

# STANDARD SELECT

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

## What you get

**15%** Cheaper than the **STANDARD OPTION**



**Rich day-to-day benefits and GP nomination**

### 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

Chronic medicine delivered to your doorstep through Pharmacy Direct

### 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

Hospital network applies

**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 080**

Adult dependant

**R2 665**

Child dependant

**R902**

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.

<b>Main member only</b>	R4 170 (R1 350 of this can be used for non-nominated GP consultations)
<b>Main member + 1 dependant</b>	R6 110 (R2 090 of this can be used for non-nominated GP consultations)
<b>Main member + 2 dependants</b>	R6 770 (R2 280 of this can be used for non-nominated GP consultations)
<b>Main member + 3 dependants</b>	R7 110 (R2 380 of this can be used for non-nominated GP consultations)
<b>Main member + 4 or more dependants</b>	R7 720 (R2 570 of this can 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) so this will not affect your day-to-day benefits.

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

<b>Specialist consultations</b>	Paid from available day-to-day benefits You must get a referral from your GP
<b>Blood tests and other laboratory tests</b>	Paid from available day-to-day benefits
<b>X-rays and ultrasounds</b>	Paid from available day-to-day benefits
<b>Acute medicine</b>	Paid from available day-to-day benefits
<b>Over-the-counter medicine</b>	R775 per beneficiary R2 350 per family Paid from available day-to-day benefits

<b>Paramedical/Allied medical professionals</b> (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):

<b>MRIs and CT scans</b> (specialised radiology)	R26 100 per family, in and out-of-hospital Pre-authorisation required
<b>Mental health consultations</b>	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
<b>General medical appliances</b> (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
<b>Hearing aids</b>	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
<b>Optometry</b>	R5 825 per family, once every 2 years (based on the date of your previous claim) Each beneficiary can choose glasses or contact lenses
<b>Eye tests</b>	1 per beneficiary, at a network provider, at network rates <b>OR</b> R300 per beneficiary, at a non-network provider
<b>Single vision lenses (Clear)</b> <b>or</b>	100% towards the cost of lenses at network rates R175 per lens, per beneficiary, out of network
<b>Bifocal lenses (Clear)</b> <b>or</b>	100% towards the cost of lenses at network rates R410 per lens, per beneficiary, out of network
<b>Multifocal lenses (Clear)</b>	100% towards the cost of lenses at network rates R710 per lens, per beneficiary, out of network
<b>Frames</b>	R1 275 per beneficiary at a network provider R850 per beneficiary at a non-network provider
<b>Contact lenses</b>	R1 870 per beneficiary (included in the family limit)
<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 benefit may be considered if specialist dental treatment planning/follow up 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 and extractions</b>	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 Pre-authorization required
<b>Specialised dentistry</b>	Covered at the Bonitas Dental Tariff
<b>Partial metal frame dentures and associated laboratory costs</b>	1 partial frame (an upper or lower) per beneficiary, once every 5 years Managed Care protocols apply Pre-authorization required
<b>Crowns, bridges and associated laboratory costs</b>	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
<b>Orthodontics and associated laboratory costs</b>	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

<b>Periodontics</b>	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
<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 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
<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-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.

<b>Contraceptives</b>	
<b>For women aged up to 50</b>	R1 580 per family You must use the Designated Service Provider for pharmacy-dispensed contraceptives
<b>Maternity care</b>	
<b>Per pregnancy</b>	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)
<b>Childcare</b>	
<b>Hearing screening</b>	For newborns, in or out-of-hospital

<b>Congenital hypothyroidism screening</b>	For infants under 1 month old
<b>Babyline</b>	24/7 helpline for medical advice for children under 3 years
<b>Paediatric consultations</b>	2 consultations per child under 1 year 2 consultations per child between ages 1 and 2
<b>GP consultations</b>	2 consultations per child between ages 2 and 12
<b>Immunisations</b>	According to Expanded Programme on Immunisation in South Africa
<b>Preventative care</b>	
<b>General health</b>	1 HIV test per beneficiary 1 flu vaccine per beneficiary
<b>Cardiac health</b>	1 full lipogram every 5 years, for members aged 20 and over
<b>Women's health</b>	1 mammogram every 2 years, for women over 40 1 pap smear every 3 years, for women between ages 21 and 65
<b>Men's health</b>	1 prostate screening antigen test for men between ages 45 and 69, who are considered to be at high risk for prostate cancer
<b>Elderly health</b>	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
<b>Wellness benefits</b>	
<b>Wellness screening</b>	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"> <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>	R1 750 per family which can be used for consultations and treatment with: <ul style="list-style-type: none"> <li>• GP</li> <li>• Biokineticist</li> <li>• Dietician</li> <li>• Physiotherapist, or</li> <li>• A programme to stop smoking</li> </ul> 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

<b>International travel benefit</b>	
<b>Per trip</b> (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 Select 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. 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.

Once the amount above is finished, you will still be covered for the 27 Prescribed Minimum Benefits, listed below.

### 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.

<b>Back and neck (DBC)</b>	<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>
<b>Cancer (Medscheme and ICON)</b>	<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>
<b>Diabetes management (Medscheme)</b>	<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>
<b>Hip and knee replacement (ICPS / JointCare / Major Joints for Life)</b>	<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>

<b>HIV/AIDS (Aid for AIDS)</b>	<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>
<b>Mental wellness (Medscheme)</b>	<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.

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

<b>Specialist consultations/treatment</b>	Unlimited, network specialists covered in full at the Bonitas Rate Unlimited, non-network specialists paid at 100% of the Bonitas Rate
<b>GP consultations/treatment</b>	Unlimited, covered at 100% of the Bonitas Rate
<b>Blood 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)	R26 100 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>	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
<b>Spinal surgery</b>	You will have to pay a R6 000 co-payment if you do not go for an assessment through the back and neck programme
<b>Hip and knee replacements</b>	You must use the Designated Service Provider
<b>Internal nerve stimulators</b>	R165 600 per family
<b>Cochlear implants</b>	R277 700 per family You must use a preferred supplier
<b>Mental health hospitalisation</b>	R40 600 per family No cover for physiotherapy for mental health admissions You must use a Designated Service Provider
<b>Take-home medicine</b>	R465 per beneficiary, per hospital stay
<b>Physical rehabilitation</b>	R49 610 per family
<b>Alternatives to hospital</b> (hospice, step-down facilities)	R16 550 per family
<b>Terminal care</b>	Unlimited Including hospice/private nursing, home oxygen, pain management, psychologist and social worker support

<b>Cancer treatment</b>	R344 500 per family You must use a preferred provider Sublimit of R44 220 per beneficiary for Brachytherapy
<b>Organ transplants</b>	Unlimited Sublimit of R31 500 per beneficiary for corneal grafts
<b>Kidney dialysis</b>	Unlimited You must use a Designated Service Provider, or a 20% co-payment will apply
<b>HIV/AIDS</b>	Unlimited, if you register on the HIV/AIDS programme Chronic medicine must be obtained from Pharmacy Direct