

BONCLASSIC

SAVINGS

2021



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Bonitas

Medical Aid for South Africa

WHAT YOU PAY

MAIN MEMBER
R5 330

ADULT DEPENDANT
R4 577

CHILD DEPENDANT
R1 316

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

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	R9 036	R7 764	R2 232

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		
ALLIED MEDICAL PROFESSIONALS (SUCH AS DIETICIAN, SPEECH AND OCCUPATIONAL THERAPY)	Paid from available savings		
PHYSIOTHERAPY, PODIATRY AND BIOKINETICS	Paid from available savings		
GENERAL MEDICAL APPLIANCES (SUCH AS WHEELCHAIRS AND CRUTCHES)	Paid from available savings	Subject to preferred provider, frequency limits and Managed Care protocols	

BLOOD TESTS AND X-RAYS	R3 280 per beneficiary	R7 270 per family	
MRIs AND CT SCANS (SPECIALISED RADIOLOGY)	R30 580 per family, in and out-of-hospital	Pre-authorisation required	
MENTAL HEALTH CONSULTATIONS	R1 500 co-payment per scan except for PMB	In and out-of-hospital consultations (included in the mental health hospitalisation benefit)	
HEARING AIDS	R17 810 per family, once every 5 years (based on the date of your previous claim)	Limited to R16 430 per family	
OPTOMETRY	R5 845 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 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	R1 110 per beneficiary at a network provider	OR R805 per beneficiary at a non-network provider	
CONTACT LENSES	R1 880 per beneficiary, included in family limit		
BASIC DENTISTRY	R4 950 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		

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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
	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	
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	R5 960 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
	General anaesthetic benefit is available for the removal of impacted teeth	Managed Care protocols apply
	Pre-authorisation required	
INHALATION SEDATION IN DENTAL ROOMS (LAUGHING GAS)	Managed Care protocols apply	
MODERATE/DEEP SEDATION IN THE ROOMS (IV CONSCIOUS)	Limited to extensive dental treatment	Managed Care protocols apply
	Pre-authorisation required	

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ADDITIONAL BENEFITS

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

CONTRACEPTIVES		
FOR WOMEN AGED UP TO 50	R1 660 per family If you choose not to use a Designated Service Provider, a 40% co-payment applies	You must use the Designated Service Provider for pharmacy-dispensed contraceptives
MATERNITY CARE		
PER PREGNANCY	12 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)
	R1 280 for antenatal classes	Access to the Bonitas Maternity Programme
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	
IMMUNISATIONS	According to Expanded Programme on Immunisation in South Africa	
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 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
	1 bone density screening every 5 years, for women aged 65 and over and men aged 70 and over	
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

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WELLNESS EXTENDER	Available after completing a wellness screening	R1 810 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
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
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

BonClassic offers cover for the **47** chronic conditions listed below, limited to **R11 950** per beneficiary and **R24 720** 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

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MANAGED CARE PROGRAMMES

We offer a range of Managed Care programmes to support you and help put you on the path to good health. 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.

BACK AND NECK	Helps manage severe back and neck pain	Offers a personalised treatment plan for up to 6 weeks
	Includes 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	
HIP AND KNEE REPLACEMENT	Based on the latest international standardised clinical care pathways	Uses a multidisciplinary team, dedicated to assist with successful recovery
	Doctors evaluate and treat your condition before surgery to give you the best outcomes	Treatment is covered in full on the ICPS network
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
MENTAL WELLNESS	Available to pre-identified 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 or resolve queries related to any other health condition	Provides educational material about mental health which empowers you to manage your condition

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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.

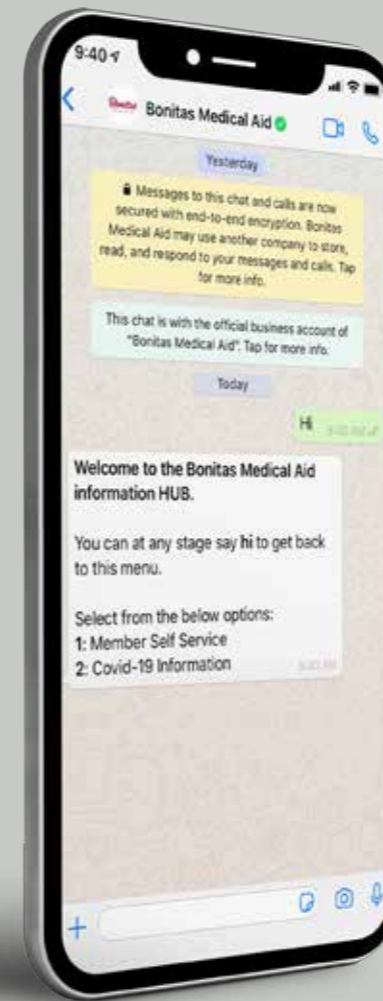
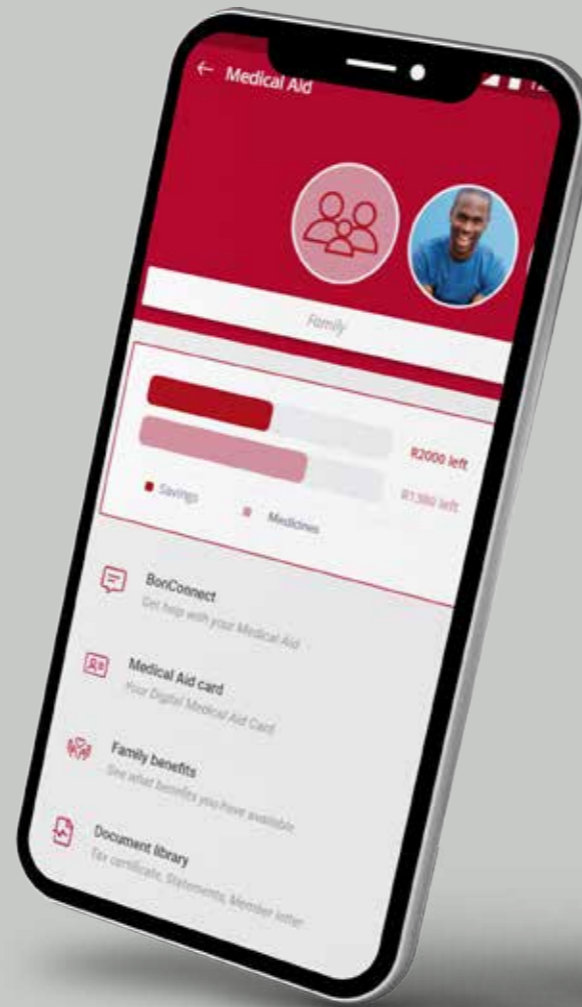
SPECIALIST CONSULTATIONS/TREATMENT	Unlimited, network specialists covered in full at the Bonitas Rate	Unlimited, non-network specialists paid at 100% of the Bonitas Rate
GP CONSULTATIONS/TREATMENT	Unlimited, covered at 100% of the Bonitas Rate	
BLOOD TESTS AND OTHER LABORATORY TESTS	Unlimited, covered at 100% of the Bonitas Rate	
X-RAYS AND ULTRASOUNDS	Unlimited, covered at 100% of the Bonitas Rate	
MRIs AND CT SCANS (SPECIALISED RADIOLOGY)	R30 580 per family, in and out-of-hospital	Pre-authorisation required
	R1 500 co-payment per scan except for PMB	
ALLIED MEDICAL PROFESSIONALS (SUCH AS HOMEOPATHY AND ACUPUNCTURE)	Unlimited, covered at 100% of the Bonitas Rate	Subject to referral by the treating practitioner
PHYSIOTHERAPY AND BIOKINETICS	Unlimited, covered at 100% of the Bonitas Rate	Subject to referral by the treating practitioner
INTERNAL AND EXTERNAL PROSTHESES	R57 580 per family	Managed Care protocols apply
	Sublimit of R5 540 per breast prosthesis (limited to 2 per year)	You must use a preferred supplier
SPINAL SURGERY	You will have to pay a R15 000 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 R30 000 co-payment if you voluntarily decide not to use the Designated Service Provider	
COCHLEAR IMPLANTS	R292 900 per family	You must use a preferred supplier
CATARACT SURGERY	You must use a Designated Service Provider, or a R6 000 co-payment will apply	
MENTAL HEALTH HOSPITALISATION	R42 610 per family	No cover for physiotherapy for mental health admissions
	You must use a Designated Service Provider	
TAKE-HOME MEDICINE	R490 per beneficiary, per hospital stay	
PHYSICAL REHABILITATION	R52 320 per family	
ALTERNATIVES TO HOSPITAL (HOSPICE, STEP-DOWN FACILITIES)	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
CANCER TREATMENT	R410 400 per family	You must use a preferred provider
	Sublimit of R44 220 per beneficiary for Brachytherapy	
ORGAN TRANSPLANTS	Unlimited	Sublimit of R33 220 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
DAY SURGERY PROCEDURES (APPLIES TO SELECTED PROCEDURES)	You must use a network day hospital or a R2 200 co-payment will apply	

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