

# BONCLASSIC




SAVINGS



*Bonitas*

Medical Aid for South Africa

# WHAT YOU PAY

JANUARY – MARCH 2023		APRIL – DECEMBER 2023	
 MAIN MEMBER	R5 677		R6 143
 ADULT DEPENDANT	R4 874		R5 273
 CHILD DEPENDANT	R1 401		R1 516

## 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. **Please note:** When you complete a wellness screening or online wellness questionnaire, you unlock the Benefit Booster which can be used to pay for out-of-hospital expenses first.

SAVINGS		MAIN MEMBER	ADULT DEPENDANT	CHILD DEPENDANT
		R10 218	R8 772	R2 520
GP CONSULTATIONS (INCLUDING VIRTUAL CARE CONSULTATIONS)		Paid from available savings		
SPECIALIST CONSULTATIONS		Paid from available savings	You must get a referral from your GP	
ACUTE MEDICINE		Paid from available savings		
OVER-THE-COUNTER MEDICINE		Paid from available savings		
HOMEOPATHIC MEDICINE		Paid from available savings		
ALLIED MEDICAL PROFESSIONALS (SUCH AS DIETICIAN, SPEECH AND OCCUPATIONAL THERAPIST)		Paid from available savings		

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PHYSIOTHERAPY, PODIATRY AND BIOKINETICS	Paid from available savings			
GENERAL MEDICAL APPLIANCES (SUCH AS WHEELCHAIRS AND CRUTCHES)	Paid from available savings		Subject to frequency limits as per Managed Care protocols	
	Recommend use of preferred supplier			
BLOOD TESTS AND X-RAYS	R3 620 per beneficiary		R8 020 per family	
MRIs AND CT SCANS (SPECIALISED RADIOLOGY)	R33 740 per family, in and out-of-hospital		Pre-authorisation required	
	R2 500 co-payment per scan event except for PMB			
MENTAL HEALTH CONSULTATIONS	In and out-of-hospital consultations (included in the mental health hospitalisation benefit)		Limited to R18 130 per family	
INSULIN PUMP OR CONTINUOUS GLUCOSE MONITOR (FOR TYPE 1 DIABETES & UNDER 18s)	R51 010 per family every 5 years		Consumables limited to R25 740 per family	
	Limited to one device per family per year			
HEARING AIDS	R19 650 per family, once every 5 years (based on the date of your previous claim)		10% co-payment applies	
OPTOMETRY	R6 137 per family, once every 2 years (based on the date of your previous claim)		Each beneficiary can choose glasses	OR contact lenses
EYE TESTS	1 consultation per beneficiary, at a network provider	OR	R365 per beneficiary for an eye examination, at a non-network provider	
SINGLE VISION LENSES (CLEAR) OR	100% towards the cost of lenses at network rates		R215 per lens, per beneficiary, out of network	
BIFOCAL LENSES (CLEAR) OR	100% towards the cost of lenses at network rates		R460 per lens, per beneficiary, out of network	
MULTIFOCAL LENSES	100% towards the cost of base lenses at a network provider, or limited to a maximum of R860 per designer lens, per beneficiary, in and out of network			
FRAMES	R1 165 per beneficiary at a network provider	OR	R874 per beneficiary at a non-network provider	
CONTACT LENSES	R1 965 per beneficiary, included in family limit			
BASIC DENTISTRY	R5 457 per family		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			
X-RAYS: EXTRA-ORAL	1 per beneficiary, every 3 years			
PREVENTATIVE CARE	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			
FILLINGS	Benefit for fillings is granted once per tooth, every 2 years		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			

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PLASTIC DENTURES AND ASSOCIATED LABORATORY COSTS	1 set of plastic dentures (an upper and a lower) per beneficiary, once every 4 years	Managed Care protocols apply
	Pre-authorisation required	
SPECIALISED DENTISTRY	R6 570 per family, per year	Covered at the Bonitas Dental Tariff
PARTIAL CHROME COBALT FRAME DENTURES AND ASSOCIATED LABORATORY COSTS	2 partial frames (an upper and a lower) per beneficiary, once every 5 years	Managed Care protocols apply
	Pre-authorisation required	
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	Pre-authorisation required
ORTHODONTICS AND ASSOCIATED LABORATORY COSTS	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 100% 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-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 500 per hospital admission applies for children under the age of 5 and R5 000 for any other admission, including removal of impacted teeth or any other medical condition	General anaesthetic is only available to children under the age of 5 for extensive dental treatment
	Avoid a 30% co-payment by using a hospital on the applicable network	General anaesthetic benefit is available for the removal of impacted teeth
	Pre-authorisation required	Managed Care protocols apply
INHALATION SEDATION IN DENTAL ROOMS (LAUGHING GAS)	Managed Care protocols apply	
MODERATE/DEEP SEDATION IN DENTAL ROOMS (IV CONSCIOUS SEDATION)	Limited to extensive dental treatment	Managed Care protocols apply
	Pre-authorisation required	

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# CHRONIC BENEFITS

BonClassic offers cover for the **47** chronic conditions listed below, limited to **R13 190** per beneficiary and **R27 270** per family on the applicable formulary. If you choose to use medicine that is not on the formulary, you will have to pay a 40% co-payment. You must get your medicine from the Bonitas Pharmacy Network. If you choose to use a non-network pharmacy, 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, through Pharmacy Direct our Designated Service Provider. If you choose not to use Pharmacy Direct, you will have to pay a 40% co-payment.

Pre-authorisation is required.

## 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

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

## ADDITIONAL CONDITIONS COVERED

28.	Alzheimer's Disease (early onset)
29.	Ankylosing Spondylitis
30.	Attention Deficit Disorder (in children aged 5-18)
31.	Barrett's Oesophagus
32.	Benign Prostatic Hypertrophy
33.	Depression
34.	Eczema

35.	Gastro-Oesophageal Reflux Disease (GORD)
36.	Generalised Anxiety Disorder
37.	Gout
38.	Obsessive Compulsive Disorder
39.	Osteoporosis
40.	Paget's Disease
41.	Panic Disorder

42.	Polyarteritis Nodosa
43.	Pulmonary Interstitial Fibrosis
44.	Post-Traumatic Stress Disorder
45.	Scleroderma
46.	Tourette's Syndrome
47.	Zollinger-Ellison Syndrome

All benefits and limits are per calendar year, unless otherwise stated. Managed Care protocols apply. All benefits are approved by the Council for Medical Schemes.

# ADDITIONAL BENEFITS

We believe in giving you more value. The following benefits are in addition to your day-to-day and other benefits.

## BENEFIT BOOSTER



*Available after completing a wellness screening or online wellness questionnaire*

### BONCLASSIC

R1 880

per family which can be used for out-of-hospital claims for:

- GP and specialist consultations
- Acute and over-the-counter medicine
- Biokineticist and physiotherapist consultations and treatment
- Paramedical services such as dietician, speech and occupational therapy consultations and treatment
- Alternative healthcare such as homeopathic consultations, treatment and acupuncture
- Non-surgical procedures and tests e.g. wart removal
- X-rays
- Blood tests

*Child dependants can access the Benefit Booster once an adult beneficiary has completed a wellness screening or online wellness questionnaire*

(All claims are paid at the Bonitas Rate)

## MATERNITY CARE



### Per event:

- 12 antenatal consultations with a gynaecologist, GP or midwife
- R1 410 for antenatal classes
- 2 2D ultrasound scans
- 1 amniocentesis
- 4 consultations with a midwife after delivery (1 of these can be used for a consultation with a lactation specialist)

## MATERNITY PROGRAMME

### Register for the maternity programme and get:

- Access to 24/7 maternity advice line
- Dedicated maternity nurse/midwife to support and advise you throughout your pregnancy
- Access to articles regarding common pregnancy concerns
- Pregnancy education emails and SMSs sent to you weekly
- Online antenatal classes to prepare you for the birth and what to expect when you get home
- Baby bag including baby care essentials

# WELLNESS BENEFIT



- 1 wellness screening per beneficiary at a participating pharmacy, biokineticist or a Bonitas wellness day

Wellness screening includes the following tests:

- Blood pressure
- Body Mass Index
- Glucose
- Waist-to-hip ratio
- Cholesterol

# CONTRACEPTIVES



- R1 830 per family (for women aged up to 50)
- 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 up to 8 weeks, 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
- Immunisation according to Expanded Programme on Immunisation in South Africa up to the age of 12

# PREVENTATIVE CARE



- 1 HIV test and counselling per beneficiary
- 1 flu vaccine per beneficiary
- 1 full lipogram every 5 years, for members aged 20 and over
- 1 mammogram every 2 years, for women over 40
- 1 pap smear every 3 years, for women between ages 21 and 65
- 1 prostate screening antigen test for men between ages 45 and 69
- 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 and men aged 70 and over
- Dental fissure sealants to prevent tooth decay on permanent teeth for children under 16
- Covid-19 vaccines and boosters as directed by the National Department of Health

## NEW

- 1 whooping cough booster vaccine every 10 years, for members between ages 7 and 64
- 2 human papillomavirus (HPV) vaccines for girls between ages 9 and 14

# AFRICA BENEFIT



- In and out-of-hospital treatment covered at 100% of the Bonitas Rate
- Subject to authorisation

# INTERNATIONAL TRAVEL BENEFIT



*You must register for this benefit prior to departure*

- Up to R10 million cover per family for medical emergencies when you travel outside South Africa
- Additional benefit for medical quarantine up to R10 000 per beneficiary if tested positive for Covid-19

# MANAGED CARE BENEFITS

We believe in giving you more value. The following benefits are in addition to your day-to-day and other benefits.

## MENTAL WELLNESS



- Available to members who suffer from depression, anxiety, post-traumatic stress disorder and alcohol abuse
- 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
- Your Care Manager will 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 as well as resolve queries related to any other health condition
- Provides educational material on mental health which empowers you to manage your condition
- A digital platform designed to give members easy access to mental health information, community support and expert help

## DIABETES MANAGEMENT



- Empowers you to make the right decisions to stay healthy
- Provides cover for the tests required for the management of diabetes as well as other chronic conditions
- Offers access to diabetes doctors, dieticians and podiatrists
- Gives access to a dedicated Health Coach to answer any questions you may have
- Offers a personalised care plan for your specific needs
- Provides education to help you understand your condition better

## CANCER



- Puts you first, offering emotional and medical support
- Liaises with your doctor to ensure your treatment plan is clinically appropriate to meet your needs
- Access to a social worker for you and your loved ones
- Uses the Bonitas Oncology Medicine Network (20% co-payment applies for use of a non-network provider)
- Matches the treatment plan to your benefits to ensure you have the cover you need
- Uses the Bonitas Oncology Network of specialists

## BACK AND NECK



- Assessment of back and neck pain to determine the level of care required before surgery to give you the best outcome
- Offers a personalised treatment plan for up to 6 weeks
- Includes treatment from doctors, physiotherapists and biokineticists
- Gives access to a home care plan to maintain long-term results and helps manage severe back and neck pain
- Highly effective and low-risk, with an excellent success rate
- We cover the cost of the programme, excluding X-rays
- Uses the DBC network

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## HIV/AIDS

- Provides you with appropriate treatment and tools to live your best life
- Offers HIV-related consultations to visit your doctor to monitor your clinical status
- Offers access to telephonic support from doctors
- Covers medicine to treat HIV (including drugs to prevent mother-to-child transmission and infection after sexual assault or needle-stick injury)
- Covers regular blood tests to monitor disease progression, response to therapy and to detect possible side-effects of treatment
- Gives ongoing patient support via a team of trained and experienced counsellors
- Treatment and prevention of opportunistic infections such as pneumonia, TB and flu
- Helps in finding a registered counsellor for face-to-face emotional support

## HIP AND KNEE REPLACEMENT

- Based on the latest international standardised clinical care pathways
- Doctors evaluate and treat your condition before surgery to give you the best outcome
- Uses a multidisciplinary team, dedicated to assist with successful recovery
- Treatment is covered in full on the ICPS and Joint Care networks

## HOSPITAL-AT-HOME

- Care for any acute condition deemed appropriate by your treating provider i.e., pneumonia, Covid-19
- An alternative to general ward admission and stepdown facilities, allowing you to receive quality, safe healthcare in the comfort of your home
- Remote patient monitoring including 24/7 vital signs monitoring from our clinical command centre, continuous virtual visits and clinical support, continuous care from a doctor, short-term oxygen (as prescribed) and emergency ambulance services
- Our hospital setup at home also includes remote patient monitoring, daily visits, laboratory services, blood tests, wound dressings, medication/fluids via a drip, allied healthcare services and physiotherapy (as prescribed)
- A team of trained healthcare professionals, including skilled nurses, that will bring all the essential elements of hospital care to your home
- A transitional care programme to minimise re-admissions
- Hospital-at-Home is subject to pre-authorisation

# IN-HOSPITAL BENEFITS

This benefit offers cover for major medical events that result in a beneficiary being admitted to hospital. Members have access to cover at a private hospital. Pre-authorisation is required. A co-payment may apply to specific admissions and/or procedures. Managed Care protocols apply.

**Please note:** On this option you can avoid a 30% co-payment by using a hospital on the applicable network.

<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 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)	R33 740 per family, in and out-of-hospital	Pre-authorisation required
	R2 500 co-payment per scan event except for PMB	
<b>ALLIED MEDICAL PROFESSIONALS</b> (SUCH AS HOMEOPATHY AND ACUPUNCTURE)	Unlimited, covered at 100% of the Bonitas Rate	Subject to referral by the treating practitioner
<b>PHYSIOTHERAPY AND BIOKINETICS</b>	Unlimited, covered at 100% of the Bonitas Rate	Subject to referral by the treating practitioner
<b>INTERNAL AND EXTERNAL PROSTHESES</b>	R63 540 per family, unless PMB	Managed Care protocols apply
	Sublimit of R6 120 per breast prosthesis (limited to 2 per year)	
<b>SPINAL SURGERY</b>	Subject to an assessment and referral for spinal surgery through the Back and Neck programme	
<b>HIP AND KNEE REPLACEMENTS</b>	Avoid a R33 100 co-payment by using the Designated Service Provider	
<b>COCHLEAR IMPLANTS</b>	R323 200 per family	
<b>CATARACT SURGERY</b>	Avoid a R6 620 co-payment by using the Designated Service Provider	
<b>MENTAL HEALTH HOSPITALISATION</b>	R47 010 per family	No cover for physiotherapy for mental health admissions
	Avoid a 30% co-payment by using a hospital on the applicable network	
<b>TAKE-HOME MEDICINE</b>	Limited to a 7-day supply up to R540 per hospital stay	
<b>PHYSICAL REHABILITATION</b>	R57 730 per family	
<b>ALTERNATIVES TO HOSPITAL</b> (HOSPICE, STEP-DOWN FACILITIES)	R19 250 per family	Managed Care protocols apply

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<b>PALLIATIVE CARE</b> (CANCER ONLY)	Unlimited, subject to the DSP	Including hospice/private nursing, home oxygen, pain management, psychologist and social worker support
<b>CANCER TREATMENT</b>	Unlimited for PMBs	R300 000 per family for non-PMBs. Paid at 80% at a Designated Service Provider and no cover at a non-Designated Service Provider, once limit is reached.
	Avoid a 30% co-payment by using a Designated Service Provider	Sublimit of R54 160 per beneficiary for Brachytherapy
<b>CANCER MEDICINE</b>	Subject to Medicine Price List and preferred product list	Avoid a 20% co-payment by using a Designated Service Provider
<b>ORGAN TRANSPLANTS</b>	Unlimited	Sublimit of R36 660 per beneficiary for corneal grafts
<b>KIDNEY DIALYSIS</b>	Unlimited	Avoid a 20% co-payment by using a Designated Service Provider
<b>HIV/AIDS</b>	Unlimited, if you register on the HIV/AIDS programme	Chronic medicine must be obtained from the Designated Service Provider
<b>DAY SURGERY PROCEDURES</b> (APPLIES TO SELECTED PROCEDURES)	Avoid a R2 430 co-payment by using a network day hospital	

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