

2017

BONCLASSIC

> SWITCH TO MEDICAL AID

*Bonitas*



# BONCLASSIC

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

- > Unlimited cover up to 100% in hospital
- > Network specialists paid in full in hospital
- > No co-payments for CT scans and MRIs
- > Generous savings and additional benefits for optometry
- > Cover for basic and specialised dentistry including orthodontics
- > Separate benefits for physiotherapy, blood and laboratory tests and paramedical services
- > Cover for 48 chronic conditions
- > Benefit for non-cancer specialised drugs (including biological drugs)
- > Generous preventative care and maternity benefits
- > Annual wellness screening and R1 450 for Wellness Extender



**Main member**

R3 648



**Adult dependant**

R3 132



**Child dependant**

R 900

Your 4th and subsequent children will be covered free of charge.



## IN-HOSPITAL BENEFITS

Cover for major medical events that result in a beneficiary being admitted into hospital.

Pre-authorisation is required.

We negotiate extensively with hospitals to ensure the best possible value for our members. Members have access to all private hospitals. A co-payment will apply to admissions at specific hospitals. Please call us on **0860 002 108** or log in to **www.bonitas.co.za** for a list of these hospitals.

<b>GP consultations</b>	Unlimited, covered at 100% of the Bonitas Rate
<b>Specialist consultations</b>	Unlimited, network specialists covered in full Unlimited, non-network specialists paid at 100% of the Bonitas Rate
<b>Blood tests and other laboratory tests</b>	Unlimited, covered at 100% of the Bonitas Rate
<b>X-rays and ultrasounds</b>	Unlimited, covered at 100% of the Bonitas Rate
<b>MRIs and CT scans</b> (specialised radiology)	R26 100 per family, in and out of hospital Pre-authorisation required
<b>Paramedical/Allied medical professionals</b> (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
<b>Internal and external prostheses</b>	R49 150 per family If you do not use the preferred provider for hip and knee replacements, you will have to pay a R5 300 co-payment Managed Care protocols apply Pre-authorisation required You must use a preferred supplier
<b>Spinal surgery</b>	You will have to pay a R5 300 co-payment if you do not go for an assessment through the back and neck rehabilitation programme
<b>Cochlear implants</b>	R250 000 per family You must use a preferred supplier

<b>Mental health hospitalisation</b>	R37 100 per family No cover for physiotherapy for mental health admissions You must use a Designated Service Provider
<b>Take-home medicine</b>	R420 per beneficiary, per hospital stay
<b>Physical rehabilitation</b>	R44 650 per family Pre-authorisation required
<b>Alternatives to hospital</b> (hospice, step-down facilities)	R14 900 per family Pre-authorisation required
<b>Cancer treatment</b>	R369 500 per family You must use a preferred provider Pre-authorisation required
<b>Non-cancer specialised drugs</b> (including biological drugs)	R110 400 per family 10% co-payment applies Managed Care protocols apply Pre-authorisation required
<b>Organ transplants</b>	Unlimited, covered at 100% of the Bonitas Rate Pre-authorisation required
<b>Kidney dialysis</b>	Unlimited, at a preferred provider Pre-authorisation required
<b>HIV/AIDS</b>	Unlimited, if you register on the HIV/AIDS programme



## 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.

	<b>Main member</b>	<b>Adult dependant</b>	<b>Child dependant</b>
<b>Savings</b>	R6 192	R5 316	R1 524
<b>GP consultations</b>	Paid from available savings		
<b>Specialist consultations</b>	Paid from available savings You must get a referral from your GP		
<b>Blood tests and other laboratory tests</b>	R2 800 per beneficiary R6 200 per family		
<b>X-rays and ultrasounds</b>	R2 800 per beneficiary R4 340 per family		
<b>MRIs and CT scans</b> (specialised radiology)	R26 100 per family, in and out of hospital Pre-authorisation required		
<b>Acute medicine</b>	Paid from available savings		
<b>Over-the-counter medicine</b>	Paid from available savings		
<b>Paramedical/Allied medical professionals</b> (such as physiotherapists, occupational therapists, dieticians and biokineticists)	<b>Main member only</b> R2 670  <b>Main member + 1 dependant</b> R4 090  <b>Main member + 2 dependants</b> R4 720  <b>Main member + 3 dependants</b> R5 040  <b>Main member + 4 or more dependants</b> R5 400		
<b>Physical therapy</b>	R1 380 per beneficiary R2 800 per family		

<b>Mental health consultations</b>	R14 300 per family  In and out-of-hospital consultations (included in the mental health hospitalisation benefit)  No cover for educational psychologists for beneficiaries older than 21 years
<b>General medical appliances</b> (such as wheelchairs and crutches)	R7 000 per family  Foot orthotics paid from available savings
<b>Hearing aids</b>	R15 200 per family, once every 3 years (based on the date of your previous claim)  10% co-payment applies  You must use a preferred supplier
<b>Optometry</b>	R5 300 per family, once every 2 years (based on the date of your previous claim)  Each beneficiary can choose glasses or contact lenses
<b>Eye tests</b>	1 per beneficiary, once every 2 years at a network provider, at network rates  <b>OR</b> R350 per beneficiary, at a non-network provider
<b>Single vision lenses (Clear) or</b>	100% towards the cost of lenses at network rates  R150 per lens, per beneficiary, out of network
<b>Bifocal lenses (Clear) or</b>	100% towards the cost of lenses at network rates  R325 per lens, per beneficiary, out of network
<b>Multifocal lenses (Clear)</b>	100% towards the cost of lenses at network rates  R700 per lens, per beneficiary, out of network
<b>Frames</b>	R740 per beneficiary, once every 2 years

<b>Contact lenses</b>	R1 790 per beneficiary, included in family limit
<b>Basic dentistry</b>	R4 200 per family, per year Covered at the Bonitas Dental Tariff
<b>Consultations</b>	2 annual check-ups per beneficiary (once every 6 months)
<b>X-rays: Intra-oral</b>	Managed Care protocols apply
<b>X-rays: Extra-oral</b>	1 per beneficiary, every 3 years Additional benefits may be considered if specialised dental treatment is required
<b>Oral hygiene</b>	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
<b>Fillings</b>	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
<b>Root canal therapy and extractions</b>	Managed Care protocols apply
<b>Plastic dentures and associated laboratory costs</b>	1 set of plastic dentures (an upper and a lower) per beneficiary, once every 4 years Managed Care protocols apply
<b>Specialised dentistry</b>	R5 050 per family, per year Covered at the Bonitas Dental Tariff
<b>Partial metal frame dentures and associated laboratory costs</b>	2 partial frames (an upper and a lower) per beneficiary, once every 5 years Managed Care protocols apply

<b>Crowns, bridges and associated laboratory costs</b>	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 You must use a provider on the DENIS network Pre-authorisation required
<b>Implants and associated laboratory costs</b>	No benefit
<b>Orthodontics and associated laboratory costs</b>	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
<b>Periodontics</b>	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	
<b>Surgery in the dental chair</b>	Managed Care protocols apply
<b>Hospitalisation</b> (general anaesthetic)	A co-payment of R3 000 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
<b>Laughing gas in dental rooms</b>	Managed Care protocols apply
<b>IV conscious sedation in rooms</b>	Limited to extensive dental treatment
	Managed Care protocols apply
	Pre-authorisation required
<b>Scheme exclusions</b>	Please see page 52



## CHRONIC BENEFITS

BonClassic offers generous cover for 48 chronic conditions. Cover is limited to R10 200 per beneficiary and R21 100 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.

Pre-authorisation is required. You can get your medicine from any pharmacy on our network.

Once the amount above is finished, you will still be covered for the 27 Prescribed Minimum Benefits, listed below, from our Designated Service Provider. If you do not use the Designated Service Provider, 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. Panic Disorder
29. Ankylosing Spondylitis	36. Generalised Anxiety Disorder	43. Polyarteritis Nodosa
30. Attention Deficit Disorder (in children aged 5-18)	37. Gout	44. Pulmonary Interstitial Fibrosis
31. Barrett's Oesophagus	38. Hypoparathyroidism	45. Post-Traumatic Stress Disorder
32. Benign Prostatic Hypertrophy	39. Obsessive Compulsive Disorder	46. Scleroderma
33. Depression	40. Osteoporosis	47. Tourette's Syndrome
34. Eczema	41. Paget's Disease	48. Zollinger-Ellison Syndrome



## SUPPLEMENTARY BENEFITS

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

Maternity care	
Per pregnancy	12 antenatal consultations with a gynaecologist, GP or midwife
	2 2D ultrasound scans
	R1 100 for antenatal classes
Per pregnancy	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)
Babyline	
For children under 2½ 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
Cardiac health	1 full lipogram every 5 years, for members aged 20 and over
Women's health	1 mammogram every 2 years, for women between ages 40 and 74
	1 pap smear every 3 years, for women between ages 21 and 65
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
Elderly health	1 bone density screening every 5 years, for women aged 65 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"> <li>• Blood pressure</li> <li>• Glucose</li> <li>• Cholesterol</li> <li>• Body mass index</li> <li>• Waist-to-hip ratio</li> </ul>
Wellness Extender	R1 450 per family
	Each beneficiary must complete a wellness screening and register for this benefit. You may then choose from the following additional benefits: <ul style="list-style-type: none"> <li>• GP consultation(s)</li> <li>• Biokineticist consultation(s)</li> <li>• Dietician consultation(s)</li> <li>• Physiotherapy consultation(s)</li> <li>• A programme to stop smoking</li> </ul>
All claims are paid at the Bonitas Rate	

# Bonitas

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 0860 002 108

 [www.bonitas.co.za](http://www.bonitas.co.za)

 Bonitas Medical Fund

 @BonitasMedical

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**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.