

A series of white musical notes and staves are arranged in a curved, overlapping pattern on the left side of the red background.

2019

PRODUCT BROCHURE

➤ BONITAS.CO.ZA

A collection of squares in various colors (red, white, blue, grey, brown, black) are arranged in a grid-like pattern on the right side of the red background.

Bonitas

WHY CHOOSE BONITAS



Affordable, quality healthcare for you and your family



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



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



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



Cover for up to 60 chronic conditions and free medicine delivery



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



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



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



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



Free cover for your fourth and subsequent children so you only pay for a maximum of three children

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> HOW TO **CHOOSE THE RIGHT PLAN**

Choosing the medical aid plan that fits your needs can be tricky. Make things simpler by following these steps.

1

Analyse your **healthcare needs**



Completing a quick personal healthcare needs analysis will help you determine what level of cover you need. If you're going to have dependants on your plan, you'll need to check that their needs are covered too. Consider how much you and your dependants have spent on medical expenses for the last year to help guide you.

Ask **yourself**:

- ? How often do you and your dependants visit the doctor?
- ? Do you and your dependants need extra cover for cancer, renal dialysis, HIV or any other condition?
- ? Do you or your dependants need to visit a specialist?
- ? Do you and your dependants need medicine often?

2

Check how much **cover you require**



If you find that you hardly claim or have had a few medical expenses, then you will need a lower level of cover.

If, however, you have had a large number of medical expenses then you will require a higher level of cover.

3

Decide if you want **to use a network**



Some plans require you to use a specific GP and hospital network or a selection of preferred providers. This helps to keep your costs as low as possible.

4

Get expert **advice**



If you're still unsure as to which plan to choose, you can visit www.bonitas.co.za and use the Plan Finder and Plan Comparison tools.

You can also speak to a broker or financial advisor for assistance.



> OUR PLANS

BONCOMPREHENSIVE

This first-class savings plan offers ample savings, an above threshold benefit and extensive hospital cover.

STANDARD

This traditional option offers rich day-to-day benefits and comprehensive hospital cover.

BONCAP

This income based entry-level plan offers basic day-to-day benefits and hospital cover using a network of doctors, providers and hospitals.

HOSPITAL STANDARD

This hospital plan offers extensive hospital benefits with some value-added benefits.

BONCLASSIC

This generous savings option offers a wide range of medical benefits, in and out of hospital.

STANDARD SELECT

This traditional option uses a quality provider network to offer rich day-to-day benefits and hospital cover.

BONESSENTIAL

This hospital plan offers comprehensive hospital benefits with some value-added benefits.

BONCOMPLETE

This savings option offers generous savings, an above threshold benefit and rich hospital cover.

PRIMARY

This traditional option offers simple day-to-day benefits and hospital cover.

BONESSENTIAL SELECT

This hospital plan uses a quality provider network to offer comprehensive hospital benefits with some value-added benefits.

BONSAVE

This savings option offers sufficient savings to use as you choose for medical expenses and extensive hospital cover.

PRIMARY SELECT

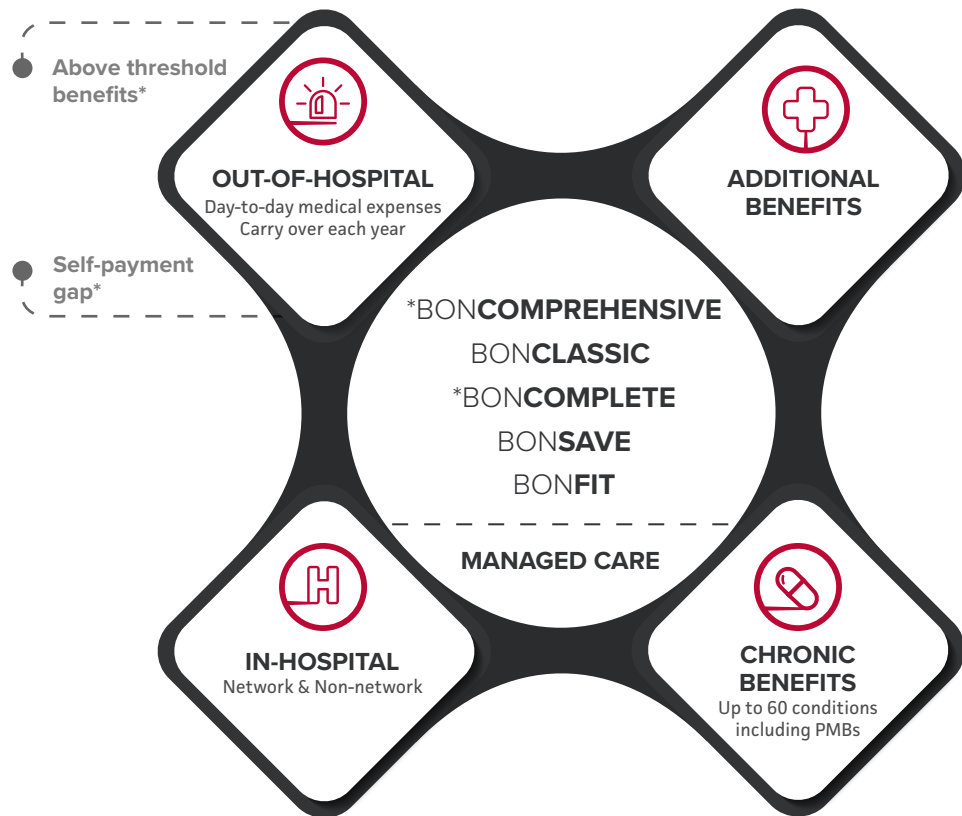
This traditional option uses a quality provider network to offer simple day-to-day benefits and hospital cover.

BONFIT

This savings plan offers basic cover for day-to-day medical needs and essential hospital cover.

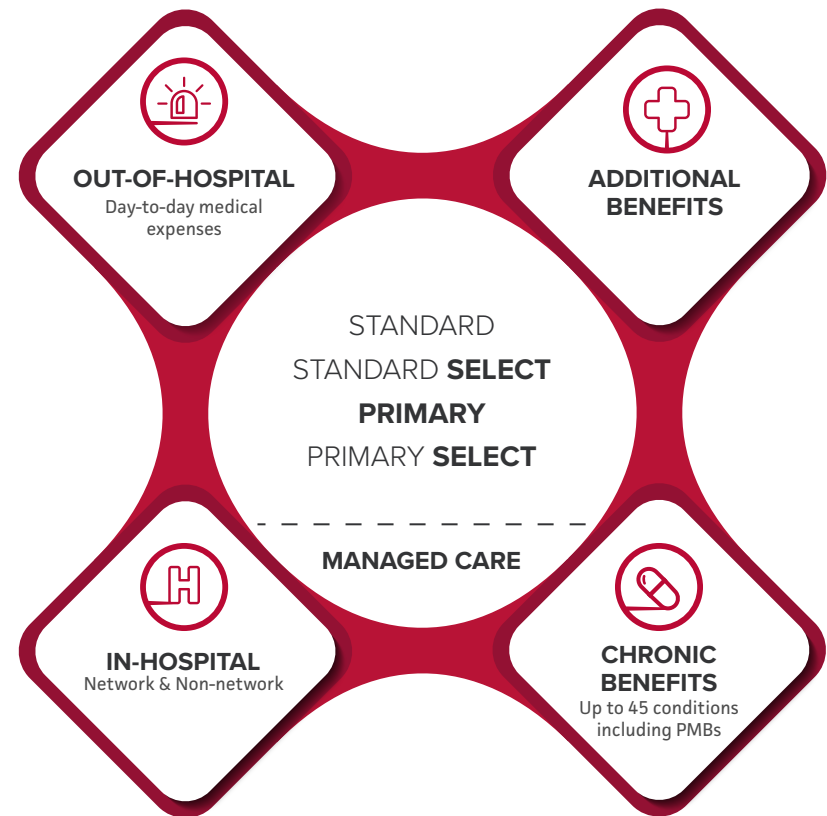
> HOW OUR **PLANS WORK**

SAVINGS OPTIONS



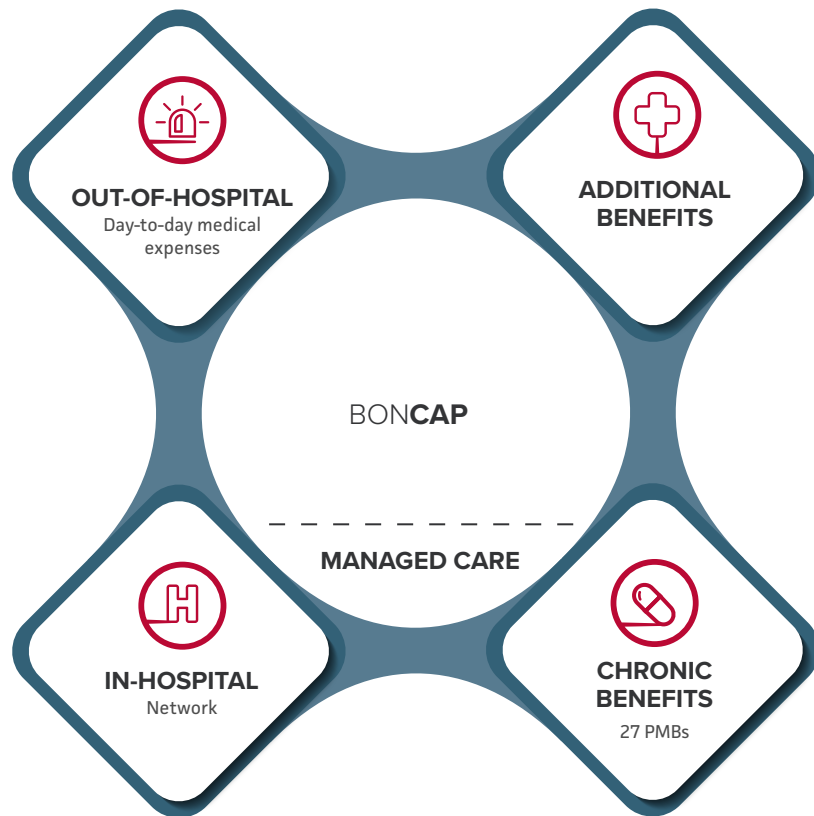
FROM **R2 027**

TRADITIONAL OPTIONS



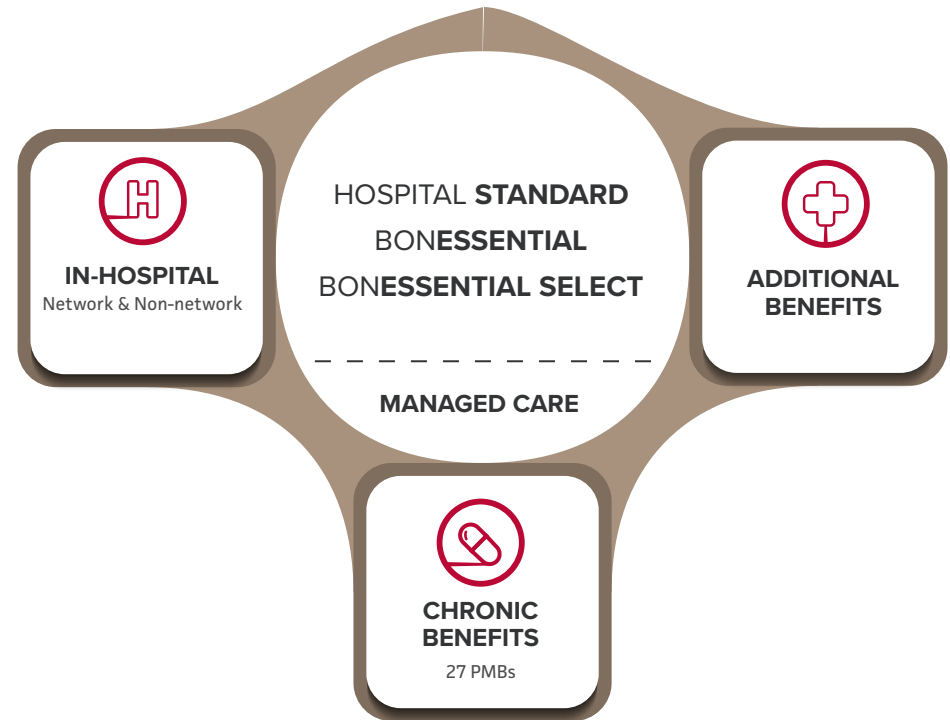
FROM **R1 904**

INCOME BASED OPTION



FROM R1 009

HOSPITAL OPTIONS



FROM R1 477

> OVERVIEW OF OUR PLANS

	BonComprehensive	BonClassic	BonComplete	BonSave	BonFit
In-hospital benefits					
Unlimited hospital cover	✓	✓	✓	✓	✓
Bonitas Rate for hospital cover*	300%	100%	100%	150%	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	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
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✓	✓	✓	✓	x	x	x	x
✓	✓	✓	✓	x	✓	x	x
✓	✓	✓	✓	✓	✓	✓	✓
✓	✓	✓	✓	✓	✓	✓	✓
✓	✓	✓	✓	x	✓	✓	✓

BONCOMPREHENSIVE

This first-class savings plan offers ample savings, an above threshold benefit and extensive hospital cover.

What you get



Rich savings and unlimited above threshold benefit

Plus benefits for:

Hearing aids, mental health and MRIs & CT scans

R1 580
for contraceptives



12 maternity consultations

2 x2D scans

1 amniocentesis

R1 220

antenatal classes



3 Paediatric consultations per child 0-1 years

2 GP consultations per child aged 2 – 12 years

Childhood immunisations

Newborn hearing screening



Wellness screening +

R2 540

wellness extender for extra consultations and treatment



Preventative care:

HIV test & flu vaccine

Full lipogram

Mammogram

Pap smear

Pneumococcal vaccine

Prostate screening

Bone density screening

Product rules, limits, terms and conditions apply.



R27 550

chronic benefit per family

60 chronic conditions covered

Managed care programmes

to help you manage a range of conditions including:

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



Unlimited

specialist consultations & treatment at 300% of the Bonitas Rate

R618 500

cancer benefit per family - R245 400 can be used for specialised drugs

No co-payment for scans

Unlimited blood tests, scans & x-rays at 100% of the Bonitas Rate

R277 700

cochlear implants per family

Cover for refractive eye surgery

Unlimited

terminal care benefit



What you pay

Main member

R6 438

Adult dependant

R6 072

Child dependant

R1 310

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	R14 568	R13 740	R2 964
Self-payment gap	R4 000	R3 310	R1 520
Above threshold benefit	Unlimited	Unlimited	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.

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
Acute medicine	Paid from available savings or above threshold benefit
Over-the-counter medicine	Paid from available savings or above threshold benefit
Paramedical/Allied medical professionals (such as physiotherapists, occupational therapists, dieticians and biokineticists)	Paid from available savings or above threshold benefit
Specialised dentistry	Paid from available savings or above threshold benefit Pre-authorisation required
Basic dentistry	Paid from available savings or above threshold benefit Pre-authorisation required for plastic dentures
Optometry	Paid from available savings or above threshold benefit Limited to R3 020 per beneficiary
Foot orthotics	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 330 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) Cover for educational psychologists for beneficiaries up to the age of 21 years

General medical appliances (such as wheelchairs and crutches)	R8 390 per family An additional R6 160 per family will apply should Stoma Care and CPAP machines exceed the general medical appliances limit You must use a preferred supplier
Hearing aids	R25 780 per family, once every 2 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 580 per family
Maternity care	
Per pregnancy	12 antenatal consultations with a gynaecologist, GP or midwife 2 2D ultrasound scans R1 220 for antenatal classes 1 amniocentesis Private ward after delivery 4 consultations with a midwife after delivery A Bonitas baby bag (you must register for this after obtaining pre-authorisation for the delivery)
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 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 consultations and treatment with: <ul style="list-style-type: none"> • GP • Biokineticist • Dietician • Physiotherapist, or • A programme to stop smoking Each adult beneficiary must complete a wellness screening to access the wellness extender Child dependants can access the wellness extender once an adult beneficiary has completed a wellness screening
International travel benefit	
Per trip (up to 90 days)	R5 million per beneficiary R10 million per family Including cover for mandatory vaccines You must register for this benefit



CHRONIC BENEFITS

BonComprehensive offers extensive cover for the 60 chronic conditions listed below. Your chronic medicine benefit is R13 830 per beneficiary and R27 550 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 can get your medicine from any pharmacy. 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. Myaesthesia 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 (DBC)	<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 your results long-term</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>
Cancer (Medscheme and ICON)	<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>Uses the ICON network of oncology specialists</p> <p>Access to a social worker for you and your loved ones</p>
Diabetes management (Medscheme)	<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 (ICPS / JointCare / Major Joints for Life)	<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 network</p>

HIV/AIDS (Aid for 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 (Medscheme)	<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>Care Manager to 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 into hospital. We negotiate extensively with private hospitals to ensure the best possible value for our members.

Pre-authorisation is required.

Specialist consultations/treatment	Unlimited, covered at 300% 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 330 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	R55 100 per family
External prosthesis	R55 100 per family Sublimit of R5 250 per breast prosthesis (limited to 2 per year)
Internal nerve stimulators	R165 600 per family
Deep brain stimulation (excluding prosthesis)	R233 300 per beneficiary
Cochlear implants	R277 700 per family You must use a preferred supplier
Refractive eye surgery	R20 770 per family Pre-authorisation required
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	R545 per beneficiary, per hospital stay
Physical rehabilitation	R49 610 per family
Alternatives to hospital (hospice, step-down facilities)	R16 550 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)	R196 200 per family
Organ transplants	Unlimited Sublimit of R31 500 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

What you get



Generous savings

Plus benefits for:

Hearing aids, mental health and MRIs & CT scans

Optometry in addition to savings once every two years

Basic & specialised dentistry in addition to savings

R1 580 for contraceptives



12 maternity consultations

2 x2D scans

1 amniocentesis

R1 220 antenatal classes



Childhood immunisations

Newborn hearing screening



Wellness screening +

R1 750 wellness extender for extra consultations and treatment



Preventative care:

HIV test & flu vaccine

Full lipogram

Mammogram

Pap smear

Pneumococcal vaccine

Prostate screening

Bone density screening

Product rules, limits, terms and conditions apply.



R23 440

chronic benefit per family

47 chronic conditions covered

Managed care programmes

to help you manage a range of conditions including:

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



Unlimited

consultations & treatment at 100% of the Bonitas Rate

R410 400 cancer benefit per family

No co-payment for scans

Unlimited blood tests, scans & x-rays at 100% of the Bonitas Rate

R277 700 cochlear implants per family

Unlimited

terminal care benefit

R54 600

Internal and external prostheses per family



What you pay

Main member

R4 470

Adult dependant

R3 838

Child dependant

R1 104

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 584	R6 516	R1 872
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		
Foot orthotics	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 110 per beneficiary R6 890 per family
MRIs and CT scans (specialised radiology)	R28 990 per family, in and out-of-hospital Pre-authorisation required
Paramedical/Allied medical professionals (such as occupational therapists, physiotherapists, biokineticists and dieticians)	Main member only R2 960 Main member + 1 dependant R4 550 Main member + 2 dependants R5 240 Main member + 3 dependants R5 600 Main member + 4 or more dependants R6 000
Mental health consultations	R15 890 per family In and out-of-hospital consultations (included in the mental health hospitalisation benefit) Cover for educational psychologists for beneficiaries up to the age of 21 years
General medical appliances (such as wheelchairs and crutches)	R7 780 per family
Hearing aids	R16 880 per family, once every 3 years (based on the date of your previous claim) 10% co-payment applies You must use a preferred supplier
Optometry	R5 565 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, at network rates OR R300 per beneficiary, at a non-network provider
Single vision lenses (Clear) or	100% towards the cost of lenses at network rates R175 per lens, per beneficiary, out of network
Bifocal lenses (Clear) or	100% towards the cost of lenses at network rates R410 per lens, per beneficiary, out of network
Multifocal lenses (Clear)	100% towards the cost of lenses at network rates R710 per lens, per beneficiary, out of network
Frames	R1 110 per beneficiary at a network provider R740 per beneficiary at a non-network provider
Contact lenses	R1 790 per beneficiary, included in family limit
Basic dentistry	R4 700 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, in 365 days 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
Specialised dentistry	R5 650 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
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-authorisation required
Orthodontics and associated laboratory costs	Orthodontic treatment is granted once per beneficiary, per lifetime Pre-authorisation 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 Benefit for fixed comprehensive treatment is limited to beneficiaries from age 9 and younger than 18 years Managed Care protocols apply Pre-authorisation 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-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 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



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 580 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 220 for antenatal classes 1 amniocentesis 4 consultations with a midwife after delivery A Bonitas baby bag (you must register for this after obtaining pre-authorisation for the delivery)
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	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	<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	<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 750 per family which can be used for consultations and treatment with:</p> <ul style="list-style-type: none"> • GP • Biokineticist • Dietician • Physiotherapist, or • A programme to stop smoking <p>Each adult beneficiary must complete a wellness screening to access the wellness extender</p> <p>Child dependants can access the wellness extender once an adult beneficiary has completed a wellness screening</p>
International travel benefit	
Per trip (up to 90 days)	<p>R5 million per beneficiary</p> <p>R10 million per family</p> <p>Including cover for mandatory vaccines</p> <p>You must register for this benefit</p>



CHRONIC BENEFITS

BonClassic offers generous cover for the 47 chronic conditions listed below. Your chronic medicine benefit is R11 330 per beneficiary and R23 440 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 can get your medicine from any pharmacy. 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.

Back and neck (DBC)	<ul style="list-style-type: none">Helps manage severe back and neck painOffers a personalised treatment plan for up to 6 weeksIncludes assistance from doctors, physiotherapists and biokineticistsGives access to a home care plan to maintain your results long-termWe cover the full cost of the programme so it won't impact your savings or day-to-day benefitsHighly effective and low-risk, with an excellent success rate
Cancer (Medscheme and ICON)	<ul style="list-style-type: none">Puts you first, offering emotional and medical supportDelivers cost-effective care of the highest qualityLiaises with your doctor to ensure your treatment plan is clinically appropriate to meet your needsMatches the treatment plan to your benefits to ensure you have the cover you needUses the ICON network of oncology specialistsAccess to a social worker for you and your loved ones
Diabetes management (Medscheme)	<ul style="list-style-type: none">Empowers you to make the right decisions to stay healthyOffers a personalised care plan for your specific needsProvides cover for the tests required for the management of diabetes as well as other chronic conditionsHelps you track the results of the required testsOffers access to diabetes doctors, dieticians and podiatristsHelps you better understand your condition through diabetes educationGives access to a dedicated Health Coach to answer any questions you may have
Hip and knee replacement (ICPS / JointCare / Major Joints for Life)	<ul style="list-style-type: none">Based on the latest international standardised clinical care pathwaysUses a multidisciplinary team, dedicated to assist with successful recoveryDoctors evaluate and treat your condition before surgery to give you the best outcomesTreatment is covered in full on the ICPS network

HIV/AIDS (Aid for AIDS)	<ul style="list-style-type: none">Provides you with appropriate treatment and tools to live a normal lifeCovers medicine to treat HIV (including drugs to prevent mother-to-child transmission and infection after sexual assault or needle-stick injury) through Pharmacy Direct, our Designated Service ProviderTreatment and prevention of opportunistic infections such as pneumonia, TB and fluCovers regular blood tests to monitor disease progression, response to therapy and to detect possible side-effects of treatmentOffers HIV-related consultations to visit your doctor to monitor your clinical statusGives ongoing patient support via a team of trained and experienced counsellorsOffers access to telephonic support from doctorsHelps in finding a registered counsellor for emotional support
Mental wellness (Medscheme)	<ul style="list-style-type: none">Available to pre-identified members who suffer from depression, anxiety, post-traumatic stress disorder and alcohol abuseAccess to a Care Manager who will work with you, your treating doctor and where appropriate, with other healthcare professionals to assist in improving your conditionCare Manager to 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 conditionProvides 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 into hospital. We negotiate extensively with private hospitals to ensure the best possible value for our members.

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)	R28 990 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	R54 600 per family Managed Care protocols apply Sublimit of R5 250 per breast prosthesis (limited to 2 per year) You must use a preferred supplier
Spinal surgery	You will have to pay a R6 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 R6 000 co-payment if you do not use the preferred provider
Cochlear implants	R277 700 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	R465 per beneficiary, per hospital stay
Physical rehabilitation	R49 610 per family
Alternatives to hospital (hospice, step-down facilities)	R16 550 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 R31 500 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

This savings option offers generous savings, an above threshold benefit and rich hospital cover.

What you get



**Generous savings
and an above
threshold benefit**

Plus benefits for:

Hearing aids, mental health
and MRIs & CT scans

**Basic & specialised
dentistry**
in addition to savings

R1 580
for contraceptives



6 maternity
consultations

2 x2D scans

1 amniocentesis

R1 220
antenatal classes



2 Paediatric consultations
per child 0-1 years

1 GP consultation per
child aged 2 – 12 years

Childhood immunisations

Newborn hearing screening



Wellness screening +

R1 750
wellness extender for extra
consultations and treatment



Preventative care:

HIV test & flu vaccine

Full lipogram

Mammogram

Pap smear

Pneumococcal vaccine

Prostate screening

*Product rules, limits, terms and
conditions apply.*



31 chronic conditions
covered

Chronic medicine delivered
to your doorstep through
Pharmacy Direct

Managed care programmes

to help you manage a range of
conditions including:

- ✓ Cancer
- ✓ HIV/AIDS
- ✓ Diabetes
- ✓ Back and neck pain
- ✓ Hip and knee replacements



Unlimited
consultations & treatment
at 100% of the Bonitas Rate

R344 500
cancer benefit per family

No co-payment for scans

Unlimited blood tests, scans &
x-rays at 100% of the Bonitas Rate

R44 210
internal and external prostheses
per family

Unlimited
terminal care benefit



What you pay

Main member

R3 581

Adult dependant

R2 868

Child dependant

R973

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 432	R5 148	R1 752
Self-payment gap	R1 740	R1 470	R375
Above threshold benefit	R4 610	R2 720	R1 180

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.

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
Over-the-counter medicine	Paid from available savings or 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) Cover for educational psychologists for beneficiaries up to the age of 21 years
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, 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 at network rates OR R300 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 R175 per lens, per beneficiary

Bifocal lenses (Clear) or	100% towards the cost of clear lenses, limited to R410 per lens, per beneficiary
Multifocal lenses (Clear)	100% towards the cost of clear lenses, limited to R710 per lens, per beneficiary
Frames	R740 per beneficiary
Contact lenses	R1 820 per beneficiary
Hearing aids	Paid from available savings or above threshold benefit Available once every 2 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, in 365 days 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-authorisation 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-authorisation 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-authorisation required
Implants and associated laboratory costs	No benefit
Orthodontics and associated laboratory costs	Orthodontic treatment is granted once per beneficiary, per lifetime Pre-authorisation 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-authorisation 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-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 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 savings and other benefits.

Contraceptives	
For women aged up to 50	R1 580 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 220 for antenatal classes 1 amniocentesis 4 consultations with a midwife after delivery A Bonitas baby bag (you must register for this after obtaining pre-authorisation for the delivery)
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
Paediatric 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 consultations and treatment with: <ul style="list-style-type: none"> • GP • Biokineticist • Dietician • Physiotherapist, or • A programme to stop smoking Each adult beneficiary must complete a wellness screening to access the wellness extender Child dependants can access the wellness extender once an adult beneficiary has completed a wellness screening
International travel benefit	
Per trip (up to 90 days)	R5 million per beneficiary R10 million per family Including cover for mandatory vaccines You must register for this benefit



CHRONIC BENEFITS

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

Pre-authorisation 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.

Back and neck (DBC)	<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 your results long-term</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>
Cancer (Medscheme and ICON)	<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>Uses the ICON network of oncology specialists</p> <p>Access to a social worker for you and your loved ones</p>
Diabetes management (Medscheme)	<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 (ICPS / JointCare / Major Joints for Life)	<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 network</p>

HIV/AIDS (Aid for 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) through Pharmacy Direct, our Designated Service Provider</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 into hospital. We negotiate extensively with private hospitals to ensure the best possible value for our members.

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 330 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	R44 210 per family Managed Care protocols apply Sublimit of R5 250 per breast prosthesis (limited to 2 per year) You must use a preferred supplier
Spinal surgery	You will have to pay a R6 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 R6 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	R410 per beneficiary, per hospital stay
Physical rehabilitation	R49 610 per family
Alternatives to hospital (hospice, step-down facilities)	R16 550 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 R31 500 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

What you get



Savings

Plus benefits for:

Mental health and MRIs & CT scans

Basic dentistry
in addition to savings

Additional GP consultations
when savings are finished

R1 580
for contraceptives



6 maternity consultations

2 x2D scans

1 amniocentesis

R1 220

antenatal classes



2 Paediatric consultations
per child 0-1 years

1 GP consultation per
child aged 2 – 12 years

Childhood immunisations

Newborn hearing screening



Wellness screening +

R1 270

wellness extender for extra
consultations and treatment



Preventative care:

HIV test & flu vaccine

Mammogram

Pap smear

Pneumococcal vaccine

Prostate screening

*Product rules, limits, terms and
conditions apply.*



27 chronic conditions
covered

Chronic medicine delivered
to your doorstep through
Pharmacy Direct

Managed care programmes

to help you manage a range of
conditions including:

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



Unlimited

specialist consultations &
treatment at 150% of the
Bonitas Rate

R344 500

cancer benefit per family

Co-payments apply to 22
elective procedures

Unlimited blood tests, scans &
x-rays at 100% of the Bonitas Rate

R31 500

internal prosthesis per family

Unlimited

terminal care benefit



What you pay

Main member

R2 486

Adult dependant

R1 925

Child dependant

R744

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	R4 776	R3 696	R1 428
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		

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 330 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) Cover for educational psychologists for beneficiaries up to the age of 21 years
General medical appliances (such as wheelchairs and crutches)	R6 890 per family An additional R6 550 per family will apply should Stoma care and CPAP machines exceed the general medical appliances limit You must use a preferred supplier
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, in 365 days 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 includes all teeth except primary teeth and permanent molars 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
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 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 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 580 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 220 for antenatal classes 1 amniocentesis 4 consultations with a midwife after delivery A Bonitas baby bag (you must register for this after obtaining pre-authorisation for the delivery)
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
Paediatric 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 consultations and treatment with: <ul style="list-style-type: none"> • GP • Biokineticist • Dietician • Physiotherapist, or • A programme to stop smoking Each adult beneficiary must complete a wellness screening to access the wellness extender Child dependants can access the wellness extender once an adult beneficiary has completed a wellness screening
International travel benefit	
Per trip (up to 90 days)	R5 million per beneficiary R10 million per family Including cover for mandatory vaccines 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 (DBC)	<ul style="list-style-type: none">Helps manage severe back and neck painOffers a personalised treatment plan for up to 6 weeksIncludes assistance from doctors, physiotherapists and biokineticistsGives access to a home care plan to maintain your results long-termWe cover the full cost of the programme so it won't impact your savings or day-to-day benefitsHighly effective and low-risk, with an excellent success rate
Cancer (Medscheme and ICON)	<ul style="list-style-type: none">Puts you first, offering emotional and medical supportDelivers cost-effective care of the highest qualityLiaises with your doctor to ensure your treatment plan is clinically appropriate to meet your needsMatches the treatment plan to your benefits to ensure you have the cover you needUses the ICON network of oncology specialistsAccess to a social worker for you and your loved ones
Diabetes management (Medscheme)	<ul style="list-style-type: none">Empowers you to make the right decisions to stay healthyOffers a personalised care plan for your specific needsProvides cover for the tests required for the management of diabetes as well as other chronic conditionsHelps you track the results of the required testsOffers access to diabetes doctors, dieticians and podiatristsHelps you better understand your condition through diabetes educationGives access to a dedicated Health Coach to answer any questions you may have

HIV/AIDS (Aid for 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) through Pharmacy Direct, our Designated Service Provider

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



IN-HOSPITAL BENEFITS

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

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)	R23 330 per family, in and out-of-hospital
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	R31 500 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	R380 per beneficiary, per hospital stay
Physical rehabilitation	R49 610 per family
Alternatives to hospital (hospice, step-down facilities)	R16 550 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 R31 500 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 450 co-payment	R3 680 co-payment	R7 250 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. Laparoscopic Appendectomy	4. Laparoscopic Radical Prostatectomy
5. Flexible Sigmoidoscopy	5. Percutaneous Radiofrequency Ablations (Percutaneous Rhizotomies)	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 get



Savings

Plus benefits for:

Mental health

Basic dentistry
in addition to savings

R1 580
for contraceptives



6 maternity consultations

2 x2D scans

1 amniocentesis



2 Paediatric consultations
per child 0-1 years

1 GP consultation per
child aged 2 – 12 years

Childhood immunisations

Newborn hearing screening



Wellness screening +

R1 270

wellness extender for extra
consultations and treatment



Preventative care:

HIV test & flu vaccine

Mammogram

Pap smear

Pneumococcal vaccine

Prostate screening

*Product rules, limits, terms and
conditions apply.*



27 chronic conditions
covered

Chronic medicine delivered
to your doorstep through
Pharmacy Direct

**Managed care
programmes**

to help you manage a range of
conditions including:

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



Unlimited

consultations & treatment
at 100% of the Bonitas Rate

Hospital network applies

R344 500
cancer benefit per family

Co-payments apply to 22
elective procedures

Unlimited blood tests, scans &
x-rays at 100% of the Bonitas Rate

R15 750

MRI & CT scan benefit per family
in-hospital with no co-payments

Unlimited

terminal care benefit



What you pay

Main member

R2 027

Adult dependant

R1 570

Child dependant

R607

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	R3 660	R2 832	R1 092
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) Cover for educational psychologists for beneficiaries up to the age of 21 years
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, in 365 days 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



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 580 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 220 for antenatal classes 1 amniocentesis 4 consultations with a midwife after delivery A Bonitas baby bag (you must register for this after obtaining pre-authorisation for the delivery)
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
Paediatric 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 consultations and treatment with: <ul style="list-style-type: none"> • GP • Biokineticist • Dietician • Physiotherapist, or • A programme to stop smoking Each adult beneficiary must complete a wellness screening to access the wellness extender Child dependants can access the wellness extender once an adult beneficiary has completed a wellness screening
International travel benefit	
Per trip (up to 90 days)	R5 million per beneficiary R10 million per family Including cover for mandatory vaccines You must register for this benefit



CHRONIC BENEFITS

BonFit 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 (DBC)	<ul style="list-style-type: none">Helps manage severe back and neck painOffers a personalised treatment plan for up to 6 weeksIncludes assistance from doctors, physiotherapists and biokineticistsGives access to a home care plan to maintain your results long-termWe cover the full cost of the programme so it won't impact your savings or day-to-day benefitsHighly effective and low-risk, with an excellent success rate
Cancer (Medscheme and ICON)	<ul style="list-style-type: none">Puts you first, offering emotional and medical supportDelivers cost-effective care of the highest qualityLiaises with your doctor to ensure your treatment plan is clinically appropriate to meet your needsMatches the treatment plan to your benefits to ensure you have the cover you needUses the ICON network of oncology specialistsAccess to a social worker for you and your loved ones
Diabetes management (Medscheme)	<ul style="list-style-type: none">Empowers you to make the right decisions to stay healthyOffers a personalised care plan for your specific needsProvides cover for the tests required for the management of diabetes as well as other chronic conditionsHelps you track the results of the required testsOffers access to diabetes doctors, dieticians and podiatristsHelps you better understand your condition through diabetes educationGives access to a dedicated Health Coach to answer any questions you may have

HIV/AIDS (Aid for 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) through Pharmacy Direct, our Designated Service Provider

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



IN-HOSPITAL BENEFITS

This benefit offers cover for major medical events that result in a beneficiary being admitted into 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 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)	R15 750 per family 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	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	R380 per beneficiary, per hospital stay
Physical rehabilitation	R49 610 per family
Alternatives to hospital (hospice, step-down facilities)	R16 550 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

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

R1 450 co-payment	R3 680 co-payment	R7 250 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. Laparoscopic Appendectomy	4. Laparoscopic Radical Prostatectomy
5. Flexible Sigmoidoscopy	5. Percutaneous Radiofrequency Ablations (Percutaneous Rhizotomies)	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

This traditional option offers rich day-to-day benefits and comprehensive hospital cover.

What you get



Rich GP and day-to-day benefits

Plus benefits for:

Hearing aids, mental health and MRIs & CT scans

Optometry once every two years

Basic & specialised dentistry

R1 580
for contraceptives



12 maternity consultations

2 x2D scans

1 amniocentesis

R1 220

antenatal classes



2 Paediatric consultations per child 0-1 years

2 GP consultations per child aged 2 – 12 years

Childhood immunisations

Newborn hearing screening



Wellness screening +

R1 750

wellness extender for extra consultations and treatment



Preventative care:

HIV test & flu vaccine

Full lipogram

Mammogram

Pap smear

Pneumococcal vaccine

Prostate screening

Product rules, limits, terms and conditions apply.



R19 280

chronic benefit per family

45 chronic conditions covered

Managed care programmes

to help you manage a range of conditions including:

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



Unlimited

consultations & treatment at 100% of the Bonitas Rate

R344 500

cancer benefit per family

No co-payment for scans

Unlimited blood tests, scans & x-rays at 100% of the Bonitas Rate

R277 700

cochlear implants per family

R165 600

internal nerve stimulators per family

Unlimited

terminal care benefit



What you pay

Main member

R3 556

Adult dependant

R3 083

Child dependant

R1 043

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 170 (R1 350 of this can be used for non-network GP consultations)
Main member + 1 dependant	R6 110 (R2 090 of this can be used for non-network GP consultations)
Main member + 2 dependants	R6 770 (R2 280 of this can be used for non-network GP consultations)
Main member + 3 dependants	R7 110 (R2 380 of this can be used for non-network GP consultations)
Main member + 4 or more dependants	R7 720 (R2 570 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 820
Main member + 1 dependant	R8 850
Main member + 2 dependants	R10 240
Main member + 3 dependants	R11 180
Main member + 4 or more dependants	R12 180

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
Paramedical/Allied medical professionals (such as physiotherapists, occupational therapists, dieticians and biokineticists)	Paid from available day-to-day benefits

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 100 per family, in and out-of-hospital Pre-authorisation required
Over-the-counter medicine	R775 per beneficiary R2 350 per family Paid from available day-to-day benefits
Mental health consultations	R15 890 per family In and out-of-hospital consultations (included in the mental health hospitalisation benefit) Cover for educational psychologists for beneficiaries up to the age of 21 years
General medical appliances (such as wheelchairs and crutches)	R7 670 per family An additional R6 550 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 000 per family, once every 2 years (based on the date of your previous claim) 20% co-payment applies You must use a preferred supplier
Optometry	R5 825 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, at network rates OR R300 per beneficiary, at a non-network provider
Single vision lenses (Clear) or	100% towards the cost of lenses at network rates R175 per lens, per beneficiary, out of network
Bifocal lenses (Clear) or	100% towards the cost of lenses at network rates R410 per lens, per beneficiary, out of network
Multifocal lenses (Clear)	100% towards the cost of lenses at network rates R710 per lens, per beneficiary, out of network
Frames	R1 275 per beneficiary at a network provider R850 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, in 365 days 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-authorisation 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-authorisation 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-authorisation required
Orthodontics and associated laboratory costs	Orthodontic treatment is granted once per beneficiary, per lifetime Pre-authorisation 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-authorisation 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-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 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 580 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 220 for antenatal classes 1 amniocentesis 4 consultations with a midwife after delivery A Bonitas baby bag (you must register for this after obtaining pre-authorisation for the delivery)
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
Paediatric 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 consultations and treatment with: <ul style="list-style-type: none"> • GP • Biokineticist • Dietician • Physiotherapist, or • A programme to stop smoking Each adult beneficiary must complete a wellness screening to access the wellness extender Child dependants can access the wellness extender once an adult beneficiary has completed a wellness screening



International travel benefit	
Per trip (up to 90 days)	R5 million per beneficiary R10 million per family Including cover for mandatory vaccines 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 610 per beneficiary and R19 280 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 can get your medicine from any pharmacy. 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 (DBC)	<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 your results long-term</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>
Cancer (Medscheme and ICON)	<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>Uses the ICON network of oncology specialists</p> <p>Access to a social worker for you and your loved ones</p>
Diabetes management (Medscheme)	<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 (ICPS / JointCare / Major Joints for Life)	<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 network</p>

HIV/AIDS (Aid for 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) through Pharmacy Direct, our Designated Service Provider</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 (Medscheme)	<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>Care Manager to 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 into hospital. We negotiate extensively with private hospitals to ensure the best possible value for our members.

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 100 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	R44 210 per family Managed Care protocols apply Sublimit of R5 250 per breast prosthesis (limited to 2 per year) You must use a preferred supplier
Spinal surgery	You will have to pay a R6 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 R6 000 co-payment if you do not use the preferred provider
Internal nerve stimulators	R165 600 per family
Cochlear implants	R277 700 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	R465 per beneficiary, per hospital stay
Physical rehabilitation	R49 610 per family
Alternatives to hospital (hospice, step-down facilities)	R16 550 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 R31 500 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

This traditional option uses a quality provider network to offer rich day-to-day benefits and hospital cover.

What you get



Rich day-to-day benefits and GP nomination

Plus benefits for:

Hearing aids, mental health and MRIs & CT scans

Optometry once every two years

Basic & specialised dentistry

R1 580
for contraceptives



12 maternity consultations

2 x2D scans

1 amniocentesis

R1 220

antenatal classes



2 Paediatric consultations per child 0-1 years

2 GP consultations per child aged 2 – 12 years

Childhood immunisations

Newborn hearing screening



Wellness screening +

R1 750

wellness extender for extra consultations and treatment



Preventative care:

HIV test & flu vaccine

Full lipogram

Mammogram

Pap smear

Pneumococcal vaccine

Prostate screening

Product rules, limits, terms and conditions apply.



R19 280

chronic benefit per family

45 chronic conditions covered

Chronic medicine delivered to your doorstep through Pharmacy Direct

Managed care programmes

to help you manage a range of conditions including:

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



Unlimited

consultations & treatment at 100% of the Bonitas Rate

Hospital network applies

R344 500

cancer benefit per family

No co-payment for scans

Unlimited blood tests, scans & x-rays at 100% of the Bonitas Rate

R277 700

cochlear implants per family

R165 600

internal nerve stimulators per family

Unlimited

terminal care benefit



What you pay

Main member

R3 080

Adult dependant

R2 665

Child dependant

R902

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 170 (R1 350 of this can be used for non-nominated GP consultations)
Main member + 1 dependant	R6 110 (R2 090 of this can be used for non-nominated GP consultations)
Main member + 2 dependants	R6 770 (R2 280 of this can be used for non-nominated GP consultations)
Main member + 3 dependants	R7 110 (R2 380 of this can be used for non-nominated GP consultations)
Main member + 4 or more dependants	R7 720 (R2 570 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 820
Main member + 1 dependant	R8 850
Main member + 2 dependants	R10 240
Main member + 3 dependants	R11 180
Main member + 4 or more dependants	R12 180

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
Over-the-counter medicine	R775 per beneficiary R2 350 per family Paid from available day-to-day benefits

Paramedical/Allied medical professionals
(such as physiotherapists, occupational therapists, dieticians and biokineticists)

Paid from available day-to-day benefits

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 100 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) Cover for educational psychologists for beneficiaries up to the age of 21 years
General medical appliances (such as wheelchairs and crutches)	R7 670 per family An additional R6 550 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 000 per family, once every 2 years (based on the date of your previous claim) 20% co-payment applies You must use a preferred supplier
Optometry	R5 825 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, at network rates OR R300 per beneficiary, at a non-network provider
Single vision lenses (Clear) or	100% towards the cost of lenses at network rates R175 per lens, per beneficiary, out of network
Bifocal lenses (Clear) or	100% towards the cost of lenses at network rates R410 per lens, per beneficiary, out of network
Multifocal lenses (Clear)	100% towards the cost of lenses at network rates R710 per lens, per beneficiary, out of network
Frames	R1 275 per beneficiary at a network provider R850 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, in 365 days 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-authorisation 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-authorisation 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-authorisation required
Orthodontics and associated laboratory costs	Orthodontic treatment is granted once per beneficiary, per lifetime Pre-authorisation 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-authorisation 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-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 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 580 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 220 for antenatal classes 1 amniocentesis 4 consultations with a midwife after delivery A Bonitas baby bag (you must register for this after obtaining pre-authorisation for the delivery)
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
Paediatric 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: • Blood pressure • Glucose • Cholesterol • Body mass index • Waist-to-hip ratio
Wellness extender	R1 750 per family which can be used for consultations and treatment with: • GP • Biokineticist • Dietician • Physiotherapist, or • A programme to stop smoking Each adult beneficiary must complete a wellness screening to access the wellness extender Child dependants can access the wellness extender once an adult beneficiary has completed a wellness screening



International travel benefit	
Per trip (up to 90 days)	R5 million per beneficiary R10 million per family Including cover for mandatory vaccines 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 610 per beneficiary and R19 280 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.

Back and neck (DBC)	<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 your results long-term</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>
Cancer (Medscheme and ICON)	<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>Uses the ICON network of oncology specialists</p> <p>Access to a social worker for you and your loved ones</p>
Diabetes management (Medscheme)	<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 (ICPS / JointCare / Major Joints for Life)	<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 network</p>

HIV/AIDS (Aid for 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) through Pharmacy Direct, our Designated Service Provider</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 (Medscheme)	<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>Care Manager to 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 into 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 100 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	R44 210 per family Managed Care protocols apply Sublimit of R5 250 per breast prosthesis (limited to 2 per year) You must use a preferred supplier
Spinal surgery	You will have to pay a R6 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	R165 600 per family
Cochlear implants	R277 700 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	R465 per beneficiary, per hospital stay
Physical rehabilitation	R49 610 per family
Alternatives to hospital (hospice, step-down facilities)	R16 550 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 R31 500 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

This traditional option offers simple day-to-day benefits and hospital cover.

What you get



GP and day-to-day benefits

Plus benefits for:

Mental health and MRIs & CT scans

Optometry once every two years

Basic dentistry

R1 580
for contraceptives



6 maternity consultations

2 x2D scans

1 amniocentesis



1 Paediatric consultation per child 0-1 years

1 GP consultation per child aged 2 – 12 years

Childhood immunisations

Newborn hearing screening



Wellness screening +

R1 270
wellness extender for extra consultations and treatment



Preventative care:

HIV test & flu vaccine

Mammogram

Pap smear

Pneumococcal vaccine

Prostate screening

Product rules, limits, terms and conditions apply.



27 chronic conditions covered

Chronic medicine delivered to your doorstep through Pharmacy Direct

Managed care programmes

to help you manage a range of conditions including:

- ✓ **Cancer**
- ✓ **HIV/AIDS**
- ✓ **Diabetes**
- ✓ **Back and neck pain**



Unlimited consultations & treatment at 100% of the Bonitas Rate

R165 500
cancer benefit per family

Co-payments apply to 22 elective procedures

Unlimited blood tests, scans & x-rays at 100% of the Bonitas Rate

R31 500
internal prosthesis per family

Unlimited terminal care benefit



What you pay

Main member

R2 240

Adult dependant

R1 752

Child dependant

R713

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 310
Main member + 1 dependant	R4 140
Main member + 2 dependants	R4 860
Main member + 3 dependants	R5 230
Main member + 4 or more dependants	R5 660
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
Over-the-counter medicine	R490 per beneficiary R1 430 per family Paid from available day-to-day benefits

Paramedical/Allied medical professionals
(such as physiotherapists, occupational therapists, dieticians and biokineticists)

Paid from available day-to-day benefits

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 000 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) Cover for educational psychologists for beneficiaries up to the age of 21 years
General medical appliances (such as wheelchairs and crutches)	R6 890 per family An additional R6 550 per family will apply should Stoma Care and CPAP machines exceed the general medical appliances limit You must use a preferred supplier
Optometry	R4 480 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, at network rates OR R300 per beneficiary, at a non-network provider
Single vision lenses (Clear) or	100% towards the cost of lenses at network rates R175 per lens, per beneficiary, out of network
Bifocal lenses (Clear) or	100% towards the cost of lenses at network rates R410 per lens, per beneficiary, out of network
Multifocal lenses (Clear)	100% towards the cost of lenses at network rates R710 per lens, per beneficiary, out of network
Frames	R525 per beneficiary at a network provider R350 per beneficiary at a non-network provider
Contact lenses	R1 235 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, in 365 days 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 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 580 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 A Bonitas baby bag (you must register for this after obtaining pre-authorisation for the delivery)
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
Paediatric 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 consultations and treatment with:</p> <ul style="list-style-type: none"> • GP • Biokineticist • Dietician • Physiotherapist, or • A programme to stop smoking <p>Each adult beneficiary must complete a wellness screening to access the wellness extender</p> <p>Child dependants can access the wellness extender once an adult beneficiary has completed a wellness screening</p>
International travel benefit	
Per trip (up to 90 days)	<p>R5 million per beneficiary</p> <p>R10 million per family</p> <p>Including cover for mandatory vaccines</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.

Back and neck (DBC)	<ul style="list-style-type: none">Helps manage severe back and neck painOffers a personalised treatment plan for up to 6 weeksIncludes assistance from doctors, physiotherapists and biokineticistsGives access to a home care plan to maintain your results long-termWe cover the full cost of the programme so it won't impact your savings or day-to-day benefitsHighly effective and low-risk, with an excellent success rate
Cancer (Medscheme and ICON)	<ul style="list-style-type: none">Puts you first, offering emotional and medical supportDelivers cost-effective care of the highest qualityLiaises with your doctor to ensure your treatment plan is clinically appropriate to meet your needsMatches the treatment plan to your benefits to ensure you have the cover you needUses the ICON network of oncology specialistsAccess to a social worker for you and your loved ones
Diabetes management (Medscheme)	<ul style="list-style-type: none">Empowers you to make the right decisions to stay healthyOffers a personalised care plan for your specific needsProvides cover for the tests required for the management of diabetes as well as other chronic conditionsHelps you track the results of the required testsOffers access to diabetes doctors, dieticians and podiatristsHelps you better understand your condition through diabetes educationGives access to a dedicated Health Coach to answer any questions you may have

HIV/AIDS (Aid for 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) through Pharmacy Direct, our Designated Service Provider

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



IN-HOSPITAL BENEFITS

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

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 000 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	R31 500 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	R380 per beneficiary, per hospital stay
Physical rehabilitation	R49 610 per family
Alternatives to hospital (hospice, step-down facilities)	R16 550 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

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

R1 450 co-payment	R3 680 co-payment	R7 250 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. Laparoscopic Appendectomy	4. Laparoscopic Radical Prostatectomy
5. Flexible Sigmoidoscopy	5. Percutaneous Radiofrequency Ablations (Percutaneous Rhizotomies)	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

This traditional option uses a quality provider network to offer simple day-to-day benefits and hospital cover.

What you get



Day-to-day benefits and GP nomination

Plus benefits for:

Mental health and MRIs & CT scans

Optometry once every two years

Basic dentistry

R1 580
for contraceptives



6 maternity consultations

2 x2D scans

1 amniocentesis



1 Paediatric consultation per child 0-1 years

1 GP consultation per child aged 2 – 12 years

Childhood immunisations

Newborn hearing screening



Wellness screening +

R1 270
wellness extender for extra consultations and treatment



Preventative care:

HIV test & flu vaccine

Mammogram

Pap smear

Pneumococcal vaccine

Prostate screening

Product rules, limits, terms and conditions apply.



27 chronic conditions covered

Chronic medicine delivered to your doorstep through Pharmacy Direct

Managed care programmes

to help you manage a range of conditions including:

- ✓ **Cancer**
- ✓ **HIV/AIDS**
- ✓ **Diabetes**
- ✓ **Back and neck pain**



Unlimited consultations & treatment at 100% of the Bonitas Rate

Hospital network applies

R165 500
cancer benefit per family

Co-payments apply to 22 elective procedures

Unlimited blood tests, scans & x-rays at 100% of the Bonitas Rate

R31 500
internal prosthesis per family

Unlimited terminal care benefit



What you pay

Main member

R1 904

Adult dependant

R 1 489

Child dependant

R606

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 310
Main member + 1 dependant	R4 140
Main member + 2 dependants	R4 860
Main member + 3 dependants	R5 230
Main member + 4 or more dependants	R5 660

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
Over-the-counter medicine	R490 per beneficiary R1 430 per family Paid from available day-to-day benefits

Paramedical/Allied medical professionals
(such as physiotherapists, occupational therapists, dieticians and biokineticists)

Paid from available day-to-day benefits

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 000 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) Cover for educational psychologists for beneficiaries up to the age of 21 years
General medical appliances (such as wheelchairs and crutches)	R6 890 per family An additional R6 550 per family will apply should Stoma Care and CPAP machines exceed the general medical appliances limit You must use a preferred supplier
Optometry	R4 480 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, at network rates OR R300 per beneficiary, at a non-network provider
Single vision lenses (Clear) or	100% towards the cost of lenses at network rates R175 per lens, per beneficiary, out of network
Bifocal lenses (Clear) or	100% towards the cost of lenses at network rates R410 per lens, per beneficiary, out of network
Multifocal lenses (Clear)	100% towards the cost of lenses at network rates R710 per lens, per beneficiary, out of network
Frames	R525 per beneficiary at a network provider R350 per beneficiary at a non-network provider
Contact lenses	R1 235 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, in 365 days 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 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 580 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 A Bonitas baby bag (you must register for this after obtaining pre-authorisation for the delivery)
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
Paediatric 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 consultations and treatment with:</p> <ul style="list-style-type: none"> • GP • Biokineticist • Dietician • Physiotherapist, or • A programme to stop smoking <p>Each adult beneficiary must complete a wellness screening to access the wellness extender</p> <p>Child dependants can access the wellness extender once an adult beneficiary has completed a wellness screening</p>
International travel benefit	
Per trip (up to 90 days)	<p>R5 million per beneficiary</p> <p>R10 million per family</p> <p>Including cover for mandatory vaccines</p> <p>You must register for this benefit</p>



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.

Back and neck (DBC)	<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 your results long-term</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>
Cancer (Medscheme and ICON)	<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>Uses the ICON network of oncology specialists</p> <p>Access to a social worker for you and your loved ones</p>
Diabetes management (Medscheme)	<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 (Aid for 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) through Pharmacy Direct, our Designated Service Provider

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



IN-HOSPITAL BENEFITS

This benefit offers cover for major medical events that result in a beneficiary being admitted into 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 000 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	R31 500 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	R380 per beneficiary, per hospital stay
Physical rehabilitation	R49 610 per family
Alternatives to hospital (hospice, step-down facilities)	R16 550 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

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

R1 450 co-payment	R3 680 co-payment	R7 250 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. Laparoscopic Appendectomy	4. Laparoscopic Radical Prostatectomy
5. Flexible Sigmoidoscopy	5. Percutaneous Radiofrequency Ablations (Percutaneous Rhizotomies)	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 get

 **Basic day-to-day benefits and GP consultations with network GP**

Plus benefits for:

GP-referred acute medicine, x-rays and blood tests

Optometry once every two years

Basic dentistry

Specialist benefit if referred by network GP

R1 050
for contraceptives



Maternity care
Newborn hearing screening



Wellness screening



Preventative care:

HIV test & flu vaccine

Mammogram

Pap smear

Pneumococcal vaccine

Prostate screening

Product rules, limits, terms and conditions apply.



27 chronic conditions covered

Chronic medicine delivered to your doorstep through Pharmacy Direct

Managed care programmes

to help you manage a range of conditions including:

- ✓ **Cancer**
- ✓ **HIV/AIDS**



Unlimited
consultations & treatment
at 100% of the Bonitas Rate

Hospital network applies

Unlimited
terminal care benefit



What you pay

If your monthly income is:

R0 to R8 030

R8 031 to R13 050

R13 051 to R17 830

R17 831 +

Main member

R1 009

R1 226

R2 000

R2 456

Adult dependant

R956

R1 159

R1 780

R2 187

Child dependant

R475

R563

R757

R931



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 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 050 20% co-payment applies	
GP-referred acute medicine, x-rays and blood tests	Main member only Main member + 1 dependant Main member + 2 dependants Main member + 3 dependants Main member + 4 or more dependants	R1 840 R3 060 R3 660 R4 000 R4 440
Specialist consultations (this benefit includes prescribed acute medicine, blood tests, x-rays, MRIs and CT scans)	Limited to 3 visits or R3 110 per beneficiary Limited to 5 visits or R4 620 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	
Over-the-counter medicine	Limited to R95 per event Maximum of R265 per beneficiary, per year	
Paramedical/Allied medical professionals (such as physiotherapists, occupational therapists, dieticians and biokineticists)	PMB only	
General medical appliances (such as wheelchairs and crutches)	R5 440 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, at network rates OR R300 per beneficiary, at a non-network provider	
Single vision lenses (Clear) or	100% towards the cost of lenses at network rates R175 per lens, per beneficiary, out of network	
Bifocal lenses (Clear) or	100% towards the cost of lenses at network rates R410 per lens, per beneficiary, out of network	

Multifocal lenses (Clear)	100% towards the cost of lenses at network rates R710 per lens, per beneficiary, out of network
Frames	R225 per beneficiary at a network provider R150 per beneficiary at a non-network provider
Contact lenses	R1 035 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, in 365 days 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-authorisation 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-authorisation only Pre-authorisation from DENIS required
IV conscious sedation in the rooms	Limited to extensive dental treatment Pre-authorisation from DENIS required
Hospitalisation (general anaesthetic)	PMB only Pre-authorisation 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 050 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 (Medscheme and ICON)	<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>Uses the ICON network of oncology specialists</p> <p>Access to a social worker for you and your loved ones</p>
HIV/AIDS (Aid for 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) through Pharmacy Direct, our Designated Service Provider</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-authorisation for your hospital admission. You will have to pay a R6 700 co-payment if you use a non-network hospital (except for emergencies) or you do not get pre-authorisation 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 440 per family
Blood transfusions	R18 480 per family
X-rays and ultrasounds	Unlimited, covered at 100% of the Bonitas Rate
MRIs and CT scans (specialised radiology)	R11 610 per family Pre-authorisation required
Paramedical/Allied medical professionals (such as physiotherapists, occupational therapists)	R4 340 per family 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-authorisation 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 R45 380 per family, except for PMBs
Take-home medicine	R380 per beneficiary, per hospital stay
Physical rehabilitation	R49 610 per family Pre-authorisation required

Alternatives to hospital (hospice, step-down facilities)	R14 280 per family Pre-authorisation 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-authorisation required
Kidney dialysis	Unlimited You must use a Designated Service Provider, or a 20% co-payment will apply Pre-authorisation required
HIV/AIDS	Unlimited, if you register on the HIV/AIDS programme Chronic medicine must be obtained from Pharmacy Direct

HOSPITAL STANDARD

This hospital plan offers extensive hospital benefits with some value-added benefits.

What you get

R1 580
for contraceptives



6 maternity consultations

2 x2D scans

1 amniocentesis



2 Paediatric consultations per child 0-1 years

1 GP consultation per child aged 2 – 12 years

Newborn hearing screening



Wellness screening +
R1 270

wellness extender for extra consultations and treatment



Preventative care:

HIV test & flu vaccine

Mammogram

Pap smear

Pneumococcal vaccine

Prostate screening

Product rules, limits, terms and conditions apply.



27 chronic conditions covered

Chronic medicine delivered to your doorstep through Pharmacy Direct

Managed care programmes

to help you manage a range of conditions including:

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



Unlimited consultations & treatment at 100% of the Bonitas Rate

R344 500
cancer benefit per family

Co-payments apply to 22 elective procedures

Unlimited blood tests, scans & x-rays at 100% of the Bonitas Rate

R44 210
internal prosthesis per family

R26 100

MRI & CT scans benefit per family in and out of hospital

Basic dentistry
hospitalisation

R32 210
Mental health
hospitalisation per family

Unlimited
terminal care benefit



What you pay

Main member

R2 040

Adult dependant

R1 720

Child dependant

R776

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 580 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 A Bonitas baby bag (you must register for this after obtaining pre-authorisation for the delivery)
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
Paediatric 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: • Blood pressure • Glucose • Cholesterol • Body mass index • Waist-to-hip ratio

Wellness extender	R1 270 per family which can be used for consultations and treatment with: • GP • Biokineticist • Dietician • Physiotherapist, or • A programme to stop smoking Each adult beneficiary must complete a wellness screening to access the wellness extender Child dependants can access the wellness extender once an adult beneficiary has completed a wellness screening
International travel benefit	
Per trip (up to 90 days)	R5 million per beneficiary R10 million per family Including cover for mandatory vaccines 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 (DBC)	<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 your results long-term</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>
Cancer (Medscheme and ICON)	<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>Uses the ICON network of oncology specialists</p> <p>Access to a social worker for you and your loved ones</p>
Diabetes management (Medscheme)	<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 (Aid for 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) through Pharmacy Direct, our Designated Service Provider</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 into hospital. We negotiate extensively with private hospitals to ensure the best possible value for our members.

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 100 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	R44 210 per family (excluding joint replacement prosthesis) 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 General anaesthetic benefits are available for the removal of impacted teeth R3 500 co-payment for hospital admissions Managed Care protocols apply
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	R465 per beneficiary, per hospital stay
Physical rehabilitation	R49 610 per family
Alternatives to hospital (hospice, step-down facilities)	R16 550 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 R31 500 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 450 co-payment	R3 680 co-payment	R7 250 co-payment
1. Colonoscopy	1. Arthroscopy	1. Back Surgery including Spinal Fusion
2. Conservative Back Treatment	2. Diagnostic Laparoscopy	2. Laparoscopic Pyeloplasty
3. Cystoscopy	3. Laparoscopic Hysterectomy	3. Laparoscopic Radical Prostatectomy
4. Facet Joint Injections	4. Laparoscopic Appendectomy	4. Nissen Fundoplication (Reflux Surgery)
5. Flexible Sigmoidoscopy	5. Percutaneous Radiofrequency Ablations (Percutaneous Rhizotomies)	
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

This hospital plan offers comprehensive hospital benefits with some value-added benefits.

What you get

R1 260
for contraceptives



6 maternity consultations

2 x2D scans

1 amniocentesis



1 GP consultation per child aged 2 – 12 years

Newborn hearing screening



Wellness screening +

R910

wellness extender for extra consultations and treatment



Preventative care:

HIV test & flu vaccine

Mammogram

Pap smear

Pneumococcal vaccine

Prostate screening

Product rules, limits, terms and conditions apply.



27 chronic conditions covered

Chronic medicine delivered to your doorstep through Pharmacy Direct

Managed care programmes

to help you manage a range of conditions including:

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



Unlimited consultations & treatment at 100% of the Bonitas Rate

R344 500
cancer benefit per family

Co-payments apply to 22 elective procedures

Unlimited blood tests, scans & x-rays at 100% of the Bonitas Rate

R31 500
internal prosthesis per family

R15 750
MRI & CT scans benefit per family

R32 210

Mental health hospitalisation per family

Unlimited terminal care benefit



What you pay

Main member

R1 731

Adult dependant

R1 324

Child dependant

R507

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 260 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 A Bonitas baby bag (you must register for this after obtaining pre-authorisation for the delivery)
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 consultations and treatment with: <ul style="list-style-type: none"> • GP • Biokineticist • Dietician • Physiotherapist, or • A programme to stop smoking Each adult beneficiary must complete a wellness screening to access the wellness extender Child dependants can access the wellness extender once an adult beneficiary has completed a wellness screening
International travel benefit	
Per trip (up to 90 days)	R5 million per beneficiary R10 million per family Including cover for mandatory vaccines 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

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 (DBC)	<ul style="list-style-type: none">Helps manage severe back and neck painOffers a personalised treatment plan for up to 6 weeksIncludes assistance from doctors, physiotherapists and biokineticistsGives access to a home care plan to maintain your results long-termWe cover the full cost of the programme so it won't impact your savings or day-to-day benefitsHighly effective and low-risk, with an excellent success rate
Cancer (Medscheme and ICON)	<ul style="list-style-type: none">Puts you first, offering emotional and medical supportDelivers cost-effective care of the highest qualityLiaises with your doctor to ensure your treatment plan is clinically appropriate to meet your needsMatches the treatment plan to your benefits to ensure you have the cover you needUses the ICON network of oncology specialistsAccess to a social worker for you and your loved ones
Diabetes management (Medscheme)	<ul style="list-style-type: none">Empowers you to make the right decisions to stay healthyOffers a personalised care plan for your specific needsProvides cover for the tests required for the management of diabetes as well as other chronic conditionsHelps you track the results of the required testsOffers access to diabetes doctors, dieticians and podiatristsHelps you better understand your condition through diabetes educationGives access to a dedicated Health Coach to answer any questions you may have

HIV/AIDS (Aid for AIDS)	<ul style="list-style-type: none">Provides you with appropriate treatment and tools to live a normal lifeCovers medicine to treat HIV (including drugs to prevent mother-to-child transmission and infection after sexual assault or needle-stick injury) through Pharmacy Direct, our Designated Service ProviderTreatment and prevention of opportunistic infections such as pneumonia, TB and fluCovers regular blood tests to monitor disease progression, response to therapy and to detect possible side-effects of treatmentOffers HIV-related consultations to visit your doctor to monitor your clinical statusGives ongoing patient support via a team of trained and experienced counsellorsOffers access to telephonic support from doctorsHelps in finding a registered counsellor for emotional support
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IN-HOSPITAL BENEFITS

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

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)	R15 750 per family 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	R31 500 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	R380 per beneficiary, per hospital stay
Physical rehabilitation	R49 610 per family
Alternatives to hospital (hospice, step-down facilities)	R16 550 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 450 co-payment	R3 680 co-payment	R7 250 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. Laparoscopic Appendectomy	4. Laparoscopic Radical Prostatectomy
5. Flexible Sigmoidoscopy	5. Percutaneous Radiofrequency Ablations (Percutaneous Rhizotomies)	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

This hospital plan uses a quality provider network to offer comprehensive hospital benefits with some value-added benefits.

What you get

R1 260
for contraceptives



6 maternity consultations

2 x2D scans

1 amniocentesis



1 GP consultation per child aged 2 – 12 years

Newborn hearing screening



Wellness screening +

R910

wellness extender for extra consultations and treatment



Preventative care:

HIV test & flu vaccine

Mammogram

Pap smear

Pneumococcal vaccine

Prostate screening

Product rules, limits, terms and conditions apply.



27 chronic conditions covered

Chronic medicine delivered to your doorstep through Pharmacy Direct

Managed care programmes

to help you manage a range of conditions including:

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



Unlimited consultations & treatment at 100% of the Bonitas Rate

Hospital network applies

R344 500
cancer benefit per family

Co-payments apply to 22 elective procedures

Unlimited blood tests, scans & x-rays at 100% of the Bonitas Rate

R31 500
internal prosthesis per family

14% Cheaper than the BONESSENTIAL OPTION

R15 750

MRI & CT scans benefit per family

R32 210

Mental health hospitalisation per family

Unlimited
terminal care benefit



What you pay

Main member

R1 477

Adult dependant

R1 130

Child dependant

R433

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 260 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 A Bonitas baby bag (you must register for this after obtaining pre-authorisation for the delivery)
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 consultations and treatment with: <ul style="list-style-type: none"> • GP • Biokineticist • Dietician • Physiotherapist, or • A programme to stop smoking Each adult beneficiary must complete a wellness screening to access the wellness extender Child dependants can access the wellness extender once an adult beneficiary has completed a wellness screening
International travel benefit	
Per trip (up to 90 days)	R5 million per beneficiary R10 million per family Including cover for mandatory vaccines 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.

Back and neck (DBC)	<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 your results long-term</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>
Cancer (Medscheme and ICON)	<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>Uses the ICON network of oncology specialists</p> <p>Access to a social worker for you and your loved ones</p>
Diabetes management (Medscheme)	<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 (Aid for 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) through Pharmacy Direct, our Designated Service Provider</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 into 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	R31 500 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)	R15 750 per family 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
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	R380 per beneficiary, per hospital stay
Physical rehabilitation	R49 610 per family
Alternatives to hospital (hospice, step-down facilities)	R16 550 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 450 co-payment	R3 680 co-payment	R7 250 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. Laparoscopic Appendectomy	4. Laparoscopic Radical Prostatectomy
5. Flexible Sigmoidoscopy	5. Percutaneous Radiofrequency Ablations (Percutaneous Rhizotomies)	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**

> **PREFERRED PROVIDERS AND DESIGNATED SERVICE PROVIDERS**

We negotiate rates with preferred providers and 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 preferred providers and 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.

> **UNDERWRITING**

Late-joiner penalties and waiting periods may apply to your membership. This is a requirement of the Medical Schemes Act 131 of 1998.

A late-joiner penalty applies to members 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 Prescribed Minimum Benefits (PMB) in some circumstances.

A condition-specific waiting period lasts 12 months. During this period you and 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).

> **PRORATION OF BENEFITS**

If you join Bonitas during the year, benefits will automatically be prorated. 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.

PLEASE NOTE:

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

> FIND A **SERVICE PROVIDER**

We've partnered with several reputable service providers to ensure that our members receive excellent service and more value for money.

Emergency assistance



Call: 084 124
Email: queriescqc@er24.co.za
Email: claims@er24.co.za
www.er24.co.za

Chronic medicine



Call: 0860 027 800
Fax: 0866 114 000
Email: care@pharmacydirect.co.za
www.pharmacydirect.co.za

Optical benefits



Call: 0861 103 529
www.ppn.co.za

Dental benefits



Call: 0860 336 346
Fax: 0866 770 336
Email: bonitas@denis.co.za
www.denis.co.za

HIV/AIDS programme



Please call me: 083 410 9078
Call: 0860 100 646
Fax: 0800 600 773
Email: afa@afadm.co.za
www.aidforaids.co.za

Diabetes programme



Call: 0860 002 108
Email: diabeticcare@bonitas.co.za

Back and neck programme



Call: 0860 105 104

Hip and knee programme



Call: 012 327 2599
Email: admin@icpservices.co.za

Babyline



Call: 0860 999 121

Cancer programme



Call: 0860 100 572
Email: oncology@bonitas.co.za



Bonitas

 **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 on request. Benefits are subject to approval from the Council for Medical Schemes

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