

STANDARD

This traditional option offers rich day-to-day benefits and comprehensive hospital cover.

What you get



Rich GP and day-to-day benefits

Plus benefits for:

Hearing aids, mental health and MRIs & CT scans

Optometry once every two years

Basic & specialised dentistry

R1 580 for contraceptives



12 maternity consultations

2 x2D scans

1 amniocentesis

R1 220

antenatal classes



2 Paediatric consultations per child 0-1 years

2 GP consultations per child aged 2 – 12 years

Childhood immunisations

Newborn hearing screening



Wellness screening +

R1 750

wellness extender for extra consultations and treatment



Preventative care:

HIV test & flu vaccine

Full lipogram

Mammogram

Pap smear

Pneumococcal vaccine

Prostate screening

Product rules, limits, terms and conditions apply.



R19 280

chronic benefit per family

45 chronic conditions covered

Managed care programmes

to help you manage a range of conditions including:

- ✓ Cancer
- ✓ Mental health
- ✓ HIV/AIDS
- ✓ Diabetes
- ✓ Back and neck pain
- ✓ Hip and knee replacements



Unlimited

consultations & treatment at 100% of the Bonitas Rate

R344 500

cancer benefit per family

No co-payment for scans

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

R277 700

cochlear implants per family

R165 600

internal nerve stimulators per family

Unlimited

terminal care benefit



What you pay

Main member

R3 556

Adult dependant

R3 083

Child dependant

R1 043

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

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	R4 170 (R1 350 of this can be used for non-network GP consultations)
Main member + 1 dependant	R6 110 (R2 090 of this can be used for non-network GP consultations)
Main member + 2 dependants	R6 770 (R2 280 of this can be used for non-network GP consultations)
Main member + 3 dependants	R7 110 (R2 380 of this can be used for non-network GP consultations)
Main member + 4 or more dependants	R7 720 (R2 570 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.

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

Main member only	R5 820
Main member + 1 dependant	R8 850
Main member + 2 dependants	R10 240
Main member + 3 dependants	R11 180
Main member + 4 or more dependants	R12 180

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
Paramedical/Allied medical professionals (such as physiotherapists, occupational therapists, dieticians and biokineticists)	Paid from available day-to-day benefits
Over-the-counter medicine	R775 per beneficiary R2 350 per family Paid from available day-to-day benefits

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)	R26 100 per family, in and out-of-hospital Pre-authorisation required
Mental health consultations	R15 890 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)	R7 670 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
Hearing aids	R16 000 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 825 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	R1 275 per beneficiary at a network provider R850 per beneficiary at a non-network provider
Contact lenses	R1 870 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 Pre-authorization required
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 Pre-authorization required
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 Pre-authorization required
Orthodontics and associated laboratory costs	Orthodontic treatment is granted once per beneficiary, per lifetime Pre-authorization 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-authorization 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-authorization 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-authorization 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-authorization 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	12 antenatal consultations with a gynaecologist, GP or midwife 2 2D ultrasound scans R1 220 for antenatal classes 1 amniocentesis 4 consultations with a midwife after delivery A Bonitas baby bag (you must register for this after obtaining pre-authorization 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	2 consultations per child under 1 year 2 consultations per child between ages 1 and 2
GP consultations	2 consultations 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
Cardiac health	1 full lipogram every 5 years, for members aged 20 and over
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	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	R1 750 per family which can be used for consultations and treatment with: <ul style="list-style-type: none"> • GP • Biokineticist • Dietician • Physiotherapist, or • A programme to stop smoking Each adult beneficiary must complete a wellness screening to access the wellness extender Child dependants can access the wellness extender once an adult beneficiary has completed a wellness screening
International travel benefit	
Per trip (up to 90 days)	R5 million per beneficiary R10 million per family Including cover for mandatory vaccines You must register for this benefit



CHRONIC BENEFITS

Standard offers generous cover for the 45 chronic conditions listed below. Your chronic medicine benefit is R9 610 per beneficiary and R19 280 per family on the applicable formulary. 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. Pre-authorisation is required.

Once the amount above is finished, you will still be covered for the 27 Prescribed Minimum Benefits, listed below, through Pharmacy Direct our Designated Service Provider. If you choose not to use Pharmacy Direct, 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. Narcolepsy
29. Allergic Rhinitis	35. Depression	41. Obsessive Compulsive Disorder
30. Ankylosing Spondylitis	36. Eczema	42. Panic Disorder
31. Attention Deficit Disorder (in children aged 5-18)	37. Gastro-Oesophageal Reflux Disease (GORD)	43. Post-Traumatic Stress Disorder
32. Barrett's Oesophagus	38. Generalised Anxiety Disorder	44. Tourette's Syndrome
33. Behcet's Disease	39. Gout	45. Zollinger-Ellison Syndrome



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)	<p>Helps manage severe back and neck pain</p> <p>Offers a personalised treatment plan for up to 6 weeks</p> <p>Includes assistance from doctors, physiotherapists and biokineticists</p> <p>Gives access to a home care plan to maintain your results long-term</p> <p>We cover the full cost of the programme so it won't impact your savings or day-to-day benefits</p> <p>Highly effective and low-risk, with an excellent success rate</p>
Cancer (Medscheme and ICON)	<p>Puts you first, offering emotional and medical support</p> <p>Delivers cost-effective care of the highest quality</p> <p>Liaises with your doctor to ensure your treatment plan is clinically appropriate to meet your needs</p> <p>Matches the treatment plan to your benefits to ensure you have the cover you need</p> <p>Uses the ICON network of oncology specialists</p> <p>Access to a social worker for you and your loved ones</p>
Diabetes management (Medscheme)	<p>Empowers you to make the right decisions to stay healthy</p> <p>Offers a personalised care plan for your specific needs</p> <p>Provides cover for the tests required for the management of diabetes as well as other chronic conditions</p> <p>Helps you track the results of the required tests</p> <p>Offers access to diabetes doctors, dieticians and podiatrists</p> <p>Helps you better understand your condition through diabetes education</p> <p>Gives access to a dedicated Health Coach to answer any questions you may have</p>
Hip and knee replacement (ICPS / JointCare / Major Joints for Life)	<p>Based on the latest international standardised clinical care pathways</p> <p>Uses a multidisciplinary team, dedicated to assist with successful recovery</p> <p>Doctors evaluate and treat your condition before surgery to give you the best outcomes</p> <p>Treatment is covered in full on the ICPS network</p>

HIV/AIDS (Aid for AIDS)	<p>Provides you with appropriate treatment and tools to live a normal life</p> <p>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</p> <p>Treatment and prevention of opportunistic infections such as pneumonia, TB and flu</p> <p>Covers regular blood tests to monitor disease progression, response to therapy and to detect possible side-effects of treatment</p> <p>Offers HIV-related consultations to visit your doctor to monitor your clinical status</p> <p>Gives ongoing patient support via a team of trained and experienced counsellors</p> <p>Offers access to telephonic support from doctors</p> <p>Helps in finding a registered counsellor for emotional support</p>
Mental wellness (Medscheme)	<p>Available to pre-identified members who suffer from depression, anxiety, post-traumatic stress disorder and alcohol abuse</p> <p>Access to a Care Manager who will work with you, your treating doctor and where appropriate, with other healthcare professionals to assist in improving your condition</p> <p>Care Manager to assist with setting up appointments with your doctor, obtain authorisation for healthcare services, understand the importance of preventative care and the use of wellness benefits or resolve queries related to any other health condition</p> <p>Provides educational material about mental health which empowers you to manage your condition</p>



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.

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 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)	R26 100 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	R44 210 per family Managed Care protocols apply Sublimit of R5 250 per breast prosthesis (limited to 2 per year) You must use a preferred supplier
Spinal surgery	You will have to pay a R6 000 co-payment if you do not go for an assessment through the back and neck programme
Hip and knee replacements	You will have to pay a R6 000 co-payment if you do not use the preferred provider
Internal nerve stimulators	R165 600 per family
Cochlear implants	R277 700 per family You must use a preferred supplier
Mental health hospitalisation	R40 600 per family No cover for physiotherapy for mental health admissions You must use a Designated Service Provider
Take-home medicine	R465 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	R344 500 per family You must use a preferred provider Sublimit of R44 220 per beneficiary for Brachytherapy
Organ transplants	Unlimited Sublimit of R31 500 per beneficiary for corneal grafts
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 the Designated Service Provider