

BONCAP

INCOME BASED 2021



0860 002 108 | bonitas.co.za

Bonitas

Medical Aid for South Africa

WHAT YOU PAY

IF YOUR MONTHLY INCOME IS:

| |
|---------------------------|
| R0 TO R8 980 |
| R8 981 TO R14 590 |
| R14 591 TO R19 930 |
| R19 931+ |

| MAIN MEMBER |
|--------------------|
| R1 212 |
| R1 434 |
| R2 311 |
| R2 837 |

| ADULT DEPENDANT |
|------------------------|
| R1 212 |
| R1 434 |
| R2 311 |
| R2 837 |

| CHILD DEPENDANT |
|------------------------|
| R571 |
| R659 |
| R874 |
| R1 076 |

FULL-TIME STUDENTS PAY CHILD RATES UP TO AGE 24 YEARS.

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OUT-OF-HOSPITAL BENEFITS

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

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|---|--|----|--|--|
| NETWORK GP CONSULTATIONS (INCLUDING VIRTUAL CARE CONSULTATIONS) | Unlimited GP 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 110 | |
| | 20% co-payment applies | | | |
| GP-REFERRED ACUTE MEDICINE, X-RAYS AND BLOOD TESTS | Main member only | | R1 940 | |
| | Main member + 1 dependants | | R3 230 | |
| | Main member + 2 dependants | | R3 860 | |
| | Main member + 3 dependants | | R4 220 | |
| | Main member + 4 or more dependants | | R4 680 | |
| | Acute medicine is subject to the BonCap medicine formulary, Bonitas pharmacy network and use of a network provider | | | |
| SPECIALIST CONSULTATIONS (THIS BENEFIT INCLUDES ACUTE MEDICINE, BLOOD TESTS, X-RAYS, MRIs AND CT SCANS) | Limited to 3 visits or R3 280 per beneficiary | | Limited to 5 visits or R4 870 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 R100 per event | | Maximum of R280 per beneficiary, per year | |
| | Subject to the BonCap medicine formulary, Bonitas pharmacy network and use of a network provider | | | |
| ALLIED MEDICAL PROFESSIONALS (SUCH AS DIETICIAN, SPEECH AND OCCUPATIONAL THERAPY) | PMB only | | | |
| PHYSIOTHERAPY, PODIATRY AND BIOKINETICS | PMB only | | | |
| GENERAL MEDICAL APPLIANCES (SUCH AS WHEELCHAIRS AND CRUTCHES) | R5 740 per family | | You must use a preferred supplier | |
| | Subject to frequency limits and Managed Care protocols | | | |
| OPTOMETRY | Glasses or contact lenses are available through the contracted service provider once every 2 years (based on the date of your previous claim) | | Managed Care protocols apply | |
| EYE TESTS | 1 per beneficiary, at a network provider | OR | R350 per beneficiary, at a non-network provider | |
| SINGLE VISION LENSES (CLEAR) OR | 100% towards the cost of lenses at network rates | | R210 per lens, per beneficiary, out of network | |
| BIFOCAL LENSES (CLEAR) OR | 100% towards the cost of lenses at network rates | | R445 per lens, per beneficiary, out of network | |
| MULTIFOCAL LENSES (CLEAR) | 100% towards the cost of lenses at network rates | | R770 per lens, per beneficiary, out of network | |
| FRAMES | R225 per beneficiary at a network provider | OR | R163 per beneficiary at a non-network provider | |
| CONTACT LENSES | R1 140 per beneficiary | | | |

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|---|--|----|---|
| 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 emergency consultation for sepsis per beneficiary | | |
| X-RAYS: INTRA-ORAL | 4 X-rays per beneficiary | | |
| X-RAYS: EXTRA-ORAL | PMB only | | |
| SCALING AND POLISHING | 1 scaling and polishing | OR | 1 polish per beneficiary |
| FLUORIDE TREATMENTS | 1 treatment for beneficiaries from age 5 and younger than 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 | | |
| INHALATION SEDATION IN DENTAL ROOMS (LAUGHING GAS) | Inhalation sedation limited to extensive dental treatment only | | Managed Care protocols apply |
| EMERGENCY ROOT CANAL THERAPY | For emergency treatment only | | Subject to DENIS treatment protocols |
| EXTRACTIONS | Subject to DENIS treatment protocols | | Impacted teeth excluded |
| DENTAL FILLINGS | 4 fillings per beneficiary | | Benefit for fillings is granted once per tooth, every 2 years |
| | Benefit for re-treatment of a tooth is subject to Managed Care protocols | | |
| MAXILLO-FACIAL SURGERY IN DENTAL CHAIR | PMB only | | Pre-authorisation from DENIS required |
| MODERATE/DEEP SEDATION IN THE ROOMS (IV CONSCIOUS) | Limited to extensive conservative dental treatment | | Pre-authorisation from DENIS required |
| HOSPITALISATION (GENERAL ANAESTHETIC) | PMB only | | Pre-authorisation from DENIS required |

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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 110 per family | You must use the Designated Service Provider for pharmacy-dispensed contraceptives |
| | If you choose not to use a Designated Service Provider, a 40% co-payment applies | |
| 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 | |
| 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 Subject to applicable formulary |
| 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 |
| AFRICA BENEFIT | | |
| PER TRIP | In and out-of-hospital treatment covered at 100% of the Bonitas rate | Subject to authorisation |

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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 BonCap formulary, you will have to pay a **40%** co-payment.

PRESCRIBED MINIMUM BENEFITS COVERED

| | |
|----|---------------------------------------|
| 1. | Addison's Disease |
| 2. | Asthma |
| 3. | Bipolar Mood Disorder |
| 4. | Bronchiectasis |
| 5. | Cardiac Failure |
| 6. | Cardiomyopathy |
| 7. | Chronic Obstructive Pulmonary Disease |
| 8. | Chronic Renal Disease |
| 9. | Coronary Artery Disease |

| | |
|-----|--------------------|
| 10. | Crohn's Disease |
| 11. | Diabetes Insipidus |
| 12. | Diabetes Type 1 |
| 13. | Diabetes Type 2 |
| 14. | Dysrhythmias |
| 15. | Epilepsy |
| 16. | Glaucoma |
| 17. | Haemophilia |
| 18. | HIV/AIDS |

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|-----|------------------------------|
| 19. | Hyperlipidaemia |
| 20. | Hypertension |
| 21. | Hypothyroidism |
| 22. | Multiple Sclerosis |
| 23. | Parkinson's Disease |
| 24. | Rheumatoid Arthritis |
| 25. | Schizophrenia |
| 26. | Systemic Lupus Erythematosus |
| 27. | Ulcerative Colitis |

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MANAGED CARE PROGRAMMES

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.

| | | |
|-------------------|---|--|
| CANCER | Puts you first, offering emotional and medical support | Delivers cost-effective care of the highest quality |
| | Liaises with your doctor to ensure your treatment plan is clinically appropriate to meet your needs | Matches the treatment plan to your benefits to ensure you have the cover you need |
| | Access to a social worker for you and your loved ones | Uses the ICON network of oncology specialists |
| | Uses the Bonitas Oncology Medicine Network (20% co-payment applies for use of a non-network provider) | |
| HIV/AIDS | Provides you with appropriate treatment and tools to live a normal life | Covers medicine to treat HIV (including drugs to prevent mother-to-child transmission and infection after sexual assault or needle-stick injury) |
| | Treatment and prevention of opportunistic infections such as pneumonia, TB and flu | Covers regular blood tests to monitor disease progression, response to therapy and to detect possible side-effects of treatment |
| | Offers HIV-related consultations to visit your doctor to monitor your clinical status | Gives ongoing patient support via a team of trained and experienced counsellors |
| | Offers access to telephonic support from doctors | Helps in finding a registered counsellor for emotional support |
| MATERNITY SUPPORT | Access to 24/7 maternity advice line | Pregnancy education emails and SMSs sent to you weekly |
| | Dedicated maternity nurse/midwife to support and advise you throughout your pregnancy | Online antenatal classes to prepare you for the birth and what to expect when you get home |
| | Access to articles regarding common pregnancy concerns | Baby bag including baby care essentials |

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IN-HOSPITAL BENEFITS

Hospitalisation is covered at 100% of the Bonitas Rate at all hospitals on the BonCap Network. You must get pre-authorisation 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-authorisation within 48 hours of admission. Managed Care protocols apply.

| | | |
|--|---|--|
| 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 | R26 830 per family except for PMB | |
| BLOOD TRANSFUSIONS | R19 490 per family except for PMB | |
| X-RAYS AND ULTRASOUNDS | Unlimited, covered at 100% of the Bonitas Rate | |
| MRIs AND CT SCANS (SPECIALISED RADIOLOGY) | R12 240 per family | Pre-authorisation required |
| | R1 000 co-payment per scan, except for PMB | |
| CATARACT SURGERY | You must use a Designated Service Provider, or a R6 000 co-payment will apply | |
| ALLIED MEDICAL PROFESSIONALS (SUCH AS DIETICIAN, SPEECH AND OCCUPATIONAL THERAPY) | PMB only | Subject to referral by the treating practitioner |
| | PMB only | Subject to referral by the treating practitioner |
| PHYSIOTHERAPY, PODIATRY AND BIOKINETICS | PMB only | Managed Care protocols apply |
| | Pre-authorisation required | You must use a preferred supplier |
| INTERNAL PROSTHESIS | PMB only | No cover for physiotherapy for mental health admissions |
| | You must use a Designated Service Provider, or a R10 000 co-payment will apply | |
| MENTAL HEALTH HOSPITALISATION | Limited to R47 860 per family, except for PMB | |
| NEONATAL CARE | R405 per beneficiary, per hospital stay | |
| TAKE-HOME MEDICINE | R52 320 per family | |
| PHYSICAL REHABILITATION | R15 070 per family | Pre-authorisation required |
| ALTERNATIVES TO HOSPITAL (HOSPICE, STEP-DOWN FACILITIES) | Unlimited | Pre-authorisation required |
| | Including hospice/private nursing, home oxygen, pain management, psychologist and social worker support | |
| TERMINAL CARE (ONCOLOGY ONLY) | PMB only at a Designated Service Provider | Pre-authorisation required |
| CANCER TREATMENT | PMB only at a Designated Service Provider | Pre-authorisation required |
| ORGAN TRANSPLANTS | Unlimited | You must use a Designated Service Provider, or a 20% co-payment will apply |
| | Pre-authorisation required | |
| KIDNEY DIALYSIS | Unlimited, if you register on the HIV/AIDS programme | Chronic medicine must be obtained from the Designated Service Provider |
| | You must use a network day hospital or a R10 000 co-payment will apply | |
| HIV/AIDS | | |
| DAY SURGERY PROCEDURES (APPLIES TO SELECTED PROCEDURES) | | |

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SURGICAL PROCEDURES THAT ARE NOT COVERED

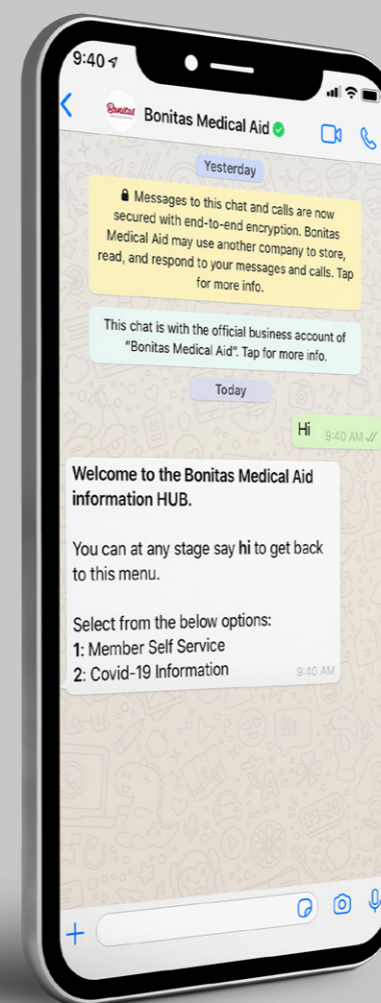
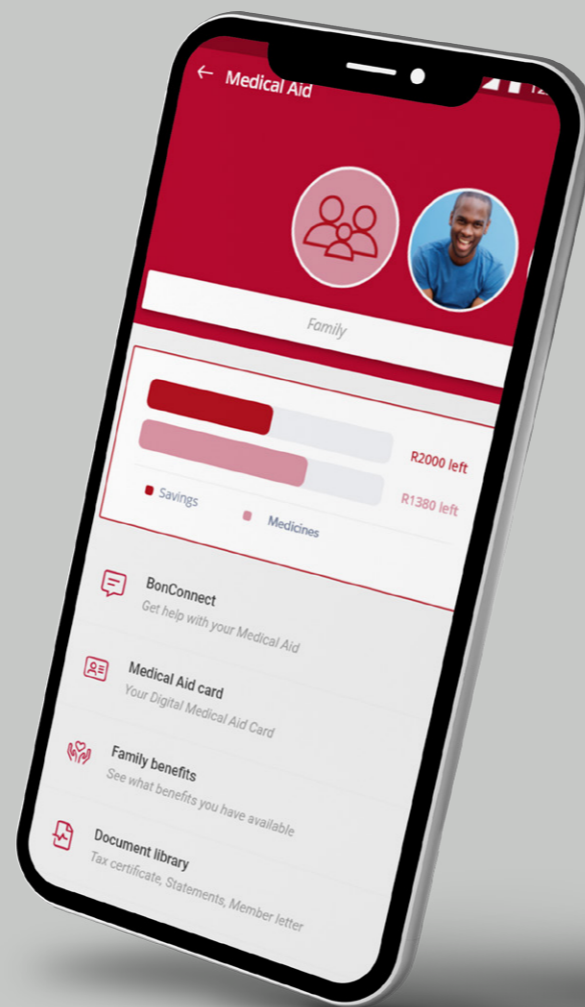
| | |
|---|---|
| Back and neck surgery | Joint replacement surgery |
| Caesarean sections done for non-medical reasons | Functional nasal and sinus surgery |
| Varicose vein surgery | Hernia repair surgery |
| Laparoscopic or keyhole surgery | Gastrosopies, colonoscopies and all other endoscopies |
| Bunion surgery | In-hospital dental surgery |

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