

PRIMARY SELECT

This traditional option uses a quality provider network to offer simple day-to-day benefits and hospital cover.

What you get

15% Cheaper than the **PRIMARY OPTION**



Day-to-day benefits and GP nomination

Plus benefits for:

Mental health and MRIs & CT scans

Optometry once every two years

Basic dentistry

R1 580
for contraceptives



6 maternity consultations

2 x2D scans

1 amniocentesis



1 Paediatric consultation per child 0-1 years

1 GP consultation per child aged 2 – 12 years

Childhood immunisations

Newborn hearing screening



Wellness screening +

R1 270
wellness extender for extra consultations and treatment



Preventative care:

HIV test & flu vaccine

Mammogram

Pap smear

Pneumococcal vaccine

Prostate screening

Product rules, limits, terms and conditions apply.



27 chronic conditions covered

Chronic medicine delivered to your doorstep through Pharmacy Direct

Managed care programmes

to help you manage a range of conditions including:

- ✓ Cancer
- ✓ HIV/AIDS
- ✓ Diabetes
- ✓ Back and neck pain



Unlimited consultations & treatment at 100% of the Bonitas Rate

Hospital network applies

R165 500
cancer benefit per family

Co-payments apply to 22 elective procedures

Unlimited blood tests, scans & x-rays at 100% of the Bonitas Rate

R31 500
internal prosthesis per family

Unlimited terminal care benefit



What you pay

Main member

R1 904

Adult dependant

R 1 489

Child dependant

R606

You only pay for a maximum of three children. Full-time students pay child rates up to age 24 years.



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

You must choose 1 GP on our network for each beneficiary. This is your nominated GP for the year. If you do not use your nominated GP, your benefit will be limited to the non-nominated GP consultation benefit as indicated in the table below.

Main member only	R1 900 (R615 of this may be used for non-nominated GP consultations)
Main member + 1 dependant	R3 490 (R1 160 of this may be used for non-nominated GP consultations)
Main member + 2 dependants	R4 130 (R1 320 of this may be used for non-nominated GP consultations)
Main member + 3 dependants	R4 440 (R1 480 of this may be used for non-nominated GP consultations)
Main member + 4 or more dependants	R5 030 (R1 750 of this may be used for non-nominated 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.

There is a separate benefit for tests and consultations for PMB treatment plans (excluding GP consultations). Therefore this will not affect your day-to-day benefits.

Main member only	R2 310
Main member + 1 dependant	R4 140
Main member + 2 dependants	R4 860
Main member + 3 dependants	R5 230
Main member + 4 or more dependants	R5 660

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
Acute medicine	Paid from available day-to-day benefits
Over-the-counter medicine	R490 per beneficiary
	R1 430 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
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The following are paid from your unlimited overall annual benefit (and not from your day-to-day benefits, so you get more value for money):

MRIs and CT scans (specialised radiology)	R13 000 per family, in and out-of-hospital Pre-authorization required
Mental health consultations	R9 560 per family In and out-of-hospital consultations (included in the mental health hospitalisation benefit) Cover for educational psychologists for beneficiaries up to the age of 21 years
General medical appliances (such as wheelchairs and crutches)	R6 890 per family An additional R6 550 per family will apply should Stoma Care and CPAP machines exceed the general medical appliances limit You must use a preferred supplier
Optometry	R4 480 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, at a network provider, at network rates OR R300 per beneficiary, at a non-network provider
Single vision lenses (Clear) or	100% towards the cost of lenses at network rates R175 per lens, per beneficiary, out of network
Bifocal lenses (Clear) or	100% towards the cost of lenses at network rates R410 per lens, per beneficiary, out of network
Multifocal lenses (Clear)	100% towards the cost of lenses at network rates R710 per lens, per beneficiary, out of network
Frames	R525 per beneficiary at a network provider R350 per beneficiary at a non-network provider
Contact lenses	R1 235 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 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 500 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



ADDITIONAL BENEFITS

We believe in giving you more value. The following benefits are in addition to your day-to-day and other benefits.

Contraceptives	
For women aged up to 50	R1 580 per family You must use the Designated Service Provider for pharmacy-dispensed contraceptives
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)
Childcare	
Hearing screening	For newborns, in or out-of-hospital
Congenital hypothyroidism screening	For infants under 1 month old
Babyline	24/7 helpline for medical advice for children under 3 years
Paediatric consultations	1 consultation per child under 1 year 1 consultation per child between ages 1 and 2
GP consultations	1 consultation per child between ages 2 and 12
Immunisations	According to Expanded Programme on Immunisation in South Africa
Preventative care	
General health	1 HIV test per beneficiary 1 flu vaccine per beneficiary
Women's health	1 mammogram every 2 years, for women over 40 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 45 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

Wellness benefits	
Wellness screening	<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"> • Blood pressure • Glucose • Cholesterol • Body mass index • Waist-to-hip ratio
Wellness extender	<p>R1 270 per family which can be used for consultations and treatment with:</p> <ul style="list-style-type: none"> • GP • Biokineticist • Dietician • Physiotherapist, or • A programme to stop smoking <p>Each adult beneficiary must complete a wellness screening to access the wellness extender</p> <p>Child dependants can access the wellness extender once an adult beneficiary has completed a wellness screening</p>
International travel benefit	
Per trip (up to 90 days)	<p>R5 million per beneficiary</p> <p>R10 million per family</p> <p>Including cover for mandatory vaccines</p> <p>You must register for this benefit</p>



CHRONIC BENEFITS

Primary Select ensures that you are covered for the 27 Prescribed Minimum Benefits listed below on the applicable formulary. You must use Pharmacy Direct, our Designated Service Provider, to get your medicine. If you choose not to use Pharmacy Direct or if you choose to 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



MANAGED CARE PROGRAMMES

We offer a range of managed care programmes to support you and help put you on the path to good health. These programmes empower you to manage your condition effectively in the most clinically-proven way, ensuring your benefits last longer.

You will need to register to join these programmes.

Back and neck (DBC)	<ul style="list-style-type: none"> Helps manage severe back and neck pain Offers a personalised treatment plan for up to 6 weeks Includes assistance from doctors, physiotherapists and biokineticists Gives access to a home care plan to maintain your results long-term We cover the full cost of the programme so it won't impact your savings or day-to-day benefits Highly effective and low-risk, with an excellent success rate
Cancer (Medscheme and ICON)	<ul style="list-style-type: none"> Puts you first, offering emotional and medical support Delivers cost-effective care of the highest quality Liaises with your doctor to ensure your treatment plan is clinically appropriate to meet your needs Matches the treatment plan to your benefits to ensure you have the cover you need Uses the ICON network of oncology specialists Access to a social worker for you and your loved ones
Diabetes management (Medscheme)	<ul style="list-style-type: none"> Empowers you to make the right decisions to stay healthy Offers a personalised care plan for your specific needs Provides cover for the tests required for the management of diabetes as well as other chronic conditions Helps you track the results of the required tests Offers access to diabetes doctors, dieticians and podiatrists Helps you better understand your condition through diabetes education Gives access to a dedicated Health Coach to answer any questions you may have

HIV/AIDS (Aid for AIDS)	<ul style="list-style-type: none"> Provides you with appropriate treatment and tools to live a normal life Covers medicine to treat HIV (including drugs to prevent mother-to-child transmission and infection after sexual assault or needle-stick injury) through Pharmacy Direct, our Designated Service Provider Treatment and prevention of opportunistic infections such as pneumonia, TB and flu Covers regular blood tests to monitor disease progression, response to therapy and to detect possible side-effects of treatment Offers HIV-related consultations to visit your doctor to monitor your clinical status Gives ongoing patient support via a team of trained and experienced counsellors Offers access to telephonic support from doctors Helps in finding a registered counsellor for emotional support
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IN-HOSPITAL BENEFITS

This benefit offers cover for major medical events that result in a beneficiary being admitted into hospital. We negotiate extensively with private hospitals to ensure the best possible value for our members.

Pre-authorisation is required.

Please note: You must use a hospital on the Primary Select network or you will have to pay a 30% co-payment.

Specialist consultations/treatment	Unlimited, network specialists covered in full at the Bonitas Rate Unlimited, non-network specialists paid at 100% of the Bonitas Rate
GP consultations/treatment	Unlimited, covered 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)	R13 000 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 prosthesis	R31 500 per family (excluding joint replacement prosthesis) Managed Care protocols apply You must use a preferred supplier
Mental health hospitalisation	R15 830 per family No cover for physiotherapy for mental health admissions You must use a Designated Service Provider
Take-home medicine	R380 per beneficiary, per hospital stay
Physical rehabilitation	R49 610 per family
Alternatives to hospital (hospice, step-down facilities)	R16 550 per family
Terminal care	Unlimited Including hospice/private nursing, home oxygen, pain management, psychologist and social worker support
Cancer treatment	R165 500 per family You must use a preferred provider Sublimit of R44 220 per beneficiary for Brachytherapy

Organ transplants	PMB only
Kidney dialysis	Unlimited You must use a Designated Service Provider, or a 20% co-payment will apply
HIV/AIDS	Unlimited, if you register on the HIV/AIDS programme Chronic medicine must be obtained from Pharmacy Direct

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

R1 450 co-payment	R3 680 co-payment	R7 250 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		