

PRIMARY ----- & ----- PRIMARY SELECT

TRADITIONAL 2021



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Bonitas

Medical Aid for South Africa

WHAT YOU PAY

PRIMARY

MAIN MEMBER

R2 537

ADULT DEPENDANT

R1 985

CHILD DEPENDANT

R807

PRIMARY^{SELECT}

MAIN MEMBER

R2 180

ADULT DEPENDANT

R1 705

CHILD DEPENDANT

R693

YOU ONLY PAY FOR A MAXIMUM OF THREE CHILDREN. FULL-TIME STUDENTS PAY CHILD RATES UP TO AGE 24 YEARS.

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OUT-OF-HOSPITAL BENEFITS

Out-of-hospital claims will be paid from available day-to-day benefits. There is a separate benefit for GP consultations.

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GP CONSULTATIONS

(including virtual care consultations)

If you do not use a GP on our network, your benefit for GP consultations will be limited to the non-network GP consultation benefit and you'll have to pay a 30% co-payment. This is shown in the table below.

You must choose 2 GPs on our network for each beneficiary. These are your nominated GPs for the year. Your benefit is limited to your nominated GPs only. This is shown in the table below.

MAIN MEMBER ONLY
MAIN MEMBER + 1 DEPENDANT
MAIN MEMBER + 2 DEPENDANTS
MAIN MEMBER + 3 DEPENDANTS
MAIN MEMBER + 4 OR MORE DEPENDANTS

R1 960	R635 of this can be used for non-network GP consultations, a 30% co-payment applies
R3 610	R1 200 of this can be used for non-network GP consultations, a 30% co-payment applies
R4 270	R1 360 of this can be used for non-network GP consultations, a 30% co-payment applies
R4 590	R1 530 of this can be used for non-network GP consultations, a 30% co-payment applies
R5 200	R1 810 of this can be used for non-network GP consultations, a 30% co-payment applies

R1 960	Benefit limited to your nominated GPs
R3 610	Benefit limited to your nominated GPs
R4 270	Benefit limited to your nominated GPs
R4 590	Benefit limited to your nominated GPs
R5 200	Benefit limited to your nominated GPs

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DAY-TO-DAY BENEFITS

These benefits provide cover for consultations with your specialist, acute medicine, X-rays, blood tests and other out-of-hospital medical expenses. There is a separate benefit for tests and consultations for PMB treatment plans (excluding GP consultations). Therefore this will not affect your day-to-day benefits.

MAIN MEMBER ONLY
MAIN MEMBER + 1 DEPENDANT
MAIN MEMBER + 2 DEPENDANTS
MAIN MEMBER + 3 DEPENDANTS
MAIN MEMBER + 4 OR MORE DEPENDANTS

R2 750
R4 920
R5 780
R6 210
R6 730

R2 750
R4 920
R5 780
R6 210
R6 730

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SPECIALIST CONSULTATIONS
BLOOD AND OTHER LABORATORY TESTS
X-RAYS AND ULTRASOUNDS
ACUTE MEDICINE

Paid from available day-to-day benefits	You must get a referral from your GP
Paid from available day-to-day benefits	
Paid from available day-to-day benefits	
Paid from available day-to-day benefits	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	

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OVER-THE-COUNTER MEDICINE
HOMEOPATHIC MEDICINE
ALLIED MEDICAL PROFESSIONALS (SUCH AS DIETICIAN, SPEECH AND OCCUPATIONAL THERAPY)
PHYSIOTHERAPY, PODIATRY AND BIOKINETICS
GENERAL MEDICAL APPLIANCES (SUCH AS WHEELCHAIRS AND CRUTCHES)

PRIMARY	
Paid from available day-to-day benefits	Limited to R515 per beneficiary and R1 510 per family
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
Paid from available day-to-day benefits	A 20% co-payment applies
Limited to and included in the day-to-day benefit	
Limited to and included in the day-to-day benefit	
Limited to and included in the day-to-day benefit	You must use a Designated Service Provider
Subject to frequency limits and Managed Care protocols	The day-to-day benefit may be exceeded by R6 910 per family for Stoma Care and CPAP machines

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MRIs AND CT SCANS (SPECIALISED RADIOLOGY)
MENTAL HEALTH CONSULTATIONS
OPTOMETRY
EYE TESTS
SINGLE VISION LENSES (CLEAR) OR
BIFOCAL LENSES (CLEAR) OR
MULTIFOCAL LENSES (CLEAR)
FRAMES
CONTACT LENSES
BASIC DENTISTRY
CONSULTATIONS
X-RAYS: INTRA-ORAL
X-RAYS: EXTRA-ORAL

PRIMARY	
R13 710 per family, in and out-of-hospital	Pre-authorisation required
R1 500 co-payment per scan except for PMB	
In and out-of-hospital consultations (included in the mental health hospitalisation benefit)	Limited to R9 890 per family
R4 955 per family, once every 2 years (based on the date of your previous claim)	Each beneficiary can choose glasses OR contact lenses
1 per beneficiary, at a network provider OR	R350 per beneficiary, at a non-network provider
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
R525 per beneficiary at a network provider OR	R381 per beneficiary at a non-network provider
R1 295 per beneficiary (included in the family limit)	
Covered at the Bonitas Dental Tariff	Subject to the Bonitas Dental Management Programme and a Designated Service Provider
2 annual check-ups per beneficiary (once every 6 months)	
Managed Care protocols apply	
1 per beneficiary, every 3 years	

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PREVENTATIVE CARE	2 annual scale and polish treatments per beneficiary (once every 6 months)	Fissure sealants are only covered for children under 16 years	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		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	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		A treatment plan and X-rays may be required for multiple fillings	
ROOT CANAL THERAPY AND EXTRACTIONS	Managed Care protocols apply	Benefit for root canal includes all teeth except primary teeth and permanent molars	Managed Care protocols apply	Benefit for root canal includes all teeth except primary teeth and permanent molars
PLASTIC DENTURES AND ASSOCIATED LABORATORY COSTS	1 set of plastic dentures (an upper and a lower) per beneficiary, once every 4 years	Pre-authorisation required	1 set of plastic dentures (an upper and a lower) per beneficiary, once every 4 years	Pre-authorisation required
MAXILLO-FACIAL SURGERY AND ORAL PATHOLOGY				
SURGERY IN THE DENTAL CHAIR	Managed Care protocols apply		Managed Care protocols apply	
HOSPITALISATION (GENERAL ANAESTHETIC)	A co-payment of R3 500 per hospital admission for children younger than 5 years and R5 000 for all other admissions, admission protocols apply	General anaesthetic is only available to children under the age of 5 for extensive dental treatment once per lifetime	A co-payment of R3 500 per hospital admission for children younger than 5 years and R5 000 for all other admissions, admission protocols apply	General anaesthetic is only available to children under the age of 5 for extensive dental treatment once per lifetime
	General anaesthetic benefit is available for the removal of impacted teeth	Managed Care protocols apply	General anaesthetic benefit is available for the removal of impacted teeth	Managed Care protocols apply
	Pre-authorisation required		Pre-authorisation required	
INHALATION SEDATION IN DENTAL ROOMS (LAUGHING GAS)	Managed Care protocols apply		Managed Care protocols apply	
MODERATE/DEEP SEDATION IN THE ROOMS (IV CONSCIOUS)	Limited to extensive dental treatment	Managed Care protocols apply	Limited to extensive dental treatment	Managed Care protocols apply
	Pre-authorisation required		Pre-authorisation 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.

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CONTRACEPTIVES						
FOR WOMEN AGED UP TO 50	R1 660 per family	You must use the Designated Service Provider for pharmacy-dispensed contraceptives		R1 660 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			If you choose not to use a Designated Service Provider, a 40% co-payment applies		
MATERNITY CARE						
PER PREGNANCY	6 antenatal consultations with a gynaecologist, GP or midwife	2 2D ultrasound scans		6 antenatal consultations with a gynaecologist, GP or midwife	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)		1 amniocentesis	4 consultations with a midwife after delivery (1 of these can be used for a consultation with a lactation specialist)	
	Access to the Bonitas Maternity Programme			Access to the Bonitas Maternity Programme		
CHILDCARE						
HEARING SCREENING	For newborns, in or out-of-hospital			For newborns, in or out-of-hospital		
CONGENITAL HYPOTHYROIDISM SCREENING	For infants under 1 month old			For infants under 1 month old		
BABYLINE	24/7 helpline for medical advice for children under 3 years			24/7 helpline for medical advice for children under 3 years		
PAEDIATRICIAN OR GP CONSULTATIONS	1 consultation per child under 1 year	1 consultation per child between ages 1 and 2		1 consultation 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			1 consultation per child between ages 2 and 12		
IMMUNISATIONS	According to Expanded Programme on Immunisation in South Africa			According to Expanded Programme on Immunisation in South Africa		
PREVENTATIVE CARE						
GENERAL HEALTH	1 HIV test per beneficiary	1 flu vaccine per beneficiary		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		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			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		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	

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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 	1 wellness screening per beneficiary at a participating pharmacy, biokineticist or a Bonitas wellness day <ul style="list-style-type: none"> • Blood pressure • Glucose • Cholesterol • Body Mass Index • Waist-to-hip ratio 	
WELLNESS EXTENDER	Available after completing a wellness screening	R1 310 per family which can be used for: <ul style="list-style-type: none"> • GP consultations only • Biokineticist consultations and treatment • Dietician consultations and treatment • Physiotherapist consultations and treatment • A programme to stop smoking • X-rays as per formulary • Blood tests as per formulary • Access to Run/Walk for Life 	Available after completing a wellness screening <ul style="list-style-type: none"> • GP consultations only • Biokineticist consultations and treatment • Dietician consultations and treatment • Physiotherapist consultations and treatment • A programme to stop smoking • X-rays as per formulary • Blood tests as per formulary • Access to Run/Walk for Life 	
	Child dependants can access the wellness extender once an adult beneficiary has completed a wellness screening		Child dependants can access the wellness extender once an adult beneficiary has completed a wellness screening	
INTERNATIONAL TRAVEL BENEFIT				
PER TRIP	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	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
AFRICA BENEFIT				
PER TRIP	In and out-of-hospital treatment covered at 100% of the Bonitas rate	Subject to authorisation	In and out-of-hospital treatment covered at 100% of the Bonitas rate	Subject to authorisation

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CHRONIC BENEFITS

Primary Select ensures that you are covered for the **27** Prescribed Minimum Benefits listed below on the applicable formulary. 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 formulary, you will have to pay a 40% co-payment.

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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.

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BACK AND NECK	Helps manage severe back and neck pain	Offers a personalised treatment plan for up to 6 weeks, including assistance from doctors, physiotherapists and biokineticists
	Gives access to a home care plan to maintain long-term results	We cover the cost of the programme
	Highly effective and low-risk, with an excellent success rate	Uses the DBC network
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)	
DIABETES MANAGEMENT	Empowers you to make the right decisions to stay healthy	Offers a personalised care plan for your specific needs
	Provides cover for the tests required for the management of diabetes as well as other chronic conditions	Helps you track the results of the required tests
	Offers access to diabetes doctors, dieticians and podiatrists	Helps you better understand your condition through diabetes education
	Gives access to a dedicated Health Coach to answer any questions you may have	
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

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 the Primary Select option you must use a hospital on the Primary Select network or you will have to pay a 30% co-payment.

	PRIMARY		PRIMARY ^{SELECT}	
SPECIALIST CONSULTATIONS/TREATMENT	Unlimited, network specialists covered in full at the Bonitas Rate	Unlimited, non-network specialists paid at 100% of the Bonitas Rate	Unlimited, network specialists covered in full at the Bonitas Rate	Unlimited, non-network specialists paid at 100% of the Bonitas Rate
GP CONSULTATIONS/TREATMENT	Unlimited, covered at 100% of the Bonitas Rate		Unlimited, covered at 100% of the Bonitas Rate	
BLOOD TESTS AND OTHER LABORATORY TESTS	Unlimited, covered at 100% of the Bonitas Rate		Unlimited, covered at 100% of the Bonitas Rate	
X-RAYS AND ULTRASOUNDS	Unlimited, covered at 100% of the Bonitas Rate		Unlimited, covered at 100% of the Bonitas Rate	
MRIs AND CT SCANS (SPECIALISED RADIOLOGY)	R13 710 per family, in and out-of-hospital	Pre-authorisation required	R13 710 per family, in and out-of-hospital	Pre-authorisation required
	R1 500 co-payment per scan except for PMB		R1 500 co-payment per scan except for PMB	
CATARACT SURGERY	You must use a Designated Service Provider, or a R6 000 co-payment will apply		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)	Limited to and included in the day-to-day benefit	Subject to referral by treating practitioner	Limited to and included in the day-to-day benefit	Subject to referral by treating practitioner
PHYSIOTHERAPY, PODIATRY AND BIKINETICS	Limited to and included in the day-to-day benefit	Subject to referral by treating practitioner	Limited to and included in the day-to-day benefit	Subject to referral by treating practitioner
INTERNAL PROSTHESIS	R33 220 per family (no cover for joint replacements except for PMB)	Managed Care protocols apply	R33 220 per family (no cover for joint replacements except PMB)	Managed Care protocols apply
	You must use a preferred supplier		You must use a preferred supplier	
MENTAL HEALTH HOSPITALISATION	R16 370 per family	No cover for physiotherapy for mental health admissions	R16 370 per family	No cover for physiotherapy for mental health admissions
	You must use a Designated Service Provider, or a 30% co-payment will apply		You must use a Designated Service Provider, or a 30% co-payment will apply	
TAKE-HOME MEDICINE	R405 per beneficiary, per hospital stay		R405 per beneficiary, per hospital stay	
PHYSICAL REHABILITATION	R52 320 per family		R52 320 per family	
ALTERNATIVES TO HOSPITAL (HOSPICE, STEP-DOWN FACILITIES)	R17 450 per family	Managed Care protocols apply	R17 450 per family	Managed Care protocols apply
TERMINAL CARE (ONCOLOGY ONLY)	Unlimited	Including hospice/private nursing, home oxygen, pain management, psychologist and social worker support	Unlimited	Including hospice/private nursing, home oxygen, pain management, psychologist and social worker support
CANCER TREATMENT	R165 500 per family	You must use a preferred provider	R165 500 per family	You must use a preferred provider
	Sublimit of R44 220 per beneficiary for Brachytherapy		Sublimit of R44 220 per beneficiary for Brachytherapy	
ORGAN TRANSPLANTS	PMB only		PMB only	

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KIDNEY DIALYSIS	Unlimited	You must use a Designated Service Provider, or a 20% co-payment will apply	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	Unlimited, if you register on the HIV/AIDS programme	Chronic medicine must be obtained from the Designated Service Provider
DAY SURGERY PROCEDURES (APPLIES TO SELECTED PROCEDURES)	You must use a network day hospital or a R2 200 co-payment will apply		You must use a network day hospital or a R4 400 co-payment will apply	

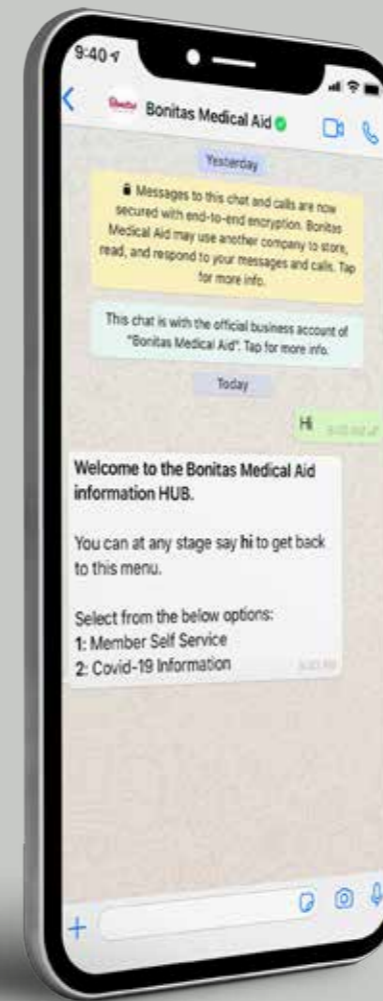
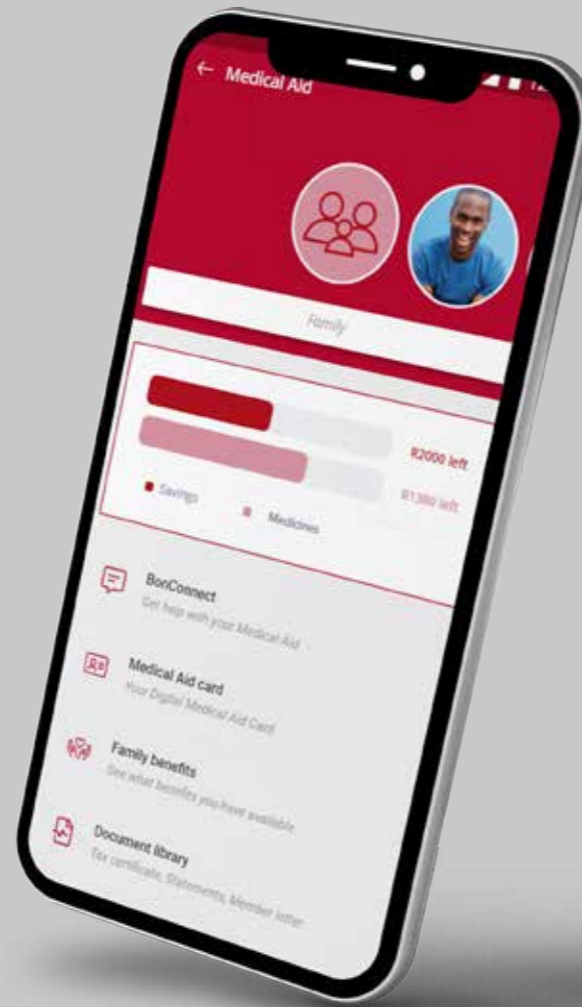
PROCEDURE CO-PAYMENTS	R1 570 co-payment	R3 980 co-payment	R7 840 co-payment
	<ol style="list-style-type: none"> 1. Colonoscopy 2. Conservative Back Treatment 3. Cystoscopy 4. Facet Joint Injections 5. Flexible Sigmoidoscopy 6. Functional Nasal Surgery 7. Gastroscopy 8. Hysteroscopy (not Endometrial Ablation) 9. Myringotomy 10. Tonsillectomy and Adenoidectomy 11. Umbilical Hernia Repair 12. Varicose Vein Surgery 	<ol style="list-style-type: none"> 1. Arthroscopy 2. Diagnostic Laparoscopy 3. Laparoscopic Hysterectomy 4. Percutaneous Radiofrequency Ablations (Percutaneous Rhizotomies) 	<ol style="list-style-type: none"> 1. Laparoscopic Pyeloplasty 2. Laparoscopic Radical Prostatectomy 3. Nissen Fundoplication (Reflux Surgery)

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