2017

PRIMARY

SWITCH TO MEDICAL AID

Bonitas

PRIMARY

This traditional option offers simple day-to-day benefits and 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
- Reasonable co-payments for certain in-hospital procedures
- No co-payments for CT scans and MRIs
- Separate benefit for GP consultations
- Rich day-to-day benefits plus basic dentistry and optometry benefits
- 27 PMB chronic conditions covered
- Childhood illness, infant paediatric and maternity benefits
- Annual wellness screening and R1 050 for Wellness Extender

Main member	Adult dependant	Child dependant
R1 924	R1 505	R 613

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 100% of the Bonitas Rate
Specialist consultations	Unlimited, network specialists covered in full Unlimited, non-network specialists paid at 100% 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)	R11 700 per family, in and out of hospital 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 and external prostheses	PMB only Managed Care protocols apply Pre-authorisation required You must use a preferred supplier
Mental health hospitalisation	R14 250 per family No cover for physiotherapy for mental health admissions You must use a Designated Service Provider
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)	R14 900 per family Pre-authorisation required
Cancer treatment	R149 000 per family You must use a preferred provider Pre-authorisation required
Organ transplants	PMB only Pre-authorisation required
Kidney dialysis	PMB only You must use the Designated Service Provider Pre-authorisation required
HIV/AIDS	Unlimited, if you register on the HIV/AIDS programme

PRIMARY

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. Gastroscopy		
8. Hysteroscopy (not Endometrial Ablation)		
9. Myringotomy		
10. Tonsillectomy and Adenoidectomy		
11. Umbilical Hernia Repair		
12. Varicose Vein Surgery		

OUT-OF-HOSPITAL BENEFITS

Out-of-hospital claims will be paid from available day-to-day benefits. There is a separate benefit for GP consultations.

GP consultations

If you do not use a GP on our network, your benefit for GP consultations will be limited to the non-network GP consultation benefit. This is shown in the table below.

Main member only	R1 800 (R580 of this may be used for non-network GP consultations)
Main member + 1 dependant	R3 300 (R1 100 of this may be used for non-network GP consultations)
Main member + 2 dependants	R3 900 (R1 250 of this may be used for non-network GP consultations)
Main member + 3 dependants	R4 200 (R1 400 of this may be used for non-network GP consultations)
Main member + 4 or more dependants	R4 750 (R1 650 of this may be used for non-network GP consultations)

Day-to-day benefits

These benefits provide cover for consultations with your specialist, acute medicine, x-rays, blood tests and other out-of-hospital medical expenses.

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).

Main member only	R1 900
Main member + 1 dependant	R3 400
Main member + 2 dependants	R4 000
Main member + 3 dependants	R4 300
Main member + 4 or more dependants	R4 650

Specialist consultations	Paid from available day-to-day benefits You must get a referral from your GP
Blood tests and other laboratory tests	Paid from available day-to-day benefits
X-rays and ultrasounds	Paid from available day-to-day benefits
MRIs and CT scans (specialised radiology)	R11 700 per family, in and out of hospital Pre-authorisation required
Acute medicine	Paid from available day-to-day benefits

PRIMARY

Over-the-counter medicine	R1 290 per family R440 per beneficiary Paid from available day-to-day benefits
Paramedical/Allied medical professionals (such as physiotherapists, occupational therapists, dieticians and biokineticists)	Paid from available day-to-day benefits
Mental health consultations	R8 600 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
General medical appliances (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 No benefit for foot orthotics You must use a preferred supplier
Optometry	R4 270 per family, once every 2 years (based on the date of your previous claim) Each beneficiary can choose glasses or contact lenses
Eye tests	1 per beneficiary, once every 2 years at a network provider at network rates **OR** R350 per beneficiary, once every 2 years at a non-network provider
Single vision lenses (Clear) or	100% towards the cost of lenses at network rates R150 per lens, per beneficiary, out of network
Bifocal lenses (Clear) or	100% towards the cost of lenses at network rates R325 per lens, per beneficiary, out of network
Multifocal lenses (Clear)	100% towards the cost of lenses at network rates R700 per lens, per beneficiary, out of network
Frames	R300 per beneficiary, once every 2 years
Contact lenses	R1 225 per beneficiary, included in the family limit
Basic dentistry	Covered at the Bonitas Dental Tariff You must use a provider on the DENIS network
Consultations	2 annual check-ups per beneficiary (once every 6 months)
X-rays: Intra-oral	Managed Care protocols apply
X-rays: Extra-oral	1 per beneficiary, every 3 years
Oral hygiene	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
Fillings	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
Root canal therapy and extractions	Managed Care protocols apply Benefit for root canal includes all teeth except primary teeth and permanent molars
Plastic dentures and associated laboratory costs	1 set of plastic dentures (an upper and a lower) per beneficiary, once every 4 years

PRIMARY

Specialised dentistry	No benefit
Maxillo-facial surgery and oral pathology	
Surgery in the dental chair	Managed Care protocols apply
Hospitalisation (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
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

The Primary Option 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.

Maternity care	
Per pregnancy	6 antenatal consultations with a gynaecologist, GP or midwife 2 2D ultrasound scans 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	1 consultation with a paediatrician
Children between ages 1 and 2	1 consultation with a paediatrician
Childhood illness benefit	
Children between ages 2 and 12	1 GP consultation
Preventative care	
General health	1 HIV test per beneficiary 1 flu vaccine per beneficiary
Women's health	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

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: • Blood pressure • Glucose • Cholesterol • Body mass index • Waist-to-hip ratio
Wellness Extender	R1 050 per family Each beneficiary must complete a wellness screening and register for this benefit. You may then choose from the following additional benefits: • 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

PRIMARY

Bonitas

0860 002 108

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.