



2020

BONCAP

Bonitas

Medical Aid for South Africa

Basic day-to-day benefits with GP consultations at a network provider

Unlimited hospital cover
100% Bonitas Rate

Unlimited terminal care benefit

R1 070 for contraceptives

 **Chronic medicine for 27 PMB conditions**



Preventative care:

- Flu vaccine
- HIV test
- Mammogram
- Pap smear
- Pneumococcal vaccine
- Prostate screening



Managed care programmes:

- Cancer
- HIV/AIDS

What you pay if your monthly income is:

R0 to R8 520

R8 521 to R13 840

R13 841 to R18 900

R18 901 +

Main member

Adult dependant

Child dependant

R1 159

R1 098

R546

R1 372

R1 297

R630

R2 210

R1 967

R836

R2 714

R2 417

R1 029

Out-of-hospital benefits

These benefits cover your day-to-day medical expenses at of 100% of the Bonitas Rate.

Network GP consultations	Unlimited consultations, using a maximum of 2 nominated network GPs Approval is required from the 8th GP consultation per beneficiary	
Non-network GP consultations	1 out-of-network consultation per beneficiary Maximum of 2 consultations per family, limited to R1 070 20% co-payment applies	
GP-referred acute medicine, x-rays and blood tests	Main member only	R1 880
	Main member + 1 dependant	R3 120
	Main member + 2 dependants	R3 730
	Main member + 3 dependants	R4 080
	Main member + 4 or more dependants	R4 530
	Formulary and Bonitas Pharmacy Network applies for acute medicine (20% co-payment for non-network or non-formulary use)	
Specialist consultations (this benefit includes prescribed acute medicine, blood tests, x-rays, MRIs and CT scans)	Limited to 3 visits or R3 170 per beneficiary Limited to 5 visits or R4 710 per family Subject to referral from a network GP Pre-authorisation required for MRIs and CT scans	
Maternity care	Antenatal consultations are subject to the GP consultations and specialist consultations benefits 4 consultations with a midwife after delivery (1 of these can be used for a consultation with a lactation specialist)	
Over-the-counter medicine	Limited to R95 per event Maximum of R270 per beneficiary, per year Formulary and Bonitas Pharmacy Network applies (20% co-payment for non-network or non-formulary use)	

Paramedical/Allied medical professionals (such as physiotherapists, occupational therapists, dieticians and biokineticists)	PMB only
General medical appliances (such as wheelchairs and crutches)	R5 550 per family You must use a preferred supplier
Optometry	You must use the contracted service provider Managed Care protocols apply
Eye tests	1 per beneficiary, at a network provider OR R325 per beneficiary, at a non-network provider
Single vision lenses (Clear) or	100% towards the cost of lenses at network rates R185 per lens, per beneficiary, out of network
Bifocal lenses (Clear) or	100% towards the cost of lenses at network rates R420 per lens, per beneficiary, out of network
Multifocal lenses (Clear)	100% towards the cost of lenses at network rates R745 per lens, per beneficiary, out of network
Frames	R225 per beneficiary at a network provider R158 per beneficiary at a non-network provider
Contact lenses	R1 085 per beneficiary (included in the family limit)
Basic dentistry	You must use a provider on the DENIS network Covered at the Bonitas Dental Tariff Managed Care protocols apply
Consultations	1 consultation per beneficiary, per year
Emergency consultation	1 specific (emergency) consultation for pain and sepsis per beneficiary
X-rays: Intra-oral	4 x-rays per beneficiary

X-rays: Extra-oral	1 per beneficiary, in a lifetime X-rays must be submitted to DENIS for review
Scaling and polishing	1 polish OR 1 scaling and polishing per beneficiary
Fluoride treatments	1 treatment for beneficiaries under 16 years
Fissure sealants	1 per tooth, once every 3 years for beneficiaries under 16 years
Infection control, instrument sterilisation and local anaesthetic	1 set per beneficiary, per visit
Laughing gas in dental rooms	Inhalation sedation limited to extensive dental treatment only
Emergency root canal therapy	For emergency treatment only Subject to DENIS treatment protocols
Pulp treatments	For amputation of pulp of primary teeth
Extractions (removal of teeth)	Subject to DENIS treatment protocols Extractions and treatment of septic sockets
Dental fillings	4 fillings per beneficiary Benefit for fillings is granted once per tooth, every 2 years Benefit for retreatment of a tooth is subject to Managed Care protocols
Plastic dentures	1 set of plastic dentures (an upper and a lower) per family, once every 2 years for beneficiaries 21 years and over 20% co-payment applies Pre-authorisation required A further 20% co-payment will apply if authorisation is applied for after the treatment has been done

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Maxillo-facial surgery in dental chair	PMB only Please note: No benefit for Osseo-integrated implants and Orthognathic surgery Access to a maxillo-facial specialist by DENIS pre-authorisation only Pre-authorisation from DENIS required
IV conscious sedation in the rooms	Limited to extensive dental treatment Pre-authorisation from DENIS required
Hospitalisation (general anaesthetic)	PMB only Pre-authorisation from DENIS required

Additional benefits

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

Contraceptives	
For women aged up to 50	R1 070 per family You must use the Designated Service Provider for pharmacy-dispensed contraceptives
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
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	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

Chronic benefits

BonCap ensures that you are covered for the 27 Prescribed Minimum Benefits listed below. 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.

<p>Cancer</p>	<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>Access to a social worker for you and your loved ones</p> <p>Uses the ICON network of oncology specialists</p> <p>Uses the Bonitas Oncology Medicine Network (20% co-payment applies for use of a non-network provider)</p>
<p>HIV/AIDS</p>	<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)</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>

In-hospital benefits

Hospitalisation is covered at 100% of the Bonitas Rate at all hospitals on the BonCap Network. You must get pre-authorization for your hospital admission. You will have to pay a R10 000 co-payment if you use a non-network hospital (except for emergencies) or if you do not get pre-authorization within 48 hours of admission.

GP consultations	Unlimited, covered at 100% of the Bonitas Rate
Specialist consultations	Unlimited, covered at 100% of the Bonitas Rate
Blood tests and other laboratory tests	R25 950 per family
Blood transfusions	R18 850 per family
X-rays and ultrasounds	Unlimited, covered at 100% of the Bonitas Rate
MRIs and CT scans (specialised radiology)	R11 840 per family Pre-authorization required
Paramedical/Allied medical professionals (such as physiotherapists, occupational therapists)	PMB only Your therapist must have a referral from the doctor treating you
Surgical procedures that are not covered	Back and neck surgery Joint replacement surgery Caesarean sections done for non-medical reasons Functional nasal and sinus surgery Varicose vein surgery Hernia repair surgery Laparoscopic or keyhole surgery Gastroscopies, colonoscopies and all other endoscopies Bunion surgery In-hospital dental surgery

Internal and external prostheses	PMB only Managed Care protocols apply Pre-authorisation required You must use a preferred supplier
Mental health hospitalisation	PMB only No cover for physiotherapy for mental health admissions Subject to using the Designated Service Provider
Neonatal care	Limited to R46 290 per family, except for PMB
Take-home medicine	R390 per beneficiary, per hospital stay
Physical rehabilitation	R50 600 per family Pre-authorisation required
Alternatives to hospital (hospice, step-down facilities)	R14 570 per family Pre-authorisation required
Terminal care	Unlimited Including hospice/private nursing, home oxygen, pain management, psychologist and social worker support
Cancer treatment	PMB only Subject to using the Designated Service Provider
Organ transplants	Unlimited Pre-authorisation required
Kidney dialysis	Unlimited You must use a Designated Service Provider, or a 20% co-payment will apply Pre-authorisation required
HIV/AIDS	Unlimited, if you register on the HIV/AIDS programme Chronic medicine must be obtained from Pharmacy Direct



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