

2017

BONCOMPREHENSIVE

> SWITCH TO MEDICAL AID

Bonitas



BONCOMPREHENSIVE

This first-class savings plan offers ample savings, an above threshold benefit and extensive hospital cover.

- > Unlimited cover up to 300% in hospital
- > No network restrictions or co-payments on CT scans and MRIs
- > Rich savings and above threshold benefits
- > Extensive cover for 62 chronic conditions
- > Specialised dentistry and refractive surgery
- > Cancer benefit of R556 700 including benefit for specialised drugs
- > Comprehensive preventative care benefits
- > Annual wellness screening and R2 100 for Wellness Extender
- > Extensive maternity benefits including private ward
- > Cover for childhood vaccines and infant paediatric and childhood illness benefits



**Main
member**

R5 254



**Adult
dependant**

R4 956



**Child
dependant**

R1 069

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.

GP consultations	Unlimited, covered at 300% of the Bonitas Rate
Specialist consultations	Unlimited, covered at 300% of the Bonitas Rate
Blood tests and other laboratory tests	Unlimited, covered at 100% of the Bonitas Rate
X-rays and ultrasounds	Unlimited, covered at 100% of the Bonitas Rate
MRIs and CT scans (specialised radiology)	Unlimited Pre-authorisation required
Paramedical/Allied medical professionals (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
Internal prosthesis	R49 600 per family Pre-authorisation required
External prosthesis	R49 600 per family Pre-authorisation required
Internal nerve stimulators	R149 100 per family
Cochlear implants	R250 000 per family You must use a preferred supplier
Mental health hospitalisation	R42 200 per family No cover for physiotherapy for mental health admissions You must use a Designated Service Provider
Take-home medicine	R490 per beneficiary, per hospital stay

Physical rehabilitation	R44 650 per family Pre-authorisation required
Alternatives to hospital (hospice, step-down facilities)	R14 900 per family Pre-authorisation required
Cancer treatment	R556 700 per family Pre-authorisation required R220 900 of this can be used for specialised drugs (including biological drugs)
Non-cancer specialised drugs (including biological drugs)	R176 700 per family Managed Care protocols apply
Organ transplants	Unlimited Pre-authorisation required
Kidney dialysis	Unlimited You must use a preferred provider Pre-authorisation required
HIV/AIDS	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
Savings	R11 892	R11 220	R 2 424
Self-payment gap	R 3 600	R 2 980	R 1 370
Threshold level	R15 492	R14 200	R 3 794
Above threshold benefit	Unlimited	Unlimited	Unlimited

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).

GP consultations	Paid from available savings and/or above threshold benefit
Specialist consultations	Paid from available savings and/or above threshold benefit You must get a referral from your GP
Blood tests and other laboratory tests	Paid from available savings and/or above threshold benefit
X-rays and ultrasounds	Paid from available savings and/or above threshold benefit
MRIs and CT scans (specialised radiology)	R28 200 per family Pre-authorization required
Acute medicine	Paid from available savings and/or above threshold benefit
Over-the-counter medicine	Paid from available savings and/or above threshold benefit
Paramedical/Allied medical professionals (such as physiotherapists, occupational therapists, dieticians and biokineticists)	Paid from available savings and/or above threshold benefit

Mental health consultations	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
Refractive surgery	R18 700 per family Pre-authorization required
General medical appliances (such as wheelchairs and crutches)	R7 550 per family Stoma care and CPAP machines may exceed the general medical appliances limit by R5 550 per family Foot orthotics paid from available savings You must use a preferred supplier
Hearing aids	R23 200 per family, once every 2 years (based on the date of your previous claim) 10% co-payment applies You must use a preferred supplier
Optometry	Limited to R2 880, once every 2 years (based on the date of your previous claim) per beneficiary Paid from available savings and/or above threshold benefit
Basic dentistry	Paid from available savings and/or above threshold benefit
Consultations	Once per beneficiary, every 6 months
X-rays: Intra-oral	Managed Care protocols apply
X-rays: Extra-oral	1 per beneficiary, every 3 years Additional benefits may be considered where specialised dental treatment is required

Oral hygiene	<p>Once per beneficiary, every 6 months</p> <p>Fissure sealants are only covered for children under 16 years</p> <p>Fluoride treatments are only covered for children from age 5 and younger than 16 years</p>
Fillings	<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>
Root canal therapy and extractions	Managed Care protocols apply
Plastic dentures and associated laboratory costs	1 set of plastic dentures (an upper and a lower) per beneficiary, once every 4 years
Specialised dentistry	Paid from available savings and/or above threshold benefit
Partial metal frame dentures and associated laboratory costs	<p>2 partial frames (an upper and a lower) per beneficiary, once every 5 years</p> <p>Managed Care protocols apply</p>
Crowns, bridges and associated laboratory costs	<p>3 crowns 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>Pre-authorisation required</p>
Implants and associated laboratory costs	<p>2 implants per beneficiary, once every 5 years</p> <p>Cost of implant components is limited to R2 350 per implant</p> <p>Managed Care protocols apply</p> <p>Pre-authorisation required</p>

Orthodontics and associated laboratory costs	<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 100% 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>
Periodontics	<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>
Maxillo-facial surgery and oral pathology	
Surgery in the dental chair	Managed Care protocols apply
Hospitalisation (general anaesthetic)	<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>
Laughing gas in dental rooms	Managed Care protocols apply

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



CHRONIC BENEFITS

BonComprehensive offers extensive cover for the 62 chronic conditions listed below. This is limited to R12 450 per beneficiary and R24 800 per family on the applicable formulary. Pre-authorisation is required. If you use medicine that is not listed on the formulary, you will have to pay a 40% co-payment.

You can get your medicine from any pharmacy.

Once the amount above is finished, you will still be covered for the 27 Prescribed Minimum Benefits, listed below.

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. Acne	40. Depression	52. Osteoporosis
29. Allergic Rhinitis	41. Eczema	53. Paget's Disease
30. Alzheimer's Disease (early onset)	42. Gastro-Oesophageal Reflux Disease (GORD)	54. Panic Disorder
31. Ankylosing Spondylitis	43. Generalised Anxiety Disorder	55. Pemphigus
32. Anorexia Nervosa	44. Gout	56. Polyarteritis Nodosa
33. Attention Deficit Disorder (in children aged 5-18)	45. Huntington's Disease	57. Post-Traumatic Stress Disorder
34. Barrett's Oesophagus	46. Hyperthyroidism	58. Pulmonary Interstitial Fibrosis
35. Behcet's Disease	47. Hypoparathyroidism	59. Psoriatic Arthritis
36. Bulimia Nervosa	48. Myaesthesia Gravis	60. Systemic Sclerosis
37. Cystic Fibrosis	49. Narcolepsy	61. Tourette's Syndrome
38. Dermatitis	50. Neuropathies	62. Zollinger-Ellison Syndrome
39. Dermatomyositis	51. Obsessive Compulsive Disorder	



SUPPLEMENTARY BENEFITS

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

Maternity care	
Per pregnancy	Private ward after delivery
	12 antenatal consultations with a gynaecologist, GP or midwife
	2 2D ultrasound scans
	R1 100 for antenatal classes
	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
Infant paediatric benefit	
Children under 1 year	3 consultations with a paediatrician
Children between ages 1 and 2	2 consultations with a paediatrician
Childhood illness benefit	
Children between ages 2 and 12	2 GP consultations
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
Children's health	1 thyroid stimulating hormone test for infants under 1 month old
	Childhood immunisations according to Expanded Programme on Immunisation in South Africa

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
Men's health	1 prostate screening antigen test for men between ages 55 and 69, who are considered to be at high risk for prostate cancer
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
	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"> • Blood pressure • Glucose • Cholesterol • Body mass index • Waist-to-hip ratio
Wellness Extender	R2 100 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"> • GP consultation(s) • Biokineticist consultation(s) • Dietician consultation(s) • Physiotherapy consultation(s) • A programme to stop smoking
All claims are paid at the Bonitas Rate	

Bonitas



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www.bonitas.co.za



Bonitas Medical Fund



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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.