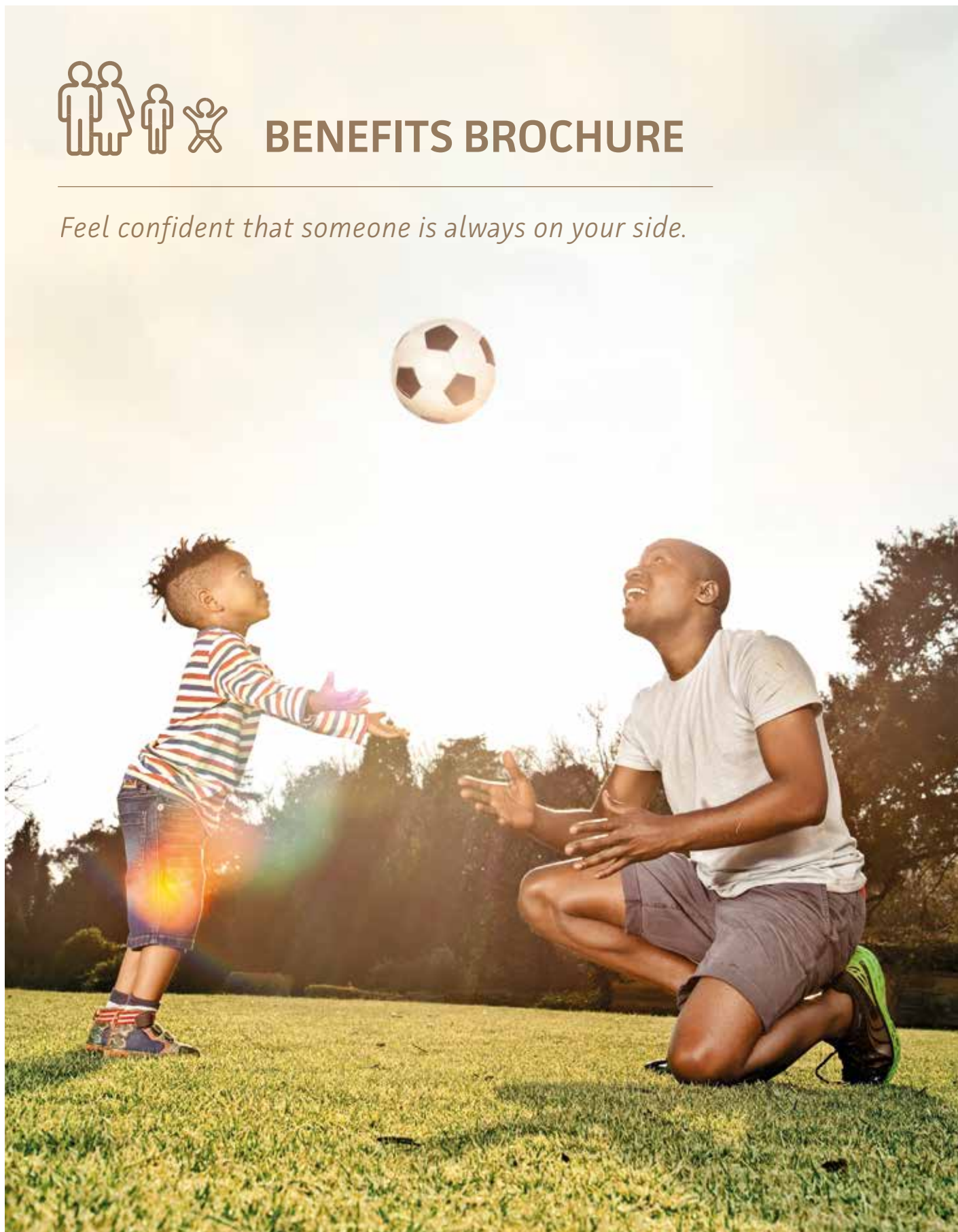




BENEFITS BROCHURE

Feel confident that someone is always on your side.





Bonitas

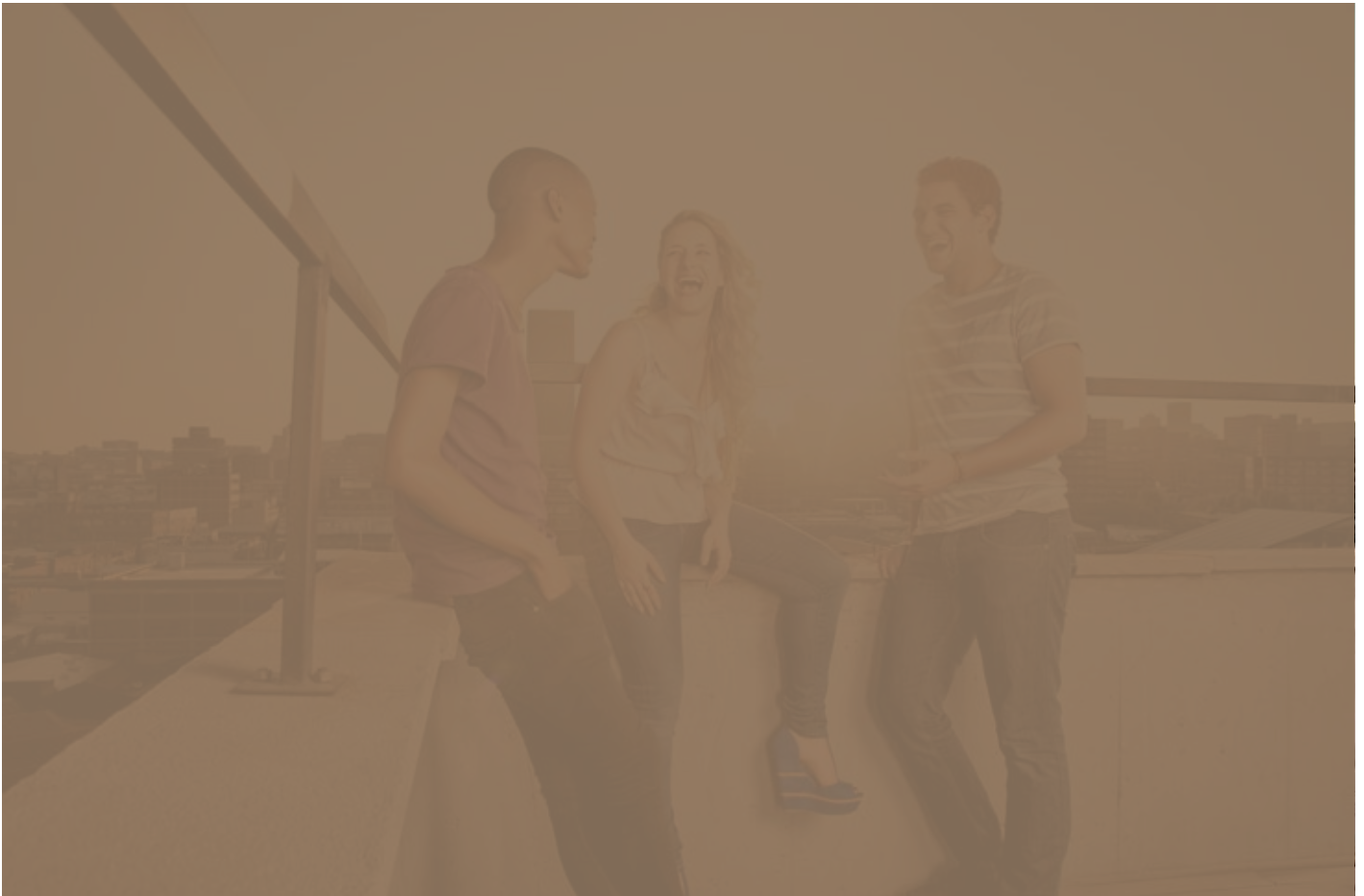
READY TO LIVE THE LIFE YOU DESERVE?

Everyone wants to lead their best life. We want tomorrow to be better than yesterday and we want to know that when things get tough, we have all the support we need; whether it's from family, friends or even a scheme like Bonitas. That's why at Bonitas, we're not just in the business of healthcare. Yes, we offer quality, affordable healthcare plans and benefits and yes, when you have a health issue, we're there for you, but that's just the beginning. Our business is about supporting your life. We start by making it simple to get the help you need, when you need it.

This means that we have a wide network of top doctors, hospitals and pharmacies, waiting to attend to you. We also have a range of products that are simple to understand so that you know exactly what you are insured for. They're also simple to use, with up to 90% of your bills being paid directly by us so you don't have to worry about paying out of your pocket. Most of all, our products are affordable and flexible, adapting to all needs and budgets.

At Bonitas, we believe everyone has the right to live their perfect life, and you can only do that when you know you have the support of people who care.

We want tomorrow to be better than yesterday and we want to know that when things get tough, we have all the support we need.



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WHY BONITAS?

At Bonitas we don't promise, we do. From the moment we opened our doors over 31 years ago, we have worked hard at bringing affordable healthcare to everyone, and adding value to their lives. We know that part of getting better means you need to be able to focus on the things that matter and not worry about whether you're covered or if your medical bills will be paid in full.

GOVERNANCE

Bonitas Medical Fund is registered as a Medical Scheme in terms of the Medical Schemes Act. The Scheme complies with all aspects of the Medical Schemes Act. Trustees are elected by members. Trustees act in the best interest of the Scheme and its members. Benefits are approved by the Council for Medical Schemes.

WE SUPPORT YOU BY OFFERING REAL BENEFITS THAT MATTER:

 <p>1. On-site consultants</p>	 <p>6. Largest GP Network</p>
 <p>2. An unlimited number of trips on international medical cover</p>	 <p>7. Specialist Network</p>
 <p>3. Prescribed Minimum Benefit (PMBs) covered at private hospitals</p>	 <p>8. Healthy Solvency</p>
 <p>4. HIV tests and flu vaccines on all options</p>	 <p>9. Basket of supplementary benefits paid from risk</p>
 <p>5. Pharmacy Direct provides courier delivery of chronic medication nationally</p>	 <p>10. Traditional options cover dentistry and optometry from risk</p>
 <p>11. World Class Managed Care programmes and Clinically Approved (VCT) Programmes.</p>	

FINANCIALLY SOUND AND RELIABLE

AA-
GLOBAL CREDIT RATING

RESERVES OF OVER
R2.7
BILLION

35.5%
SOLVENCY MARGIN

13.7%
ADMINISTRATION COST OF GROSS CONTRIBUTION INCOME

Financially sound and reliable, Bonitas has an AA-Global Credit Rating reserve of over R2.7 billion, a solvency margin of 35.5% and administration costs of only 13.7% of gross contribution income. Making your life easier, our advanced support network translates our philosophy of "designed to support your life" into reality for you. Intelligently innovative, lucidly simple and easy to understand, our

forward-thinking product options and exceptional service match what you look for in a scheme. Key indicators such as solvency ratio, average beneficiary age, pensioner ratio and claims ratio are known to provide a dependable indication of a medical scheme's long-term viability, financial stability and value for money.

BONITAS KEY INDICATORS

This is the financial side of our business. Simply put, it gives you the information you need to reassure yourself that we're in good shape today and into the future.

KEY INDICATORS	BONITAS	OPEN SCHEME AVERAGE
Solvency Ratio	35.5%	29.1%
Average Beneficiary Age	31.4	33.2
Pensioner Ratio	5.1%	8.2%
Non-Healthcare Expenses per Beneficiary Per Month	R144	R164
Non-Healthcare Expenses as a % of Risk Contribution Income	14%	15.6%
Non-Healthcare Expenses as a % of Gross Contribution Income	13.7%	13.6%
Principal Member	295 211	-
Beneficiaries	651 518	-

The table sets out the key indicators for Bonitas compared to the open scheme average based on the latest annual report (updated) from the Council for Medical Schemes

SOLVENCY RATIO

35.5%
SOLVENCY RATIO

Bonitas' solvency rate is one of the highest in the country overtaking the prescribed minimum solvency ratio of 25% which not only ensures the scheme has the ability to meet its financial commitments; it is also the most reliable indication of its financial dependability and ability to pay claims.



SIZE OF THE MEDICAL SCHEME

295 211
PRINCIPAL MEMBERS

651 518
BENEFICIARIES

In the medical scheme industry, there is safety in numbers. The larger the scheme's membership base, the better its ability to spread the risk of high claims.

With over 295 211 principal members and 651 518 beneficiaries covered, Bonitas is well-equipped to ensure that size really does count.



NON-HEALTHCARE EXPENSE RATIOS

Expense ratios are an important indicator of whether a scheme offers value for money or not. Inevitably medical schemes have expenses (such as administration fees and broker commission) and the higher these "non-healthcare" costs, the less there is available to pay claims. Schemes with higher than average expense ratios generally don't offer good value for money.



AVERAGE BENEFICIARY AGE

31.4^{yrs}



PENSIONER RATIO

5.1%

Choosing a medical scheme with a relatively young beneficiary age and low pensioner ratio ensures you get value for money. This is because as people age, their medical costs rise and this tends to increase contributions.

DRASTICALLY LOWER THAN THE VAST MAJORITY OF OPEN SCHEMES IN THE INDUSTRY, BONITAS' AVERAGE BENEFICIARY AGE IS 31.4 YEARS AND OUR PENSIONER RATIO IS 5.1%.

BONCOMPREHENSIVE



100% BONITAS RATE

UNLIMITED HOSPITALISATION
AT ANY HOSPITAL
REFRACTIVE SURGERY
BIOLOGICAL DRUGS



63 CHRONIC CONDITIONS

CONDITIONS COVERED
CENTRE FOR DIABETES AND
ENDOCRINOLOGY (CDE)
BIOLOGICAL DRUGS



UNLIMITED

MEDICATION, RADIOLOGY,
PATHOLOGY AND SPECIALIST
CONSULTATIONS IN THRESHOLD



SUPPLEMENTARY BENEFITS

INFANT PAEDIATRIC BENEFIT
CHILDHOOD ILLNESS BENEFIT
COCHLEAR IMPLANTS AND
INTERNAL NERVE STIMULATOR
PREVENTATIVE CARE

Elite medical option with surgical procedures and consultations at 300% of the Bonitas rate. Unlimited hospitalisation at any hospital. Cover for 53 Chronic conditions. Unlimited medication

and consultations in threshold. Infant paediatric, childhood illness, preventative care, Centre Diabetes Endocrinology (CDE) and supplementary benefits covered from risk.

BONCOMPREHENSIVE

When it comes to health, you don't want to compromise.

After all, your good health and that of your family is a vital part of your plan to live life on your terms. So why hold back when it comes to medical cover? Our BonComprehensive Option is designed for people like you. It's the elite medical option and you can expect unlimited consultations above threshold as well as the flexibility of a savings option that gives you the freedom to choose where you spend your funds.

Major medical benefits:
Unlimited surgical procedures
and consultations at 300%
Bonitas rate

WHAT WILL IT COST?



MAIN MEMBER

RISK CONTRIBUTION	R3 066
SAVINGS CONTRIBUTION	R541
TOTAL CONTRIBUTION	R3 607



ADULT DEPENDANT

RISK CONTRIBUTION	R2 891
SAVINGS CONTRIBUTION	R511
TOTAL CONTRIBUTION	R3 402



CHILD DEPENDANT

RISK CONTRIBUTION	R624
SAVINGS CONTRIBUTION	R110
TOTAL CONTRIBUTION	R734



MAJOR MEDICAL BENEFITS

Major medical expenses are covered at 300% of Bonitas' rate. This benefit includes major medical events. All hospital admissions, oncology treatment and renal dialysis require pre-authorisation by Hospital Benefit Management, except in case of emergencies.

OVERALL ANNUAL LIMIT (OAL)	UNLIMITED
SURGICAL PROCEDURES AND CONSULTATIONS ARE PAID AT 300% OF THE BONITAS RATE	
SUB-LIMITS APPLICABLE:	
GP AND SPECIALIST CONSULTATIONS	Unlimited
PATHOLOGY (100%)	Unlimited
RADIOLOGY (SPECIALISED AND GENERAL) (100%)	Unlimited
PARAMEDICAL SERVICES (ALLIED MEDICAL PROFESSIONS), E.G. SPEECH THERAPY, OCCUPATIONAL THERAPY, AUDIOLOGY, DIETETICS	Unlimited
ONCOLOGY ¹	R475 000 per family
BIOLOGICAL DRUGS	R200 000 per family per annum (p.f.p.a.) included in the above limit. Pre-authorisation required, 10% co-payment applies, e.g. Herceptin
ORGAN TRANSPLANTS	Unlimited
CHRONIC RENAL DIALYSIS (100%)	Unlimited
MAXILLO-FACIAL SURGERY (100%)	Unlimited, excluding orthognathic surgery
MEDICATION TO TAKE OUT (TTO)	R420 per beneficiary, per admission
PHYSICAL REHABILITATION	R38 000 per family
ALTERNATIVE TO HOSPITALISATION	R12 700 per family



CHRONIC BENEFITS²

Covers medication for conditions that require medication on an ongoing basis. Subject to pre-authorisation.

53 conditions, R10 600 per beneficiary, R21 150 per family

CHRONIC CONDITIONS ²	UP-TO-BENEFIT LIMIT	OVER BENEFIT LIMIT
53 CONDITIONS	R10 600 per beneficiary. R21 150 per family. Comprehensive formulary applies	PMBs only. Restrictive formulary
Centre for Diabetes and Endocrinology (CDE)		Treatment of diabetes

¹ All members enrolled in clinical trials should inform the scheme.

² Comprehensive formulary up to benefit limit, restrictive formulary once benefit limit exceeded for PMBs. Refer to page 32 for a complete list of chronic conditions.

Savings and Threshold

OUT OF HOSPITAL BENEFITS

Covers day-to-day medical expenses, e.g. GP and specialist consultations, acute medication, paramedical services, optometry, radiology, pathology, dentistry, etc.



Main Member



Adult Dependant



Child Dependant

SAVINGS PER MONTH	R541	R511	R110
SAVINGS PER ANNUM	R6 492	R6 132	R1 320
THRESHOLD BENEFIT			
THRESHOLD	R7 400	R6 700	R1 950
SELF-FUNDING GAP	R908	R568	R630

ACUTE MEDICATION AND PHARMACY ADVISED THERAPY	Subject to savings and/or threshold (100% of the Bonitas rate accrues to threshold) 25% co-payment in threshold
GP AND SPECIALIST CONSULTATIONS	Subject to savings and/or threshold, 25% co-payment in threshold
GENERAL RADIOLOGY	Subject to savings and/or threshold
PATHOLOGY	Subject to savings and/or threshold
PARAMEDICAL SERVICES (ALLIED MEDICAL PROFESSIONS), E.G. SPEECH THERAPY, OCCUPATIONAL THERAPY, AUDIOLOGY, DIETETICS	Subject to savings and/or threshold, 25% co-payment in threshold
OPTOMETRY	Limited to R2 450 p.b. 25% co-payment in threshold
BASIC DENTISTRY ¹	Subject to savings and/or threshold. 25% co-payment in threshold. Covered according to DENIS clinical protocols and Bonitas Dental Rate (BDT) ¹
SPECIALISED DENTISTRY ¹	Subject to savings and/or threshold. 25% co-payment in threshold. Covered according to DENIS clinical protocols and Bonitas Dental Rate (BDT) ¹ . Dental Hospital Admissions are paid from risk.



¹Subject to DENIS clinical protocols and Bonitas dental rate. Refer to page 37 to 44.

SUPPLEMENTARY BENEFITS

Additional benefits, in or out of hospital:

MATERNITY CARE* PER EVENT (ANTE- AND POSTNATAL)	Unlimited hospitalisation, subject to pre-authorisation. Ante-natal classes to the value of R1 000 and private ward for post-delivery 12 ante-natal consultations, 2 X 2D scans and 4 post-natal consultations with a midwife
REFRACTIVE SURGERY*	R15 900 per family at 100% Bonitas Rate, subject to pre-authorisation
IMMUNE DEFICIENCY RELATED TO HIV INFECTION*	Unlimited, subject to Aid for AIDS (AfA) registration Clinical protocols apply
MENTAL HEALTH BENEFITS*	R36 000 per family, R12 000 sub-limit for consultation in and out of hospital
SPECIALISED RADIOLOGY* (OUT OF HOSPITAL)	R24 000 per family, subject to pre-authorisation
EMERGENCY MEDICAL TRANSPORTATION	Subject to ER24 authorisation
ENDOSCOPIES* IN PRACTITIONERS' ROOMS	Unlimited, subject to pre-authorisation
PROSTHESES INTERNAL*	R42 300 per family, subject to pre-authorisation
PROSTHESES EXTERNAL*	R42 300 per family, subject to pre-authorisation
COCHLEAR IMPLANTS	R158 000 per family
INTERNAL NERVE STIMULATORS	R127 000 per family
HIV TEST AND FLU VACCINE	1 each per beneficiary, p.b.p.a.
INFANT PAEDIATRIC BENEFIT (OUT OF HOSPITAL PAID FROM RISK)	3 consultations p.b.p.a. before the age of 1 year. 2 consultations p.b.p.a. between the ages of 1 and 2 years
CHILDHOOD ILLNESS BENEFIT (CONSULTATIONS PAID FROM RISK)	2 GP consultations p.b.p.a between the ages of 2 and 12 years
PREVENTATIVE CARE	
WOMEN'S HEALTH	1 mammogram every 3 years for females age 50 to 74 years. 1 pap smear every 3 years for females age 21 to 65 years
CARDIAC HEALTH	1 full lipogram per beneficiary
ELDERLY HEALTH	1 Pneumococcal vaccination above age 65. 1 Faecal Occult blood test p.b.p.a. between the ages of 50 and 75. 1 Bone Densitometry Screening test for females above the age of 65 years
CHILDREN'S HEALTH	1 TSH test for infants below 1 month of age. Immunisation for children up to age 12 years, as specified in the Extended Programme on Immunisation (EPI)
APPLIANCES	
GENERAL APPLIANCES	R6 800 per family
WHEELCHAIRS AND LARGE ORTHOPAEDIC APPLIANCES	Included in the General Appliances limit
STOMA PRODUCTS AND CPAP* MACHINES	May exceed General Appliances limit by R4 750
HEARING AIDS	R21 000 per family, biennial benefit (1 Jan 2014 - 31 Dec 2015)
OXYGEN: HOME VENTILATION*	Unlimited, subject to pre-authorisation by Hospital Benefit Management

This summary is for information purposes only and does not supersede the rules of the fund. In the event of any discrepancy between the summary and the rules, the rules will prevail.

* Subject to pre-authorisation.

* All benefits are per annum, unless otherwise stated.

* Prescribed Minimum Benefits are provided on all options in accordance with the Medical Schemes Act and Regulations.

BONCLASSIC



100% BONITAS RATE
UNLIMITED HOSPITALISATION



63 CHRONIC CONDITIONS
COVERED



OUT OF HOSPITAL
SAVINGS, OPTOMETRY, RADIOLOGY,
PATHOLOGY, PARAMEDICAL SERVICES,
BASIC AND SPECIALISED DENTISTRY



SUPPLEMENTARY BENEFITS
PAID FROM RISK
COCHLEAR IMPLANTS

Comes with a savings account facility which covers acute medication, Pharmacy Advice Therapy (PAT) and GP and specialist consultations plus radiology, pathology, paramedical services, dentistry and optometry.

Covers 63 chronic conditions, dentistry and cochlear implants. Unlimited hospitalisation at 100% of Bonitas' rates; supplementary benefits paid from risk.

BONCLASSIC

Medical expenses tend to come when you can least afford them. Having to make co-payments to your doctor or pharmacist can put you under additional financial strain. Not with BonClassic Option, however. Our BonClassic Option is priced to give you quality cover but not to break the bank. Plus, if you use our network of suppliers, you won't have to pay a single bill because we do it directly. On top of that, the savings facility gives you control over what medical expenses you spend your funds on.

Major medical benefits:
Unlimited 100% Bonitas rate

WHAT WILL IT COST?



MAIN MEMBER
RISK CONTRIBUTION R2 261
SAVINGS CONTRIBUTION R252
TOTAL CONTRIBUTION R2 513



ADULT DEPENDANT
RISK CONTRIBUTION R1 942
SAVINGS CONTRIBUTION R216
TOTAL CONTRIBUTION R2 158



CHILD DEPENDANT
RISK CONTRIBUTION R558
SAVINGS CONTRIBUTION R 62
TOTAL CONTRIBUTION R620

MAJOR MEDICAL BENEFITS

Major medical expenses are covered at 100% of Bonitas' rate. This benefit includes major medical events. All hospital admissions, oncology treatment and renal dialysis require pre-authorization by Hospital Benefit Management, except in case of emergencies.

OVERALL ANNUAL LIMIT (OAL)	UNLIMITED
BENEFITS PAYABLE AT 100% OF THE BONITAS RATE	
SUB-LIMITS APPLICABLE:	
GP AND SPECIALIST CONSULTATIONS (HOSPITAL)	100% of the Bonitas Rate. Subject to pre-authorization
PATHOLOGY	Payable from the OAL
RADIOLOGY (SPECIALISED)	R22 200 per family
RADIOLOGY (GENERAL)	Payable from the OAL
PARAMEDICAL SERVICES (ALLIED MEDICAL PROFESSIONS), E.G. SPEECH THERAPY, OCCUPATIONAL THERAPY, AUDIOLOGY, DIETETICS	Payable from the OAL
ONCOLOGY ¹	R315 000 per family
ORGAN TRANSPLANTS	Subject to pre-authorization
CHRONIC RENAL DIALYSIS	Subject to pre-authorization
MAXILLO-FACIAL SURGERY (100%)	Payable from the OAL. Pre-authorization required
MEDICATION TO TAKE OUT (TTO)	R360 per beneficiary, per admission
PHYSICAL THERAPY (PHYSIOTHERAPY AND BIOKINETICS)	Limited to R1 200 per beneficiary. Limited to R2 400 per family
PHYSICAL REHABILITATION	R38 000 per family
ALTERNATIVES TO HOSPITALISATION (STEP DOWN OR HOME NURSING)	R12 700 per family

CHRONIC BENEFITS²

Covers medication for conditions that require medication on an ongoing basis. Subject to pre-authorization.

63 conditions,
R8 700 per beneficiary, R18 000 per family

CHRONIC CONDITIONS ²	UP-TO-BENEFIT LIMIT	OVER BENEFIT LIMIT
63 CONDITIONS	R8 700 per beneficiary per annum, R18 000 per family. 40% co-payment applies for the use of non-formulary drugs	If you exceed your benefit limits then only the 26 chronic disease list conditions are covered. The restrictive formulary will apply and medicine is to be obtained from the designated service provider, Pharmacy Direct. 40% co-payment will apply for the use of a non-designated service provider and the non-formulary drugs.

¹ All members enrolled in clinical trials should inform the scheme.

² Restrictive formulary. Refer to page 32 for a complete list of chronic conditions.

OUT OF HOSPITAL BENEFITS

OUT OF HOSPITAL BENEFITS

Covers day-to-day medical expenses such as GP and specialist consultations, acute medication, pathology, radiology, paramedical services (Allied Medical Professions), optometry and dentistry.

Includes savings plus pathology, radiology, physical therapy, dentistry and optical



Main Member



Adult Dependant



Child Dependant

SAVINGS PER MONTH	R252	R216	R62
SAVINGS PER ANNUM	R3 024	R2 592	R744

GP CONSULTATIONS	Subject to savings
SPECIALIST CONSULTATIONS	Subject to savings
ACUTE MEDICATION AND PHARMACY ADVISED THERAPY	Subject to savings

SPECIALIST CONSULTATIONS

The Bonitas General Practitioner Network is the designated service provider for the provision of all Prescribed Minimum Benefit Conditions (PMBs). A co-payment of 40% will apply for the use of a non-network general practitioner. The Bonitas Specialist Network is the scheme's designated service provider for the provision of PMBs. No co-payment

will apply at a Specialist Network Provider. Specialist referral management will require all beneficiaries to obtain a referral from a GP to consult with a specialist. Specialist referral by a GP is also required for Prescribed Minimum Benefit conditions. The following exceptions apply:

GYNAECOLOGISTS	Female beneficiaries, 1 visit per annum without referral
PAEDIATRICIANS	No referral required for beneficiaries under age 2 years
ONCOLOGISTS AND OPHTHALMOLOGISTS	No referral required
PATHOLOGY	R2 400 per beneficiary, limited to R5 300 per family
PHYSICAL THERAPY	Included in the hospital benefit. R1 200 per beneficiary limited to R2 400 per family
GENERAL RADIOLOGY	R2 400 per beneficiary limited to R3 700 per family
SPECIALISED RADIOLOGY	Included in the hospital specialised radiology benefit. Subject to pre-authorisation



Main Member



1 Dependant



2 Dependants



3 Dependants



4+ Dependants

PARAMEDICAL SERVICE (ALLIED MEDICAL PROFESSIONS), E.G. AUDIOLOGY, HEARING AID ACOUSTICIANS, OCCUPATIONAL THERAPY, ORTHOPTICS, PODIATRY, SPEECH THERAPY, DIETETICS AND SOCIAL WORKERS, NURSING SERVICES	R2 300	R3 500	R4 050	R4 300	R4 600
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OPTOMETRY	R5 260 per family, per annum. 2 year cycle commenced 1 Jan 2013
OPTOMETRIC EXAMINATION	100% of cost in-network. R295 out-of-network
FRAMES AND PRESCRIPTION LENSES/ADD-ONS	R700 per beneficiary
CLEAR SINGLE VISION	R185 per lens or
CLEAR AQUITY FLAT-TOP BIFOCAL	R430 per lens or
CLEAR AQUITY MULTIFOCAL	R750 per lens or
CONTACT LENSES	R1 635 per beneficiary
CONSERVATIVE DENTISTRY ¹	Limited to R3 600 per family per annum. Subject to clinical protocols and Bonitas Dental Rate (BDT)
SPECIALISED DENTISTRY ¹	Limited to R4 300 per family per annum. Subject to clinical protocols and Bonitas Dental Rate (BDT)

SUPPLEMENTARY BENEFITS

Additional benefits, in or out of hospital:

SUPPLEMENTARY BENEFITS	
MATERNITY CARE PER EVENT (ANTE- AND POSTNATAL)	Unlimited hospitalisation, subject to pre-authorisation by HBM. R980 for ante-natal classes. 12 ante-natal consultations, 2 X 2D scans and 4 post-natal consultations with a midwife
IMMUNE DEFICIENCY RELATED TO HIV INFECTION*	Subject to Aid for AIDS (AfA) registration. Clinical protocols apply
MENTAL HEALTH BENEFITS*	R31 700 per family. R12 400 sub-limit for consultations in and out of hospital. Subject to pre-authorisation
EMERGENCY MEDICAL TRANSPORTATION	Subject to ER24 authorisation
ENDOSCOPIES* IN PRACTITIONERS' ROOMS	Unlimited, subject to pre-authorisation
PROSTHESES INTERNAL AND EXTERNAL	R42 000 per family, subject to pre-authorisation
COCHLEAR IMPLANTS	R158 000 per family
HIV TEST AND FLU VACCINE	1 each per beneficiary per annum
APPLIANCES	
GENERAL APPLIANCES	R6 300 per family
WHEELCHAIRS AND LARGE ORTHOPAEDIC APPLIANCES	Included in the General Appliances limit
STOMA PRODUCTS AND CPAP* MACHINES	Included in the General Appliances limit
HEARING AIDS	R13 800 per family per annum over a 3 year cycle (cycle commenced 1 Jan 2013 - 31 Dec 2015)
OXYGEN: HOME VENTILATION*	Unlimited, subject to pre-authorisation by Hospital Benefit Management

This summary is for information purposes only and does not supersede the rules of the fund. In the event of any discrepancy between the summary and the rules, the rules will prevail.

¹Subject to DENIS clinical protocols and Bonitas dental rate. Refer to pages 37 to 44.

* Subject to pre-authorisation.

* All benefits are per annum, unless otherwise stated.

* Prescribed Minimum Benefits are provided on all options in accordance with the Medical Schemes Act and Regulations.

STANDARD



100% BONITAS RATE
UNLIMITED ANNUAL BENEFITS



42 CHRONIC CONDITIONS
CENTRE FOR DIABETES AND
ENDOCRINOLOGY (CDE)



GENEROUS GP AND
DAY-TO-DAY BENEFITS
BASIC AND SPECIALISED
DENTISTRY AND OPTOMETRY



SUPPLEMENTARY BENEFITS
PAID FROM RISK
COCHLEAR IMPLANTS
INTERNAL NERVE STIMULATOR

Comprehensive hospital cover with generous day-to-day benefits.

Covers 42 chronic conditions. Unlimited annual benefits and hospitalisation at 100% Bonitas rate. Supplementary benefits paid from risk.

STANDARD

If you need a medical option that makes your money stretch further and covers all your needs, then this is the option for you.

At Bonitas we understand that getting sick is not exactly something you budget for, which is why we make sure you've got it covered. The Bonitas Standard Option is more than a hospital plan, it offers you and your family hospital cover, chronic cover plus generous day-to-day benefits. Best of all, it allows you to make full use of our GP and Specialist Networks, which means you should never have to make co-payments for treatment whether it's in or out of hospital, subject to benefit limits.

Major medical benefits:
Unlimited 100% Bonitas rate

WHAT WILL IT COST?



MAIN MEMBER
R2 186



ADULT DEPENDANT
R1 891



CHILD DEPENDANT
R639



MAJOR MEDICAL BENEFITS

Major medical expenses are covered at 100% of Bonitas rate. This benefit includes major medical events. All hospital admissions, oncology treatment and renal dialysis require pre-authorization by Hospital Benefit Management, except in case of emergencies.

OVERALL ANNUAL LIMIT (OAL)	UNLIMITED
BENEFITS PAYABLE AT 100% OF THE BONITAS RATE	
SUB-LIMITS APPLICABLE:	
GP AND SPECIALIST CONSULTATIONS	Unlimited
PATHOLOGY	Unlimited
RADIOLOGY (SPECIALISED AND GENERAL)	Unlimited
PARAMEDICAL SERVICES (ALLIED MEDICAL PROFESSIONS), E.G. SPEECH THERAPY, OCCUPATIONAL THERAPY, AUDIOLOGY, DIETETICS	Unlimited
ONCOLOGY ¹	R264 500 per family
ORGAN TRANSPLANTS	Unlimited
CHRONIC RENAL DIALYSIS	Unlimited
MAXILLO-FACIAL SURGERY	Unlimited, excluding orthognathic surgery
MEDICATION TO TAKE OUT (TTO)	R360 per beneficiary, per admission
PHYSICAL REHABILITATION	R38 000 per family
ALTERNATIVE TO HOSPITALISATION	R12 700 per family

CHRONIC BENEFITS²

Covers medication for conditions that require medication on an ongoing basis, subject to pre-authorisation. 42 chronic conditions covered plus applicable chronic DTPs.

Chronic medical benefits:
42 chronic conditions,
R7 400 per beneficiary,
R14 800 per family

CHRONIC CONDITIONS ²	UP TO BENEFIT LIMIT	OVER BENEFIT LIMIT
42 CONDITIONS PROVIDER	R7 400 p.b. R14 800 p.f. Comprehensive formulary at any pharmacy or dispensing GP	26 PMB conditions Restrictive formulary at (DSP) Pharmacy Direct
Treatment of Diabetes Centre for Diabetes and Endocrinology		

OUT OF HOSPITAL BENEFITS

OUT OF HOSPITAL BENEFITS

Covers day-to-day medical expenses e.g. GP and specialist consultations, acute medication, pathology, radiology, paramedical services (Allied Medical Professions), optometry, dentistry, etc.

GP BENEFITS

A benefit has been created specifically for out of hospital general practitioner consultations empowering the GP to become your coordinator of care. By making use of a GP in the network, you are not only guaranteed that the doctor will charge the Bonitas rate, but that the benefit available is more generous.

GP benefit plus day-to-day benefits, basic and specialised dentistry, optometry

A sub-limit applies to non-network visits; this limit is included in the GP benefit limit allowing you the flexibility to see any doctor when you are away from home. To find a network doctor near you, call 0860 00 2108 or visit our website: www.bonitas.co.za

¹ All members enrolled in clinical trials should inform the scheme.

² Comprehensive formulary up to benefit limit, restrictive formulary once benefit limit exceeded for PMBs. Refer to page 32 for a complete list of chronic conditions.



	Main Member	1 Dependant	2 Dependents	3 Dependents	4+ Dependents
IN-NETWORK GP BENEFITS	R3 200	R4 700	R5 200	R5 500	R5 900
NON-NETWORK GP BENEFITS*	R1 050	R1 600	R1 750	R1 850	R2 000

The Bonitas GP Network is the scheme's designated service provider for the provision of Prescribed Minimum Benefits. PMBs are covered at 100% of scheme rate at DSP once benefits limits are exhausted. A 40% co-payment will apply for PMBs at a non-DSP once benefit limits are exhausted.

DAY-TO-DAY BENEFIT

The day-to-day benefit is the pool of benefits from which your GP can prescribe the appropriate care to improve your health. This benefit covers acute medication, out of hospital radiology, pathology, paramedical services (dietetics, occupational therapy,

speech therapy, social workers, audiology, physiotherapy and others) and includes specialist consultations which will only be payable on referral by your GP. Benefits are subject to your day-to-day benefit limit.



	Main Member	1 Dependant	2 Dependents	3 Dependents	4+ Dependents
DAY-TO-DAY BENEFITS Sub-limit of R620 per beneficiary and R1 900 per family for Pharmacy Advised Therapy (PAT).	R3 600	R5 500	R5 900	R6 400	R6 950

SPECIALIST CONSULTATIONS

The Bonitas Specialist Network is the scheme's designated service provider for the provision of PMBs. No co-payment will apply at a Specialist Network Provider. Specialist referral management will require all beneficiaries to obtain a referral from a GP to consult with a specialist. Specialist referral by a GP is also required for Prescribed Minimum Benefit conditions.

The following exceptions apply:

GYNAECOLOGISTS	Female beneficiaries, 1 visit per annum without referral
PAEDIATRICIANS	No referral required for beneficiaries under age 2
ONCOLOGISTS AND OPHTHALMOLOGISTS	No referral required
IN ADDITION TO THE DAY-TO-DAY BENEFIT THE FOLLOWING ARE ALSO PROVIDED:	
CONSERVATIVE DENTISTRY ¹	Subject to clinical protocols and Bonitas Dental Rate (BDT) ¹
SPECIALISED DENTISTRY ¹	Subject to clinical protocols and Bonitas Dental Rate (BDT) ¹ 20% co-payment applies to orthodontic treatment
OPTOMETRY	2 year benefit, per beneficiary
OPTOMETRIC EXAMINATION	100% of cost in network, or R295 at a non-network provider
FRAMES AND PRESCRIPTION LENSES /ADD-ONS	R800 per beneficiary
CLEAR SINGLE VISION	R150 per lens or
CLEAR AQUITY FLAT-TOP BIFOCAL	R325 per lens or
CLEAR AQUITY MULTIFOCAL	R600 per lens or
CONTACT LENSES	R1 550 per beneficiary

¹Subject to DENIS clinical protocols and Bonitas dental rate. Refer to page 37 to 44.

SUPPLEMENTARY BENEFITS

Additional Benefits, in or out of hospital:

SUPPLEMENTARY BENEFITS	
MATERNITY CARE* PER EVENT (ANTE- AND POSTNATAL)	Unlimited hospitalisation, subject to pre-authorisation. R950 for ante-natal classes, 12 ante-natal consultations, 2 X 2D scans and 4 post-natal consultations with a midwife
IMMUNE DEFICIENCY RELATED TO HIV INFECTION*	R24 900 per beneficiary, subject to Aid for AIDS (AFA) registration. Clinical protocols apply
MENTAL HEALTH BENEFITS*	R31 200 per family, subject to pre-authorisation. Includes a sub-limit of R12 200 for consultations in and out of hospital
SPECIALISED RADIOLOGY* (OUT OF HOSPITAL)	R20 100 per family subject to pre-authorisation
EMERGENCY MEDICAL TRANSPORTATION	Subject to ER24 authorisation
ENDOSCOPIES* IN PRACTITIONERS' ROOMS	Unlimited, subject to pre-authorisation
PROSTHESES INTERNAL AND EXTERNAL*	R33 900 per family, subject to pre-authorisation
COCHLEAR IMPLANTS	R158 000 per family
INTERNAL NERVE STIMULATORS	R127 000 per family
HIV TEST AND FLU VACCINE	1 each per beneficiary, per annum
INFANT PAEDIATRIC BENEFIT (OUT OF HOSPITAL PAID FROM RISK)	2 consultations before the age of 1 year. 1 consultation between the ages of 1 and 2 years per beneficiary
CHILDHOOD ILLNESS BENEFIT (CONSULTATIONS PAID FROM RISK)	2 GP consultation p.b.p.a between the ages of 2 and 12 years
APPLIANCES	
GENERAL APPLIANCES	R6 200 per family
WHEELCHAIRS AND LARGE ORTHOPAEDIC APPLIANCES	Included in the General Appliances limit
STOMA PRODUCTS AND CPAP* MACHINES	May exceed General Appliances limit by R5 000
HEARING AIDS	R13 000 per family, biennial benefit (01 Jan 2014 - 31 Dec 2015)
OXYGEN: HOME VENTILATION*	Unlimited, subject to pre-authorisation by Hospital Benefit Management

This summary is for information purposes only and does not supersede the rules of the fund. In the event of any discrepancy between the summary and the rules, the rules will prevail.



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* Subject to pre-authorisation.

* All benefits are per annum, unless otherwise stated.

* Prescribed Minimum Benefits are provided on all options in accordance with the Medical Schemes Act and Regulations.

BONSAVE



100% BONITAS RATE
UNLIMITED ANNUAL BENEFITS



CHRONIC MEDICINE FOR 26 PMBs
DELIVERED BY PHARMACY DIRECT



OUT OF HOSPITAL BENEFITS
COVERED BY SAVINGS
PLUS BASIC DENTISTRY



SUPPLEMENTARY BENEFITS
PAID FROM RISK

A host of day-to-day benefits, paid from savings account. Unlimited hospitalisation at 150% Bonitas rate. Chronic medicine for 26 Prescribed Minimum

Benefits obtained from Pharmacy Direct, basic dentistry, infant paediatric, childhood illness and supplementary benefits paid from risk.

BONSAVE

Do you think that some medical allocations are too prescriptive?
Do you prefer to decide where you're going to spend your funds?

If so, you're going to want the BonSave Option. This option lets you pay for certain medical needs from a savings account that accumulates every month. It is all about flexibility. Its savings portion lets you decide how you use your funds, giving you control and most importantly, the ability to use your money where you need it most.

Major medical benefits:
Unlimited 150% Bonitas rate

WHAT WILL IT COST?



MAIN MEMBER
RISK CONTRIBUTION R1 293
SAVINGS CONTRIBUTION R265
TOTAL CONTRIBUTION R1 558



ADULT DEPENDANT
RISK CONTRIBUTION R1 002
SAVINGS CONTRIBUTION R205
TOTAL CONTRIBUTION R1 207



CHILD DEPENDANT
RISK CONTRIBUTION R388
SAVINGS CONTRIBUTION R80
TOTAL CONTRIBUTION R468



MAJOR MEDICAL BENEFITS

Major medical expenses are covered at 150% of Bonitas' rate. This benefit includes major medical events. All hospital admissions, oncology treatment and renal dialysis require pre-authorisation by Hospital Benefit Management, except in case of emergencies.

OVERALL ANNUAL LIMIT (OAL)	UNLIMITED
BENEFITS PAYABLE AT 150% OF THE BONITAS RATE	
SUB-LIMITS APPLICABLE:	
GP AND SPECIALIST CONSULTATIONS	Unlimited
PATHOLOGY	Unlimited
RADIOLOGY (SPECIALISED AND GENERAL)	Unlimited
PARAMEDICAL SERVICES (ALLIED MEDICAL PROFESSIONS), E.G. SPEECH THERAPY, OCCUPATIONAL THERAPY, AUDIOLOGY, DIETETICS	Unlimited
ONCOLOGY ¹	R264 500 per family
ORGAN TRANSPLANTS	Unlimited
CHRONIC RENAL DIALYSIS	PMBs, only covered as per state protocol
MAXILLO-FACIAL SURGERY	Unlimited, excluding orthognathic surgery
MEDICATION TO TAKE OUT (TTO)	R290 per beneficiary, per admission
PHYSICAL REHABILITATION	R38 000 per family
ALTERNATIVE TO HOSPITALISATION	R12 700 per family

CO-PAYMENT WILL APPLY TO THE BELOW PROCEDURES IN HOSPITAL

R1 000 DEDUCTIBLE	R2 500 DEDUCTIBLE	R5 000 DEDUCTIBLE
<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. Umbilical Hernia Repair 9. Hysteroscopy (but not endometrial ablation) 10. Myringotomy 11. Tonsillectomy and Adenoidectomy (except PMBs) 12. Varicose Vein Surgery 	<ol style="list-style-type: none"> 1. Arthroscopy 2. Diagnostic Laparoscopy 3. Hysterectomy (except cancer and PMBs) 4. Percutaneous Radiofrequency Ablations 5. Percutaneous rhizotomies 6. Laparoscopic Appendectomy 7. Laparoscopic Nephrectomy 	<ol style="list-style-type: none"> 1. Nissen Fundoplication (Reflux Surgery) 2. Back Surgery including spinal fusion 3. Joint replacements, e.g. Hip and Knee replacements (except PMBs) 4. Laparoscopic Pyeloplasty 5. Laparoscopic Radical Prostatectomy

¹ All members enrolled in clinical trials should inform the scheme.

CHRONIC BENEFITS¹

Covers medication for conditions that require medication on an ongoing basis. Chronic Disease List (CDL) plus applicable chronic DTPs as per the Prescribed Minimum Benefits (PMB), at the Designated Service Provider (DSP), subject to pre-authorisation. 40 % co-payment will apply at a non-DSP.

CHRONIC CONDITIONS ¹	DESIGNATED SERVICE PROVIDER
26 PMBs RESTRICTIVE FORMULARY	Pharmacy Direct

PMBs only at DSP

OUT OF HOSPITAL BENEFITS

Savings plus basic dentistry

OUT OF HOSPITAL BENEFITS

Covers day-to-day medical expenses, e.g. GP and specialist consultations, acute medication, paramedical (Allied Medical Professions), optometry, radiology, pathology, etc. The Bonitas Specialist Network is the scheme-designated service provider for the provision of PMBs. No co-payment will apply at a Specialist Network Provider, while in benefit.



Main Member



Adult Dependant



Child Dependant

SAVINGS PER MONTH	R265	R205	R80
SAVINGS PER ANNUM	R3 180	R2 460	R960

GP CONSULTATIONS	Subject to savings. Once allocated savings for the year have been exhausted, 3 consultations per beneficiary, up to a maximum of 6 consultations per family will be paid from risk. Unused consultations will not be carried over to the following year
SPECIALIST CONSULTATIONS	Subject to savings
ACUTE MEDICATION AND PHARMACY ADVISED THERAPY	Subject to savings
GENERAL RADIOLOGY	Subject to savings
PATHOLOGY	Subject to savings
OPTOMETRY	Subject to savings
PARAMEDICAL SERVICES (ALLIED MEDICAL PROFESSIONS), E.G. SPEECH THERAPY, OCCUPATIONAL THERAPY, AUDIOLOGY, DIETETICS	Subject to savings
BASIC DENTISTRY ²	Covered according to DENIS clinical protocols and Bonitas Dental Rate (BDT)
SPECIALISED DENTISTRY ²	No benefit

¹ Restrictive formulary. Refer to page 32 for a complete list of chronic conditions.

² Subject to DENIS clinical protocols and Bonitas' dental rate. Refer to pages 37 to 44.

* Subject to pre-authorisation.

* All benefits are per annum, unless otherwise stated.

* Prescribed Minimum Benefits are provided on all options in accordance with the Medical Schemes Act and Regulations.

SUPPLEMENTARY BENEFITS

Additional benefits, in or out of hospital:

SUPPLEMENTARY BENEFITS	
MATERNITY CARE* PER EVENT (ANTE- AND POSTNATAL)	Unlimited hospitalisation, subject to pre-authorisation. R950 for ante-natal classes, 6 ante-natal consultations, 2 X 2D scans, 4 postnatal consultations with a midwife
IMMUNE DEFICIENCY RELATED TO HIV INFECTION*	R24 800 per beneficiary, subject to Aid for AIDS (AfA) registration Clinical protocols apply
MENTAL HEALTH BENEFITS*	R24 800 per family, subject to pre-authorisation and includes a sub-limit of R12 150 for consultations in and out of hospital
SPECIALISED RADIOLOGY* (OUT OF HOSPITAL)	R17 000 per family, subject to pre-authorisation
EMERGENCY MEDICAL TRANSPORTATION	Subject to ER24 authorisation
ENDOSCOPIES* IN PRACTITIONERS' ROOMS	Unlimited, subject to pre-authorisation
PROSTHESES INTERNAL AND EXTERNAL*	PMBs only
HIV TEST AND FLU VACCINE	1 each per beneficiary, per annum
INFANT PAEDIATRIC BENEFIT (OUT OF HOSPITAL PAID FROM RISK)	2 consultations before the age of 12 months 1 consultation before the ages of 1 and 2 years
CHILDHOOD ILLNESS BENEFIT CONSULTATION PAID FROM RISK	1 GP consultation p.b.p.a. between the ages of 2 and 12 years
APPLIANCES	
GENERAL APPLIANCES	R5 600 per family
WHEELCHAIRS AND LARGE ORTHOPAEDIC APPLIANCES	Included in the General Appliances limit
STOMA PRODUCTS AND CPAP* MACHINES	May exceed General Appliances limit by R5 000
OXYGEN: HOME VENTILATION*	Unlimited, subject to pre-authorisation by Hospital Benefit Management

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* Subject to pre-authorisation.

* All benefits are per annum, unless otherwise stated.

* Prescribed Minimum Benefits are provided on all options in accordance with the Medical Schemes Act and Regulations.

PRIMARY



100% BONITAS RATE
UNLIMITED ANNUAL BENEFITS



CHRONIC MEDICINE FOR 26 PMBs
DELIVERED BY PHARMACY DIRECT



GENEROUS GP CONSULTATIONS AND DAY-TO-DAY BENEFITS
BASIC DENTISTRY, OPTOMETRY.



SUPPLEMENTARY BENEFITS
PAID FROM RISK

All major medical expenses at 100% of Bonitas rate. Unlimited hospitalisation. Substantial GP and day-to-day benefits, while supplementary benefits are

all paid from risk. Chronic medicine for 26 Prescribed Minimum Benefits are obtained from Pharmacy Direct.

PRIMARY

Not everyone needs the same level of day-to-day cover. For some, making sure that they and their family have the right quality cover when they need it most is the most important thing. If that's you, and if affordability is important, then this is your option. The Primary Option combines affordability with great cover and benefits. It covers all your medical expenses at 100% of our rate and then offers a whole lot more on top of that.

Major medical benefits:
Unlimited 100% Bonitas rate

WHAT WILL IT COST?



MAIN MEMBER
R1 412



ADULT DEPENDANT
R1 105



CHILD DEPENDANT
R450



MAJOR MEDICAL BENEFITS

Major medical expenses are covered at 100% of Bonitas' rate. This benefit includes major medical events. All hospital admissions, oncology treatment and renal dialysis require pre-authorization by Hospital Benefit Management, except in case of emergencies.

OVERALL ANNUAL LIMIT	UNLIMITED
BENEFITS PAYABLE AT 100% OF THE BONITAS RATE	
SUB-LIMITS APPLICABLE:	
GP AND SPECIALIST CONSULTATIONS	Unlimited
PATHOLOGY	Unlimited
RADIOLOGY (SPECIALISED AND GENERAL)	Unlimited
PARAMEDICAL SERVICES (ALLIED MEDICAL PROFESSIONS), E.G. SPEECH THERAPY, OCCUPATIONAL THERAPY, AUDIOLOGY, DIETETICS	Unlimited
ONCOLOGY ¹	R127 000 per family
ORGAN TRANSPLANTS	PMBs, only covered as per state protocols
CHRONIC RENAL DIALYSIS	PMBs, only covered as per state protocols
MAXILLO -FACIAL SURGERY	Unlimited, excluding orthognathic surgery
MEDICATION TO TAKE OUT (TTO)	R290 per beneficiary, per admission
PHYSICAL REHABILITATION	R38 000 per family
ALTERNATIVE TO HOSPITALISATION	R12 700 per family

CO-PAYMENT WILL APPLY TO THE BELOW PROCEDURES IN HOSPITAL

R1 000 DEDUCTIBLE	R2 500 DEDUCTIBLE	R5 000 DEDUCTIBLE
<ol style="list-style-type: none"> Colonoscopy Conservative Back Treatment Cystoscopy Facet Joint Injections Flexible sigmoidoscopy Functional Nasal Surgery Gastrosocopy Umbilical Hernia Repair Hysteroscopy (but not endometrial ablation) Myringotomy Tonsillectomy and Adenoidectomy (except PMBs) Varicose Vein Surgery 	<ol style="list-style-type: none"> Arthroscopy Diagnostic Laparoscopy Hysterectomy (except cancer and PMBs) Percutaneous Radiofrequency Ablations Percutaneous rhizotomies Laparoscopic Appendectomy Laparoscopic Nephrectomy 	<ol style="list-style-type: none"> Nissen Fundoplication (Reflux Surgery) Back Surgery including spinal fusion Joint replacements, e.g. Hip and Knee replacements (except PMBs) Laparoscopic Pyeloplasty Laparoscopic Radical Prostatectomy

CHRONIC BENEFITS²

Covers medication for conditions that require medication on an ongoing basis.

Chronic Disease List (CDL) plus applicable chronic DTPs as per the Prescribed Minimum Benefits (PMB), at the Designated Service Provider (DSP), subject to pre-authorisation. 40% co-payment will apply at a non-DSP.

CHRONIC CONDITIONS ²	DESIGNATED SERVICE PROVIDER
26 PMBs RESTRICTIVE FORMULARY	Pharmacy Direct

PMBs only at DSP

¹ All members enrolled in clinical trials should inform the scheme.

² Restrictive formulary. Refer to page 32 for a complete list of chronic conditions.

OUT OF HOSPITAL BENEFITS

OUT OF HOSPITAL BENEFITS

Covers day-to-day medical expenses, e.g. GP and specialist consultations, acute medication, pathology, radiology, paramedical services (Allied Medical Professions), optometry, dentistry etc.

GP Network plus day-to-day benefits, basic dentistry and optometry

GP BENEFITS

A benefit has been created specifically for out of hospital general practitioner consultations empowering the GP to become your coordinator of care. By making use of a GP in the network, you are not only guaranteed that the doctor will charge the Bonitas rate, but the benefit available is more generous.

A sub-limit applies to non-network visits; this limit is included in the GP benefit limit allowing you the flexibility to see any doctor when you are away from home. To find a network doctor near you, call 0860 00 2108 or visit our website: www.bonitas.co.za



	Main Member	1 Dependant	2 Dependents	3 Dependents	4+ Dependents
IN-NETWORK GP BENEFITS	R1 500	R2 850	R3 300	R3 600	R4 000
NON-NETWORK GP BENEFITS*					
*Benefit included in the network benefit	R 500	R 950	R1 100	R1 200	R1 350

The Bonitas GP Network is the scheme's designated service provider for the provision of Prescribed Minimum Benefits. A co-payment of 40% will thus apply for out-of-network visits once limits are exhausted.

DAY-TO-DAY BENEFIT

The day-to-day benefit is the pool of benefits from which your GP can prescribe the appropriate care to improve your health. This benefit covers acute medication, out of hospital radiology, pathology,

paramedical services (dietetics, occupational therapy, speech therapy, social workers, audiology, physiotherapy and others) and includes specialist consultations which will only be payable on referral by your GP.



	Main Member	1 Dependant	2 Dependents	3 Dependents	4+ Dependents
DAY-TO-DAY BENEFITS					
Sub-limit of R380 per beneficiary and R1 100 per family for Pharmacy Advised Therapy (PAT).	R1 600	R2 900	R3 400	R3 700	R4 000

SPECIALIST CONSULTATIONS

The Bonitas Specialist Network is the scheme designated service provider for the provision of PMBs. No co-payment will apply at a Specialist Network Provider.

Specialist referral management will require all beneficiaries to obtain a referral from a GP to consult with a specialist. Specialist referral by a GP is also required for Prescribed Minimum Benefit Conditions.

The following exceptions apply:

GYNAECOLOGISTS	Female beneficiaries, 1 visit per annum without referral
PAEDIATRICIANS	No referral required for beneficiaries under age 2
ONCOLOGISTS AND OPHTHALMOLOGISTS	No referral required

IN ADDITION TO THE DAY TO DAY BENEFIT THE FOLLOWING IS ALSO PROVIDED:

CONSERVATIVE DENTISTRY ¹	Subject to clinical protocols and Bonitas Dental Rate (BDT) ²
SPECIALISED DENTISTRY ¹	No benefit
OPTOMETRY	2 year benefit, per beneficiary
OPTOMETRIC EXAMINATION	100% of cost in network, or R295 at a non-network provider
FRAMES AND PRESCRIPTION LENSES /ADD-ONS	R300 per beneficiary at a network provider. No benefit at a non-network provider
CLEAR SINGLE VISION	R150 per lens or
CLEAR AQUITY FLAT-TOP BIFOCAL	R325 per lens or
CLEAR AQUITY MULTIFOCAL (UP TO BIFOCAL LIMIT)	R600 per lens or
CONTACT LENSES	R750 per beneficiary

SUPPLEMENTARY BENEFITS

Additional benefits, in or out of hospital:

SUPPLEMENTARY BENEFITS	
MATERNITY CARE* PER EVENT (ANTE- AND POSTNATAL)	Unlimited hospitalisation, subject to pre-authorization, 6 antenatal consultations, 2 X 2D scans and 4 post-natal consultations with a midwife
IMMUNE DEFICIENCY RELATED TO HIV INFECTION*	R19 000 per beneficiary, subject to Aid for AIDS (AfA) registration. Clinical protocols apply
MENTAL HEALTH BENEFITS*	R12 200 per family, subject to pre-authorization, includes a sub-limit of R7 400 for consultations in and out of hospital
SPECIALISED RADIOLOGY* (JOINT LIMIT IN AND OUT OF HOSPITAL)	R9 500 per family, subject to pre-authorization
EMERGENCY MEDICAL TRANSPORTATION	Subject to ER24 authorisation
ENDOSCOPIES* IN PRACTITIONERS' ROOMS	Unlimited subject to pre-authorization
PROSTHESES INTERNAL AND EXTERNAL*	PMBs only
HIV TEST AND FLU VACCINE	1 each per beneficiary, per annum
INFANT PAEDIATRIC BENEFIT (OUT OF HOSPITAL PAID FROM RISK)	1 consultation before the age of 1 year. 1 consultation between the ages of 1 and 2 years
CHILDHOOD ILLNESS BENEFIT CONSULTATION PAID FROM RISK	1 GP consultation p.b.p.a. between the ages of 2 and 12 years
APPLIANCES	
GENERAL APPLIANCES	R5 550 per family
WHEELCHAIRS AND LARGE ORTHOPAEDIC APPLIANCES	Included in the General Appliances limit
STOMA PRODUCTS AND CPAP* MACHINES	May exceed General Appliances limit by R5 000
HEARING AIDS	R7 400 per family, biennial benefit (1 Jan 2014 - 31 Dec 2015)
OXYGEN: HOME VENTILATION*	Unlimited subject to pre-authorization by Hospital Benefit Management

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¹ Subject to DENIS clinical protocols and Bonitas dental rate. Refer to page 37 to 44.

* Subject to pre-authorization.

* All benefits are per annum, unless otherwise stated.

BONESSENTIAL



100% BONITAS RATE
UNLIMITED HOSPITALISATION



CHRONIC MEDICINE FOR 26 PMBs
DELIVERED BY PHARMACY DIRECT



OUT-OF-HOSPITAL
BENEFITS FOR PMB CONDITIONS



SUPPLEMENTARY BENEFITS
PAID FROM RISK

Solid, affordable and uncomplicated hospital plan. Unlimited hospitalisation at 100% of Bonita's rate. Chronic medicine for 26 Prescribed

Minimum Benefits obtained from Pharmacy Direct. Infant paediatric, childhood illness and supplementary benefits covered from risk.

BONESSENTIAL

Most people believe that quality healthcare cover has to be expensive and complicated. By now, you'll know that's not how we think at Bonitas. Take our BonEssential Option, for example.

This is the option you need if you want affordable hospital, incident and chronic cover. It is a solid, all-round and uncomplicated hospital plan. Like good health, the BonEssential Option is an essential part of your life that you cannot afford to be without.

Major medical benefits:
Unlimited 100% Bonitas rate

WHAT WILL IT COST?



MAIN MEMBER
R1 085



ADULT DEPENDANT
R830



CHILD DEPENDANT
R318



MAJOR MEDICAL BENEFITS

Major medical expenses are covered at 100% of Bonitas' rate. This benefit includes major medical events.

All hospital admissions, oncology treatment and renal dialysis require pre-authorisation by Hospital Benefit Management, except in case of emergencies.

OVERALL ANNUAL LIMIT	UNLIMITED
BENEFITS PAYABLE AT 100% OF THE BONITAS RATE	
SUB-LIMITS APPLICABLE:	
GP AND SPECIALIST CONSULTATIONS	Unlimited
PATHOLOGY	Unlimited
RADIOLOGY (SPECIALISED AND GENERAL)	Unlimited
PARAMEDICAL SERVICES (ALLIED MEDICAL PROFESSIONS), E.G. SPEECH THERAPY, OCCUPATIONAL THERAPY, AUDIOLOGY, DIETETICS	Unlimited
ONCOLOGY ¹	R264 500 per family
ORGAN TRANSPLANTS	Unlimited
CHRONIC RENAL DIALYSIS	PMBs, only covered as per state protocols
MAXILLO-FACIAL SURGERY	Unlimited, excluding orthognathic surgery
MEDICATION TO TAKE OUT (TTO)	R290 per beneficiary, per admission
PHYSICAL REHABILITATION	R38 000 per family
ALTERNATIVE TO HOSPITALISATION	R12 700 per family

CO-PAYMENT WILL APPLY TO THE BELOW PROCEDURES IN HOSPITAL

R1 000 DEDUCTIBLE	R2 500 DEDUCTIBLE	R5 000 DEDUCTIBLE
1. Colonoscopy	1. Arthroscopy	1. Nissen Fundoplication (Reflux Surgery)
2. Conservative Back Treatment	2. Diagnostic Laparoscopy	2. Back Surgery including spinal fusion
3. Cystoscopy	3. Hysterectomy (except cancer and PMBs)	3. Joint replacements, e.g. Hip and Knee replacements (except PMBs)
4. Facet Joint Injections	4. Percutaneous Radiofrequency Ablations	4. Laparoscopic Pyeloplasty
5. Flexible sigmoidoscopy	5. Percutaneous rhizotomies	5. Laparoscopic Radical Prostatectomy
6. Functional Nasal Surgery	6. Laparoscopic Appendectomy	
7. Gastroscopy	7. Laparoscopic Nephrectomy	
8. Umbilical Hernia Repair		
9. Hysteroscopy (but not endometrial ablation)		
10. Myringotomy		
11. Tonsillectomy and Adenoidectomy (except PMBs)		
12. Varicose Vein Surgery		

¹ All members enrolled in clinical trials should inform the scheme.

CHRONIC BENEFITS¹

Covers medication for conditions that require medication on an ongoing basis.

Chronic Disease List (CDL) plus applicable chronic DTPs as per the Prescribed Minimum Benefits (PMB), at the Designated Service Provider (DSP), subject to pre-authorisation. 40% co-payment will apply at a non-DSP.

CHRONIC CONDITIONS ¹	DESIGNATED SERVICE PROVIDER
26 PMBs RESTRICTIVE FORMULARY	Pharmacy Direct

PMBs only at DSP

OUT OF HOSPITAL BENEFITS

OUT OF HOSPITAL BENEFITS

No benefits for out of hospital expenses, except for the diagnosis, treatment and care of Prescribed Minimum Benefits where appropriate.

SUPPLEMENTARY BENEFITS

Additional benefits, in or out of hospital:

SUPPLEMENTARY BENEFITS	
MATERNITY CARE* PER EVENT	Unlimited hospitalisation. Subject to pre-authorisation. 6 ante-natal consultations, 2 x 2D scans and 4 post-natal consultations with a midwife
IMMUNE DEFICIENCY RELATED TO HIV INFECTION*	R24 800 per beneficiary. Subject to Aid for AIDS (AfA) registration. Clinical protocols apply
MENTAL HEALTH BENEFITS*	R24 800 per family in hospital only. Subject to pre-authorisation
EMERGENCY MEDICAL TRANSPORTATION	Subject to ER24 authorisation
PROSTHESES INTERNAL AND EXTERNAL*	PMBs only
HIV TEST AND FLU VACCINE	1 each per beneficiary, per annum
CHILDHOOD ILLNESS BENEFIT (CONSULTATION PAID FROM RISK)	1 GP consultation p.b.p.a between the ages of 2 and 12 years

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¹ Restrictive formulary. Refer to page 32 for a complete list of chronic conditions.

* Subject to pre-authorisation.

* All benefits are per annum, unless otherwise stated.

BONCAP-NETWORK



100% BONITAS RATE
UNLIMITED ANNUAL BENEFITS



CHRONIC MEDICINE FOR 26 PMBs
DELIVERED BY PHARMACY DIRECT



OUT-OF-HOSPITAL BENEFITS
AT NETWORK PROVIDERS



SUPPLEMENTARY
ADDITIONAL BENEFITS,
IN OR OUT OF HOSPITAL.

All major medical expenses at 100% of Bonitas rate, with no overall annual limit. Substantial GP and day-to-day benefits with additional supplementary benefits.

Chronic Medicine for 26 Prescribed Minimum Benefits are obtained from Pharmacy Direct.

Contributions are calculated according to the pensionable income and number of principal members and number of child dependants.

BONCAP – NETWORK

Too often, people avoid going to the doctor because they're a little cash-strapped or it's a week away from pay day and every cent is spent. Well, at Bonitas, your health is the most important thing to us.





That's why our Bonitas BonCap Option gives you access to a professional network of medical experts when you need them, not just when you can afford them. You see, we pay them directly at predetermined rates, which means you'll never see a bill. What's more, we help you take control of your health by easily letting you know what you're covered for and getting the treatment you deserve at no extra cost.

**Major medical benefits:
Unlimited 100% of the Bonitas rate**

MAJOR MEDICAL BENEFITS

Major medical expenses are covered at 100% of the Bonitas rate. This benefit includes major medical events. All hospital admissions, oncology treatment and renal dialysis require pre-authorization, except in the case of emergencies.

Pre-authorization is required for all non-emergency admissions. Emergencies require authorisation within 48 hours of being admitted to hospital or the first working day if over a weekend.

* BONCAP CONTRIBUTIONS (CALCULATED ON PENSIONABLE INCOME)			
INCOME BAND	MAIN MEMBER	ADULT DEPENDANT	CHILD DEPENDANT
			
0 to R5 700	R615.00	R583.00	R290.00
R5 701 to R9 300	R748.00	R707.00	R342.00
R9 301 to R12 700	R1 219.00	R1 086.00	R462.00
R12 701+	R1 496.00	R1 332.00	R567.00

OVERALL ANNUAL LIMIT	UNLIMITED
BENEFITS PAYABLE AT 100% OF THE BONITAS RATE	
SUB-LIMITS APPLICABLE:	
GP AND SPECIALIST CONSULTATIONS	Unlimited
PATHOLOGY	Limited to R19 500, except for PMBs
GENERAL RADIOLOGY	Unlimited
SURGICAL PROCEDURES	Limited to R13 500 per family per annum
BLOOD TRANSFUSION	Limited to R14 200 per family per annum
PHYSIOTHERAPY AND OCCUPATIONAL THERAPY	R3 300 per family per annum
ONCOLOGY ¹ , CHEMO AND RADIOLOGY	PMBs only
ORGAN TRANSPLANTS	PMBs only
CHRONIC RENAL DIALYSIS	PMBs only
MAXILLO-FACIAL SURGERY	R13 500 per family, included in surgical procedures
MEDICATION TO TAKE OUT (TTO)	R290 per beneficiary, per admission
ALTERNATIVES TO HOSPITALISATION (STEP DOWN OR HOME NURSING)	Limited to R11 000 per family per annum, pre-authorisation required
PHYSICAL REHABILITATION	PMBs only

CHRONIC MEDICINE BENEFITS²

Prescribed Minimum Benefits only, subject to the designated service provider, Pharmacy Direct and the Network option chronic medicine programme and formulary.

Chronic Disease List (CDL) plus applicable chronic DTPs as per the Prescribed Minimum Benefits (PMB), at the Designated Service Provider (DSP).

CHRONIC CONDITIONS ²	DESIGNATED SERVICE PROVIDER
26 PMBs RESTRICTIVE FORMULARY	Pharmacy Direct

OUT OF HOSPITAL BENEFITS

Covers day-to-day medical expenses incurred out of hospital, for example:
GP consultations, acute medication, pathology, radiology, optometry and dentistry.

DAY-TO-DAY BENEFITS	
GP CONSULTATIONS	12 consultations per beneficiary per annum subject to the BonCap GP network. Authorisation is required after the 12th visit. PMBs only after the 12th visit, subject to managed care protocols
OUT-OF-NETWORK CONSULTATIONS	1 visit per beneficiary or 2 visits per family to a maximum of R800 and 20% co-payment (except emergencies). No benefit for facility fees
ACUTE MEDICATION	Subject to the BonCap Acute Medicine Formulary

¹All members enrolled in clinical trials should inform the scheme

² Subject to BonCap medicine formulary. For a complete list of chronic conditions refer to page 32

OVER-THE-COUNTER MEDICATION	Limited to R205 per beneficiary, maximum of R70 per script
SPECIALIST CONSULTATIONS	3 visits per beneficiary limited to R2 400 or 5 visits per family limited to R3 550. Subject to referral from a network GP and pre-authorisation
OCCUPATIONAL THERAPY AND PHYSIOTHERAPY	PMBs only, on referral from a network GP
GENERAL RADIOLOGY	List of approved investigations. On referral from a network GP
PATHOLOGY	List of approved investigations. On referral from a network GP
BASIC DENTISTRY ¹	Subject to DENIS managed care protocols and approved codes. Covered at Bonitas Dental Rate: <ul style="list-style-type: none"> • 1 consultation p.b.p.a. • 1 emergency consultation p.b.p.a for pain and sepsis • 1 preventative treatment p.b.p.a. • Extractions (removal of teeth) in dental rooms • 4 fillings and 4 X rays p.b.p.a. • Plastic dentures: 1 set per family in a 2 year period for beneficiaries 21 years and older. 20% co-payment applies
SPECIALISED DENTISTRY	No benefit
OPTOMETRY	2 year benefit, per beneficiary. Benefit commenced 1 Jan 2013. Subject to DSP at PPN network: <ul style="list-style-type: none"> • 1 pair of spectacles every 24 months at a PPN provider • 1 optometric examination per beneficiary • PPN frame, No benefit at a non-network provider • 1 pair of clear Aquity single vision lenses or 1 pair of clear Aquity bifocal lenses • Clear Aquity multifocal lenses covered up to the cost of the bifocal lenses

SUPPLEMENTARY BENEFITS

Additional benefits, medical expenses incurred in or out of hospital. All of the following benefits are paid from the Overall Annual Limit and are subject to benefit limits:

SUPPLEMENTARY BENEFITS	
MATERNITY CARE* PER EVENT (ANTE- AND POST NATAL)	Subject to BonCap GP network. Neonatal care limited to R35 000 per family
IMMUNE DEFICIENCY RELATED TO HIV INFECTION*	Subject to managed care protocols and registration on the BonCap HIV/AIDS programme
MENTAL HEALTH BENEFITS*	PMBs only. Subject to the BonCap GP network
SPECIALISED RADIOLOGY* (JOINT LIMIT IN AND OUT OF HOSPITAL)	R8 900 per family, included in the OAL and subject to pre-authorisation
EMERGENCY MEDICAL TRANSPORTATION	Subject to ER24 authorisation
PROSTHESES INTERNAL* (IN HOSPITAL)	PMBs only
PROSTHESES EXTERNAL	No benefit
APPLIANCES (INCLUDES GENERAL APPLIANCES, WHEELCHAIRS, STOMA PRODUCTS, CPAP*, HEARING AIDS)	R4 200 per family, in and out of hospital, included in the OAL and subject to pre-authorisation
OXYGEN THERAPY AND HOME VENTILATION	Subject to pre-authorisation
HIV TEST AND FLU VACCINE	1 each per beneficiary, per annum

This summary is for information purposes only and does not supersede the rules of the fund. In the event of any discrepancy between the summary and the rules, the rules will prevail.

 [Bonitas-Medical-Fund](#)  [@BonitasMedical](#) 0860 002 108 [bonitas.co.za](#)

¹ Dental benefits. Refer to page 35 to 36.

* Subject to pre-authorisation.

* All benefits are per annum, unless otherwise stated.

* Prescribed Minimum Benefits are provided on all options in accordance with the Medical Schemes Act and Regulations.

CHRONIC DISEASE LIST

26 PMBs BONSAVE, PRIMARY, BONESSENTIAL, BONCAP	BONCOMPREHENSIVE	STANDARD	BONCLASSIC
PMBs as per Chronic Disease List including 270 Diagnosis and treatment Pairs (DTP) as indicated in regulation 29.(1) (0) of the Medical Schemes Act.	In addition to the 26 PMB conditions the following 27 diseases are covered, including applicable chronic Diagnosis and treatment Pairs (DTP) as indicated in regulation 29(1)(0) of the Medical Schemes Act.	In addition to the 26 PMB conditions the following 16 diseases are covered including applicable chronic Diagnosis and treatment Pairs (DTP) as indicated in regulation 29(1)(0) of the Medical Schemes Act.	In addition to the 26 PMB conditions the following 37 diseases are covered including applicable chronic Diagnosis and treatment Pairs (DTP) as indicated in regulation 29(1)(0) of the Medical Schemes Act.
26 PMBs 1. Addison's Disease 2. Asthma 3. Bipolar Mood Disorder 4. Bronchiectasis 5. Cardiac Failure 6. Cardiomyopathy 7. Chronic Renal Disease 8. Chronic Obstructive Pulmonary Disease 9. Coronary Artery Disease 10. Crohn's Disease 11. Diabetes Insipidus 12. Diabetes Mellitus Type 1 13. Diabetes Mellitus Type 2 14. Dysrhythmias 15. Epilepsy 16. Glaucoma 17. Haemophilia 18. Hyperlipidaemia 19. Hypertension 20. Hypothyroidism 21. Multiple Sclerosis 22. Parkinson's Disease 23. Rheumatoid Arthritis 24. Schizophrenia 25. Systemic Lupus Erythematosus 26. Ulcerative Colitis	1. Acne 2. Allergic Rhinitis 3. Ankylosing Spondylitis 4. Attention Deficit Disorder 5. Behcet's Disease 6. Barrett's Oesophagus 7. Dermatitis 8. Eczema 9. Generalised Anxiety Disorder 10. Gastro-Oesophageal Reflux (GORD) 11. Gout 12. Huntington's Disease 13. Hypoparathyroidism 14. Myaesthesia Gravis 15. Narcolepsy 16. Neuropathies 17. Obsessive Compulsive Disorder 18. Osteoporosis 19. Paget's Disease 20. Panic Disorder 21. Pemphigus 22. Polyarteritis Nordosa 23. Post-Traumatic Stress Syndrome 24. Pulmonary Interstitial Fibrosis 25. Systemic Sclerosis 26. Tourette's Syndrome 27. Zollinger-Ellison Syndrome + 26 PMBs	1. Acne 2. Allergic Rhinitis 3. Ankylosing Spondylitis 4. Attention Deficit Disorder 5. Barrett's Oesophagus 6. Behcet's Disease 7. Dermatitis 8. Eczema 9. Gastro-Oesophageal Reflux (GORD) 10. Gout 11. Narcolepsy 12. Obsessive Compulsive Disorder 13. Panic Disorder 14. Post-Traumatic Stress Syndrome 15. Tourette's Syndrome 16. Zollinger-Ellison Syndrome + 26 PMBs	1. Alzheimer disease (early onset) 2. Angina 3. Ankylosing Spondylitis 4. Attention Deficit Disorder – in children 5 to 18 years old 5. Benigen Prostatic Hypertrophy 6. Barrett's Oesophagus 7. Bulimia Nervosa 8. Cancer 9. Cardiac Arrhythmias 10. Chronic Bronchitis 11. Cushing Syndrome 12. Cystic Fibrosis 13. Deep Vein Thrombosis 14. Depression 15. Dermatomyositis 16. Eczema 17. Emphysema 18. Gastro-Oesophageal Reflux (GORD) 19. Generalised Anxiety Disorder 20. Gout 21. Hormone Replacement Therapy 22. Hypoparathyroidism 23. Infective Endocarditis 24. Ischaemic heart disease 25. Motor Neuron Disease 26. Obsessive Compulsive Disorder 27. Osteoporosis 28. Paget's Disease 29. Panic Disorder 30. Paraplegia/Quadriplegia 31. Polyarteritis Nordosa 32. Post-Traumatic Stress Syndrome 33. Pulmonary Interstitial Fibrosis 34. Scleroderma 35. Thromboangitis Obliterans 36. Tourette's Syndrome 37. Zollinger-Ellison Syndrome + 26 PMBs

CHRONIC MEDICINE MANAGEMENT

To apply for chronic medicine authorisation the member, doctor or pharmacist can call chronic medicine management on 0860 100 608. Alternatively, members, doctors or pharmacists may apply for chronic medication online by logging onto the Medscheme website www.medscheme.co.za

Designated service provider for chronic medication - Pharmacy Direct

To apply for the delivery of chronic medication, phone Pharmacy Direct (0860 027 800) or visit the website (www.pharmacydirect.co.za) and request an application form.



DENTAL BENEFITS (DENIS)



BONITAS DENTAL BENEFIT INFORMATION

General information

DENIS, a fully accredited managed care organisation, manages your dental benefits on behalf of your medical scheme. There is a pre-defined benefit per procedure which is paid at the published Bonitas Dental Rate (see www.denis.co.za for the list of dental rates).

Your dentist will also be able to provide information regarding your benefits, as DENIS supplies all dentists with a Chairside Guide, which illustrates the dental benefits. Benefits for dentistry are paid on a fee for service basis. This means that for every procedure done by a dentist, there is a fee that is charged. These fees may differ from dentist to dentist. Your fund pays a benefit for each procedure which may differ from the fee charged by your dentist. It is your right to negotiate this difference with your dentist.

Please refer to the dental benefit table on pages 37 to 44 for the benefits per option and per treatment category. Familiarise yourself with the defined benefits as well as listed exclusions in the dental benefit table before visiting your dentist. By doing so, you will be fully aware of what your fund will pay towards your treatment.

Conservative dentistry

All conservative dental benefits, as set out in the dental benefit table, are covered at the Bonitas Dental Rate (BDT).

Specialised dentistry

All specialised dental benefits, as set out in the dental benefit table, are covered at the Bonitas Dental Rate (BDT).

The following specialised dental benefits must be pre-authorised:

- Crown and Bridge procedures;
- Orthodontics;
- Implants;
- Intravenous Conscious Sedation; and
- Periodontics.

What is pre-authorisation?

Benefit pre-authorisation is the prior approval of any of the above-listed specialised dental treatments.

How do I get pre-authorisation?

- Call: **0860 336 346**
- Have the following information ready when you phone DENIS:
 - Your Bonitas membership number
 - Name of the practitioner and his/her telephone number and practice registration number
 - A treatment plan including all relevant procedure codes and applicable tooth numbers, including diagnostic codes

Once authorisation has been obtained, cover for the treatment is subject to fund rules, exclusions and benefit protocols.

What happens if I fail to apply for pre-authorisation?

Procedures and treatment not pre-authorised will not attract a benefit with the exception of crown and bridge procedures where a 20% penalty will apply if authorisation is applied after the treatment has been done. Penalties do not apply to emergency hospital admission. Failure to pre-authorise orthodontic treatment will result in a payment ONLY from date of authorisation for the remaining months of treatment, provided that the treatment is clinically indicated. Co-payments for specialised dentistry are levied for orthodontics on the Standard option.

How do I get pre-authorisation for crown and bridge procedures?

- Call: **0860 336 346**
- Send your treatment plan and clear clinical records together with the laboratory invoice to crowns@denis.co.za or alternatively post to:
Denis, Private Bag X 1, Century City, 7446, Cape Town

- Further information may be requested in order to process your application.
- Assessment of a treatment plan and radiographic documentation is required for consideration of crown and bridge benefits. Should the benefit be approved, an authorisation letter will be sent to your treating dental practitioner.

How do I get pre-authorisation for implant procedures?

- Call: **0860 336 346**
- Send your treatment plan (including all three phases) to ortho@denis.co.za or alternatively fax it to **0866 770 336** or post to:
Denis, Private Bag X 1, Century City, 7446, Cape Town
- Further information may be requested in order to process your application.
- Assessment of a treatment plan is required for consideration of implant benefits. Should the benefit be approved, an authorisation letter will be sent to your treating dental practitioner.

How do I get pre-authorisation for orthodontic procedures?

- Call: **0860 336 346**
- Send your treatment plan and clear clinical records to ortho@denis.co.za or alternatively post to:
Denis, Private Bag X 1, Century City, 7446, Cape Town
- Further information may be requested in order to process your application.
- Assessment of a treatment plan and radiographic documentation is required for consideration of orthodontic benefits. Should the benefit be approved, an authorisation letter will be sent to your treating dental practitioner.
- Pre-authorisation is required for removable appliance therapy, functional appliance therapy, partial fixed appliance therapy (preliminary treatment) and comprehensive fixed appliance therapy.

How do I apply for registration on the Periodontal Programme?

- This benefit is only available to those members on the Standard, BonClassic and BonComp options who are registered on the periodontal programme.
- To apply for the Periodontal Programme, submit your CPITN score (supplied to you by your dental practitioner), together with your periodontal treatment plan to perio@denis.co.za, or alternatively fax to **0866 770 336**.
- Further clinical records may be requested to process your application.
- Benefit is limited to conservative, non-surgical therapy only and will only be applied to members who are registered on the Periodontal Programme.

General anaesthetic and hospitalisation

Hospitalisation benefit for dentistry is not automatically covered and is subject to pre-authorisation, where admission protocols apply.

How to get authorisation before going to hospital and for intra-venous conscious sedation

Contact us on **0860 336 346**, at least 48 hours prior to the planned procedure. Have the following information ready when you phone us:

- your Bonitas membership number
- the date of admission
- name of the practitioner and his/her telephone number and practice registration number
- the anaesthetist's practice number and contact details
- the name and telephone number of the hospital
- all relevant procedure codes and applicable tooth numbers, including diagnostic codes

- in certain instances an X-ray, clinical report or additional information will be requested in order to process your pre-authorisation
- if the hospital admission is authorised, you will be supplied with an authorisation number, via your preferred method (fax or email)
- the hospital account will be paid according to the time allocated on the authorisation letter. Hospital accounts exceeding this time will be the member's liability
- in the event of an emergency after hours, let DENIS know about your hospitalisation as soon as possible.

Note: If you do not obtain authorisation before your hospital admission, the associated costs (hospital and anaesthetic accounts) will not be paid.

Dental Wellness Programme

As a Bonitas member, you are automatically a member of the Dental Wellness Programme. You will receive various treatment-related information leaflets and at your company's Wellness Days oral screenings, advice and dental products are provided.

Get your dental claims to Denis!

Post the original copies of your dental claims to:

Denis, Private Bag X 1, Century City, 7446, Cape Town

Alternatively, you can email your dental claims to claims@denis.co.za

When submitting a claim, please ensure the following details are clearly visible:

- Your membership number.
- The dentist's details and practice registration number.
- The correct dependant name and code (see your membership card).
- The treatment date.
- The relevant procedure codes.
- The applicable tooth numbers.
- The relevant ICD-10 codes.
- If you have already paid for the treatment, ensure that the appropriate receipt is attached.

DENIS contact details

Call centre:

0860 336 346

Call centre fax:

0866 770 336

Email (enquiries):

bonitasenq@denis.co.za

Email (claims):

claims@denis.co.za

Email (hospital authorisations):

auths@denis.co.za

Email (orthodontic and implant authorisations):

ortho@denis.co.za

Email (crown and bridge authorisations):

crowns@denis.co.za

Email (periodontal authorisations):

perio@denis.co.za

Stale claims

In terms of the Medical Schemes Act, claims that are not received within four months from the end of the month in which the service was provided, are regarded as stale and will not be eligible for benefit. In the event of a dispute regarding the benefit information illustrated in the benefit table, following, the rules of the fund will prevail.

BONCAP DENTAL BENEFIT TABLE 2014

Dental benefits are managed by DENIS at the Bonitas Dental rate (BDT) and are subject to a DENIS Designated Service Provider Network for conservative out of hospital services. If there is no Designated Service Provider in the member's area, the member needs to contact DENIS prior to treatment. This option does not provide benefits for any specialised dentistry, with the exception of limited maxillo-facial dentistry. Dental benefits are subject to managed care protocols and managed care interventions which may include the requirement of treatment plans and/or radiographs prior to benefit application. Only the dental codes listed in the table below will be covered under this option except in the case of authorised hospitalisation and authorised PMB events. In the event of a dispute, the registered rules of the scheme prevail.

There is no overall annual limit on BonCap for 2014. The Maxillo-Facial benefit resides under the benefit for Surgical Procedures. The Surgical

Procedure benefit has a limit of R13 500 per family per year. Access to a Maxillo-facial specialist is ONLY on referral from a dentist on the DENIS Designated Service Provider Network and authorised by DENIS. All dental-related hospitalisation, including PMBs, must be pre-authorised* by DENIS and is subject to the BonCap Hospital Network. Hospital procedures not pre-authorised will be subject to a co-payment of R5 000 on the hospital account for both private and public hospitals if authorisation is applied for after the treatment has been done. If authorisation is obtained for an elective procedure in a non-network hospital, a co-payment of R5 000 is applicable on the hospital account. Emergencies require authorisation within 48 hours of the first working day.

Please note that ALL dental claims (out of hospital dentistry, in hospital dentistry and related anaesthetics) will be processed by Medscheme.

CODE	BENEFIT	DENIS BENEFIT INFORMATION
8101	Consultation	1 check-up per beneficiary per year
8104	Specific Consultation (emergency)	1 specific (emergency) consultation for pain and sepsis per beneficiary per year
8107 and/or 8112	Intra-Oral X-rays	4 X-rays in total per beneficiary per year
8115	Extra-Oral X-rays	1 per beneficiary in a 3 year period for Maxillo-facial related treatment ONLY. Extra-oral X-ray to be submitted to DENIS for review
8155 8159	Polishing of Teeth Scaling and Polishing	1 polish OR 1 scaling and polishing per beneficiary per year.
8161 or 8162	Fluoride Treatment	1 treatment per year for beneficiaries from 5 years of age and under 16 years of age. (8161: 5 - 12 years of age; 8162: 13 - 15 years of age)
8163	Fissure Sealant	1 per tooth in a 3 year period for beneficiaries younger than 16 years of age
8109 8110 8145	Infection Control Instrument Sterilisation Local Anaesthetic	1 set per beneficiary per visit. (A Set: 8109 x 2, 8110 x 1 and 8145 x 1)
8141 8143	Inhalation Sedation (Laughing gas in dental rooms)	Inhalation sedation limited to extensive dental treatment only: • 8141 First 15 minutes • 8143 Each additional 15 minutes
8131 8132 8133	Emergency Root Canal Therapy	Benefit for emergency treatment only. Recement inlay, onlay, crown or veneer. NOTE: Root canal treatment on 3rd molar is not covered.
8307	Pulp Treatments	Benefit for amputation of pulp of primary teeth
8201 8202 8935	Extractions (Removal of teeth)	Code 8201 is charged for the first extraction in a quadrant. Code 8202 is charged for each additional extraction in a quadrant. Treatment of septic sockets

	CODE	BENEFIT	DENIS BENEFIT INFORMATION
	8341 8342 8343 8344 8351 8352 8353 8354 8367 8368 8369 8370	Dental Fillings	Benefit for 4 fillings per beneficiary per year. Benefit for fillings are granted once per tooth in 365 days. Benefit for re-treatment of a tooth is subject to managed care protocols.
	8231 8232 8233 8234 8235 8236 8237 8238 8239 8240 8241	Plastic Dentures	One set of plastic dentures (an upper and a lower) per family in a 2 year period for beneficiaries 21 years and older. 20% co-payment applies. The appropriate laboratory codes will be covered. 20% co-payment applies
	8259	Denture Rebase	Rebase of dentures once per family per year for beneficiaries 21 years and older. 20% co-payment applies. The appropriate laboratory codes will be covered. 20% co-payment applies.
	8263 8269 8271 8273	Denture Repairs	Repairs to existing dentures twice per family per year for beneficiaries 21 years and older. 20% co-payment applies. The appropriate laboratory codes will be covered. 20% co-payment applies.
	8937 8213 8214 8953 8941 8943 8945	Maxillo-facial Surgery in dental chair*	Surgery in the dental chair – DENIS Designated Service Provider; access to a maxillo-facial specialist by DENIS pre-authorization ONLY. A limit of R13 500 per family per year. Surgical removal of tooth. Surgical removal of residual roots. Surgical removal of impacted teeth. Cover for PMB treatment. NOTE: No benefit for Osseo-integrated implants and Orthognathic surgery.
	8144	IV Conscious Sedation in the rooms*	Pre-authorization from DENIS is required. Benefit is limited to extensive dental treatment.
		Hospitalisation* (General anaesthetic)	Pre-authorization from DENIS is required, subject to a preferred provider network. General anaesthetic benefits are only available for the following: <ul style="list-style-type: none"> • Extensive dental treatment for children younger than 5 years of age • For the removal of impacted teeth • PMB admissions

BONITAS DENTAL BENEFIT TABLE 2014

Dental benefits are paid at the Bonitas Dental rate (BDT). Hospitalisation and certain specialised dentistry procedures and treatment must be pre-authorised*. Procedures and treatment not pre-authorised will not attract a benefit, with the exception of crown and bridge procedures where a 20% penalty will apply if authorisation is applied for after the treatment has been done. Failure to pre-authorise orthodontic treatment will result in a payment ONLY from date of authorisation for the remaining months of treatment, provided that the treatment is clinically indicated. Penalties do not apply to emergency hospital admission. Co-payments are levied for Orthodontics on the Standard option.

Dental benefits are subject to managed care protocols and managed care interventions which may include the requirement of treatment plans and/or radiographs prior to benefit application. Scheme exclusions apply to dental benefits. In the event of a dispute, the registered rules of the scheme prevail.

BonComprehensive option**

The dental benefits of the BonCom option will be paid from the member's available savings and/or threshold limit. The dental benefits as published below will apply, subject to DENIS managed care protocols and managed care interventions which include pre-authorisation where necessary. Pre-authorisation is required for crowns, orthodontics, implants, periodontics, hospital and IV conscious sedation. A 25% co-payment in threshold applies to all conservative and specialised dental procedures and treatment. Co-payments are not applicable to maxillo-facial surgery and hospitalisation. Please note that Medscheme will be responsible for the payment of all dental claims on the BonCom option.

BonClassic***

Conservative dentistry limited to R3 600 per family per annum.
Specialised dentistry limited to R4 300 per family per annum.

	DENTAL BENEFIT TABLE	BONCLASSIC***	STANDARD	BONSAVE AND PRIMARY
CONSERVATIVE DENTISTRY	CONSULTATIONS	2 annual check-ups per beneficiary (once in 6 months). Benefit is subject to managed care protocols. Covered at the BDT	2 annual check-ups per beneficiary (once in 6 months). Benefit is subject to managed care protocols. Covered at the BDT	2 annual check-ups per beneficiary (once in 6 months). Benefit is subject to managed care protocols. Covered at the BDT
	X-RAYS: IN-TRA-ORAL	Benefit is subject to managed care protocols. Covered at the BDT	Benefit is subject to managed care protocols. Covered at the BDT	Benefit is subject to managed care protocols. Covered at the BDT
	X-RAYS: EXTRA-ORAL	1 per beneficiary in a 3 year period. Benefit is subject to managed care protocols. Additional benefit may be considered where specialised dental treatment is required. Covered at the BDT	1 per beneficiary in a 3 year period. Benefit is subject to managed care protocols. Additional benefit may be considered where specialised dental treatment is required. Covered at the BDT	1 per beneficiary in a 3 year period. Benefit is subject to managed care protocols. Covered at the BDT
ORAL HYGIENE	2 annual scale and polish treatments per beneficiary (once in 6 months). Benefit is subject to managed care protocols. Benefit for fissure sealants is limited to beneficiaries younger than 16 years of age. Benefit for fluoride is limited to beneficiaries younger than 16 years of age. Covered at the BDT	2 annual scale and polish treatments per beneficiary (once in 6 months). Benefit is subject to managed care protocols. Benefit for fissure sealants is limited to beneficiaries younger than 16 years of age. Benefit for fluoride is limited to beneficiaries younger than 16 years of age. Covered at the BDT	2 annual scale and polish treatments per beneficiary (once in 6 months). Benefit is subject to managed care protocols. Benefit for fissure sealants is limited to beneficiaries younger than 16 years of age. Benefit for fluoride is limited to beneficiaries younger than 16 years of age. Covered at the BDT	2 annual scale and polish treatments per beneficiary (once in 6 months). Benefit is subject to managed care protocols. Benefit for fissure sealants is limited to beneficiaries younger than 16 years of age. Benefit for fluoride is limited to beneficiaries younger than 16 years of age. Covered in BDT

DENTAL BENEFIT TABLE	BONCOMPREHENSIVE	BONCLASSIC	STANDARD	BONSAVE AND PRIMARY
ORAL HYGIENE	<p>Scheme exclusions:</p> <ul style="list-style-type: none"> • Oral hygiene instructions • Oral hygiene evaluation • Professionally applied fluoride for beneficiaries 16 years and older • Dental bleaching 	<p>Scheme exclusions:</p> <ul style="list-style-type: none"> • Oral hygiene instructions • Oral hygiene evaluation • Professionally applied fluoride for beneficiaries 16 years and older • Dental bleaching 	<p>Scheme exclusions:</p> <ul style="list-style-type: none"> • Oral hygiene instructions • Oral hygiene evaluation • Professionally applied fluoride for beneficiaries 16 years and older • Dental bleaching 	<p>Scheme exclusions:</p> <ul style="list-style-type: none"> • Oral hygiene instructions • Oral hygiene evaluation • Professionally applied fluoride for beneficiaries 16 years and older • Dental bleaching
FILLINGS	<p>Benefit for fillings are granted once per tooth in 365 days.</p> <p>Benefit for re-treatment of a tooth is subject to managed care protocols.</p> <p>Covered at the BDT.</p> <p>A treatment plan and X-rays may be required for multiple fillings.</p> <p>Scheme exclusions:</p> <ul style="list-style-type: none"> • Fillings to restore teeth damaged due to toothbrush abrasion, attrition, erosion and fluorosis • Resin bonding for restorations that are charged as a separate procedure to the restoration • The polishing of restorations • Gold foil restorations • Ozone therapy 	<p>Benefit for fillings is granted once per tooth in 365 days.</p> <p>Benefit for re-treatment of a tooth is subject to managed care protocols.</p> <p>Covered at the BDT.</p> <p>A treatment plan and X-rays may be required for multiple fillings.</p> <p>Scheme exclusions:</p> <ul style="list-style-type: none"> • Fillings to restore teeth damaged due to toothbrush abrasion, attrition, erosion and fluorosis • Resin bonding for restorations that are charged as a separate procedure to the restoration • The polishing of restorations • Gold foil restorations • Ozone therapy 	<p>Benefit for fillings is granted once per tooth in 365 days.</p> <p>Benefit for re-treatment of a tooth is subject to managed care protocols.</p> <p>Covered at the BDT.</p> <p>A treatment plan and X-rays may be required for multiple fillings.</p> <p>Scheme exclusions:</p> <ul style="list-style-type: none"> • Fillings to restore teeth damaged due to toothbrush abrasion, attrition, erosion and fluorosis • Resin bonding for restorations that are charged as a separate procedure to the restoration • The polishing of restorations • Gold foil restorations • Ozone therapy 	<p>Benefit for fillings is granted once per tooth in 365 days.</p> <p>Benefit for re-treatment of a tooth is subject to managed care protocols.</p> <p>Covered at the BDT.</p> <p>A treatment plan and X-rays may be required for multiple fillings.</p> <p>Scheme exclusions:</p> <ul style="list-style-type: none"> • Fillings to restore teeth damaged due to toothbrush abrasion, attrition, erosion and fluorosis • Resin bonding for restorations that are charged as a separate procedure to the restoration • The polishing of restorations • Gold foil restorations • Ozone therapy
ROOT CANAL THERAPY AND EXTRACTIONS	<p>Benefit is subject to managed care protocols.</p> <p>Covered at the BDT.</p> <p>Scheme exclusions:</p> <ul style="list-style-type: none"> • Root canal therapy on primary (milk) teeth • Root canal therapy on wisdom teeth (3rd molars) • Direct and indirect pulp capping procedures 	<p>Benefit is subject to managed care protocols.</p> <p>Covered at the BDT.</p> <p>Scheme exclusions:</p> <ul style="list-style-type: none"> • Root canal therapy on primary (milk) teeth • Root canal therapy on wisdom teeth (3rd molars) • Direct and indirect pulp capping procedures 	<p>Benefit is subject to managed care protocols.</p> <p>Covered at the BDT.</p> <p>Scheme exclusions:</p> <ul style="list-style-type: none"> • Root canal therapy on primary (milk) teeth • Root canal therapy on wisdom teeth (3rd molars) • Direct and indirect pulp capping procedures 	<p>Benefit is subject to managed care protocols.</p> <p>Benefit for root canal includes all teeth except primary teeth and permanent molars.</p> <p>Covered at the BDT.</p> <p>Scheme exclusions:</p> <ul style="list-style-type: none"> • Root canal therapy on primary (milk) teeth • Root canal therapy on wisdom teeth (3rd molars) • Direct and indirect pulp capping procedures
PLASTIC DENTURES AND ASSOCIATED LABORATORY COSTS	<p>1 set of plastic dentures (an upper and a lower) per beneficiary in a 4 year period.</p> <p>Benefit is subject to managed care protocols.</p> <p>Covered at the BDT**</p>	<p>1 set of plastic dentures (an upper and a lower) per beneficiary in a 4 year period.</p> <p>Benefit is subject to managed care protocols.</p> <p>Covered at the BDT</p>	<p>1 set of plastic dentures (an upper and a lower) per beneficiary in a 4 year period.</p> <p>Benefit is subject to managed care protocols.</p> <p>Covered at the BDT</p>	<p>1 set of plastic dentures (an upper and a lower) per beneficiary in a 4 year period.</p> <p>Benefit is subject to managed care protocols.</p> <p>Covered at the BDT</p>

DENTAL BENEFIT TABLE	BONCOMPREHENSIVE	BONCLASSIC	STANDARD	BONSAVE AND PRIMARY
<p>PLASTIC DENTURES AND ASSOCIATED LABORATORY COSTS</p>	<p>Benefit is not available for the clinical fee of denture repairs, denture tooth replacements and the addition of a soft base to new dentures; the laboratory fee will be covered.</p> <p>Benefit is not available for the laboratory fee of mouthguards; the clinical fee will be covered</p> <p>Scheme exclusions:</p> <ul style="list-style-type: none"> • Diagnostic dentures and associated laboratory costs • Snoring appliances and associated laboratory costs • High impact acrylic • The cost of gold, precious metal, semi-precious metal and platinum foil • Laboratory delivery fees • Provisional dentures and associated laboratory costs 	<p>Please note: Benefit for plastic dentures and associated laboratory costs is payable from the available Conservative dentistry limit.</p> <p>Benefit is not available for the clinical fee of denture repairs, denture tooth replacements and the addition of a soft base to new dentures; the laboratory fee will be covered.</p> <p>Benefit is not available for the laboratory fee of mouthguards; the clinical fee will be covered.</p> <p>Scheme exclusions:</p> <ul style="list-style-type: none"> • Diagnostic dentures and associated laboratory costs • Snoring appliances and associated laboratory costs • High impact acrylic • The cost of gold, precious metal, semi-precious metal and platinum foil • Laboratory delivery fees • Provisional dentures and associated laboratory costs 	<p>Benefit is not available for the clinical fee of denture repairs, denture tooth replacements and the addition of a soft base to new dentures; the laboratory fee will be covered.</p> <p>Benefit is not available for the laboratory fee of mouthguards; the clinical fee will be covered</p> <p>Scheme exclusions:</p> <ul style="list-style-type: none"> • Diagnostic dentures and associated laboratory costs • Snoring appliances and associated laboratory costs • High impact acrylic • The cost of gold, precious metal, semi-precious metal and platinum foil • Laboratory delivery fees • Provisional dentures and associated laboratory costs 	<p>Benefit is not available for the clinical fee of denture repairs, denture tooth replacements and the addition of a soft base to new dentures; the laboratory fee will be covered.</p> <p>Benefit is not available for the laboratory fee of mouthguards; the clinical fee will be covered.</p> <p>Scheme exclusions:</p> <ul style="list-style-type: none"> • Diagnostic dentures and associated laboratory costs • Snoring appliances and associated laboratory costs • High impact acrylic • The cost of gold, precious metal, semi-precious metal and platinum foil • Laboratory delivery fees • Provisional dentures and associated laboratory costs
<p>PARTIAL METAL FRAME DENTURES AND ASSOCIATED LABORATORY COSTS</p>	<p>2 partial frames (an upper and a lower) per beneficiary in a 5 year period. Benefit is subject to managed care protocols.</p> <p>Covered at the BDT.</p> <p>Scheme exclusions:</p> <ul style="list-style-type: none"> • The metal base to full dentures and associated laboratory costs • High impact acrylic • The cost of gold, precious metal, semi-precious metal and platinum foil • Laboratory delivery fees 	<p>2 partial metal frames (an upper and a lower) per beneficiary in a 5 year period. Benefit is subject to managed care protocols.</p> <p>Covered at the BDT.</p> <p>Scheme exclusions:</p> <ul style="list-style-type: none"> • The metal base to full dentures and associated laboratory costs • High impact acrylic • The cost of gold, precious metal, semi-precious metal and platinum foil • Laboratory delivery fees 	<p>1 partial metal frames (an upper and a lower) per beneficiary in a 5 year period. Benefit is subject to managed care protocols.</p> <p>Covered at the BDT.</p> <p>Scheme exclusions:</p> <ul style="list-style-type: none"> • The metal base to full dentures and associated laboratory costs • High impact acrylic • The cost of gold, precious metal, semi-precious metal and platinum foil • Laboratory delivery fees 	<p>No benefit</p>
<p>CROWN AND BRIDGE* AND ASSOCIATED LABORATORY COSTS. A BRIDGE COMPRISES 2 OR MORE CROWN UNITS. EACH CROWN IS PAYABLE FROM THE AVAILABLE CROWN AND BRIDGE BENEFIT.</p>	<p>Pre-authorisation is required. 3 crowns per family per year. Benefit is subject to managed care protocols.</p> <p>Covered at the BDT. Benefits for crowns will be granted once per tooth in a 5 year period A treatment plan and X-rays may be requested</p>	<p>Pre-authorisation is required. 1 crown per family per year. Benefit is subject to managed care protocols.</p> <p>Covered at the BDT. Benefits for crowns will be granted once per tooth in a 5 year period A treatment plan and X-rays may be requested</p>	<p>Pre-authorisation is required. 1 crown per family per year. Benefit is subject to managed care protocols.</p> <p>Covered at the BDT. Benefits for crowns will be granted once per tooth in a 5 year period A treatment plan and X-rays may be requested</p>	<p>No benefit</p>

DENTAL BENEFIT TABLE	BONCOMPREHENSIVE	BONCLASSIC	STANDARD	BONSAVE AND PRIMARY
CROWN AND BRIDGE* AND ASSOCIATED LABORATORY COSTS	<p>Scheme exclusions:</p> <ul style="list-style-type: none"> • Crowns or crown retainers on wisdom teeth (3rd molars) • Pontics on 2nd molars • Crown and bridge procedures for cosmetic reasons and associated laboratory costs • Full mouth rehabilitations and associated laboratory costs • Provisional crowns and associated laboratory costs • Porcelain veneers and inlays and associated laboratory costs • Emergency crowns that are not placed for the immediate protection in tooth injury and associated laboratory costs. • The cost of gold, precious metal, semi-precious metal and platinum foil • Laboratory delivery fees 	<p>Scheme exclusions:</p> <ul style="list-style-type: none"> • Crowns or crown retainers on wisdom teeth (3rd molars) • Pontics on 2nd molars • Crown and bridge procedures for cosmetic reasons and associated laboratory costs • Full mouth rehabilitations and associated laboratory costs • Provisional crowns and associated laboratory costs • Porcelain veneers and inlays and associated laboratory costs • Emergency crowns that are not placed for the immediate protection in tooth injury and associated laboratory costs. • The cost of gold, precious metal, semi-precious metal and platinum foil • Laboratory delivery fees 	<p>Scheme exclusions:</p> <ul style="list-style-type: none"> • Crowns or crown retainers on wisdom teeth (3rd molars) • Pontics on 2nd molars • Crown and bridge procedures for cosmetic reasons and associated laboratory costs • Full mouth rehabilitations and associated laboratory costs • Provisional crowns and associated laboratory costs • Porcelain veneers and inlays and associated laboratory costs • Emergency crowns that are not placed for the immediate protection in tooth injury and associated laboratory costs. • The cost of gold, precious metal, semi-precious metal and platinum foil • Laboratory delivery fees 	No benefit
IMPLANTS* AND ASSOCIATED LABORATORY COSTS	<p>Pre-authorisation is required.</p> <p>2 implants per beneficiary in a 5 year period. Benefit is subject to managed care protocols. Covered at the BDT.</p> <p>Cost of implant components is limited to R2 000 per implant.</p> <p>Scheme exclusions:</p> <ul style="list-style-type: none"> • Implants on wisdom teeth (3rd molars) • Dolder bars and associated abutments on implants including the associated laboratory costs • Laboratory delivery fees 	No benefit	No benefit	No benefit
ORTHODON-TICS* AND ASSOCIATED LABORATORY COSTS	<p>Pre-authorisation is required.</p> <p>Benefit is subject to managed care protocols. On 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 BDT</p>	<p>Pre-authorisation is required.</p> <p>Benefit is subject to managed care protocols. On pre-authorisation cases will be clinically assessed by using an orthodontic needs analysis.</p>	<p>Pre-authorisation is required.</p> <p>Benefit is subject to managed care protocols. On pre-authorisation cases will be clinically assessed by using an orthodontic needs analysis</p>	No benefit

DENTAL BENEFIT TABLE	BONCOMPREHENSIVE	BONCLASSIC	STANDARD	BONSAVE AND PRIMARY
ORTHODONTICS* AND ASSOCIATED LABORATORY COSTS	<p>Benefit for orthodontic treatment will be granted where function is impaired. Benefit will not be granted where orthodontic treatment is required for cosmetic reasons. The associated laboratory costs will also not be covered.</p> <p>Only one family member may commence Orthodontic treatment in a calendar year. Benefit is limited to individuals younger than 18 years of age.</p> <p>Scheme exclusions:</p> <ul style="list-style-type: none"> • Orthognathic (jaw correction) and other related hospital and laboratory costs • Invisible retainer material • Laboratory delivery fees • Orthodontic re-treatment and any related laboratory cost 	<p>Benefit allocation is subject to the outcome of the needs analysis and funding can be granted up to 100% of BDT.</p> <p>Benefit for orthodontic treatment will be granted where function is impaired. Benefit will not be granted where orthodontic treatment is required for cosmetic reasons. The associated Laboratory costs will also not be covered.</p> <p>Only one family member may commence orthodontic treatment in a calendar year. Benefit is limited to individuals younger than 18 years of age.</p> <p>Scheme exclusions:</p> <ul style="list-style-type: none"> • Orthognathic (jaw correction) and other orthodontic related surgery and any related hospital cost • Orthodontic re-treatment and any related laboratory costs • Invisible retainer material • Laboratory delivery fees 	<p>Benefit allocation is subject to the outcome of the needs analysis and funding can be granted up to 80% of BDT.</p> <p>Benefit for orthodontic treatment will be granted where function is impaired. Benefit will not be granted where orthodontic treatment is required for cosmetic reasons. The associated laboratory costs will also not be covered.</p> <p>Only one family member may commence orthodontic treatment in a calendar year. Benefit is limited to individuals younger than 18 years of age.</p> <p>Scheme exclusions:</p> <ul style="list-style-type: none"> • Orthognathic (jaw correction) and other orthodontic related surgery and any related hospital and laboratory costs • Orthodontic re-treatment and any related laboratory costs • Invisible retainer material • Laboratory delivery fees 	No benefit
PERIODONTICS*	<p>Pre-authorisation is required. Benefit is subject to managed care protocols. Covered at the BDT**.</p> <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>Scheme exclusions:</p> <ul style="list-style-type: none"> • Surgical periodontics which includes gingivectomies, periodontal flap surgery, tissue grafting and the hemisection of a tooth • Perio chip placement 	<p>Pre-authorisation is required. Benefit is subject to managed care protocols. Covered at the BDT.</p> <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>Scheme exclusions:</p> <ul style="list-style-type: none"> • Surgical periodontics which includes gingivectomies, periodontal flap surgery, tissue grafting and the hemisection of a tooth • Perio chip placement 	<p>Pre-authorisation is required. Benefit is subject to managed care protocols. Covered at the BDT.</p> <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>Scheme exclusions:</p> <ul style="list-style-type: none"> • Surgical periodontics which includes gingivectomies, periodontal flap surgery, tissue grafting and the hemisection of a tooth • Perio chip placement 	No benefit

DENTAL BENEFIT TABLE	BONCOMPREHENSIVE	BONCLASSIC	STANDARD	BONSAVE AND PRIMARY
MAXILLO-FACIAL SURGERY AND ORAL PATHOLOGY	<p>Surgery in the dental chair:</p> <p>Benefit is subject to managed care protocols. Covered at the BDT**.</p> <p>Benefit for Temporo-mandibular joint (TMJ) therapy is limited to non-surgical intervention/treatments.</p> <p>The claims for oral pathology procedures (cysts and biopsies, the surgical treatment of tumours of the jaw and soft tissue tumours) will only be covered if supported by a laboratory report that confirms diagnosis.</p> <p>Scheme exclusions:</p> <ul style="list-style-type: none"> • Orthognathic (jaw correction) surgery • Sinus lifts • Bone augmentations • Bone and tissue regeneration procedures • The cost of bone regeneration material • The auto-transplantation of teeth • The closure of an oral-antral opening (currently code 8909) when claimed during the same visit with impacted teeth (currently codes 894.1, 894.3 and 894.5) is a scheme exclusion <p>Surgery in hospital; See Hospitalisation* below</p>	<p>Surgery in the dental chair:</p> <p>Benefit is subject to managed care protocols. Covered at the BDT.</p> <p>Benefit for Temporo-mandibular joint (TMJ) therapy is limited to non-surgical intervention/treatments.</p> <p>The claims for oral pathology procedures (cysts and biopsies, the surgical treatment of tumours of the jaw and soft tissue tumours) will only be covered if supported by a laboratory report that confirms diagnosis.</p> <p>Scheme exclusions:</p> <ul style="list-style-type: none"> • Orthognathic (jaw correction) surgery • Sinus lifts • Bone augmentations • Bone and tissue regeneration procedures • The cost of bone regeneration material • The auto-transplantation of teeth • The closure of an oral-antral opening (currently code 8909) when claimed during the same visit with impacted teeth (currently codes 894.1, 894.3 and 894.5) is a scheme exclusion <p>Surgery in hospital; See Hospitalisation* below</p>	<p>Surgery in the dental chair:</p> <p>Benefit is subject to managed care protocols. Covered at the BDT.</p> <p>Benefit for Temporo-mandibular joint (TMJ) therapy is limited to non-surgical intervention/treatments.</p> <p>The claims for oral pathology procedures (cysts and biopsies, the surgical treatment of tumours of the jaw and soft tissue tumours) will only be covered if supported by a laboratory report that confirms diagnosis.</p> <p>Scheme exclusions:</p> <ul style="list-style-type: none"> • Orthognathic (jaw correction) surgery • Sinus lifts • Bone augmentations • Bone and tissue regeneration procedures • The cost of bone regeneration material • The auto-transplantation of teeth • The closure of an oral-antral opening (currently code 8909) when claimed during the same visit with impacted teeth (currently codes 894.1, 894.3 and 894.5) is a scheme exclusion <p>Surgery in hospital; See Hospitalisation* below</p>	<p>Surgery in the dental chair:</p> <p>Benefit is subject to managed care protocols. Covered at the BDT.</p> <p>Benefit for Temporo-mandibular joint (TMJ) therapy is limited to non-surgical intervention/treatments.</p> <p>The claims for oral pathology procedures (cysts and biopsies, the surgical treatment of tumours of the jaw and soft tissue tumours) will only be covered if supported by a laboratory report that confirms diagnosis.</p> <p>Scheme exclusions:</p> <ul style="list-style-type: none"> • Orthognathic (jaw correction) surgery • Sinus lifts • Bone augmentations • Bone and tissue regeneration procedures • The cost of bone regeneration material • The auto-transplantation of teeth • The closure of an oral-antral opening (currently code 8909) when claimed during the same visit with impacted teeth (currently codes 894.1, 894.3 and 894.5) is a scheme exclusion <p>Surgery in hospital; See Hospitalisation* below</p>

DENTAL BENEFIT TABLE	BONCOMPREHENSIVE	BONCLASSIC	STANDARD	BONSAVE AND PRIMARY
<p>HOSPITALISATION (GENERAL ANAESTHETIC) *</p>	<p>Pre-authorisation is required. Admission protocols apply. General anaesthetic benefits are available for children under the age of 5 years for extensive dental treatment.</p> <p>General anaesthetic benefits are available for the removal of impacted teeth. Benefit is subject to managed care protocols. The hospital and anaesthetist claims for the following procedures will not be covered when performed under general anaesthesia. The payment of the dental procedure will be dependent on available benefits and payable at BDT tariffs:</p> <ul style="list-style-type: none"> • Apicectomies • Dentectomies • Frenectomies • Implantology and associated surgical procedures • Conservative dental treatment (fillings, extractions and root canal therapy) for adults • Professional oral hygiene procedures • Surgical tooth exposures for orthodontic reasons <p>Scheme exclusions:</p> <ul style="list-style-type: none"> • Where the only reason for admission to hospital is dental fear and anxiety • Multiple hospital admissions • Where the only reason for the admission request is for a sterile facility • The cost of dental materials for procedures performed under general anaesthesia 	<p>Pre-authorisation is required. Admission protocols apply. General anaesthetic benefits are available for children under the age of 5 years for extensive dental treatment.</p> <p>General anaesthetic benefits are available for the removal of impacted teeth. Benefit is subject to managed care protocols. The hospital and anaesthetist claims for the following procedures will not be covered when performed under general anaesthesia. The payment of the dental procedure will be dependent on available benefits and payable at BDT tariffs:</p> <ul style="list-style-type: none"> • Apicectomies • Dentectomies • Frenectomies • Implantology and associated surgical procedures • Conservative dental treatment (fillings, extractions and root canal therapy) for adults • Professional oral hygiene procedures • Surgical tooth exposures for orthodontic reasons <p>Scheme exclusions:</p> <ul style="list-style-type: none"> • Where the only reason for admission to hospital is dental fear and anxiety • Multiple hospital admissions • Where the only reason for the admission request is for a sterile facility • The cost of dental materials for procedures performed under general anaesthesia 	<p>Pre-authorisation is required. Admission protocols apply. General anaesthetic benefits are available for children under the age of 5 years for extensive dental treatment.</p> <p>General anaesthetic benefits are available for the removal of impacted teeth. Benefit is subject to managed care protocols. The hospital and anaesthetist claims for the following procedures will not be covered when performed under general anaesthesia. The payment of the dental procedure will be dependent on available benefits and payable at BDT tariffs:</p> <ul style="list-style-type: none"> • Apicectomies • Dentectomies • Frenectomies • Implantology and associated surgical procedures • Conservative dental treatment (fillings, extractions and root canal therapy) for adults • Professional oral hygiene procedures • Surgical tooth exposures for orthodontic reasons <p>Scheme exclusions:</p> <ul style="list-style-type: none"> • Where the only reason for admission to hospital is dental fear and anxiety • Multiple hospital admissions • Where the only reason for the admission request is for a sterile facility • The cost of dental materials for procedures performed under general anaesthesia 	<p>Pre-authorisation is required. Admission protocols apply. General anaesthetic benefits are available for children under the age of 5 years for extensive dental treatment.</p> <p>General anaesthetic benefits are available for the removal of impacted teeth. Benefit is subject to managed care protocols. The hospital and anaesthetist claims for the following procedures will not be covered when performed under general anaesthesia. The payment of the dental procedure will be dependent on available benefits and payable at BDT rates:</p> <ul style="list-style-type: none"> • Apicectomies • Dentectomies • Frenectomies • Implantology and associated surgical procedures • Conservative dental treatment (fillings, extractions and root canal therapy) for adults • Professional oral hygiene procedures • Surgical tooth exposures for orthodontic reasons <p>Scheme exclusions:</p> <ul style="list-style-type: none"> • Where the only reason for admission to hospital is dental fear and anxiety • Multiple hospital admissions • Where the only reason for the admission request is for a sterile facility • The cost of dental materials for procedures performed under general anaesthesia

DENTAL BENEFIT TABLE	BONCOMPREHENSIVE	BONCLASSIC	STANDARD	BONSAVE AND PRIMARY
Laughing gas in dental rooms	Benefit is subject to managed care protocols. Covered at the BDT	Benefit is subject to managed care protocols. Covered at the BDT	Benefit is subject to managed care protocols. Covered at the BDT	Benefit is subject to managed care protocols. Covered at the BDT
IV conscious sedation in rooms*	Pre-authorisation is required. Benefit is subject to managed care protocols. Covered at the BDT. Benefit is limited to extensive dental treatment	Pre-authorisation is required. Benefit is subject to managed care protocols. Covered at the BDT. Benefit is limited to extensive dental treatment	Pre-authorisation is required. Benefit is subject to managed care protocols. Covered at the BDT. Benefit is limited to extensive dental treatment	Pre-authorisation is required. Benefit is subject to managed care protocols. Covered at the BDT. Benefit is limited to extensive dental treatment

ADDITIONAL SCHEME EXCLUSIONS:

- Electrographic recordings, pantographic recordings and other such electronic analyses
- Nutritional and tobacco counselling
- Caries susceptibility and microbiological tests
- Fissure sealants on patients 16 years and older
- Pulp tests
- Cost of Mineral Trioxide
- Cost of prescribed toothpastes, mouthwashes (e.g. Corsodyl) and ointments
- Appointment not kept
- Special report
- Dental testimony including Dento-legal fees
- Treatment plan completed (currently code 8120)
- Enamel microabrasion
- Behaviour management
- Intramuscular or subcutaneous injection
- Procedures that are defined as unusual circumstances and procedures that are defined as unlisted procedures

AT A GLANCE

NEW GENERATION

MAJOR MEDICAL BENEFITS	BONCOMPREHENSIVE	BONCLASSIC	BONSAVE	BONESSENTIAL
OVERALL ANNUAL LIMIT	Unlimited	Unlimited	Unlimited	Unlimited
REIMBURSEMENT RATE	Surgical procedures and consultations at 300% Bonitas Rate	100% Bonitas Rate	150% Bonitas Rate	100% Bonitas Rate
PROVIDER	Any hospital	Any hospital	Any hospital	Any hospital
GPs AND SPECIALISTS, PATHOLOGY AND RADIOLOGY, PARAMEDICAL SERVICES	Unlimited	Unlimited	Unlimited	Unlimited
ONCOLOGY - CHEMO AND RADIATION	R475 000 per family	R315 000 per family	R264 500 per family	R264 500 per family
ONCOLOGY - BIOLOGICAL DRUGS INCLUDED IN THE ONCOLOGY LIMIT	R200 000 (10% co-payment) per family	No benefit	No benefit	No benefit
ORGAN TRANSPLANTS	Unlimited, subject to pre-authorisation	Subject to pre-authorisation	Unlimited, subject to pre-authorisation	Unlimited, subject to pre-authorisation
RENAL DIALYSIS	Unlimited, subject to pre-authorisation	Subject to pre-authorisation	PMBs only	PMBs only
MEDICATION TO TAKE OUT	R420 per beneficiary per admission	R360 per beneficiary per admission	R290 per beneficiary per admission	R290 per beneficiary per admission
CHRONIC	BONCOMPREHENSIVE OPTION	BONCLASSIC OPTION	BONSAVE OPTION	BONESSENTIAL OPTION
	<ul style="list-style-type: none"> • 53 Chronic Conditions Comprehensive Formulary • R10 600 per beneficiary, R21 150 per family 	<ul style="list-style-type: none"> • 63 conditions R8 700 per beneficiary, R18 000 per family, per annum • Restrictive Formulary at DSP, 40% co-payment apply at non-DSP 	<ul style="list-style-type: none"> • 26 PMBs only • Restrictive Formulary at DSP, 40% co-payment apply at non-DSP 	<ul style="list-style-type: none"> • 26 PMBs only • Restrictive Formulary at DSP, 40% co-payment apply at non-DSP
OUT OF HOSPITAL BENEFITS				
	BONCOMPREHENSIVE	BONCLASSIC	BONSAVE	BONESSENTIAL
Savings	Threshold member	Savings	Savings	No benefit
MEMBER R6 492	R7 400	R3 024	R3 180	-
MEMBER +A R12 624	R14- 100	R5 616	R5 640	-
MEMBER +A +C R13 944	R16 050	R6 360	R6 600	-

OUT OF HOSPITAL BENEFITS					
	BONCOMPREHENSIVE		BONCLASSIC	BONSAVE	BONESSENTIAL No benefits EXCEPT PMBs
MEMBER +A +2C	R15 264	R18 000	R7 104	R 7 560	-
MEMBER +A +3C	R16 584	R19 950	R7 848	R 8 520	-
GP CONSULTATIONS	Subject to savings and/or threshold, 25% co-payment in threshold		Subject to savings	Subject to savings, once savings exhausted 3 visits per beneficiary, up to a maximum of 6 visits per family	No benefit
SPECIALISTS CONSULTATION	Subject to savings and/or threshold, 25% co-payment in threshold		Subject to savings	Subject to savings	No benefit
RADIOLOGY, PATHOLOGY	Subject to savings and/or threshold		GENERAL RADIOLOGY: R2 400 per beneficiary limited to R3 700 per family Pathology R2 400 per beneficiary, R5 300 per family	Subject to savings	No benefit
PARAMEDICAL SERVICES	Subject to savings and/or threshold. 25% co-payment in threshold		Member = R2 300 Member + 1 = R3 500 Member + 2 = R4 050 Member + 3 = R4 300 Member + 4+ = R4 600	Subject to savings	No benefit
OPTOMETRY	Subject to savings and/or threshold, limited to R2 450 per beneficiary. 25% co-payment in threshold		R5 260 per family, per annum Eye examination 100% of cost. Frames/lens add ons R700 p.b. Single vision lens R185 per lens, p.b. Bifocal lens R430 per lens, p.b. Multi-focal lenses R750 per lens, p.b. Contact lens R1 635 p.b.	Subject to savings	No benefit
ACUTE MEDICATIONS AND PAT	Subject to savings and/or threshold, 100% of Bonitas rates accrues to threshold, 25% co-payment in threshold		Subject to savings	Subject to savings	No benefit
DENTISTRY					
BASIC DENTISTRY	Subject to savings and/or threshold. 25% co-payment in threshold. Covered according to DENIS Clinical Protocols and Bonitas Dental Tariff		R3 600 per family per annum Subject to clinical protocols and Bonitas Dental Tariff (BDT) ¹	Covered according to DENIS Clinical Protocols and Bonitas Dental Tariff	No benefit
ADVANCED DENTISTRY	Subject to savings and/or threshold. 25% co-payment in threshold. Covered according to DENIS Clinical Protocols and Bonitas Dental Tariff		R4 300 per family per annum Subject to clinical protocols and Bonitas Dental Tariff (BDT) ¹	No benefit	No benefit

AT A GLANCE

SUPPLEMENTARY BENEFITS	BONCOMPREHENSIVE	BONCLASSIC	BONSAVE	BONESSENTIAL
MATERNITY CARE	12 ante-natal consultations, 2 x 2D scans, 4 post-natal consultations with a midwife. Ante-natal classes R1 000 and post confinement in a private ward	R980 for ante-natal classes. 12 ante-natal consultations, 2 X 2D scans and 4 post-natal consultations with a midwife	6 ante-natal consultations, 2 x 2D scans, 4 post-natal consultations with a midwife. Ante-natal classes R950	6 ante-natal consultations, 2 x 2D scans, 4 post-natal consultations with a midwife
REFRACTIVE SURGERY	R15 900 per family	No benefit	No benefit	No benefit
HIV	Unlimited subject to Aid for AIDS registration	PMBs only Subject to Aid for AIDS registration	R24 800 per beneficiary subject to Aid for AIDS registration	R24 800 per beneficiary subject to Aid for AIDS registration
MENTAL HEALTH (SUBJECT TO PRE-AUTHORISATION BY HBM)	R36 000 per family, sub-limit of R12 000 in and out of hospital consultations	R31 700 per family. R12 400 sub-limit for consultations in and out of hospital.	R24 800 per family, sub-limit of R12 150 in and out of hospital consultations	R24 800 per family. In hospital only
SPECIALISED RADIOLOGY (SUBJECT TO PRE-AUTHORISATION BY HBM)	R24 000 per family (out of hospital only)	R22 200 in and out of hospital Included in the hospital benefit	R17 000 per family (out of hospital only)	No benefit
AMBULANCE - EMERGENCY	ER24	ER24	ER24	ER24
ENDOSCOPES IN DOCTORS ROOMS*	Unlimited	Unlimited, subject to pre-authorization	Unlimited	No benefit
PROSTHESES INTERNAL	R42 300 per family	R42 000 per family, subject to pre-authorization	PMBs only	PMBs only
PROSTHESES EXTERNAL	R42 300 per family	Included in the internal prosthesis	PMBs only	PMBs only
COCHLEAR IMPLANTS	R158 000 per family	R158 000 per family	No benefit	No benefit
INTERNAL NERVE STIMULATORS	R127 000 per family	No benefit	No benefit	No benefit
HIV TEST AND FLU VACCINE	1 each per beneficiary, per annum	1 each per beneficiary, per annum	1 each per beneficiary, per annum	1 each per beneficiary, per annum
INFANT PAEDIATRIC BENEFIT	3 consultations before the age of 1 year. 2 consultations between the ages of 1 and 2 years	No benefit	2 consultations before the age of 1 year. 1 consultation between the ages of 1 and 2 years	No benefit
CHILDHOOD ILLNESS BENEFIT	No benefit	1 GP consultation between the ages of 2 and 12 years	1 GP consultation between the ages of 2 and 12 years	1 GP consultation between the ages of 2 and 12 years
WOMEN'S HEALTH	<ul style="list-style-type: none"> 1 mammogram every 3 years for females aged 50 to 74 years 1 pap smear every 3 years for females age 21 to 65 years 	No benefit	No benefit	No benefit

AT A GLANCE

NEW GENERATION					
PREVENTATIVE CARE BENEFIT	BONCOMPREHENSIVE	BONCLASSIC	BONSAVE	BONSESSENTIAL	
CARDIAC HEALTH	<ul style="list-style-type: none"> • 1 full lipogram per beneficiary 	No benefit	No benefit	No benefit	
ELDERLY HEALTH	<ul style="list-style-type: none"> • 1 Pneumococcal vaccination above age 65 years • 1 Faecal occult blood test p.b.p.a between the ages of 50 and 75 years • 1 Bone Densitometry Screening test for females above the age of 65 years • 1 TSH test for infants below 1 month of age • Immunisation for children up to age 12, as specified in the Extended Programme on Immunisation (EPI) 	No benefit	No benefit	No benefit	
CHILDREN'S HEALTH		No benefit	No benefit	No benefit	
GENERAL APPLIANCES					
APPLIANCES	R6 800 per family	R6 300 per family	R5 600 per family	No benefit, except PMBs	
WHEELCHAIRS AND LARGE ORTHOPAEDIC APPLIANCES	Included in General Appliance limit	Included in General Appliance limit	Included in General Appliance benefit	No benefit, except PMBs	
STOMA PRODUCTS AND CPAP* SUBJECT TO PRE-AUTHORISATION	May exceed General Appliance limit by R4 750	Included in the General Appliance limit	May exceed General Appliance by R5 000	No benefit	
HEARING AIDS	R21 000 Biennial per family	R13 800 per family per annum over a 3 year cycle (cycle commenced (1 Jan 2013 - 31 Dec 2015))	No benefit	No benefit	
OXYGEN: HOME VENTILATION	Unlimited subject to pre-authorisation by Hospital Benefit Management	Included in the General Appliance limit	Unlimited subject to pre-authorisation by Hospital Benefit Management	No benefit, except PMBs	

CONTRIBUTIONS	BONCOMPREHENSIVE	BONCLASSIC	BONSAVE	BONSESSENTIAL
MEMBER	R3 607	R2 513	R1 558	R1 085
MEMBER + A	R7 009	R4 671	R2 765	R1 915
MEMBER + A + C	R7 743	R5 291	R3 233	R2 233
MEMBER + A + 2C	R8 477	R5 911	R3 701	R2 551
MEMBER + A + 3C	R9 211	R6 531	R4 169	R2 869

TRADITIONAL OPTIONS

MAJOR MEDICAL BENEFITS	STANDARD	PRIMARY
OVERALL ANNUAL LIMIT	Unlimited	Unlimited
REIMBURSEMENT RATE	100% Bonitas Rate	100% Bonitas Rate
PROVIDER	Any hospital	Any hospital
GPs AND SPECIALISTS, PATHOLOGY AND RADIOLOGY, PARAMEDICAL SERVICES	Unlimited	Unlimited
ONCOLOGY - CHEMO AND RADIATION	R264 500 per family	R127 000 per family
ORGAN TRANSPLANTS, RENAL DIALYSIS	Unlimited	PMBs, covered as per state protocol
MEDICATION TO TAKE OUT	R360 per beneficiary per admission	R290 per beneficiary per admission
CHRONIC		
STANDARD		
	<ul style="list-style-type: none"> • 42 Chronic Conditions R7 400 p.b. or R14 800 p.f. Comprehensive Formulary in benefit limit • Restrictive formulary when benefits are exceeded for PMBs only at DSP • 40% co-payment applies at a non-DSP 	<ul style="list-style-type: none"> • 26 PMBs • Restrictive Formulary at DSP, 40% co-payment apply at non-DSP

OUT OF HOSPITAL BENEFITS	STANDARD	PRIMARY	OUT-OF-NETWORK: SUB-LIMIT INCLUDED IN NETWORK
GP CONSULTATION	IN-NETWORK	IN-NETWORK	OUT-OF-NETWORK: SUB-LIMIT INCLUDED IN NETWORK
MEMBER	R3 200	R1 500	R500
MEMBER +1	R4 700	R2 850	R950
MEMBER +A+C	R5 200	R3 300	R1 100
MEMBER +A+2C	R5 500	R3 600	R1 200
MEMBER +A+3C	R5 900	R4 000	R1 350

AT A GLANCE

OUT OF HOSPITAL BENEFITS	STANDARD	PRIMARY
DAY-TO -DAY LIMIT	DAY-TO -DAY LIMIT	DAY-TO -DAY LIMIT
MEMBER	R3 600	R1 600
MEMBER + A	R5 500	R2 900
MEMBER +A+C	R5 900	R3 400
MEMBER +A+2C	R6 400	R3 700
MEMBER +A+3C	R6 950	R4 000
ACUTE MEDICATION AND PAT	Pharmacy Advised Therapy sub-limit of R620 p.b. and R1 900 p.f. All are subject to day-to-day benefit	PAT sub-limit of R380 p.b. and R1 100 per family. All are subject to day-to-day benefit
SPECIALISTS CONSULTATIONS, RADIOLOGY, PATHOLOGY, PARAMEDICAL SERVICES, ACUTE MEDICATION	Subject to day-to-day benefit	Subject to day-to-day benefit
OPTOMETRY: 2 YEAR BENEFIT FROM ANNIVERSARY OF CLAIMING PB.		
OPTOMETRIC EXAMINATION	100% of cost at a network provider, or R295 at a non-network provider.	100% of cost at network provider, or R295 at a non-network provider
FRAMES AND PRESCRIPTION LENSES/ADD-ONS	R800 per beneficiary	R300 per beneficiary at a network provider
CLEAR SINGLE VISION	R150 per lens or	R150 per lens or
CLEAR AQUITY FLAT-TOP BIFOCAL	R325 per lens or	R325 per lens or
CLEAR AQUITY MULTIFOCAL (UP TO BIFOCAL LIMIT)	R600 per lens or	R600 per lens or
CONTACT LENSES	R1 550 per beneficiary	R750 per beneficiary
DENTISTRY		
CONSERVATIVE DENTISTRY	Benefits are subject to DENIS clinical protocols. Covered at the BDT* (Bonitas Dental Tariff)	Benefits are subject to DENIS clinical protocols Covered at the BDT* (Bonitas Dental Tariff)
SPECIALISED DENTISTRY	Benefits are subject to DENIS clinical protocols. Covered at the BDT* (Bonitas Dental Tariff)	No benefit

SUPPLEMENTARY BENEFITS	STANDARD	PRIMARY
MATERNITY CARE	12 ante-natal consultations, 2 x 2D scans, 4 post-natal consultations with a midwife. Ante-natal classes R950	6 ante-natal consultations, 2 x 2D scans, 4 post-natal consultations with a midwife
HIV	R24 900 per beneficiary subject to Aid for AIDS registration	R19 000 per beneficiary subject to Aid for AIDS registration
MENTAL HEALTH	R31 200 per family, sub-limit of R12 200 in and out of hospital consultations	R12 200 per family, sub-limit of R7 400 in and out of hospital consultations
SPECIALISED RADIOLOGY	R20 100 per family, subject to pre-authorisation. Out of hospital limit	R9 500 per family (joint limit in and out of hospital), subject to pre-authorisation
AMBULANCE – EMERGENCY	ER24	ER24
ENDOSCOPES IN DOCTORS ROOMS*	Unlimited	Unlimited
PROSTHESES INTERNAL AND EXTERNAL	R33 900 per family	PMBs only
COCHLEAR IMPLANTS	R158 000 per family	No benefit
INTERNAL NERVE STIMULATORS	R127 000 per family	No benefit
HIV TEST AND FLU VACCINE	1 each per beneficiary, per annum	1 each per beneficiary, per annum
INFANT PAEDIATRIC BENEFIT	2 consultations before the age of 1 year. 1 consultations between the ages of 1 and 2 years per beneficiary, per annum	1 consultation before the age of 1 year. 1 consultation between the ages of 1 and 2 years per beneficiary, per annum
CHILDHOOD ILLNESS BENEFIT	2 GP consultations between the ages of 2 and 12 years	1 GP consultation between the ages of 2 and 12 years
APPLIANCES		
GENERAL APPLIANCES	R 6 200 per family	R5 550 per family
WHEELCHAIRS AND LARGE ORTHOPAEDIC APPLIANCES	Included in General Appliances limit	Included in General Appliances limit
STOMA PRODUCTS AND CPAP*	May exceed General Appliances limit by R5 000	May exceed General Appliances limit by R5 000
HEARING AIDS	R13 000 Biennial per family	R7 400 Biennial per family
OXYGEN: HOME VENTILATION	Unlimited subject to pre-authorisation by HBM	Unlimited subject to pre-authorisation by HBM

CONTRIBUTIONS		
MEMBER	R2 186	R1 412
MEMBER + A	R4 077	R2 517
MEMBER + C	R2 825	R1 862
MEMBER +A + C	R4 716	R2 967
MEMBER + A + 2C	R5 355	R3 417
MEMBER + A + 3C	R5 994	R3 867

AT A GLANCE

BONCAP	
MAJOR MEDICAL BENEFITS	BONCAP
OVERALL ANNUAL LIMIT	Unlimited
REIMBURSEMENT RATE	100% BonCap Rate
PROVIDER	BonCap Network
GPs AND SPECIALISTS	Unlimited
PATHOLOGY	Limited to R19 500, except for PMBs
GENERAL RADIOLOGY	Unlimited
SURGICAL PROCEDURES	Limited to R13 500 per family, per annum
BLOOD TRANSFUSION	Limited to R14 200 per family, per annum
PHYSIOTHERAPY AND OCCUPATIONAL THERAPY ONCOLOGY - CHEMO AND RADIOLOGY ORGAN TRANSPLANTS CHRONIC RENAL DIALYSIS MAXILLO-FACIAL SURGERY	PMBs only
MEDICATION TO TAKE OUT (TTO)	R290 per beneficiary, per admission
ALTERNATIVES TO HOSPITALISATION	Limited to R11 000 per family per annum, pre-authorisation required
PHYSICAL REHABILITATION	PMBs only
CHRONIC BENEFITS	
CHRONIC	26 PMBs Pharmacy Direct is the DSP for the distribution of chronic medication
OUT OF HOSPITAL BENEFITS	
GP CONSULTATIONS	12 consultations per beneficiary per annum subject to the BonCap GP network. Authorisation is required after the 12th visit. PMB only after the 12th visit, subject to managed care protocols
OUT-OF-NETWORK CONSULTATIONS	1 visit per beneficiary or 2 visits per family to a maximum of R800 and 20% co-payment (except emergencies). No benefit for facility fees
ACUTE MEDICATION	Subject to the BonCap Acute Medicine Formulary
OVER-THE-COUNTER MEDICATION	Limited to R205 per beneficiary, per annum, maximum of R70 per event
SPECIALIST CONSULTATIONS	3 visits per beneficiary limited to R2 400 or 5 visits per family limited to R3 550. Subject to referral from a network GP and pre-authorisation
OCCUPATIONAL THERAPY AND PHYSIOTHERAPY	PMBs only, on referral from a network GP
GENERAL RADIOLOGY	List of approved investigations On referral from a network GP

AT A GLANCE

BONCAP	
OUT OF HOSPITAL BENEFITS	
PATHOLOGY	List of approved investigations on referral from a network GP
BASIC DENTISTRY	Subject to DENIS managed care protocols and approved codes. Covered at Bonitas dental rate
SPECIALISED DENTISTRY	No benefit
OPTOMETRY	2 year benefit. Benefit commenced 1 Jan 2013
SUPPLEMENTARY BENEFITS	
MATERNITY CARE	Subject to BonCap GP network Neonatal care limited to R35 000 per family
IMMUNE DEFICIENCY RELATED TO HIV INFECTION	Subject to managed care protocols and registration on the BonCap HIV/AIDS programme
MENTAL HEALTH BENEFITS	PMBs only
SPECIALISED RADIOLOGY (JOINT LIMIT IN AND OUT OF HOSPITAL)	R8 900 per family and subject to pre-authorisation
EMERGENCY MEDICAL TRANSPORTATION	Subject to ER24 authorisation
PROSTHESES INTERNAL (IN HOSPITAL)	PMBs only
PROSTHESES EXTERNAL	No benefit
HIV TEST AND FLU VACCINE	1 each per beneficiary, per annum
APPLIANCES	
GENERAL APPLIANCES	R4 200 per family
WHEELCHAIRS, STOMA PRODUCTS, CPAP*, HEARING AIDS, ETC.	Joint limit with General Appliances
OXYGEN THERAPY AND HOME VENTILATION	Subject to pre-authorisation by Hospital Benefit Management



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WEB	WWW.BONITASMEDICALFUND.CO.ZA
POSTAL ADDRESS	BONITAS MEDICAL FUND, PO BOX 1101 FLORIDA GLEN, 1708
PHYSICAL ADDRESS	37 CONRAD DRIVE, FLORIDA NORTH, 1709
FRAUD HOTLINE	0800 112 811

- BLOEMFONTEIN:** Shop C7, 1st Floor, Middestad Centre, C/O Charles and West Burger Street, Bloemfontein
- CAPE TOWN:** Medscheme, Atterbury House, 15th Floor, 9 Riebeeck Street, Cape Town
- DURBAN:** 3rd Floor, 67 Old Fort Road, Durban
- LEPHALALE:** Onverwacht Business, Mienie Building, Block C, Walter Sisulu Avenue, Lephalale
- KATHU:** 6 Rietbok Street, Kathu, Northern Cape
- NORTHAM:** 180 Botha Steet, Northam
- PORT ELIZABETH:** Block 6, Greenacres Office Park, 2nd Avenue, Newton Park, Port Elizabeth
- POLOKWANE:** Ground Floor, Bonitas House, 22 Hans van Rensburg Street, Polokwane
- PRETORIA:** Ground Floor, Benstra Building, 473B Church Street, Arcadia, Pretoria
- ROODEPOORT:** 37 Conrad Road, Florida North, Roodepoort
- RUSTENBURG:** 141 Fatima Bhayat Street, Rustenburg
- SECUNDA:** Grand Palace, Unit 82, 2302 Heinis Street, Secunda
- VEREENIGING:** 36 Merriman Avenue, Ground floor, Vereeniging
- JOHANNESBURG:** Mathomo Mall, 115 Main Street, Marshalltown, Johannesburg
- EAST LONDON:** BSB Building, 7 Settlers Way, Gately Township, East London
- PRETORIA:** Exxaro Corporate Centre, C/O Roger Dayson and Voortrekker Road, Pretoria West

HOSPITAL AND SPECIALISED RADIOLOGY AUTHORISATIONS:
 08h00-17h00 Mon-Fri
 Fax: 0860 21 22 23 (authorisations only)
 E-mail: authorisations.cpt@medscheme.co.za
 0860 002 108

ONCOLOGY MANAGEMENT:
 08h00-17h00 Mon-Fri
 Fax: 021 466 2303
 E-mail: cancerinfo@medscheme.co.za
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 0860 100 572

DENTISTRY:
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 0860 027 800

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