2017

STANDARD

SWITCH TO MEDICAL AID

Bonitas

STANDARD

This traditional option offers rich day-to-day benefits and comprehensive 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
- Separate benefit for GP consultations
- Rich day-to-day benefits plus optometry benefit
- Cover for basic and specialised dentistry including orthodontics
- Cover for 44 chronic conditions
- Childhood illness, infant paediatric and maternity benefits
- Annual wellness screening and R1 450 for Wellness Extender

Main member	Adult dependant	Child dependant
R2 998	R2 600	R 880

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 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)	R23 500 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	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
Spinal surgery	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
Internal nerve stimulators	R149 100 per family
Cochlear implants	R250 000 per family You must use a preferred supplier
Mental health hospitalisation	R36 550 per family No cover for physiotherapy for mental health admissions You must use a Designated Service Provider
Take-home medicine	R420 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	R310 150 per family You must use a preferred provider Pre-authorisation required
Organ transplants	Unlimited Pre-authorisation required
Kidney dialysis	Unlimited, at a preferred provider Pre-authorisation required
HIV/AIDS	Unlimited, if you register on the HIV/AIDS programme

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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	R3 750 (R1 220 of this can be used for non-network GP consultations)
Main member + 1 dependant	R5 500 (R1 880 of this can be used for non-network GP consultations)
Main member + 2 dependants	R6 100 (R2 050 of this can be used for non-network GP consultations)
Main member + 3 dependants	R6 400 (R2 150 of this can be used for non-network GP consultations)
Main member + 4 or more dependants	R6 950 (R2 320 of this can 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	R 5 232
Main member + 1 dependant	R 7 970
Main member + 2 dependants	R 9 214
Main member + 3 dependants	R10 062
Main member + 4 or more dependants	R10 966

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)	R23 500 per family, in and out of hospital Pre-authorisation required
Acute medicine	Paid from available day-to-day benefits
Over-the-counter medicine	R700 per beneficiary R2 121 per family 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	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
General medical appliances (such as wheelchairs and crutches)	R6 900 per family Stoma care products 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
Hearing aids	R14 400 per family, once every 2 years (based on the date of your previous claim) 20% co-payment applies You must use a preferred supplier
Optometry	R5 550 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

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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	R850 per beneficiary, once every 2 years
Contact lenses	R1 850 per beneficiary (included in the family limit)
Basic dentistry	Covered at the Bonitas Dental Tariff
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 Additional benefit may be considered if specialist dental treatment planning/ follow up is required
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 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	Covered at the Bonitas Dental Tariff
Partial metal frame dentures and associated laboratory costs	1 partial frame (an upper or lower) per beneficiary, once every 5 years Managed Care protocols apply
Crowns, bridges and associated laboratory costs	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
Implants and associated laboratory costs	No benefit
Orthodontics and associated laboratory costs	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 80% 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

Periodontics	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	
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 Standard Option offers cover for 44 chronic conditions. Cover is limited to R8 650 per beneficiary and R17 350 per family on the applicable formulary. Pre-authorisation is required. If you choose to use medicine that is not on the formulary, you will have to pay a 40% co-payment. 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, through the 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. Acne	34. Dermatitis	40. Obsessive Compulsive Disorder
29. Allergic Rhinitis	35. Depression	41. Panic Disorder
30. Ankylosing Spondylitis	36. Eczema	42. Post-Traumatic Stress Disorder
31. Attention Deficit Disorder (in children aged 5-18)	37. Gastro-Oesophageal Reflux Disease (GORD)	43. Tourette's Syndrome
32. Barrett's Oesophagus	38. Gout	44. Zollinger-Ellison Syndrome
33. Behcet's Disease	39. Narcolepsy	

SUPPLEMENTARY BENEFITS

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

Maternity care	
Per pregnancy	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	2 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
Childhood illness benefit	
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
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 450 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

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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.