

2017

BONSAVE

> SWITCH TO MEDICAL AID

*Bonitas*

# > BONSAVE

This savings option offers sufficient savings to use as you choose for medical expenses and extensive hospital cover.

- > Unlimited cover up to 150% in hospital
- > Specialists paid at 150% in hospital
- > No co-payments for CT scans and MRIs
- > Reasonable co-payments for certain in-hospital procedures
- > Additional benefit for take-home medicine after hospital stay
- > Savings plus additional benefit for basic dentistry
- > Cover for up to 6 additional GP consultations after savings are finished
- > 27 PMB chronic conditions covered
- > Childhood illness, infant paediatric and maternity benefits
- > Annual wellness screening and R1 050 for Wellness Extender



**Main  
member**

R2 135



**Adult  
dependant**

R1 654



**Child  
dependant**

R 640

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 150% of the Bonitas Rate
<b>Specialist consultations</b>	Unlimited, covered at 150% 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>	PMB only Managed Care protocols apply Pre-authorisation required You must use a preferred supplier
<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>	R340 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 You must use the Designated Service Provider Pre-authorisation required
<b>HIV/AIDS</b>	Unlimited, if you register on the HIV/AIDS programme

## A co-payment will apply to the following procedures in hospital

R1 300 co-payment	R3 300 co-payment	R6 500 co-payment
1. Colonoscopy	1. Arthroscopy	1. Back Surgery including Spinal Fusion
2. Conservative Back Treatment	2. Diagnostic Laparoscopy	2. Joint Replacements
3. Cystoscopy	3. Laparoscopic Hysterectomy	3. Laparoscopic Pyeloplasty
4. Facet Joint Injections	4. Laparoscopic Appendectomy	4. Laparoscopic Radical Prostatectomy
5. Flexible Sigmoidoscopy	5. Percutaneous Radiofrequency Ablations (Percutaneous Rhizotomies)	5. Nissen Fundoplication (Reflux Surgery)
6. Functional Nasal Surgery		
7. Gastrosocopy		
8. Hysteroscopy (not Endometrial Ablation)		
9. Myringotomy		
10. Tonsillectomy and Adenoidectomy		
11. Umbilical Hernia Repair		
12. Varicose Vein Surgery		



## 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>	R4 104	R3 180	R1 236
<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>Acute medicine and over-the-counter medicine</b>	Paid from available savings		
<b>X-rays and ultrasounds</b>	Paid from available savings		
<b>MRIs and CT scans</b> (specialised radiology)	R21 000 per family, in and out of hospital Pre-authorization required		
<b>Blood tests and other laboratory tests</b>	Paid from available savings R14 300 per family		
<b>Mental health consultations</b>	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>Paramedical/Allied medical professionals</b> (such as physiotherapists, occupational therapists, dieticians and biokineticists)	Paid from available savings		
<b>General medical appliances</b> (such as wheelchairs and crutches)	R6 200 per family Stoma care and CPAP machines may exceed the general medical appliances limit by R5 900 per family Foot orthotics paid from available savings You must use a preferred supplier		
<b>Optometry</b>	Paid from available savings		
<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>	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>	Benefit for root canal includes all teeth except primary teeth and permanent molars  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>	No benefit
<b>Maxillo-facial surgery and oral pathology</b>	
<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

BonSave 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 or savings.

<b>Additional GP consultations</b>	If you use all your savings for the year, your family will still get a maximum of 6 GP consultations (limited to 3 per beneficiary) paid at the Bonitas Rate
<b>Maternity care</b>	
<b>Per pregnancy</b>	<p>6 antenatal consultations with a gynaecologist, GP or midwife</p> <p>2 2D ultrasound scans</p> <p>R1 100 for antenatal classes</p> <p>1 amniocentesis</p> <p>4 consultations with a midwife after delivery</p> <p>A Bonitas baby bag (you must register for this after obtaining pre-authorisation for the delivery)</p>
<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>	<p>1 HIV test per beneficiary</p> <p>1 flu vaccine per beneficiary</p>
<b>Women's health</b>	1 pap smear every 3 years, for women between ages 21 and 65
<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 050 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



@BonitasMedical

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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.