

2018

PRODUCT

BONCOMPLETE

18

Bonitas

This savings option offers generous savings, an above threshold benefit and rich hospital cover.



In-hospital

Unlimited, consultations & treatment at **100%** - network doctors and specialists paid in full

R328 100 cancer benefit per family

Unlimited blood tests & x-rays at **100%**

Internal & external prosthesis R42 100 per family

MRI and CT scans R22 220 per family in and out of hospital with no co-payments

Unlimited terminal care benefit



Out-of-hospital

Savings & above threshold benefit

R15 130 mental health benefit for consultations paid from risk

Dental benefits in addition to savings - including orthodontics



Chronic benefits

31 conditions covered

Cover for Acne, Allergic Dermatitis/Eczema, Allergic Rhinitis and Attention Deficit Disorder **for children**

Chronic medicine delivery to your doorstep through the Designated Service Provider

Managed Care programmes to help members manage a range of conditions including cancer, HIV/AIDS and diabetes



Additional benefits

R1 500 per family for **contraceptives**

6 maternity consultations, antenatal classes, **amniocentesis & 2 x 2D scans**

Wellness screening & R1 670 wellness extender per family

Preventative care for mammograms, pap smears, lipograms, flu vaccines & more

Childcare benefits including paediatrician & GP consultations, **newborn hearing screening, congenital hypothyroidism screening & Babyline**

International travel benefit of up to **R10 million** per family per trip



Contributions

Main member	Adult dependant	Child dependant
R 3 212	R 2 572	R 873



Savings

	Main member	Adult dependant	Child dependant
Savings	R 5 772	R 4 620	R 1 572

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. Managed Care protocols apply.

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 may 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.

Specialist consultations/treatment	Unlimited, network specialists covered in full Unlimited, non-network specialists paid at 100% of the Bonitas Rate
GP consultations/treatment	Unlimited, covered 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)	R22 220 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	R42 100 per family Managed Care protocols apply Sublimit of R5 000 per breast prosthesis (limited to 2 per year) You must use a preferred supplier
Spinal surgery	You will have to pay a R5 650 co-payment if you do not go for an assessment through the back and neck programme
Hip and knee replacements	You will have to pay a R5 650 co-payment if you do not use the preferred provider
Mental health hospitalisation	R30 680 per family No cover for physiotherapy for mental health admissions You must use a Designated Service Provider
Take-home medicine	R390 per beneficiary, per hospital stay
Physical rehabilitation	R47 250 per family
Alternatives to hospital (hospice, step-down facilities)	R15 760 per family
Terminal care	Unlimited Including hospice/private nursing, home oxygen, pain management, psychologist and social worker support
Cancer treatment	R328 100 per family You must use a preferred provider Sublimit of R42 110 per beneficiary for Brachytherapy

Organ transplants	Unlimited Sublimit of R30 000 per beneficiary for corneal grafts
Kidney dialysis	Unlimited You must use a Designated Service Provider, or a 20% co-payment will apply
HIV/AIDS	Unlimited, if you register on the HIV/AIDS programme Chronic medicine must be obtained from the Designated Service Provider



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 772	R4 620	R1 572
Self-payment gap	R1 660	R1 400	R 355
Threshold level	R7 432	R6 020	R1 927
Above threshold benefit	R4 390	R2 590	R1 120

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. Claims accumulate at the Bonitas Rate. 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)	R22 220 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	R15 130 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 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 R365 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 R215 per lens, per beneficiary
Bifocal lenses (Clear) or	100% towards the cost of clear lenses, limited to R500 per lens, per beneficiary

Multifocal lenses (Clear)	100% towards the cost of clear lenses, limited to R865 per lens, per beneficiary
Frames	R740 per beneficiary, once every 2 years
Contact lenses	R1 820 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
X-rays: Extra-oral	1 per beneficiary, every 3 years Additional benefits may be considered if specialist dental treatment is required
Oral hygiene	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, 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 Pre-authorization required
Implants and associated laboratory costs	No benefit

Orthodontics and associated laboratory costs	<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 65% 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>
Periodontics	<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>
Maxillo-facial surgery and oral pathology	
Surgery in the dental chair	Managed Care protocols apply
Hospitalisation (general anaesthetic)	<p>A co-payment of R3 000 per hospital admission and admission protocols apply</p> <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>
Laughing gas in dental rooms	Managed Care protocols apply
IV conscious sedation in rooms	<p>Limited to extensive dental treatment</p> <p>Managed Care protocols apply</p> <p>Pre-authorisation required</p>



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.

Please note: For HIV/AIDS medicine, you must use the Designated Service Provider or 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

28. Acne (children up to 21 years)	30. Allergic Dermatitis/ Eczema (children up to 21 years)	31. Attention Deficit Disorder (in children aged 5-18)
29. Allergic Rhinitis (children up to 21 years)		



ADDITIONAL BENEFITS

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

Contraceptives	
For women aged up to 50	R1 500 per family You must use the Designated Service Provider for pharmacy-dispensed contraceptives
Maternity care	
Per pregnancy	6 antenatal consultations with a gynaecologist, GP or midwife R1 160 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)
Childcare	
Hearing screening	For newborns, in or out of hospital
Congenital hypothyroidism screening	For infants under 1 month old
Babyline	Access to telephone helpline for 24/7 medical advice (including weekends and holidays for children under 3 years)
Paediatric consultations	2 consultations per child under 1 year 1 consultation per child between ages 1 and 2
GP consultations	1 consultation per child between ages 2 and 12
Immunisations	1 flu vaccine per child
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 670 per family Once each adult beneficiary has completed a wellness screening, you may 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 All claims are paid at the Bonitas Rate Child dependants will qualify once an adult beneficiary has completed a wellness screening
International travel benefit	
Per trip	R5 million per beneficiary R10 million per family Including cover for mandatory vaccines You must register for this benefit

Bonitas

 0860 002 108

 www.bonitas.co.za

 Bonitas Medical Fund

 @BonitasMedical

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 subject to approval from the Council for Medical Schemes **PRE-CMS01-V13-07SEP2017**.

Report fraud on the Whistleblower Hotline
0800 112 811