and your dependants are not entitled to claim any benefits, except, in some circumstances, Prescribed Minimum Benefits.

A condition-specific waiting period lasts 12 months. During this period, you and/or your dependants are not entitled to claim benefits related to a specific condition.

Please refer to Annexure D of the Fund Rules for more information. Visit www.bonitas.co.za for the latest version.

Providers on the network will be paid in full

We encourage all our members to use providers on our network, as this will ensure that providers are paid in full (provided that you have benefits available).

Pro-rated benefits

If you join Bonitas during the year, benefits will automatically be pro-rated. This means that you will only have access to a percentage of your benefits, based on the month you join us, until the next benefit year begins. For example, if you join in July, you will have access to six months' worth of benefits, which is 50% of the total benefits.



0860 002 108



www.bonitas.co.za



Bonitas Medical Fund



@BonitasMedical

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.