

2017

BONCOMplete

> SWITCH TO MEDICAL AID

*Bonitas*



# BONCOMplete

This savings option offers generous savings, an above threshold benefit and rich hospital cover.

- > Unlimited cover up to 100% in hospital
- > Network specialists paid in full in hospital
- > Additional benefit for take-home medicine after hospital stay
- > No co-payments for CT scans and MRIs
- > Savings and above threshold benefits
- > Additional benefit for basic dentistry
- > Cover for 31 chronic conditions
- > Childhood illness, infant paediatric and maternity benefits
- > Generous preventative care benefits
- > Annual wellness screening and R1 450 for Wellness Extender



**Main member**

R2 923



**Adult dependant**

R2 340



**Child dependant**

R 794

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](http://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)	R21 000 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>	R39 800 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>Mental health hospitalisation</b>	R29 000 per family  No cover for physiotherapy for mental health admissions  You must use a Designated Service Provider
<b>Take-home medicine</b>	R370 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>	R310 150 per family  You must use a preferred provider  Pre-authorisation required
<b>Organ transplants</b>	Unlimited  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.

	Main member	Adult dependant	Child dependant
<b>Savings</b>	R5 256	R4 200	R1 428
<b>Self-payment gap</b>	R1 568	R1 326	R 336
<b>Threshold level</b>	R6 824	R5 526	R1 764
<b>Above threshold benefit</b>	R4 150	R2 450	R1 060

Once your savings for the year are finished, you will need to pay for day-to-day medical expenses out of your own pocket until you have paid the full self-payment gap. You will then reach the threshold level and have access to your above threshold benefit. Please submit all claims you have paid while in the self-payment gap to us, so that we can keep a record. Not all claims accumulate to the threshold level.

**Please note:** You must get a GP referral for specialist consultations (excluding consultations with oncologists and ophthalmologists; maternity consultations and consultations with paediatricians for children under age 2).

<b>GP consultations</b>	Paid from available savings and/or above threshold benefit
<b>Specialist consultations</b>	Paid from available savings and/or above threshold benefit You must get a referral from your GP
<b>Blood tests and other laboratory tests</b>	Paid from available savings and/or above threshold benefit
<b>X-rays and ultrasounds</b>	Paid from available savings and/or above threshold benefit
<b>MRIs and CT scans (specialised radiology)</b>	R21 000 per family, in and out of hospital Pre-authorization required
<b>Acute medicine</b>	Paid from available savings and/or above threshold benefit
<b>Over-the-counter medicine</b>	Paid from available savings and/or above threshold benefit
<b>Paramedical/Allied medical professionals (such as physiotherapists, occupational therapists, dieticians and biokineticists)</b>	Paid from available savings and/or above threshold benefit

<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 (such as wheelchairs and crutches)</b>	Paid from available savings and/or above threshold benefit Foot orthotics paid from available savings You must use a preferred supplier
<b>Hearing aids</b>	Paid from available savings and/or above threshold benefit Available once every 2 years (based on the date of your previous claim) You must use a preferred supplier
<b>Optometry</b>	Paid from available savings and/or above threshold benefit, once every 2 years (based on the date of your previous claim)
<b>Basic dentistry</b>	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>	<p>Benefit for fillings is granted once per tooth, in 365 days</p> <p>Benefit for re-treatment of a tooth is subject to Managed Care protocols</p> <p>A treatment plan and x-rays may be required for multiple fillings</p>
<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
<b>Specialised dentistry</b>	Covered at the Bonitas Dental Tariff
<b>Partial metal frame dentures and associated laboratory costs</b>	<p>1 partial frame (an upper or a lower) per beneficiary, once every 5 years</p> <p>Managed Care protocols apply</p>
<b>Crowns, bridges and associated laboratory costs</b>	<p>1 crown per family, per year</p> <p>Benefit for crowns will be granted once per tooth, every 5 years</p> <p>A treatment plan and x-rays may be requested</p> <p>You must use a provider on the DENIS network</p> <p>Pre-authorisation required</p>
<b>Implants and associated laboratory costs</b>	No benefit

<b>Orthodontics and associated laboratory costs</b>	<p>Orthodontic treatment is granted once per beneficiary, per lifetime</p> <p>Pre-authorisation cases will be clinically assessed by using an orthodontic needs analysis</p> <p>Benefit allocation is subject to the outcome of the needs analysis and funding can be granted up to 65% of the Bonitas Dental Tariff</p> <p>Benefit for orthodontic treatment will be granted where function is impaired (not granted for cosmetic reasons)</p> <p>Only 1 family member may begin orthodontic treatment in a calendar year</p> <p>Benefit for fixed comprehensive treatment is limited to beneficiaries from age 9 and younger than 18 years</p> <p>Managed Care protocols apply</p> <p>Pre-authorisation required</p>
<b>Periodontics</b>	<p>Benefit is limited to conservative, non-surgical therapy only and will only be applied to members who are registered on the Periodontal Programme</p> <p>Managed Care protocols apply</p> <p>Pre-authorisation required</p>
<b>Maxillo-facial surgery and oral pathology</b>	
<b>Surgery in the dental chair</b>	Managed Care protocols apply
<b>Hospitalisation (general anaesthetic)</b>	<p>A co-payment of R3 000 per hospital admission and admission protocols apply</p> <p>General anaesthetic is only available to children under the age of 5 for extensive dental treatment</p> <p>General anaesthetic benefit is available for the removal of impacted teeth</p> <p>Managed Care protocols apply</p> <p>Pre-authorisation required</p>

<b>Laughing gas in dental rooms</b>	Managed Care protocols apply
	Limited to extensive dental treatment
<b>IV conscious sedation in rooms</b>	Managed Care protocols apply
	Pre-authorisation required
<b>Scheme exclusions</b>	Please see page 52



## SUPPLEMENTARY BENEFITS

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

<b>Maternity care</b>	
	6 antenatal consultations with a gynaecologist, GP or midwife
	R1 100 for antenatal classes
	2 2D ultrasound scans
<b>Per pregnancy</b>	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)
<b>Babyline</b>	
<b>For children under 2½ years</b>	Access to telephone helpline for 24/7 medical advice, including weekends and holidays
<b>Infant paediatric benefit</b>	
<b>Children under 1 year</b>	2 consultations with a paediatrician
<b>Children between ages 1 and 2</b>	1 consultation with a paediatrician
<b>Childhood illness benefit</b>	
<b>Children between ages 2 and 12</b>	1 GP consultation
<b>Preventative care</b>	
<b>General health</b>	1 HIV test per beneficiary
	1 flu vaccine per beneficiary
<b>Cardiac health</b>	1 full lipogram every 5 years, for members aged 20 and over
<b>Women's health</b>	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



## CHRONIC BENEFITS

BonComplete offers cover for 31 chronic conditions, using the applicable formulary. Pre-authorisation is required.

You must use our Designated Service Provider to get your medicine. If you do not use the 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

### Additional conditions covered for children

28. Acne	30. Allergic Dermatitis / Eczema	31. Attention Deficit Disorder (in children aged 5-18)
29. Allergic Rhinitis		

<b>Elderly health</b>	<p>1 pneumococcal vaccine every 5 years, for members aged 65 and over</p> <p>1 stool test for colon cancer, for members between ages 50 and 75</p>
<b>Wellness benefits</b>	
<b>Wellness screening</b>	<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"> <li>• Blood pressure</li> <li>• Glucose</li> <li>• Cholesterol</li> <li>• Body mass index</li> <li>• Waist-to-hip ratio</li> </ul>
<b>Wellness Extender</b>	<p>R1 450 per family</p> <p>Each beneficiary must complete a wellness screening and register for this benefit. You may then choose from the following additional benefits:</p> <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> <p>All claims are paid at the Bonitas Rate</p>

# Bonitas

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0860 002 108



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



Bonitas Medical Fund



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**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.