

BONCAP

INCOME BASED 2021



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Bonitas

Medical Aid for South Africa

WHAT YOU PAY

IF YOUR MONTHLY INCOME IS:

	MAIN MEMBER	ADULT DEPENDANT	CHILD DEPENDANT
R0 TO R8 980	R1 212	R1 212	R571
R8 981 TO R14 590	R1 434	R1 434	R659
R14 591 TO R19 930	R2 311	R2 311	R874
R19 931+	R2 837	R2 837	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.

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
GP-REFERRED ACUTE MEDICINE, X-RAYS AND BLOOD TESTS	20% co-payment applies	
	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
	You must use a Bonitas Pharmacy Network or a 20% co-payment will apply	A 20% co-payment will apply if you use medicine that is not on the formulary
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
	You must use a Bonitas Pharmacy Network or a 20% co-payment will apply	A 20% co-payment will apply if you use medicine that is not on the formulary
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 BIFOCAL LENSES (CLEAR) OR MULTIFOCAL LENSES (CLEAR)	100% towards the cost of lenses at network rates	R210 per lens, per beneficiary, out of network
	100% towards the cost of lenses at network rates	R445 per lens, per beneficiary, out of network
	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

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-authorization 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-authorization 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-authorization 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-authorization 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-authorization required
ALTERNATIVES TO HOSPITAL (HOSPICE, STEP-DOWN FACILITIES)	Unlimited	Pre-authorization 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-authorization required
CANCER TREATMENT	PMB only at a Designated Service Provider	Pre-authorization required
ORGAN TRANSPLANTS	Unlimited	You must use a Designated Service Provider, or a 20% co-payment will apply
	Pre-authorization required	
KIDNEY DIALYSIS	Unlimited, if you register on the HIV/AIDS programme	Chronic medicine must be obtained from the Designated Service Provider

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DAY SURGERY PROCEDURES
(APPLIES TO SELECTED PROCEDURES)

SURGICAL PROCEDURES THAT ARE NOT COVERED

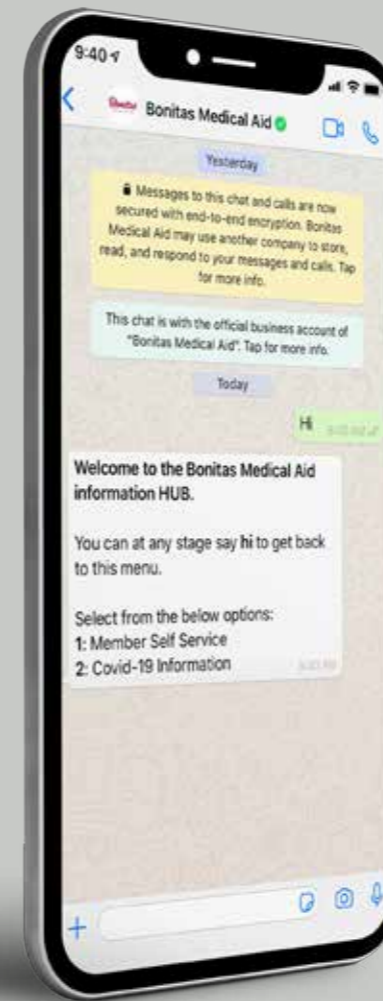
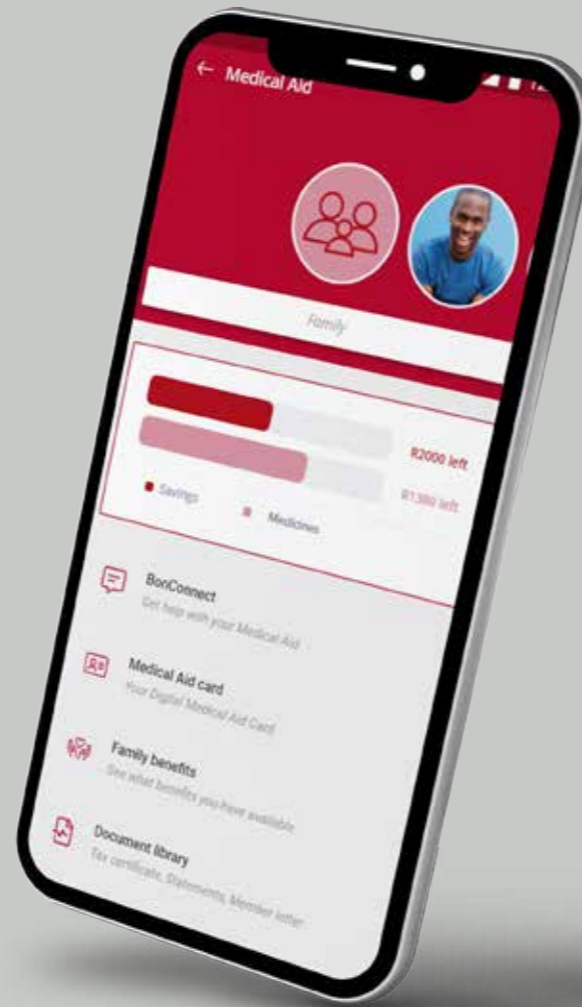
You must use a network day hospital or a R10 000 co-payment will apply	
Back and neck surgery	Joint replacement surgery
Caesarean sections done for non-medical reasons	Functional nasal and sinus surgery
Varicose vein surgery	Hernia repair surgery
Laparoscopic or keyhole surgery	Gastrosopies, colonoscopies and all other endoscopies
Bunion surgery	In-hospital dental surgery

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