



**Primary**



If you're looking for a simple medical aid plan that offers affordable healthcare for you and your loved ones when you need it, then this product is perfect for you.

Overall annual limit (OAL) - Unlimited

#### MONTHLY CONTRIBUTIONS



**Main member**

R1 719

Your fourth and subsequent children will be covered free of charge.



**Adult dependant**

R1 345



**Child dependant**

R548



#### IN-HOSPITAL BENEFITS

These benefits include major medical events.

<b>GP consultations</b>	Unlimited, at 100% of the Bonitas Rate
<b>Specialist consultations</b>	<b>Network Specialists:</b> Unlimited, covered in full <b>Non-network Specialists:</b> Unlimited, covered at 100% of the Bonitas Rate
<b>Pathology</b>	Unlimited, at 100% of the Bonitas Rate
<b>General radiology</b>	Unlimited, at 100% of the Bonitas Rate
<b>Specialised radiology</b>	R11 150 per family, per year (in & out-of-hospital) Subject to pre-authorisation
<b>Paramedical services (Allied medical professions) - speech therapy, occupational therapy, audiology, dietetics</b>	Unlimited, at 100% of the Bonitas Rate
<b>Prosthesis internal and external</b>	PMB only
<b>Mental health hospitalisation</b>	R13 550 per family, per year
<b>Take home medication (TTO)</b>	R325 per beneficiary, per admission
<b>Physical rehabilitation</b>	R42 500 per family, per year
<b>Alternatives to hospitalisation</b>	R14 200 per family, per year
<b>Oncology</b>	R142 000 per family, per year
<b>Organ transplants</b>	PMB only
<b>Renal dialysis</b>	PMB only

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

R1 050 Co-Payment	R2 650 Co-Payment	R5 250 Co-Payment
1. Colonoscopy	1. Arthroscopy	1. Back surgery including spinal fusion
2. Conservative back treatment	2. Diagnostic laparoscopy	2. Joint replacements for example Hip and knee replacements (except PMBs)
3. Cystoscopy	3. Hysterectomy (except cancer and PMBs)	3. Laparoscopic pyeloplasty
4. Facet joint injections	4. Laparoscopic appendectomy	4. Laparoscopic radical prostatectomy
5. Flexible sigmoidoscopy	5. Percutaneous rhizotomies	5. Nissen fundoplication (reflux surgery)
6. Functional nasal surgery		
7. Gastrosocopy		
8. Hysteroscopy (not endometrial ablation)		
9. Myringotomy		
10. Tonsillectomy and adenoidectomy (except PMBs)		
11. Umbilical hernia repair		
12. Varicose vein surgery		



## OUT-OF-HOSPITAL BENEFITS

These benefits cover your day-to-day medical expenses, such as GP and specialist consultations, dentistry, optometry and more.

## DAY-TO-DAY BENEFITS

The day-to-day benefit covers out-of-hospital general radiology, pathology, paramedical services (such as audiology, physiotherapy, occupational therapy and more) and specialist consultations, if referred by your family doctor.

Main member only	R1 800
Main member + 1 dependant	R3 250
Main member + 2 dependants	R3 800
Main member + 3 dependants	R4 100
Main member + 4 or more dependants	R4 450
GP consultations	In-network Out-of-network (Sub-limit to In-network)
Main member only	R1 700 R560
Main member + 1 dependant	R3 150 R1 050
Main member + 2 dependants	R3 700 R1 200
Main member + 3 dependants	R4 000 R1 350
Main member + 4 or more dependants	R4 500 R1 550
<b>*Specialist consultations</b>	Covered from day-to-day benefit
<b>Acute medication</b>	Covered from day-to-day benefit
<b>General radiology</b>	Covered from day-to-day benefit
<b>Pathology</b>	Covered from day-to-day benefit
<b>Mental health consultations</b>	R8 200 per family, per year (sub-limit to Mental health hospitalisation, in and out of hospital consultations)
<b>Paramedical services</b>	Covered from day-to-day benefit
<b>Specialised radiology</b>	R11 150 per family, per year (in & out-of-hospital)
<b>General medical appliances</b>	R6 200 per family, per year
Stoma care products	General medical appliances limit may be exceeded by R5 600 per year
Hearing aids	R7 800 per family, per two year cycle (10% co-payment)
Foot orthotics	R3 900 per beneficiary, per year (10% co-payment)

Appliances - wheelchairs, CPAP machines, etc.	Included in general medical appliances limit
<b>HIV/Aids</b>	R21 250 per beneficiary, per year (if registered on Aid for Aids program)
<b>Optometry</b>	R4 270 per family, per two year cycle
Vision examination (Iso-Leso members)	R490 per beneficiary, per two year cycle
Vision examination (Non Iso-Leso members)	R350 per beneficiary, per two year cycle
Single vision lenses (glass/plastic)	R160 per beneficiary, per lens, per two year cycle
Bifocal lenses (glass/plastic)	R350 per beneficiary, per lens, per two year cycle
Multifocal lenses (glass/plastic)	R700 per beneficiary, per lens, per two year cycle
Frames	R300 per beneficiary, per two year cycle
Contact lens materials	R1 225 per beneficiary, per two year cycle
<b>Basic dentistry</b>	Covered at the Bonitas Dental Tariff (BDT) Subject to a DENIS Designated Service Provider Network
Consultations	2 x annual check-ups per beneficiary (once in 6 months)
X-rays: Intra-oral	Benefit is subject to managed care protocols
X-rays: Extra-oral	1 x per beneficiary, per three year cycle
Oral hygiene	2 annual scale and polish treatments per beneficiary (once in 6 months) Benefit for fissure sealants is limited to beneficiaries younger than 16 years of age Benefit for fluoride is limited to beneficiaries between ages 5 & 16 years
Fillings	Benefit for fillings are 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 is subject to managed care protocols

**CHRONIC BENEFITS**

These offer cover for conditions that require medicine on an ongoing basis.

The Primary option ensures that you are covered for the following 27 Prescribed Minimum Benefits, subject to the use of in-formulary medicine. A 40% co-payment will be required if you decide to use a non-DSP to obtain your medication. Pharmacy Direct is the \*\*DSP for chronic medication.

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

**SUPPLEMENTARY BENEFITS**

At Bonitas we believe in giving you more. These additional benefits provide cover in or out-of-hospital, and payable from OAL.

<b>Maternity care</b>	
Perevent	6 x ante-natal consultations 2 x 2D scans 4 x post-natal consultations with a midwife 1 x amniocentesis
<b>Infant paediatric benefit</b>	
	1 x Paediatric consultations per beneficiary under 1 year of age 1 x consultations per beneficiary between ages 1 and 2 years

	Benefit for root canal includes all teeth except primary teeth and permanent molars
Plastic dentures and associated laboratory costs	1 x set of plastic dentures (an upper and a lower) per beneficiary, per four year cycle
<b>Specialised dentistry</b>	Covered at the Bonitas Dental Tariff (BDT)
Partial metal frame dentures and associated laboratory costs	No benefit
Crown and bridge and associated laboratory costs	No benefit
Implants and associated laboratory costs	No benefit
Orthodontics and associated laboratory costs	No benefit
Periodontics	No benefit
<b>Maxillo-facial surgery and oral pathology</b>	
Surgery in the dental chair	Benefit is subject to managed care protocols
Hospitalisation (general anaesthetic)	Pre-authorisation is required A co-payment of R2 000 per hospital admission applies Admission protocols apply General anaesthetic benefits are available for children under the age of 5 years for extensive dental treatment General anaesthetic benefits are available for the removal of impacted teeth Benefit is subject to managed care protocols
Laughing gas in dental rooms	Benefit is subject to managed care protocols
IV conscious sedation in rooms	Pre-authorisation is required Benefit is subject to managed care protocols Benefit is limited to extensive dental treatment
<b>Scheme exclusions</b>	Please refer to last section herein for exclusions and to <a href="http://www.bonitas.co.za">www.bonitas.co.za</a> for Scheme rules & exclusions

\* Subject to the specialist network.

<b>Childhood illness benefit</b>	1 x GP consultations per beneficiary between ages 2 and 12 years
<b>Preventative care</b>	Subject to DSP
Women's health	1 x pap smear - female members between ages 21 & 65 years, per three year cycle
General health	1 x annual HIV test per beneficiary, per year
	1 x annual Flu vaccine per beneficiary, per year
Elderly health	1 x lifetime Pneumococcal vaccine - members 65+years of age
	1 x annual Faecal Occult blood test - members between ages 50 & 75 years
<b>Wellness screening benefit</b>	1 x assessment per beneficiary, per year at a DSP
	<b>Limited to :</b>
	Blood pressure test
	Glucose test
	Cholesterol test
	Body mass index
	Waist to hip ratio assessment
<b>Wellness extender</b>	R1 000 per family, per year
	Subject to registration and completion of health risk assessment per beneficiary
	<b>Beneficiary may then choose from the following:</b>
	GP consultation
	Biokineticist consultation
	Dietician consultation
	Physiotherapy consultation
	Wearable devices (subject to approval)
	Smoking cessation program (subject to approval)

