

2017

BONCAP **BROCHURE**

> **SWITCH** TO MEDICAL AID

Bonitas

> INDEX

IMPORTANT INFORMATION page 2

BENEFITS page 3

HOW-TO GUIDE

> HOW TO CLAIM page 8

> GET THE BONITAS BABY BAG page 8

> FIND A NETWORK PROVIDER page 9

EXCLUSIONS page 10

CONTACT DETAILS page 14

> IMPORTANT INFORMATION

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 **0861 239 333** 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 that 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 that 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.

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).

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.

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 June, you will have access to six months' worth of benefits, which is 50% of the total benefits.

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




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



BONCAP

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

You earn	 Main member	 Adult dependant	 Child dependant
R 0 to R 7 009	R 843	R 799	R 397
R 7 010 to R11 396	R1 025	R 969	R 470
R11 397 to R15 569	R1 671	R1 488	R 633
R15 570 +	R2 052	R1 827	R 778



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 stay. You will have to pay a R6 000 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	R22 900 per family
X-rays and ultrasounds	Unlimited, covered at 100% of the Bonitas Rate
MRIs and CT scans (specialised radiology)	R10 450 per family Pre-authorisation required
Paramedical/Allied medical professionals (such as physiotherapists, occupational therapists, dieticians and biokineticists)	R3 900 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
	Gastroscopies, colonoscopies and all other endoscopies
Internal and external prostheses	Bunion surgery
	In-hospital dental surgery
	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 R40 850 per family, except for PMBs
Take-home medicine	R340 per beneficiary, per hospital stay
Physical rehabilitation	R44 650 per family
	Pre-authorisation required
Alternatives to hospital (hospice, step-down facilities)	R12 850 per family Pre-authorisation required
Cancer treatment	PMB only
	Subject to using the Designated Service Provider
Organ transplants	PMB only
	Pre-authorisation required
Kidney dialysis	Unlimited, you must use the Designated Service Provider
	Pre-authorisation required
HIV/AIDS	Unlimited, if you register on the HIV/AIDS programme



OUT-OF-HOSPITAL BENEFITS

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

Network GP consultations	<p>Unlimited consultations, at a maximum of 2 network GPs per beneficiary</p> <p>Pre-authorisation is required from the 8th GP consultation per beneficiary</p>
Non-network GP consultations	<p>1 out-of-network consultation per beneficiary</p> <p>Maximum of 2 consultations per family, limited to R950</p> <p>20% co-payment</p>
GP-referred acute medicine, x-rays and blood tests	<p>Main member only R1 650</p> <p>Main member + 1 dependant R2 750</p> <p>Main member + 2 dependants R3 300</p> <p>Main member + 3 dependants R3 600</p> <p>Main member + 4 or more dependants R4 000</p>
Specialist consultations (this benefit includes prescribed acute medicine, blood tests, x-rays, MRIs and CT scans)	<p>Limited to 3 visits or R2 800 per beneficiary</p> <p>Limited to 5 visits or R4 150 per family</p> <p>Subject to referral from a network GP</p> <p>Pre-authorisation required for MRIs and CT scans</p>
Maternity care	<p>Antenatal consultations are subject to the GP consultations and specialist consultations benefits</p> <p>4 consultations with a midwife after delivery</p>
Over-the-counter medicine	<p>Limited to R85 per script</p> <p>Maximum of R235 per beneficiary, per year</p>

Paramedical/Allied medical professionals (such as physiotherapists, occupational therapists, dieticians and biokineticists)	PMB only
General medical appliances (such as wheelchairs and crutches)	<p>R4 900 per family</p> <p>You must use a preferred supplier</p>
Optometry	<p>You must use the contracted service provider</p> <p>Managed Care protocols apply</p>
Basic dentistry	<p>You must use a provider on the DENIS network</p> <p>Covered at the Bonitas Dental Tariff</p> <p>Managed Care protocols apply</p>
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	<p>1 per beneficiary, in a lifetime</p> <p>Extra-oral x-rays must be submitted to DENIS for review</p>
Scaling and polishing	<p>1 polish</p> <p>OR</p> <p>1 scaling and polishing per beneficiary</p>
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
Pulp treatments	<p>Subject to DENIS treatment protocols</p> <p>For amputation of pulp of primary teeth</p>

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 re-treatment 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 Pre-authorisation required A further 20% co-payment will apply if authorisation is applied for after the treatment has been done
Denture rebase	Rebase of dentures once per family, for beneficiaries 21 years and over 20% co-payment
Denture repairs	Repairs to existing dentures twice per family, for beneficiaries 21 years and over 20% co-payment
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	PMB only Limited to extensive dental treatment Pre-authorisation from DENIS required
Hospitalisation (general anaesthetic)	Pre-authorisation from DENIS required
Scheme exclusions	Please see page 10



CHRONIC BENEFITS

BonCap ensures that you are covered for the 27 Prescribed Minimum Benefits listed below on the applicable formulary. Pre-authorisation is required. If you do not use our Designated Service Provider or if you 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



SUPPLEMENTARY BENEFITS

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

Babyline	
For children under 2 ½ years	Access to telephone helpline for 24/7 medical advice, including weekends and holidays
Preventative care	
General health	1 HIV test per beneficiary 1 flu vaccine per beneficiary
Elderly health	1 pneumococcal vaccine once every 5 years for members aged 65 years and over 1 stool test for colon cancer for members between ages 50 and 75 years

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

Please note: For a full list of exclusions, please refer to page 10.



HOW TO CLAIM

You must send us your claim within 4 months of receiving treatment or it will not be paid. You can send us your claim in one of these ways.

Post your claim to:

Bonitas Claims Department
PO Box 74
Vereeniging, 1930

OR

Email your claim to boncap@bonitas.co.za

OR

Drop off your claim at 1 of our walk-in centres

Tips to get your medical claims paid quickly

Ensure your bank details are correct

Claims refunds are only paid into a bank account by electronic funds transfer (EFT). Please call us on **0861 239 333** if you need to update your banking details.

Please ensure that your claim shows the following:

- Your name and initials
- Your medical aid number
- The treatment date
- The name of the patient as shown on your membership card
- The amount charged
- The tariff
- The ICD-10 code (this is the diagnosis code)

Please check that prescriptions for medicine show all your details. Also check that the correct amount of medicine dispensed is shown on the claim. If the pharmacy omits any of these details, we will not be able to process your claim.

Check that your claim has been paid

We pay claims weekly. A statement showing your claims will be sent to you at the end of the month by post or email. You can also log in to www.bonitas.co.za to view the status of your claims.



GET THE BONITAS BABY BAG

We give all pregnant members a beautiful mother and baby bag to congratulate you on the arrival of your bundle of joy. You will need to register for the bag.

Who can receive the baby bag?

All members who are pregnant will need to register to receive the mother and baby bag. Registration can only take place after 24 weeks of pregnancy. We require a pre-authorisation number before you can register for the Bonitas baby bag. Call us on **0861 239 333** to get pre-authorisation.

How to register

You need the following information when you register:

- Membership number
- Name and surname
- Contact details
- Delivery address
- Alternative delivery address
- Date of expected delivery

Then call us on **0861 239 333** or email boncap@bonitas.co.za

Please note: In order to ensure that you receive your baby bag, the courier company will be in contact with you to arrange a suitable date and time for delivery.

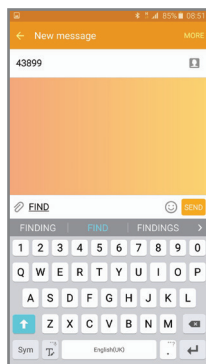
> FIND A NETWORK PROVIDER

The GP locator allows you to find a doctor on our network to help stretch your benefits further and help you get more value for money.

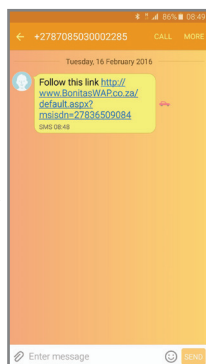
Simply follow the steps below:



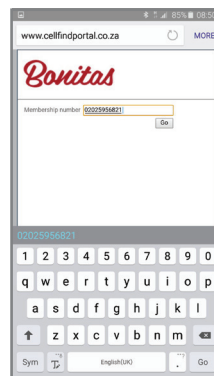
**SMS
'Find'
to 43899**



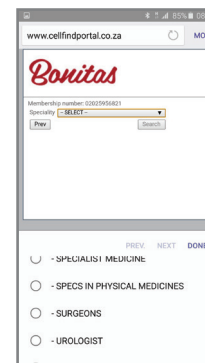
Receive an SMS with a link



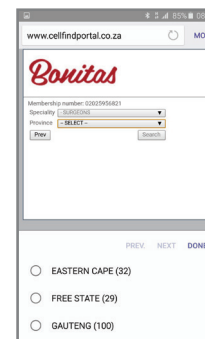
Click on the link and enter your membership number



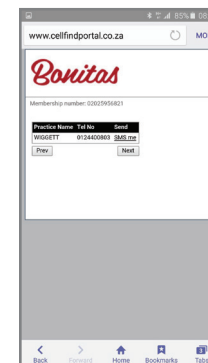
Choose the type of doctor you're looking for



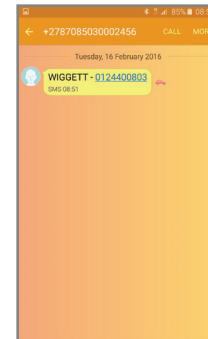
Select your province, town and suburb



You will receive a list of doctors near you



To have the doctor's details sent to you, click on 'SMS me'





EXCLUSIONS

Alternative health practitioners

- Acupuncture
- Aromatherapy
- Ayurvedics
- Herbalists
- Homoeopathy
- Iridology
- Naturopathy
- Osteopathy
- Phytotherapy
- Reflexology
- Therapeutic massage therapy (masseurs)

Ambulance services

- Services not authorised by ER24

Appliances, external accessories and orthotics

- Appliances, devices and procedures not scientifically proven or appropriate
- Back rests and chair seats
- Bandages and dressings (except medicated dressings)
- Beds and mattresses, pillows and overlays
- Long-term implantable ventricular assist devices and total artificial hearts e.g. Heart Ware® and Berlin heart
- Diagnostic kits, agents and appliances, unless otherwise stated, except for diabetic accessories
- Electric toothbrushes
- Humidifiers
- Ionisers and air purifiers
- Orthopaedic shoes and inserts
- Pain relieving machines, e.g. TENS and APS
- Stethoscopes and sphygmomanometers (blood pressure monitors)
- Portable oxygen cylinders are excluded on all options. Portable oxygen concentrators will be excluded on all options except BonComprehensive and BonClassic, subject to pre-authorisation and available appliance benefit.

Blood, blood equivalents and blood products

- Hemopure (bovine blood)

Dentistry

- Appointments not kept
- Orthodontic treatment for individuals 18 years and older
- Dental procedures or devices which are not regarded by the relevant managed

- healthcare programme as clinically essential or clinically desirable
- Orthognathic (jaw correction) surgery, other orthodontic related surgery and the associated laboratory costs
- Instruction for oral hygiene
- Nutrition and tobacco counselling
- Caries susceptibility and microbiological tests
- Oral hygiene evaluation
- Crown and bridge procedures where there is no extensive tooth structure loss and associated laboratory costs, electrognathographic recordings, pantographic recordings and other such electronic analyses
- Fissure sealants on patients 16 years and older
- Pulp tests and pulp capping (direct and indirect)
- Polishing of restorations
- Ozone therapy
- Metal base to full dentures, including the laboratory costs
- The clinical fee of dental repairs, denture tooth replacements and the addition of a soft base to new dentures (the laboratory fee will be covered at the Bonitas Dental Tariff where Managed Care protocols apply)
- Diagnostic dentures and associated laboratory costs
- Provisional crowns, including laboratory costs
- Resin bonding for restorations charged as a separate procedure to the restoration
- Dental bleaching
- Porcelain veneers and inlays/onlays and associated laboratory costs
- Pontics on second molars
- Laboratory fabricated crowns on primary teeth
- Fixed prosthodontics used to repair occlusal wear
- Gold foil restorations
- Surgical periodontics, which includes gingivectomies, periodontal flap surgery, tissue grafting and hemisection of a tooth
- PerioChip®
- Emergency crowns that are not placed for immediate protection in tooth injury and the associated laboratory costs
- Orthodontic re-treatment and the associated laboratory costs
- Lingual orthodontics
- Implants on wisdom teeth (3rd molars)
- Orthodontic treatment for cosmetic reasons and associated laboratory costs
- Sinus lifts
- Bone augmentations
- Bone and other tissue regeneration procedures
- Older bars and associated abutments on implants including the laboratory costs
- Laboratory costs where the associated dental treatment is not covered
- Laboratory costs associated with mouth guards
- Snoring appliances
- High-impact acrylic
- Cost of mineral trioxide
- Cost of gold, precious metal, semi-precious metal and platinum foil
- Cost of invisible retainer material
- Cost of bone regeneration material
- Cost of prescribed toothpastes, mouthwashes (e.g Corsodyl) and ointments
- Topical application of fluoride in patients 16 years and older
- Cost of dental materials in hospital

- Fillings to restore teeth damaged due to toothbrush abrasion, attrition, erosion and fluorosis
- Crowns or crown retainers on wisdom teeth (3rd molars)
- Crown and bridge procedures for cosmetic reasons and associated laboratory costs
- Occlusal rehabilitation and associated laboratory costs
- Provisional dentures and associated laboratory costs
- Root canal therapy on wisdom teeth and primary (milk) teeth
- Enamel microabrasion
- Behaviour management
- Intramuscular or subcutaneous injection
- Special reports and dental testimony including dento-legal fees
- Autotransplantation of teeth
- Closure of an oral-antral opening (item code 8909) when claimed during the same visit with impacted teeth (item code 8941, 8943 and 8945)
- Hospitalisation (general anaesthetic): where the reason for admission to hospital is dental fear or anxiety; multiple hospital admissions; where the only reason for admission to hospital is to acquire a sterile facility
- Hospital and anaesthetist claims will not be covered for the following procedures when performed under general anaesthesia: apicectomies, dentectomies, frenectomies, conservative dental treatment (fillings, extractions and root canal therapy) in hospital for adults, professional oral hygiene procedures, implantology and associated surgical procedures and surgical tooth exposure for orthodontic reasons
- Treatment plan completed (currently code 8120)
- Procedures that are defined as unusual circumstances and procedures that are defined as unlisted procedures
- Laboratory delivery fees.

Hospitalisation

- If application for a pre-authorisation reference (PAR) number for a clinical procedure, treatment or specialised radiology is not made or is refused, no benefits are payable
- Accommodation and services provided in a geriatric hospital, old age home, frail care facility or similar institution.

Infertility

Medical and surgical treatment, including:

- Assisted reproductive technology (ART)
- In-vitro fertilisation (IVF)
- Gamete Intrafallopian tube transfer (GIFT)
- Zygote Intrafallopian tube transfer (ZIFT)
- Intracytoplasmic sperm injection (ICS)
- Vasovasostomy (reversal of vasectomy).

Maternity

- 3D and 4D scans
- 2D scans in excess of 2, unless motivated for an appropriate medical condition
- Antenatal classes/exercises except on BonComprehensive, BonClassic, BonSave, Standard, Standard Select and BonComplete.

Medicine and injection material

- Anabolic steroids and immunostimulants
- Contraceptives - oral, parenteral, foams, IUCDs
- Cosmetic preparations, emollients, moisturisers (medicated or otherwise), soaps, scrubs and other cleansers, sunscreen and suntanning preparations, medicated shampoos and conditioners (except for the treatment of lice, scabies and other microbial infections and coal tar products for the treatment of psoriasis)
- Erectile dysfunction and loss of libido medical treatment
- Nutritional supplements, including baby food and special milk preparations, are authorised by the relevant managed healthcare programme
- Maintenance Rituximab (or other monoclonal antibodies) in the first-line setting for haematological malignancies
- Liposomal amphotericin B for fungal infections
- Any specialised or new chemotherapeutic drugs that have not convincingly demonstrated a survival advantage of more than 3 months in advanced or metastatic malignancies, unless pre-authorised
- Trastuzumab (Herceptin) for the treatment of HER2-positive early breast cancer and metastatic cancer on all options except for BonComprehensive
- Carmustine wafers for the treatment of malignant gliomas
- Medicines not included in a prescription from a medical practitioner or other healthcare professional who is legally entitled to prescribe such medicines (except for schedule 0, 1 and 2 medicines supplied by a registered pharmacist)
- Medicines for intestinal flora
- Medicines defined as exclusions by the relevant managed healthcare programme
- Medicines not approved by the Medicines Control Council, unless Section 21 approval is obtained and pre-authorised by the relevant managed healthcare programme
- Medicines not authorised by the relevant managed healthcare programme
- Patent medicines, household remedies and proprietary preparations, and preparations not otherwise classified
- Slimming preparations for obesity
- Smoking cessation and anti-smoking preparations, unless authorised as part of the Wellness Extender benefit, excluded on BonCap
- Tonics, evening primrose oil, fish liver oils, multivitamin preparations and/or trace elements and/or mineral combinations (except for registered products that include haemotonics and those for use by infants and pregnant mothers)
- Biological drugs, except on BonComprehensive and BonClassic, and Beta-Interferon for the treatment of Multiple Sclerosis as per the PMB algorithm
- All benefits for clinical trials and all treatment/admission costs relating to complications of trial drugs, unless pre-authorised by the relevant managed healthcare programme
- Diagnostic agents, unless authorised
- Growth hormones, unless pre-authorised
- Immunoglobulins and immune stimulants, oral and parenteral, unless pre-authorised
- Medicines used specifically to treat alcohol and drug addiction, unless PMB.

Mental health

- Sleep therapy
- Educational psychology visits for adult beneficiaries (over 21 years of age).

Non-surgical procedures and tests

- Epilation – treatment for hair removal
- Hyperbaric oxygen therapy except for PMBs
- Facet joint injections and percutaneous radiofrequency ablations (percutaneous rhizotomies) on BonCap.

Optometry

- Coloured and other cosmetic effect contact lenses, and contact lens accessories and solutions
- Optical devices which are not regarded by the relevant managed healthcare programme, as clinically essential or clinically desirable except on BonSave, BonFit, BonClassic and BonComprehensive
- Sunglasses and prescription sunglasses.

Organs, Haemopoietic, Stem cell (bone marrow) transplantation and immunosuppressive medication

- Organs and haemopoietic stem cell (bone marrow) donations to any person other than to a member or dependant of a member on this Fund.

Paramedical Services

- Pharmacy services

Pathology and Medical Technology

- HIV resistance testing, unless pre-authorised
- Gene sequencing.

Physical therapy

- X-rays performed by chiropractors
- Chiropractor benefits in hospital
- Physiotherapy for mental health admissions.

Prostheses internal and external

- Cochlear implants on BonComplete, BonEssential, BonSave, BonFit, Primary and BonCap
- Osseo-integrated implants for dental purposes to replace missing teeth, unless specifically provided for in Annexure B
- Total ankle replacement on BonEssential, BonSave, BonFit, Primary and BonCap
- Implantable defibrillators on BonEssential, BonSave, BonFit, Primary and BonCap.

Radiology and radiography

- MRI scans ordered by a general practitioner, unless there is no reasonable access to a specialist
- Positron Emission Tomography, except for appropriate diagnosis, staging, the monitoring of response to treatment and investigation of residual tumour or suspected recurrence (restaging) bone densitometry performed by a general practitioner or specialist not included in the Fund credentialed list
- CT colonography (virtual colonoscopy) for screening
- MDCT Coronary Angiography for screening
- If application for a pre-authorisation reference number (PAR) for specialised radiology procedures is not made or is refused, no benefits are payable
- All screening that has not been pre-authorised or is not in accordance with the Fund's policies and protocols.

Surgical procedures

- Abdominoplasties and the repair of divarication of the abdominal muscles
- Balloon sinuplasty on BonCap, BonEssential, BonFit, BonSave and Primary
- Bilateral gynaecomastia
- Blepharoplasties unless causing demonstrated functional visual impairment and pre-authorised
- Breast augmentation
- Breast reconstruction - unless mastectomy following cancer and pre-authorised
- Breast reductions, (except on BonComprehensive - subject to prior pre-authorisation and in accordance with the agreed clinical protocol)
- All costs for cosmetic surgery performed over and above the codes authorised for admission
- Deep brain stimulation for Parkinson's and intractable epilepsy on BonCap, BonClassic, BonComplete, BonEssential, BonFit, BonSave and Primary
- Erectile dysfunction surgical procedures
- Gender reassignment medical or surgical treatment
- Genioplasties as an isolated procedure
- Custom-made hip arthroplasty for inflammatory and degenerative joint disease
- Keloid surgery except for functional impairment
- Laparoscopic unilateral primary inguinal hernia repair on BonCap, BonEssential, BonSave, BonFit and Primary
- Obesity - surgical treatment or bariatric surgery (except on BonComprehensive, in accordance with the agreed clinical protocol and subject to prior pre-authorisation. Not including post-operative plastic and reconstructive surgery)
- Otoplasties
- Pectus excavatum/carinatum
- Percutaneous valve replacement, including transcatheter aortic valve implantation and repairs on BonCap, BonEssential, BonSave, BonFit and Primary
- Refractive surgery except on BonComprehensive
- Revision of scars except for functional impairment
- Rhinoplasties for cosmetic purposes

- Robotic surgery, other than for radical prostatectomy where authorised by the managed care organisation; additional costs relating to the use of the robot during such pre-authorised surgery, and including additional fees pertaining to theatre time, disposables and equipment fees remain excluded. Excluded on BonCap.
- Uvulo palatal pharyngoplasty (UPPP and LAUP).

Other

- Appointments which a beneficiary fails to keep
- Autopsies
- Cryo-storage of foetal stem cells and sperm
- Holidays for recuperative purposes
- Nuclear or radio-active material or waste
- Travelling expenses
- Veterinary products
- Delivery charges or fees.



 **0861 239 333**

 **www.bonitas.co.za**

 **Bonitas Medical Fund**

 **@BonitasMedical**

SWITCH TO MEDICAL AID

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 Scheme Rules, the Scheme Rules will prevail. The Scheme Rules are available on request. Benefits are subject to approval from the Council for Medical Schemes.

