

2017

BONCOMPREHENSIVE

> SWITCH TO MEDICAL AID

*Bonitas*



# BONCOMPREHENSIVE

**This first-class savings plan offers ample savings, an above threshold benefit and extensive hospital cover.**

- > Unlimited cover up to 300% in hospital
- > No network restrictions or co-payments on CT scans and MRIs
- > Rich savings and above threshold benefits
- > Extensive cover for 62 chronic conditions
- > Specialised dentistry and refractive surgery
- > Cancer benefit of R556 700 including benefit for specialised drugs
- > Comprehensive preventative care benefits
- > Annual wellness screening and R2 100 for Wellness Extender
- > Extensive maternity benefits including private ward
- > Cover for childhood vaccines and infant paediatric and childhood illness benefits



**Main  
member**

R5 254



**Adult  
dependant**

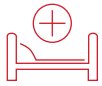
R4 956



**Child  
dependant**

R1 069

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.

<b>GP consultations</b>	Unlimited, covered at 300% of the Bonitas Rate
<b>Specialist consultations</b>	Unlimited, covered at 300% of the Bonitas Rate
<b>Blood tests 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)	Unlimited 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 prosthesis</b>	R49 600 per family Pre-authorisation required
<b>External prosthesis</b>	R49 600 per family Pre-authorisation required
<b>Internal nerve stimulators</b>	R149 100 per family
<b>Cochlear implants</b>	R250 000 per family You must use a preferred supplier
<b>Mental health hospitalisation</b>	R42 200 per family No cover for physiotherapy for mental health admissions You must use a Designated Service Provider

<b>Take-home medicine</b>	R490 per beneficiary, per hospital stay
<b>Physical rehabilitation</b>	R44 650 per family Pre-authorisation required
<b>Alternatives to hospital</b> (hospice, step-down facilities)	R14 900 per family Pre-authorisation required
<b>Cancer treatment</b>	R556 700 per family Pre-authorisation required R220 900 of this can be used for specialised drugs (including biological drugs)
<b>Non-cancer specialised drugs</b> (including biological drugs)	R176 700 per family Managed Care protocols apply
<b>Organ transplants</b>	Unlimited Pre-authorisation required
<b>Kidney dialysis</b>	Unlimited You must use a preferred provider Pre-authorisation required
<b>HIV/AIDS</b>	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
<b>Savings</b>	R11 892	R11 220	R 2 424
<b>Self-payment gap</b>	R 3 600	R 2 980	R 1 370
<b>Threshold level</b>	R15 492	R14 200	R 3 794
<b>Above threshold benefit</b>	Unlimited	Unlimited	Unlimited

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).

<b>GP consultations</b>	Paid from available savings and/or above threshold benefit
<b>Specialist consultations</b>	Paid from available savings and/or above threshold benefit You must get a referral from your GP
<b>Blood tests and other laboratory tests</b>	Paid from available savings and/or above threshold benefit
<b>X-rays and ultrasounds</b>	Paid from available savings and/or above threshold benefit
<b>MRIs and CT scans</b> (specialised radiology)	R28 200 per family Pre-authorisation required
<b>Acute medicine</b>	Paid from available savings and/or above threshold benefit
<b>Over-the-counter medicine</b>	Paid from available savings and/or above threshold benefit
<b>Paramedical/Allied medical professionals</b> (such as physiotherapists, occupational therapists, dieticians and biokineticists)	Paid from available savings and/or above threshold benefit

<b>Mental health consultations</b>	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
<b>Refractive surgery</b>	R18 700 per family Pre-authorisation required
<b>General medical appliances</b> (such as wheelchairs and crutches)	R7 550 per family Stoma care and CPAP machines may exceed the general medical appliances limit by R5 550 per family Foot orthotics paid from available savings You must use a preferred supplier
<b>Hearing aids</b>	R23 200 per family, once every 2 years (based on the date of your previous claim) 10% co-payment applies You must use a preferred supplier
<b>Optometry</b>	Limited to R2 880 per beneficiary Subject to available savings and/or threshold
<b>Basic dentistry</b>	Paid from available savings and/or above threshold benefit
<b>Consultations</b>	Once per beneficiary, 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 benefits may be considered where specialised dental treatment is required

<b>Oral hygiene</b>	<p>Once per beneficiary, every 6 months</p> <p>Fissure sealants are only covered for children under 16 years</p> <p>Fluoride treatments are only covered for children from age 5 and younger than 16 years</p>
<b>Fillings</b>	<p>Benefit for fillings is granted once per tooth, in 365 days</p> <p>Benefit for re-treatment of a tooth is subject to Managed Care protocols</p> <p>A treatment plan and x-rays may be required for multiple fillings</p>
<b>Root canal therapy 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
<b>Specialised dentistry</b>	Paid from available savings and/or above threshold benefit
<b>Partial metal frame dentures and associated laboratory costs</b>	<p>2 partial frames (an upper and a lower) per beneficiary, once every 5 years</p> <p>Managed Care protocols apply</p>
<b>Crowns, bridges and associated laboratory costs</b>	<p>3 crowns per family, per year</p> <p>Benefit for crowns will be granted once per tooth, every 5 years</p> <p>A treatment plan and x-rays may be requested</p> <p>Pre-authorisation required</p>
<b>Implants and associated laboratory costs</b>	<p>2 implants per beneficiary, once every 5 years</p> <p>Cost of implant components is limited to R2 350 per implant</p> <p>Managed Care protocols apply</p> <p>Pre-authorisation required</p>

<b>Orthodontics and associated laboratory costs</b>	<p>Orthodontic treatment is granted once per beneficiary, per lifetime</p> <p>Pre-authorisation cases will be clinically assessed by using an orthodontic needs analysis</p> <p>Benefit allocation is subject to the outcome of the needs analysis and funding can be granted up to 100% of the Bonitas Dental Tariff</p> <p>Benefit for orthodontic treatment will be granted where function is impaired (not granted for cosmetic reasons)</p> <p>Only 1 family member may begin orthodontic treatment in a calendar year</p> <p>Benefit for fixed comprehensive treatment is limited to beneficiaries from age 9 and younger than 18 years</p> <p>Managed Care protocols apply</p> <p>Pre-authorisation required</p>
<b>Periodontics</b>	<p>Benefit is limited to conservative, non-surgical therapy only and will only be applied to members who are registered on the Periodontal Programme</p> <p>Managed Care protocols apply</p> <p>Pre-authorisation required</p>
<b>Maxillo-facial surgery and oral pathology</b>	
<b>Surgery in the dental chair</b>	Managed Care protocols apply
<b>Hospitalisation (general anaesthetic)</b>	<p>General anaesthetic is only available to children under the age of 5 for extensive dental treatment</p> <p>General anaesthetic benefit is available for the removal of impacted teeth</p> <p>Managed Care protocols apply</p> <p>Pre-authorisation required</p>
<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



## CHRONIC BENEFITS

BonComprehensive offers extensive cover for the 62 chronic conditions listed below. This is limited to R12 450 per beneficiary and R24 800 per family on the applicable formulary. Pre-authorization is required. 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.

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	40. Depression	52. Osteoporosis
29. Allergic Rhinitis	41. Eczema	53. Paget's Disease
30. Alzheimer's Disease (early onset)	42. Gastro-Oesophageal Reflux Disease (GORD)	54. Panic Disorder
31. Ankylosing Spondylitis	43. Generalised Anxiety Disorder	55. Pemphigus
32. Anorexia Nervosa	44. Gout	56. Polyarteritis Nodosa
33. Attention Deficit Disorder (in children aged 5-18)	45. Huntington's Disease	57. Post-Traumatic Stress Disorder
34. Barrett's Oesophagus	46. Hyperthyroidism	58. Pulmonary Interstitial Fibrosis
35. Behcet's Disease	47. Hypoparathyroidism	59. Psoriatic Arthritis
36. Bulimia Nervosa	48. Myaesthesia Gravis	60. Systemic Sclerosis
37. Cystic Fibrosis	49. Narcolepsy	61. Tourette's Syndrome
38. Dermatitis	50. Neuropathies	62. Zollinger-Ellison Syndrome
39. Dermatomyositis	51. Obsessive Compulsive Disorder	



## 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	Private ward after delivery
	12 antenatal consultations with a gynaecologist, GP or midwife
	2 2D ultrasound scans
	R1 100 for antenatal classes
	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	3 consultations with a paediatrician
Children between ages 1 and 2	2 consultations with a paediatrician
Childhood illness benefit	
Children between ages 2 and 12	2 GP consultations
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
Children's health	1 thyroid stimulating hormone test for infants under 1 month old
	Childhood immunisations according to Expanded Programme on Immunisation in South Africa

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
Men's health	1 prostate screening antigen test for men between ages 55 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  1 bone density screening every 5 years, for women aged 65 and over
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"> <li>• Blood pressure</li> <li>• Glucose</li> <li>• Cholesterol</li> <li>• Body mass index</li> <li>• Waist-to-hip ratio</li> </ul>
Wellness Extender	R2 100 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"> <li>• GP consultation(s)</li> <li>• Biokineticist consultation(s)</li> <li>• Dietician consultation(s)</li> <li>• Physiotherapy consultation(s)</li> <li>• A programme to stop smoking</li> </ul>
All claims are paid at the Bonitas Rate	

# Bonitas

---



0860 002 108



[www.bonitas.co.za](http://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