

2017

BONCOMplete

> SWITCH TO MEDICAL AID

Bonitas



BONCOMplete

This savings option offers generous savings, an above threshold benefit and rich 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
- > Savings and above threshold benefits
- > Additional benefit for basic dentistry
- > Cover for 31 chronic conditions
- > Childhood illness, infant paediatric and maternity benefits
- > Generous preventative care benefits
- > Annual wellness screening and R1 450 for Wellness Extender



Main member

R2 923



Adult dependant

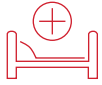
R2 340



Child dependant

R 794

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 30% 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 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)	R21 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 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

Mental health hospitalisation	R29 000 per family No cover for physiotherapy for mental health admissions You must use a Designated Service Provider
Take-home medicine	R370 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



OUT-OF-HOSPITAL BENEFITS

These benefits provide cover for consultations with your GP or specialist, acute medicine, x-rays, blood tests and other out of hospital medical expenses.

	Main member	Adult dependant	Child dependant
Savings	R5 256	R4 200	R1 428
Self-payment gap	R1 568	R1 326	R 336
Threshold level	R6 824	R5 526	R1 764
Above threshold benefit	R4 150	R2 450	R1 060

Once your savings for the year are finished, you will need to pay for day-to-day medical expenses out of your own pocket until you have paid the full self-payment gap. You will then reach the threshold level and have access to your above threshold benefit. Please submit all claims you have paid while in the self-payment gap to us, so that we can keep a record. Not all claims accumulate to the threshold level.

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).

GP consultations	Paid from available savings and/or above threshold benefit
Specialist consultations	Paid from available savings and/or above threshold benefit You must get a referral from your GP
Blood tests and other laboratory tests	Paid from available savings and/or above threshold benefit
X-rays and ultrasounds	Paid from available savings and/or above threshold benefit
MRIs and CT scans (specialised radiology)	R21 000 per family, in and out of hospital Pre-authorization required
Acute medicine	Paid from available savings and/or above threshold benefit
Over-the-counter medicine	Paid from available savings and/or above threshold benefit
Paramedical/Allied medical professionals (such as physiotherapists, occupational therapists, dieticians and biokineticists)	Paid from available savings and/or above threshold benefit

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)	Paid from available savings and/or above threshold benefit Foot orthotics paid from available savings You must use a preferred supplier
Hearing aids	Paid from available savings and/or above threshold benefit Available once every 2 years (based on the date of your previous claim) You must use a preferred supplier
Optometry	Paid from available savings, 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
Single vision lenses (Clear) or	100% towards the cost of clear lenses, limited to R205 per lens, per beneficiary
Bifocal lenses (Clear) or	100% towards the cost of clear lenses, limited to R475 per lens, per beneficiary
Multifocal lenses (Clear)	100% towards the cost of clear lenses, limited to R825 per lens, per beneficiary
Frames	R700 per beneficiary, once every 2 years
Contact lenses	R1 730 per beneficiary
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
	1 per beneficiary, every 3 years
X-rays: Extra-oral	Additional benefits may be considered if specialised dental treatment is required
	2 annual scale and polish treatments per beneficiary (once every 6 months)
Oral hygiene	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
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 a 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

	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 65% of the Bonitas Dental Tariff
Orthodontics and associated laboratory costs	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
	Limited to extensive dental treatment
IV conscious sedation in rooms	Managed Care protocols apply
	Pre-authorisation required



CHRONIC BENEFITS

BonComplete offers cover for 31 chronic conditions, using the applicable formulary. Pre-authorisation is required.

You must use our Designated Service Provider to get your medicine. If you choose not to use the Designated Service Provider 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

Additional conditions covered for children

28. Acne	30. Allergic Dermatitis / Eczema	31. Attention Deficit Disorder (in children aged 5-18)
29. Allergic Rhinitis		



SUPPLEMENTARY BENEFITS

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

Maternity care	
Per pregnancy	6 antenatal consultations with a gynaecologist, GP or midwife
	R1 100 for antenatal classes
	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)	
Babyline	
For children under 3 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	1 consultation with a paediatrician
Childhood illness benefit	
Children between ages 2 and 12	1 GP consultation
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 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: <ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> • GP consultation(s) • Biokineticist consultation(s) • Dietician consultation(s) • Physiotherapy consultation(s) • A programme to stop smoking <p>All claims are paid at the Bonitas Rate</p>

Bonitas

 0860 002 108

 www.bonitas.co.za

 Bonitas Medical Fund

 @BonitasMedical

 **SWITCH TO MEDICAL AID**

Please note: 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 approved by the Council for Medical Schemes.CMS01-02FEB2017.

Report fraud on the Whistleblower Hotline
0800 112 811