# BONESSENTIAL BONESSENTIAL SELECT

####

HOSPITAL



### WHAT YOU PAY

| BONESSENTIAL       |                      |                       |
|--------------------|----------------------|-----------------------|
|                    | JANUARY – MARCH 2023 | APRIL – DECEMBER 2023 |
| MAIN<br>MEMBER     | R2 033               | R2 135                |
| ADULT<br>DEPENDANT | R1 555               | R1 578                |
| CHILD<br>DEPENDANT | R596                 | R671                  |

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

| BONESSENTIAL SELECT |                      |                       |
|---------------------|----------------------|-----------------------|
|                     | JANUARY - MARCH 2023 | APRIL – DECEMBER 2023 |
| MAIN<br>MEMBER      | R1 784               | R1 873                |
| ADULT<br>DEPENDANT  | R1 364               | R1 372                |
| CHILD<br>DEPENDANT  | R523                 | R599                  |

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

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

### **IN-HOSPITAL BENEFITS**

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

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

### BONESSENTIAL

### **BONESSENTIAL SELECT**

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

| SPECIALIST CONSULTATIONS/TREATMENT  | Unlimited, networ<br>in full at the Bonit              |
|---|--|
| GP CONSULTATIONS/TREATMENT  | Unlimited, covered                                     |
| BLOOD TESTS AND OTHER LABORATORY TESTS  | Unlimited, covered                                     |
| X-RAYS AND ULTRASOUNDS  | Unlimited, covered                                     |
| MRIS AND CT SCANS   | R14 240 per family<br>out-of-hospital                  |
| (SPECIALISED RADIOLOGY)   | R2 500 co-paymen                                       |
| CATARACT SURGERY  | Avoid a R6 620 co-                                     |
| ALLIED MEDICAL PROFESSIONALS<br>(SUCH AS DIETICIAN, SPEECH AND<br>OCCUPATIONAL THERAPIST) | PMB only   |
| PHYSIOTHERAPY AND BIOKINETICS   | PMB only   |
| INTERNAL AND EXTERNAL PROSTHESES  | PMB only   |
|   | A co-payment of R<br>applies for the rem<br>teeth only |
| HOSPITALISATION FOR DENTISTRY<br>(GENERAL ANAESTHETIC)                                    | Pre-authorisation                                      |
| MENTAL HEALTH HOSPITALISATION   | R34 610 per family                                     |

| expenses.   |   |
|---|---|
| Unlimited, network specialists covered<br>in full at the Bonitas Rate                     | Unlimited, non-network specialists<br>paid at 100% of the Bonitas Rate        |
| Unlimited, covered at 100% of the Bonit   | as Rate   |
| Unlimited, covered at 100% of the Bonit   | as Rate   |
| Unlimited, covered at 100% of the Bonit   | as Rate   |
| R14 240 per family, in and<br>out-of-hospital   | Pre-authorisation required  |
| R2 500 co-payment per scan event excep  | ot for PMB  |
| Avoid a R6 620 co-payment by using the  | Designated Service Provider   |
| PMB only  | Subject to referral by treating practitioner                                  |
| PMB only  | Subject to referral by treating practitioner                                  |
| PMB only  | Managed Care protocols apply  |
| A co-payment of R5 000 per admission<br>applies for the removal of impacted<br>teeth only | Managed Care protocols apply  |
| Pre-authorisation required  | General anaesthetic benefit is available<br>for the removal of impacted teeth |
| R34 610 per family  | No cover for physiotherapy for mental health admissions                       |

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| TAKE-HOME MEDICINE         Limited to a 7-day supply up to R420 per hospital st |   |
|---|---|
| R54 360 per family  |   |
| R18 130 per family  | Managed Car   |
| Unlimited, subject to the DSP   | Including hos<br>home oxygen<br>psychologist  |
| Unlimited for PMBs at a Designated Service Provider                             | Pre-authorisa   |
| Avoid a 30% co-payment by using a Designated Service Provider                   | Sublimit of R<br>Brachytherap   |
| Subject to Medicine Price List and preferred product list                       | Avoid a 20% o<br>Designated S   |
| PMB only  |   |
| Unlimited   | Avoid a 20% o<br>Designated S   |
| Unlimited, if you register on the HIV/AIDS programme                            | Chronic medi<br>from the Desi   |
| Avoid a R2 430 co-payment by using a  | network day hos   |
| R1 730 co-payment:  |   |
|   | R54 360 per family<br>R18 130 per family<br>Unlimited, subject to the DSP<br>Unlimited for PMBs at a Designated<br>Service Provider<br>Avoid a 30% co-payment by using a<br>Designated Service Provider<br>Subject to Medicine Price List and<br>preferred product list<br>PMB only<br>Unlimited<br>Unlimited, if you register on the<br>HIV/AIDS programme |

BONESSENTIAL

|  |  |  | Enniced to a r-day suppry                             |
|--|--|--|---|
| R54 360 per family   |  | R54 360 per family   |   |
| R18 130 per family   | Managed Care protocols apply                                     |  | R18 130 per family                                    |
| Unlimited, subject to the DSP                                    | home oxyger  | spice/private nursing,<br>n, pain management,<br>and social worker support | Unlimited, subject to the                             |
| Unlimited for PMBs at a Designated<br>Service Provider           | Pre-authorisa  | ation required   | Unlimited for PMBs at a D<br>Service Provider         |
| Avoid a 30% co-payment by using a<br>Designated Service Provider | Sublimit of R<br>Brachytherap                                    | 54 160 per beneficiary for<br>by   | Avoid a 30% co-payment l<br>Designated Service Provid |
| Subject to Medicine Price List and<br>preferred product list     | Avoid a 20% co-payment by using a<br>Designated Service Provider |  | Subject to Medicine Price<br>preferred product list   |
| PMB only   |  |  | PMB only  |
| Unlimited  | Avoid a 20% co-payment by using a<br>Designated Service Provider |  | Unlimited   |
| Unlimited, if you register on the<br>HIV/AIDS programme          |  | icine must be obtained<br>ignated Service Provider                         | Unlimited, if you register<br>HIV/AIDS programme      |
| Avoid a R2 430 co-payment by using a                             | network day hos  | pital  | Avoid a R4 850 co-paymer                              |
|  |  |  |   |
| <b>R1 730 co-payment:</b>  |  | R4 400 co-payment  |   |
| . Colonoscopy<br>2. Conservative Back Treatment                  |  | <ol> <li>Arthroscopy</li> <li>Diagnostic Laparoscopy</li> </ol>            | ,   |

### **BONESSENTIAL SELECT**

Limited to a 7-day supply up to R420 per hospital stay

| R18 130 per family   | Managed Care protocols apply  |
|--|---|
| Unlimited, subject to the DSP                                    | Including hospice/private nursing,<br>home oxygen, pain management,<br>psychologist and social worker support |
| Unlimited for PMBs at a Designated<br>Service Provider           | Pre-authorisation required  |
| Avoid a 30% co-payment by using a<br>Designated Service Provider | Sublimit of R54 160 per beneficiary for<br>Brachytherapy  |
| Subject to Medicine Price List and<br>preferred product list     | Avoid a 20% co-payment by using a<br>Designated Service Provider  |
| PMB only   |   |
| Unlimited  | Avoid a 20% co-payment by using a<br>Designated Service Provider  |
| Unlimited, if you register on the<br>HIV/AIDS programme          | Chronic medicine must be obtained from the Designated Service Provider  |

| R1 730 co-payment:   |
|--|
| <ol> <li>Colonoscopy</li> <li>Conservative Back Treatment</li> <li>Cystoscopy</li> <li>Facet Joint Injections</li> <li>Flexible Sigmoidoscopy</li> <li>Functional Nasal Surgery</li> <li>Gastroscopy</li> <li>Hysteroscopy (not Endometrial Ablation)</li> <li>Myringotomy</li> <li>Tonsillectomy and Adenoidectomy</li> <li>Umbilical Hernia Repair</li> <li>Varicose Vein Surgery</li> </ol> |

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

(PER EVENT, SUBJECT TO PRE-AUTHORISATION)

PROCEDURE CO-PAYMENTS

### **CHRONIC BENEFITS**

BonEssential and BonEssential Select ensure 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.

### BONESSENTIAL

### **&** BONESSENTIAL SELECT

#### PRESCRIBED MINIMUM BENEFITS COVERED

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

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

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

# **ADDITIONAL BENEFITS**

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

## BENEFIT BOOSTER

Available after completing a wellness screening or online wellness questionnaire

#### BONESSENTIAL & BONESSENTIAL SELECT R1 000

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

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

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

(All claims are paid at the Bonitas Rate)



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

### **MATERNITY PROGRAMME**

#### Register for the maternity programme and get:

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

# WELLNESS BENEFIT

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

Wellness screening includes the following tests:

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



- R1 410 per family (for women aged up to 50)
- You must use the Designated Service Provider for pharmacy-dispensed contraceptives

· If you choose not to use a Designated Service Provider, a 40% co-payment applies

## PREVENTATIVE CARE

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

# AFRICA BENEFIT

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

# CHILDCARE

- $\cdot\,$  Hearing screening for newborns up to 8 weeks, in or out-of-hospital
- $\cdot\,$  Congenital hypothyroidism screening for infants under 1 month old
- Babyline: 24/7 helpline for medical advice for children under 3 years
- 1 GP consultation per child between ages 2 and 12

### INTERNATIONAL TRAVEL BENEFIT

#### You must register for this benefit prior to departure

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

# **MANAGED CARE BENEFITS**

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

# CANCER

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

# HIV/AIDS

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

### DIABETES MANAGEMENT

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

# **BACK AND NECK**

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

### HOSPITAL-AT-HOME

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

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



Bonitas WhatsApp 060 070 2491

www.bonitas.co.za



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**Bonitas Member App** 



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