



Standard



If you are single or married with children and wanting peace of mind that your family's general medical needs are covered, without having to break the bank then this product is perfect for you.

Overall annual limit (OAL) - Unlimited

MONTHLY CONTRIBUTIONS



Main member	R2 683
Adult dependant	R2 321
Child dependant	R784

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

IN-HOSPITAL BENEFITS



These benefits include major medical events.

GP consultations	Unlimited, at 100% of the Bonitas Rate
Specialist consultations	Network Specialists: Unlimited, covered in full Non-network Specialists: Unlimited, covered at 100% of the Bonitas Rate
Pathology	Unlimited, at 100% of the Bonitas Rate
General radiology	Unlimited, at 100% of the Bonitas Rate
Specialised radiology	Unlimited, subject to pre-authorisation
Paramedical services (Allied medical professions) - speech therapy, occupational therapy, dietetics	Unlimited, at 100% of the Bonitas Rate
Prosthesis internal and external	R37 900 per family, per year ICPS is the **DSP for hip and knee replacements a R5 000 co-payment is payable when not using the DSP.
Internal nerve stimulators	R142 000 per family, per year
Cochlear implants	R250 000 per family, per year
Mental health hospitalisation	R34 800 per family, per year
Take home medication (TTO)	R400 per beneficiary, per admission
Physical rehabilitation	R42 500 per family, per year
Alternatives to hospitalisation	R14 200 per family, per year
Oncology	R295 400 per family, per year
Organ transplants	Unlimited, subject to treatment protocols
Renal dialysis	Unlimited, subject to treatment protocols



OUT-OF-HOSPITAL BENEFITS

Out-of-hospital claims excluding Network GP consultations will be paid from current available savings first. Once savings are depleted, claims will be paid from the day-to-day benefit.



Savings	R1 212	Main member	R1 056	Adult dependant	R1 056	Child dependant	R360
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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	R4 020	
Main member + 1 dependant	R6 140	
Main member + 2 dependants	R6 590	
Main member + 3 dependants	R7 110	
Main member + 4 or more dependants	R7 600	
GP consultations	In-network	Out-of-network (Sub-limit to In-network)
Main member only	R3 580	R1 160
Main member + 1 dependant	R5 260	R1 790
Main member + 2 dependants	R5 790	R1 950
Main member + 3 dependants	R6 100	R2 050
Main member + 4 or more dependants	R6 630	R2 210
*Specialist consultations	Paid from available savings, then covered from day-to-day benefits	
Acute medication	Paid from available savings, then covered from day-to-day benefits	
General radiology	Paid from available savings, then covered from day-to-day benefits	
Pharmacy Advice Therapy (PAT)	Paid from available savings	
Pathology	Paid from available savings, then covered from day-to-day benefits	

Mental health consultations	R13 600 per family, per year (sub-limit to mental health hospitalisation, in and out of hospital consultations)
Paramedical services	Paid from available savings, then covered from day-to-day benefits
Specialised radiology	R22 400 per family, per year (subject to pre-authorisation)
General medical appliances	R6 900 per family, per year
Stoma care products	General medical appliances limit may be exceeded by R5 600 per year
Hearing aids	R13 700 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
HIV/Aids	R27 800 per beneficiary, per year (if registered on Aid for Aids program)
Optometry	R5 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	R800 per beneficiary, per two year cycle
Contact lens materials	R1 750 per beneficiary, per two year cycle
Basic dentistry	Covered at the Bonitas Dental Tariff (BDT)
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 Additional benefit may be considered where specialised dental treatment is required

Oral hygiene	2 x 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 Benefit is subject to managed care protocols
Root canal therapy and extractions	Benefit is subject to managed care protocols
Plastic dentures and associated laboratory costs	1 x set of plastic dentures (an upper and a lower) per beneficiary, per four year cycle
Specialised dentistry	Covered at the Bonitas Dental Tariff (BDT)
Partial metal frame dentures and associated laboratory costs	1 x partial frame (an upper or a lower) per beneficiary, per five year cycle Benefit is subject to managed care protocols
Crown and bridge and associated laboratory costs	Subject to a DENIS Designated Service Provider Network Pre-authorisation is required 1 x crown per family, per year Benefits for crowns will be granted once per tooth, per five year cycle A treatment plan and x-rays may be requested
Implants and associated laboratory costs	No benefit
Orthodontics and associated laboratory costs	Pre-authorisation is required Benefit is subject to managed care protocols Orthodontic treatment is granted once per beneficiary, per lifetime

* Subject to the specialist network.
 **Designated Service Provider

CHRONIC BENEFITS

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

The Standard option offers cover for all of the following 44 chronic conditions.

Cover is limited to R8 250 per beneficiary and R16 500 per family, per year on the Comprehensive Formulary. This is subject to pre-authorisation. 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.

Once this amount is depleted, you will still be covered for the 27 Prescribed Minimum Benefits, highlighted below, subject to the use of in-formulary medicine.

1. Acne	16. Crohn's Disease	31. Hypertension
2. Addison's Disease	17. Depression	32. Hypothyroidism
3. Allergic Rhinitis	18. Dermatitis	33. Multiple Sclerosis
4. Ankylosing Spondylitis	19. Diabetes Insipidus	34. Narcolepsy
5. Asthma	20. Diabetes Type 1	35. Obsessive Compulsive Disorder
6. Attention Deficit Disorder (5-18 Year Olds)	21. Diabetes Type 2	36. Panic Disorder
7. Barrett's Oesophagus	22. Dysrhythmias	37. Parkinson's Disease
8. Behcet's Disease	23. Eczema	38. Post-Traumatic Stress Syndrome
9. Bipolar Mood Disorder	24. Epilepsy	39. Rheumatoid Arthritis
10. Bronchiectasis	25. Gastro-Oesophageal Reflux Disorder	40. Schizophrenia
11. Cardiac Failure	26. Glaucoma	41. Systemic Lupus Erythematosus
12. Cardiomyopathy	27. Gout	42. Tourette's Syndrome
13. Chronic Obstructive Pulmonary Disease	28. Haemophilia	43. Ulcerative Colitis
14. Chronic Renal Disease	29. Hyperlipidaemia	44. Zollinger-Ellison Syndrome
15. Coronary Artery Disease	30. HIV/Aids	



On 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 BDT

Benefit for Orthodontic treatment will be granted where function is impaired. Benefit will not be granted where Orthodontic treatment is required for cosmetic reasons

Only one family member may commence Orthodontic treatment in a calendar year

Benefit for fixed comprehensive treatment is limited to individuals between ages 9 & 18 years

Pre-authorisation is required
 Benefit is subject to managed care protocols
 Benefit is limited to conservative, non-surgical therapy only and will only be applied to members who are registered on the Periodontal Program

Maxillo-facial surgery and oral pathology
 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

Scheme exclusions
 Please refer to the last section herein for exclusions and www.bonitas.co.za for Scheme rules & exclusions



SUPPLEMENTARY BENEFITS

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

Maternity care	
Per event	12 x ante-natal consultations 2 x 2D scans 4 x post-natal consultations with a midwife R1 100 for ante-natal classes 1 x amniocentesis
Infant paediatric benefit	
	2 x consultations per beneficiary under 1 year of age 2 x consultations per beneficiary between ages 1 and 2 years
Childhood illness benefit	
	2 x GP consultations per beneficiary between ages 2 and 12 years Subject to DSP
Preventative care	
Women's health	1 x mammogram - female members between ages 50 & 74 years, per two year cycle 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
Cardiac health	1 x full Lipogram - members 20+ years of age, per five year cycle
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

Wellness screening benefit

1 x assessment per beneficiary, per year at a **DSP

Limited to:

Blood pressure test
Glucose test
Cholesterol test
Body mass index
Waist to hip ratio assessment

Wellness extender

R1 400 per family per year

Subject to registration and completion of health risk assessment per beneficiary

Beneficiary may then choose from the following:

GP consultation
Biokineticist consultation
Dietician consultation
Physiotherapy consultation
Wearable devices (subject to approval)
Smoking cessation program (subject to approval)

Notes
