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SUPPORTING YOUR LIFE

Bonitas Medical Fund I 0860 002 108 I www.bonitas.co.za

BonCap Product Brochure 2016

Bonitas

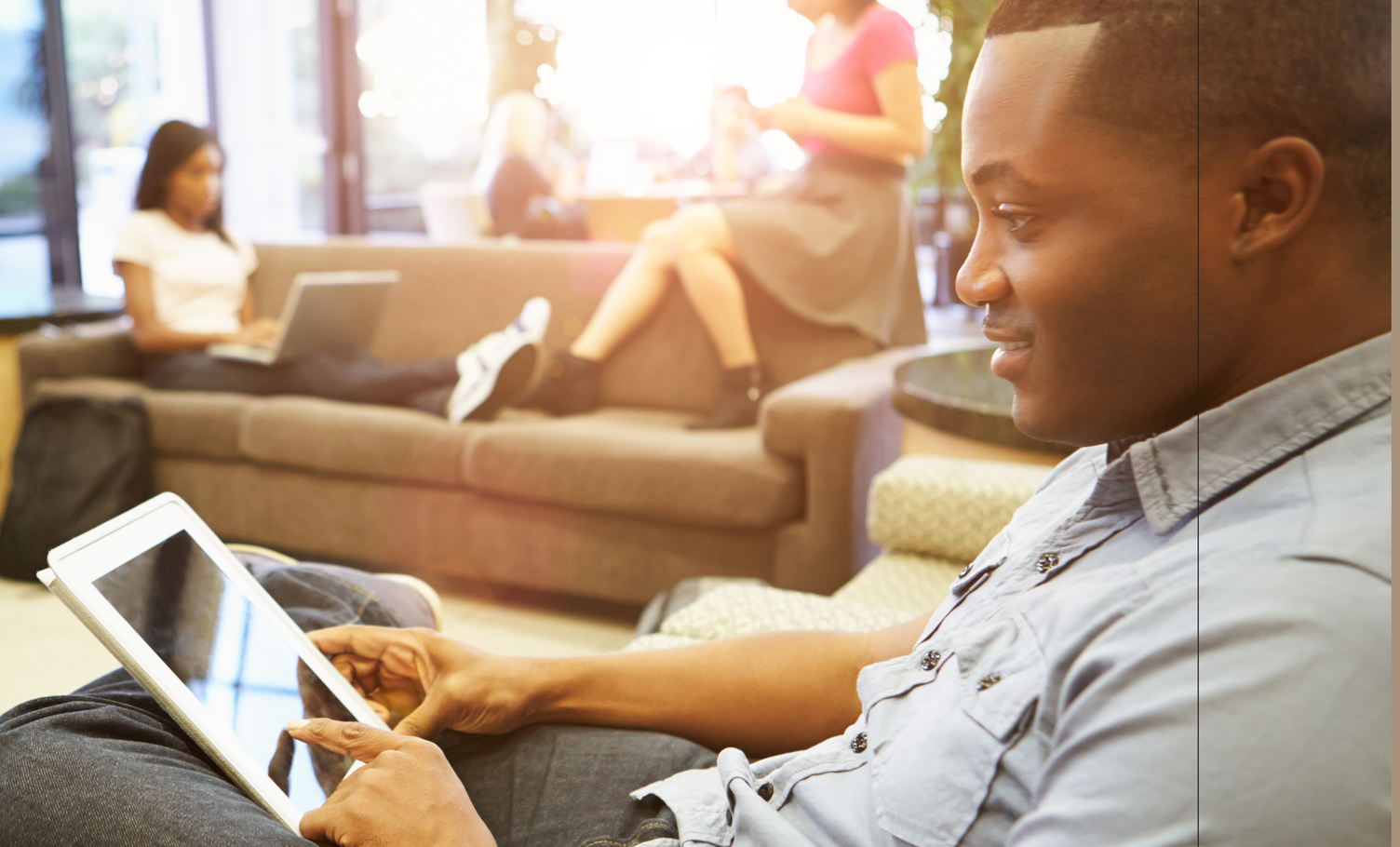
SUPPORTING YOUR LIFE

You can’t put a price on experience…

With a proudly South African heritage spanning over 33 years, Bonitas has an intimate understanding of how the healthcare industry works. Our aim is to make quality healthcare accessible to all South Africans and add value to their lives.

Affordable and generous, our benefits are designed to give our members more value for money. We have a wide range of products that are simple to understand so you know exactly what you’re covered for. They’re also easy to use, ensuring you get the support you need when you need it.

Our members know that when things get tough, we’re there to support them and take care of the little details so that they can receive the best of care and focus on getting better.



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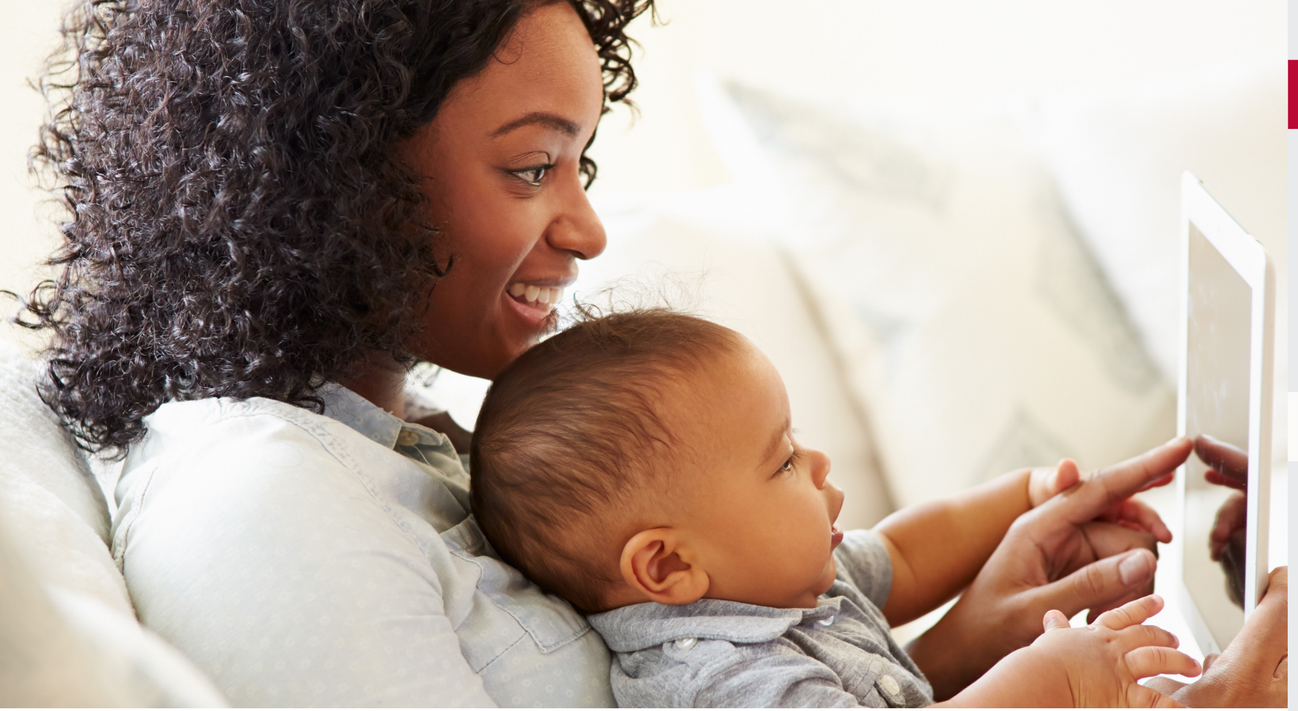


Introduction to Bonitas

A customer-centric approach

At Bonitas, we are committed to making quality healthcare accessible to all South Africans.

It is this focus that drives our development of affordable, generous and easy-to-understand benefits that offer excellent value for money.

We strive to give members the best advice when it comes to choosing the right product to suit their specific needs and pride ourselves on superior member support to ensure that every Bonitas experience is a great one.

Bonitas brings you more

More experience:

33 years of experience in the healthcare industry = an intimate understanding of the needs of South Africans.

More support for customers – your every claim & query is met with superior support & advice.

More payouts than any other open medical scheme.

93%

More Added Value

Free flu vaccines & HIV tests on all options.

The only medical scheme to pay for dental benefits from risk.

The largest GP network in S.A.

More & more members trust us to look after their healthcare needs.

That's why we're the second largest open medical scheme in the country.

What **more** reason do you need?

Visit our website at www.bonitas.co.za to learn more about our products.

Why choose Bonitas

Why choose Bonitas?

Consider these factors when choosing the right medical aid plan to suit your specific needs.

Assessment of your healthcare needs:

How often do you and your family visit the doctor?

- Do you and your family often require medication?
- Do you or your dependants need to visit a specialist?
- Do you or anyone in your family need extra cover for cancer, HIVAIDS or any other chronic condition?

Broker assistance:

- A financial advisor or broker can advise on which plan best suits your needs and your budget.

Cover requirement history:

If you haven't claimed at all or have had few medical expenses and are unlikely to claim unless a major medical emergency, you will probably require a low level of coverage. If you have had a large amount of medical expenses, it is likely that you require a higher level of cover.

Decision to use network

- Some plans require that you use a specific GP and hospital network or a selection of preferred providers in order to claim your expenses. This helps to keep your costs as low as possible but sticking to the network can be difficult. If you would prefer to have freedom to use any provider, you may need to opt for a more expensive plan
- Dependants

Adult Dependant:

Any dependant on your medical aid who is 21 years of age or older.

Child Dependant:

Any dependant on your medical aid who is under the age of 21 years. If your child is a student and is registered on your medical aid, child rates will apply up to and including the last day of the month, in which they turn 24 years of age. You will need to send us valid proof of registration from a recognised tertiary institution for this to apply.

Special dependant:

These include other members of your family that are currently financially dependent on you for care and support, such as grandchildren, parents-in-law and siblings. Your application might be subject to underwriting.

Underwriting:

Your membership may be subject to underwriting which include late joiner penalties, condition specific or general waiting periods. Underwriting affects your benefit date.

Pro-Ration:

If you join Bonitas during the year, benefits will automatically be pro-rated. This means that you will only have access to a percentage of your benefits based on the month you join us until the next benefit year begins. For example, if you join in June, you will have access to six months' worth of benefits, which is 50% of the total benefits.

Bonitas rates vs. Private rates

All claims will be paid at the Bonitas Rate. This will vary between 100% and 300%, depending on the option chosen. Some service providers might charge you private rates for services. This means you will have to pay the difference yourself. Please check which rate your provider is charging before you receive treatment.

For more information, contact us on 0860 002 108.

BonCap

BonCap is a product that offers access to network providers and hospitals. Designed to help us achieve our aim of making private healthcare more affordable for all South Africans, BonCap offers basic day-to-day benefits and hospital cover.

MONTHLY CONTRIBUTIONS

You earn	Main member	Adult dependant	Child dependant
R500 or less	R368	R349	R173
R501 to R6 550	R753	R714	R355
R6 551 to R10 650	R916	R866	R420
R10 651 to R14 550	R1 493	R1 330	R566
R14 551 or more	R1 834	R1 633	R695

Overall annual limit (OAL) – Unlimited. Subject to GP and Hospital networks.

IN-HOSPITAL BENEFITS

All these benefits are covered at 100% Bonitas rates.

Hospitalisation is covered at 100% of the Bonitas Rate at all hospitals on the BonCap Network. You must pre-authorise your stay (except for emergencies). A R5 650 co-payment must be paid if you use a non-network hospital (except for emergencies) or you do not get pre-authorisation.

There is no limit to your hospital cover and medical admissions will be covered; childbirth (other than Caesarian sections done for non-medical reasons) and surgical admissions except for the procedures listed as not covered.

We cover PMB surgical admissions which include procedures such as appendix removal, gallstone surgery, kidney stone treatment, heart surgery, trauma surgery, repair of broken bones, cancer surgery, as well as all medical emergencies. The pre-authorisation department will be able to assist you in determining whether or not a procedure qualifies for cover as a PMB.

Surgeries that are not covered include back and neck surgery, joint replacements and repairs, colonoscopies and gastroscopies, hernia repair, Bunion surgery, laparoscopic surgery, nasal/sinus surgery and varicose vein surgery. Some procedures that will also not be covered are spine facet block injections, percutaneous rhizotomies, robotic surgery, dental surgery, transcatheter aortic valve implantation, implantable cardiac defibrillators and surgery for cosmetic reasons.

GP consultations	Unlimited, at 100% of the Bonitas Rate for Network GPs
Specialist consultations	Unlimited, at 100% of the Bonitas Rate
Pathology	R21 800 per family, per year (except PMBs)
General radiology	100% Bonitas rate, subject to DSP
Specialised radiology	R9 940 per family, per year, pre-authorisation required
Paramedical services (Allied medical professions) - speech therapy, occupational therapy	R3 700 per family, per year (joint limit with Physiotherapy)
Prosthesis internal and external	PMB only
Mental health hospitalisation	PMB only
Neo-Natal Care	Neo-natal care limited to R38 900 per family, per year
Take home medication (TTO)	R325 per admission, per beneficiary
Physical rehabilitation	R42 500 per family, per year
Alternatives to hospitalisation	R12 250 per family, per year, subject to pre-authorisation
Oncology	PMB only
Organ transplants	PMB only
Renal dialysis	Unlimited, subject to DSP and MHC Programme
HIV/Aids	PMB only

OUT-OF-HOSPITAL BENEFITS

These benefits cover your day-to-day medical expenses at 100% Bonitas rates.

Network GP Consultations	Unlimited consultations at up to two network providers per beneficiary (pre-authorisation required from 8th visit per beneficiary, per year)
Out of Network Consultations	1 visit per beneficiary or 2 visits per family with a R900 limit and a 20% co-payment
Specialist consultations	Limited to 3 visits or R2 680 per beneficiary and 5 visits or R3 950 per family, per year, subject to referral from a network GP (this benefit includes prescribed acute medication, pathology and radiology and subject to relevant formularies)

GP referred acute medication, general radiolody, pathology	
Main member only	R1 580
Main member + 1 dependant	R2 630
Main member + 2 dependants	R3 150
Main member + 3 dependants	R3 450
Main member + 4 or more dependants	R3 800
Pharmacy advice therapy (PAT)	R225 per beneficiary per year. Maximum R80 per event.
Paramedical services	PMB only (subject to authorisation)
Specialised radiology	Included in Specialist consultations limit, pre-authorisation required
General medical appliances (including stoma products & wheelchairs)	R4 680 per family, per year subject to pre-authorisation
Maternity care	Subject to treatment protocols
Optometry	Subject to Managed Care Protocols and use of Designated Service Provider (Iso-Leso)
Dentistry	Subject to Managed Care Protocols and use of Designated Service Provider (DENIS)
Basic Dentistry	Covered at the Bonitas Dental Tariff
Consultations	1 consultation per beneficiary, per year
Specific consultation (emergency)	1 specific (emergency) consultation for pain and sepsis per beneficiary, per year
X-rays: Intra-oral	4 x-rays per beneficiary, per year
X-rays: Extra-oral	1 per beneficiary, in a lifetime Extra-oral x-ray to be submitted to DENIS for review
Polishing of teeth Scaling and polishing of teeth	1 polish OR 1 scaling and polishing per beneficiary, per year
Fluoride treatment	1 treatment per year for beneficiaries under 16 years of age
Fissure sealant	1 per tooth in a 3 year period for beneficiaries younger than 16 years of age
Infection control Instrument sterilisation Local anaesthetic	1 set per beneficiary per visit
Inhalation Sedation (Laughing gas in dental rooms)	Inhalation sedation limited to extensive dental treatment only
Emergency root canal therapy	Benefit for emergency treatment only. Subject to DENIS treatment protocols
Pulp treatments	Benefit for amputation of pulp of primary teeth
Extractions (removal of teeth)	Subject to DENIS treatment protocols Treatment of septic sockets
Dental fillings	Benefit for 4 fillings per beneficiary per year Benefit for fillings are granted once per tooth in 365 day Benefit for re-treatment of a tooth is subject to managed care protocols
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
Denture Rebase	Rebase of Denture once per family per year for beneficiaries 21 years and older. 20% co-payment applies
Denture repairs	Repairs to existing dentures twice per family per year for beneficiaries 21 years and older. 20% co-payment applies.
Maxillo-facial Surgery in dental chair	
	Surgery in the dental chair – DENIS Designated Service Provider; access to a maxillo-facial specialist by DENIS pre-authorisation ONLY Surgical removal of impacted teeth Cover for PMB treatment NOTE: no benefit for Osseo-integrated implants and Orthognathic surgery
IV Conscious Sedation in the rooms	Pre-authorisation from DENIS is required

	Benefit is limited to extensive dental treatment
Hospitalisation (General anaesthetic)	No benefits for in hospital (general anaesthetic) dentistry, except for PMBs Subject to pre-authorisation
Scheme exclusions	Subject to pre-authorisation Please refer to the last section herein for exclusions and to **www.bonitas.co.za** for scheme rules & exclusions

CHRONIC BENEFITS

The BonCap option ensures that you and your dependants are covered for the following 27 Prescribed Minimum Benefits.

1. Addison's disease	10. Crohn's disease	19. Hyperlipidaemia
2. Asthma	11. Diabetes insipidus	20. Hypertension
3. Bipolar disorder	12. Diabetes Type 1	21. Hypothyroidism
4. Bronchiectasis	13. Diabetes Type 2	22. Multiple sclerosis
5. Cardiac failure	14. Dysrhythmias	23. Parkinson's disease
6. Cardiomyopathy	15. Epilepsy	24. Rheumatoid arthritis
7. Chronic obstructive pulmonary disease	16. Glaucoma	25. Schizophrenia
8. Chronic renal disease	17. Haemophilia	26. Systemic lupus erythematosus
9. Coronary artery disease	18. HIV / Aids	27. Ulcerative colitis

SUPPLEMENTARY BENEFITS

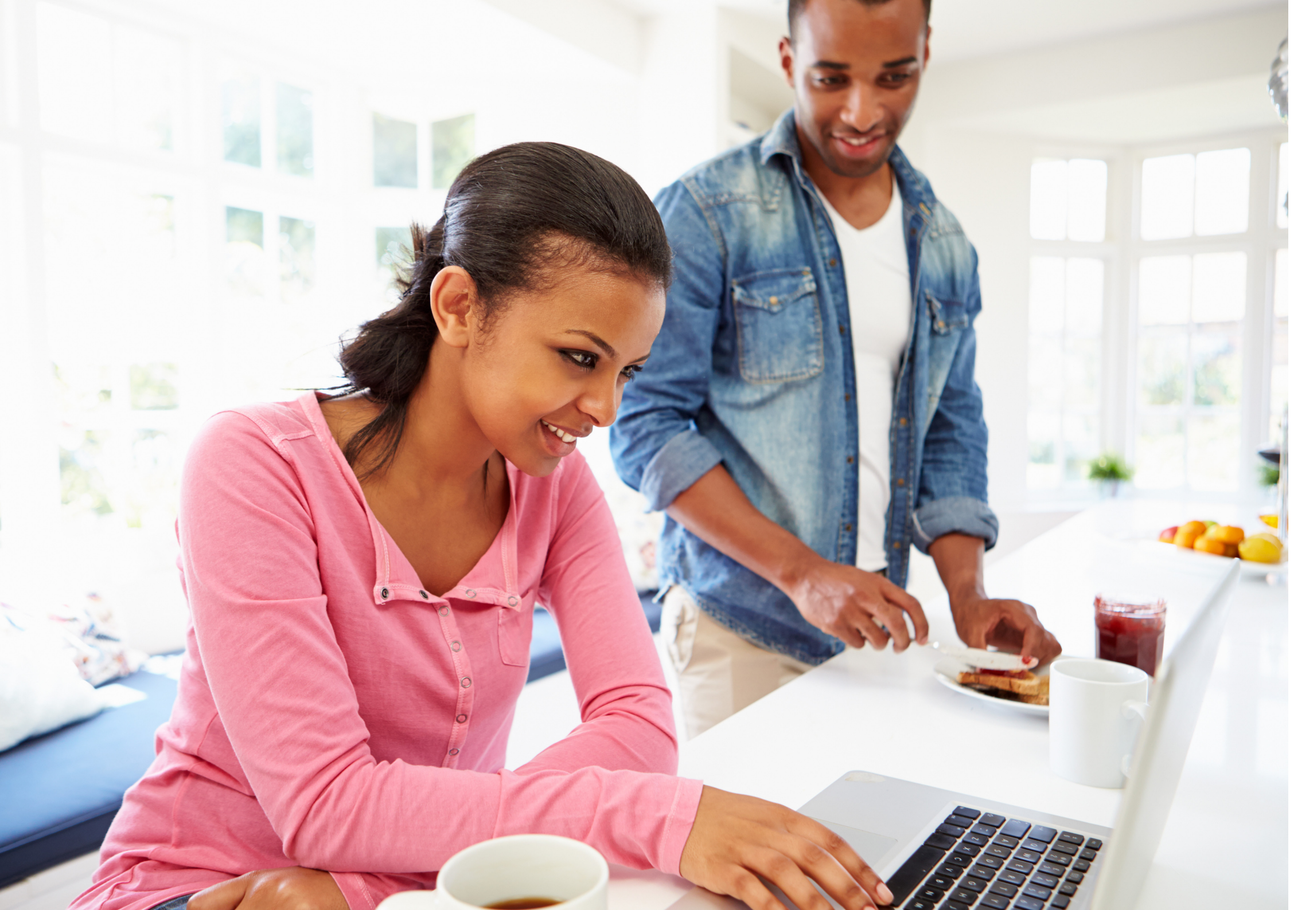
Our supplementary benefits are paid from risk so they won't impact your day-to-day or hospital benefits. They are designed to give you more value for money.

Preventative care	Subject to DSPs
General health	1 x annual HIV test per beneficiary, per year 1 x annual Flu vaccine per beneficiary, per year
Elderly health	1 x annual Faecal Occult blood test - members between ages 50 & 75 years
Wellness screening benefit	1 x assessment per beneficiary, subject to DSPs
	Limited to :
	Blood pressure test
	Glucose test
	Cholesterol test
	Body mass index
	Waist to hip ratio assessment

Notes

Notes

BonCap



Benefits & Process Guides

All about our processes and partners

- The YourHealth Portal
- Maternity
- Prescribed Minimum Benefits
- Managed Care
- Medicine management
  - Pharmacy Advised Therapy (PAT)
  - Chronic Medicine
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- Dental benefits
- Optical benefits
- HIV/Aids Management
- Emergency medical services
- Exclusion List

The YourHealth Portal

The YourHealth Portal is an exciting online educational web and mobile health portal that gives you as a beneficiary access to an abundance of resources in order to help you make better health choices and to be well informed. The portal includes e-tutorials and educational articles, tools and quizzes, and so much more, all housed in an easy to use online space.

Easily accessible through the secure member zone, you will have access to the following:

- E-tutorials - covering topics such as asthma, backache, healthy eating, depression, diabetes, hypertension, smoking cessation, stress, weight loss and work place health. Weekly step-by-step emails with practical advice, motivating case studies and a short questionnaire to help you to assess your understanding
- Wellness programs including fitness and nutrition programs - personalised interactive diet and fitness programs with week-by-week dietary and exercise guidelines, based on a profile-setting questionnaire. Your performance is tracked and displayed
- Pregnancy program - regular electronic communication to assist moms and dads during this "journey through life"
- A to Z database of diseases and conditions
- Condition Centres (provide disease related information and articles on a number of important chronic conditions)
- Databases of symptoms, medication, first aid and wellness
- Self-assessment tools

What do I need to register?

- Membership number
- ID number
- Email address
- A username and Password

How to register on Member Zone to access the YourHealth Portal

- Visit the Bonitas website at www.bonitas.co.za
- Go to the top right hand corner of the page and click on "Login/Registration"
- This will take you to the "Account Login Page" where you can either sign in or create a new account

If you are already registered to log into the secure area where you can view personal information:

- Fill in your username and password and click on "Sign in" to access your account
- Click on "YourHealth Portal"

If you are not registered to log into the secure area where you can view personal information:

- Click on "Register"
- Click on "Members"
- Fill in your membership number and click "Validate Code"
- Confirm or choose from the list of members/dependants to indicate your status and name and click "Select"
- Enter your chosen Username and validate with your email address
- Create a password and confirm your password
- Read through the terms and conditions and then click "Create Account" to complete the process
- Click on "YourHealth Portal"

Maternity

At Bonitas we strive to create the best experience for you and your loved ones during your pregnancy by providing you and your unborn child with the necessary health information and support.

The Scheme will supply every pregnant member with a mother and baby gift pack when registered on the maternity program.

How do I register?

Register by either logging on to the Bonitas website or contacting the call centre.

- Go to **www.bonitas.co.za** in order to login onto the member zone.
- Call 0860 002 108 between 8:30am and 4:00pm Monday to Friday to register for your mother and baby gift pack. This number is not available on public holidays or weekends

What information do I need when I apply for the mother and baby gift pack?

- Membership number
- Name and surname
- Contact details
- Delivery address
- Alternative delivery address
- Date of expected delivery

Please note: In order to ensure that you receive your mother and baby gift pack, the courier company will be in contact with you to arrange a suitable date and time for delivery.

Prescribed Minimum Benefits (PMB)

By law, all medical aids are required to fund the diagnosis, treatment and care of any emergency medical condition and a list of 270 groups of conditions known as Diagnosis and Treatment Pairs, which includes 27 common chronic conditions known as Prescribed Minimum Benefit conditions.

Which PMB conditions are covered by Bonitas?

Emergency medical conditions

An emergency medical condition means the sudden and, at the time, unexpected onset of a health condition that requires immediate medical treatment and/or an operation. If the treatment is not provided, the emergency could result in damage to bodily functions, serious and lasting damage to organs, limbs or other body parts, or even death.

Diagnosis and Treatment Pairs (270 medical conditions)

The Regulations of the Medical Schemes Act provide a long list of conditions identified as Prescribed Minimum Benefit conditions. The list is in the form of Diagnosis and Treatment Pairs (DTPs). A DTP links a specific diagnosis to a treatment and indicates how these PMB conditions should be treated.

Please note: It is not always possible to diagnose a condition before admitting a patient for treatment. However, if doctors suspect that the patient suffers from a condition that is a PMB condition, the medical fund will need to approve treatment in order for it to be paid correctly. Schemes may request that the diagnosis be confirmed with supporting evidence within a reasonable period of time.

The 270 conditions that qualify for PMB cover are diagnosis-specific and include a range of ailments that can be divided into 15 broad categories:

- Brain and nervous systems
- Eye
- Ear, nose, mouth and throat
- Respiratory system
- Heart and blood vessels
- Gastrointestinal
- Liver, pancreas and spleen
- Musculoskeletal
- Skin and breast
- Endocrine, metabolic and nutritional
- Urinary and male genital system
- Female reproductive system
- Pregnancy and childbirth
- Haematological, infectious and miscellaneous systemic conditions
- Mental illness

Chronic conditions

The following 27 conditions must be covered:

- Addison's disease
- Asthma
- Bipolar Mood Disorder
- Bronchiectasis
- Cardiac failure
- Cardiomyopathy
- Chronic obstructive pulmonary disorder
- Chronic renal disease
- Coronary artery disease
- Crohn's disease
- Diabetes insipidus
- Diabetes mellitus type 1
- Diabetes mellitus type 2
- Dysrhythmias
- Epilepsy
- Glaucoma
- Hemophilia
- HIV/Aids
- Hyperlipidemia
- Hypertension
- Hypothyroidism
- Multiple sclerosis
- Parkinson's disease
- Rheumatoid arthritis
- Schizophrenia
- Systemic lupus erythematosus
- Ulcerative colitis

Did you know? PMB diagnoses may not legally have Scheme Specific Exclusions applied to them. For example, if you contract septicaemia after cosmetic surgery, Bonitas has to provide healthcare cover for the treatment of the septicaemia because it is a PMB condition. The cost of the cosmetic surgery would however, remain uncovered, as this is on the Exclusion List.

Do I need to apply for Prescribed Minimum Benefits?

Although the process is mostly automated and these conditions are identified through the ICD-10 (diagnosis) codes reflected on your claims, you can apply for Prescribed Minimum Benefits by calling the call centre or by logging into **www.bonitas.co.za**

How will PMB's be covered?

As per legislation, you will be provided with at least the minimum treatment needed for you PMB condition. Your Fund will pay costs in full for PMB treatment only received from our DSP's. This will be paid from your available benefit limits first, then your treatment will be covered from risk. For example, radiology services will be paid from your Radiology annual sub-limit. Once your benefit limits are reached, further services clinically appropriate for your PMB condition will continue to be paid from a risk pool.

If further treatment is needed for your condition, your treating doctor will need to submit clinical motivation for assessment and approval.

How can I avoid rejected PMB claims?

Check that your doctor (or any other medical service provider) has placed the correct ICD-10 code on your invoice. ICD-10 codes provide accurate information on your diagnosis and help the Scheme to decide what benefits you are entitled to and how these benefits should be paid.

ICD-10 codes must also be provided on medicine prescriptions and referral notes to other healthcare providers (e.g. pathologists and radiologists) who are not able to make a diagnosis, therefore they require the diagnosis information from your referring doctor in order for their claims to be paid correctly by the Scheme.

Did you know?
Medical Schemes are obliged by law to treat information about members' conditions as confidential.

What do I do if my PMB claim is rejected?

In the event of your PMB claim being rejected, you can contact the Bonitas call centre to query the rejection. Once diagnosed, please keep all your supporting documents on file as the consultant may ask for this information when advising on your claim.

Managed care

What is managed care?

The term "managed care" describes a range of techniques that aim to reduce instances of high cost treatment and hospitalisation that are caused by a medical condition, sometimes due to complications or deterioration, which could have been avoided or improved through quality

care and support. By looking at both the type of treatment you are receiving from your doctor and the cost thereof, we aim to improve the quality of care while managing your benefits more effectively. Each Managed Care program has specific criteria and protocols which are followed. The aim of these programs is to ensure that you get good quality medical care while managing your benefits carefully, thereby also minimising the clinical and financial risk to the Scheme.

In some cases, we have agreements with doctors, hospitals and healthcare professionals to provide you with a range of services at a reduced cost. With your consent, we work closely with your doctors to help your benefits stretch further and make sure that you are supported more than adequately.

Our Managed Care programs put you on the path to wellness by supporting you through your treatment. They cover everything from chronic medicine, to the long-term treatment of a condition like diabetes and emergency hospitalisation.

Which Managed Care programs do Bonitas offer?

We offer a variety of programs that coordinate care for everything from back ailments to oncology.

Chronic Medicine Management (My Care)

This program ensures that you are covered for the treatment of a list of chronic diseases and provides you with quick and easy methods to update your medicine. It also ensure you aren't paying too much for your medicine by working together with the pharmaceutical industry to regulate medicine prices, to keep track of new products and generics and negotiate dispensing fees.

Hospital Benefit Management

This program will help you to pre-authorise your hospital stay and support you through the process to make sure that you know what to expect when you're admitted and discharged. It will ensure that your benefits are managed effectively.

Oncology Benefit Management

This program offers you emotional support through social workers and clinical staff and manages your oncology benefits, on your behalf, by liaising with your treating doctor regarding your treatment plan and, where possible, matching it to your available benefits.

Bonitas has partnered with The Independent Clinical Oncology Network (ICON) of dedicated specialist oncologists who subscribe to the ICON culture of patient-centric and ethical cancer care. The network represent 80% of the private practising oncologists with a national geographic footprint. The partnership with Bonitas focuses on the enhancement of every aspect of quality of care including patient-centeredness, clinical outcomes and affordability of care.

Disease Management through Integrated Care

This program supports you through your prescribed treatment to ensure you are getting the best care and doing what you can to get better. A team of health coaches help you to identify the areas you need to improve on, offer you advice on your condition and work together with your treating doctor to give you the best support possible.

Contact details:

Chronic Medicine Management
- Call: 0865 674 725
- Email: **new@mycaresolutions.co.za**

Hospital authorisations
- Call: 0861 239 333
- Email: **boncapauthorisations@bonitas.co.za**

Oncology management
- Call: 0860 100 572
- Email: **oncology@bonitas.co.za**

Medicine Management

Pharmacy Advised Therapy (PAT)

What is PAT?

You don't always have to go to a doctor to get medicine. Your pharmacist can recommend and dispense certain medicines without a doctor's prescription.

When is it useful?

If you have a mild sore throat, cold, a mild cough or anything similar, ask your pharmacist to dispense appropriate medicine and to clearly write "PAT" on your claim.

Why do it?

The cost of this claim is deducted from your normal day-to-day benefit or savings accounts. You don't have to pay for this out of your pocket and you save on the cost of a consultation with your doctor.

Chronic medicine

BonCap offers Chronic Medicine Management and HIV/Aids Disease Management through MyCare Solutions.

You can contact the MyCare call centre on 0800 555 433 for assistance and general enquiries regarding your chronic disease or chronic medication.

How do I apply for chronic medication and disease management?

An application form can be obtained either by contacting the call centre or downloading the form at **www.bonitas.co.za**.

This form should be completed upon registration on the MyCare Health Solutions (MyCare) Chronic Medication and Disease Management Programmeme and submitted to MyCare either via:

- E-mail: **new@mycaresolutions.co.za**
- Fax: 086 575 4725

Chronic medicine is medication used on an ongoing basis to treat certain chronic health conditions.

Did you know? Common chronic conditions include heart disease, diabetes, hypertension, arthritis, asthma and osteoporosis.

How do I apply for the chronic medicine benefit?

You, your doctor or pharmacist may apply for chronic registration. You will need to have the following information on hand:

- Your membership number
- The beneficiary's date of birth
- The ICD 10 code
- The doctor's practice number
- The medicine details

Some chronic medication may require additional clinical information.

Apply via telephone

Call 0860 002 108 and follow the voice prompts. Once you select the appropriate option your call will be routed through to a consultant who will guide you through the process.

Apply online

- Go to **www.bonitas.co.za** and log in as a member.
- Go to "Clinical Information" and click on "Online Chronic Application".
- Follow the prompts on the system and once all information has been captured click on "View Summary". You can print this screen for your records.
- Click on "Submit" and a reference number will be provided for follow up on the progress of the application.

What happens after I register on the program?

- Once registered and your application has been approved, you will receive a Medicine Access Card listing the medicines to be paid from your Chronic Medicine benefit.
- If the medicine authorised differs from the medicine requested, a letter of explanation will be attached to your access card and a copy will be sent to the prescribing doctor.
- You will need a repeat script from your doctor for the medicines listed on the card.

Please note: The access card is not a prescription and cannot be used to have medicines dispensed. Your doctor determines the number of repeats and will advise you how often he needs to see you to monitor your condition. Whenever you need to have your medicine dispensed, produce a valid doctor's prescription together with the access card. The duration of authorisation varies from medicine to medicine. Some medicines may be authorised ongoing, whilst others may only be authorised for a limited period.

Types of formularies

There are two types of formularies:

- Restrictive Formulary
  - Restrictive formularies provides access to a restrictive range of medicines to treat your chronic condition.
  - You will not have a co-payment for medicines on this formulary if they are authorised and obtained from the Designated Service Provider.
- Comprehensive Formulary
  - Provides access to a wider range of medicines to treat your chronic conditions.

If you choose to use a medicine that is not on the formulary allowed by your option, you may have to pay a co-payment upfront. Your co-payment may be substantial if the cost of your medicine is higher than listed on the Medicine Pricing List. A co-payment may also apply if you are required to use a Designated Service Provider and choose not to. Both formularies include alternative products that will not require a co-payment to be made, so if you do not wish to incur any co-payments, discuss alternative therapies with your treating doctor and ensure that you obtain your medicine through a Designated Service Provider.

Disease Authorisation

When you apply for chronic medicine, you are approved for treatment of your chronic condition and not a specific medicine only. This means that when you need to change or add a new medicine for your condition, you can do this quickly and easily at your pharmacy with your new prescription without having to contact us. Each condition is allocated a basket of medicine for its treatment. The quantity of each medicine in the basket is limited to the most commonly prescribed monthly dose.

You **do** need to contact us on 0860 002 108 if:

- You have a medicine that is not in your condition's basket
- If you are diagnosed with a new condition
- You require higher quantities than those in the basket

You **do not** need to update us with your new medicine if:

- Your medicine is in the basket
- You change to another medicine in the basket
- You need a quantity or dosage of a medicine that is listed in the basket.

Please note: Pre-approved medicine in the basket will still be subject to the Medicine Pricing List and formulary co-payments.

Hospital Management

Pre-authorisation for hospital admission

All hospital stays must be pre-authorised (including emergencies). It is best to do this at least one week before you go to hospital.

In cases of emergencies, pre-authorisation should be obtained 48 hours after the emergency. No account will be paid unless pre-authorisation is obtained.

Non-authorised hospital admissions and use of a non-network hospital will incur an upfront co-payment of R5 650.

How do I apply for pre-authorisation?

You can apply for pre-authorisation in one of these ways:

- Online
  Log in to **www.bonitas.co.za** and click on the pre-authorisation button. Follow the prompts.
- Email
  Email all the relevant information to **boncapauthorisations@bonitas.co.za**
- Telephone
  Call 0861 239 333 between 8:30am and 4:00pm Monday to Friday to pre-authorise your hospital stay. This number is not available on public holidays or weekends.

What information do I need when I apply for pre-authorisation?

- Membership number
- Beneficiary name and date of birth
- Date of admission and the proposed date for the operation
- Name of the doctor and their telephone and practice numbers
- Name of the hospital with their telephone and practice numbers
- All the relevant procedure codes
- All the relevant associated medical diagnosis codes

Are there any other treatments/procedures that I need pre-authorisation for?

You will also need pre-authorisation for the following:

- Renal clinic admissions for dialysis
- Procedures in the doctor's rooms instead of hospitalisation
- Physical rehabilitation care in rehabilitation facilities
- Drug and alcohol rehabilitation care in specific facilities
- Hospice admissions
- Oxygen therapy at home
- All specialised radiology
- Specialist referrals

What happens in the case of an emergency treatment / admission to hospital over a weekend, public holiday or at night?

In this case, you must contact the pre-authorisation call centre on the first working day after the incident.

Non-authorised hospital admissions and use of a non-network hospital will incur an upfront co-payment of R5 650.

Will I receive any communication about my pre-authorisation?

You will receive a letter confirming your pre-authorisation by email or post. This letter contains a number of disclaimers printed at the end. Please make sure that you take note of and understand these disclaimers as they reflect your Scheme rules and benefits which are available to you. If you are unclear, please discuss the disclaimers with your treating doctor.

You will also need to keep note of:

- The unique pre-authorisation number
- The initial approved length of stay
- The status of all the codes

What happens if I have to stay in hospital for longer than the initial approved length of stay?

Ensure that your doctor, the hospital case manager or a family member emails **hospitalupdates@bonitas.co.za** to inform the case management department of the extended length of stay. If there is a clinical reason for the stay, your Scheme will approve the extra days. If not, you will be liable for the costs of the non-approved days and treatment.

Why are some requests for pre-authorisation declined?

Some of the pre-authorisation requests will be declined if:

- The planned procedure is not covered by your medical plan as specified in the Scheme rules.
- The planned procedure is not in line with the acceptable treatment standards for a particular medical condition.
- The appropriate clinical information has not been received.
- The membership is inactive or similar issues with membership status.

Case Management

While you are in hospital, registered nurses will call case managers to ensure that appropriate care is provided at all times and that appropriate discharge planning takes place where clinically indicated and where benefits are available. This is planned in line with Scheme rules, clinical protocols and Scheme guidelines.

When an extended length of stay or level of care is requested, the case manager will request supporting information to be able to make an informed clinical decision. If there is any doubt at all, a medical advisor will assist and motivation might be requested from your treating provider, if needed. All changes in initial approvals are communicated to the hospital and treating provider. With long-term cases, your family members may also be involved.

Networks

The BonCap GP Network

The BonCap GP Network offers members an extensive network of 3 522 General Practitioners.

How do I find a doctor on the BonCap GP Network?

Simply call us on 0861 239 333 or email boncap@bonitas.co.za and we will assist you to locate a doctor.

Alternatively you can sms the word "find" to 43899 to locate a GP, Pharmacy or Hospital on the Boncap network.

GP Referral

Your GP should be the first person to advise you about your healthcare needs. Not only does your GP understand your illness, but he/she also knows which type of specialist doctor is best to refer you to. Specialist consultations will not be covered in cases where no GP referral and pre-authorisation is obtained.

Hospital Network

This option offers members access to the best quality private hospitals on the extensive hospital network list.

Visit **www.bonitas.co.za** and use the hospital locator tool.

Dental benefits

DENIS is a fully accredited managed care organisation that manages your dental benefits. 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 Chair side & Benefit Guide, which illustrate the dental benefit management methodology and 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 Scheme 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. Dental benefits are paid at the Bonitas Dental Tariff and are depend on the plan you're on.

Hospitalisation and certain specialised dentistry procedures and treatment must be pre-authorised.

Please note:

- All conservative, out-of-hospital services on the BonCap Option are subject to a DENIS Designated Service Provider Network.
- Dental benefits are subject to managed care protocols and interventions, which may include the requirement of treatment plans and/or radiographs prior to benefit application.

Dental Wellness Programmeme

As a Bonitas member, you are automatically a member of the Dental Wellness Programmeme. You will receive various treatment-related information leaflets and oral screenings, advice and dental products will be provided at your company's wellness days. Visit **www.denis.co.za** for more information.

How do I find a DENIS Network Provider?

Visit www.denis.co.za and use the "find a dentist" tool.

How do I submit claims to DENIS?

Post the original copies of your dental claims to Private Bag X 1 Century City 7446, Cape Town or email **claims@denis.co.za**

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 tooth numbers (if applicable)
- The relevant ICD-10 codes

Which specialised dental benefits need to be pre-authorised?

- Hospitalisation
- Intravenous Conscious Sedation

How do I get pre-authorisation for these specialised dental procedures?

To pre-authorise dental procedures in hospital or under IV Conscious Sedation, please call

0860 336 346.

Please have the following information on hand:

- Hospital practice number
- Anaesthetist practice number
- Treating clinician

- Hospital admission date
- Procedure code(s) with ICD10 code(s) and where relevant the applicable tooth numbers
- Main complaint
- If applicable, medical report of special medical conditions
- X-rays are needed if a 54 practice applies for the removal of impactions

Alternatively, you can fax the details to 0866 770 336.

For more details on the pre-authorisation requirements for the above-mentioned specialised dental benefits, please visit **www.denis.co.za.**

Optical benefits

Our preferred provider for optical benefits is Iso-Leso. Their respected national network of optometric practices has a reputation for delivering high quality service and products to its patients and members of medical schemes. They offer medical aid members substantial savings on clear single vision, bifocal and multifocal quality spectacle lenses.

Its mission is to ensure the viability and stability of the optometric environment for all role players.

The Iso-Leso philosophy is to encourage participation of all registered optometrists in the provision of optometric services. As the Iso-Leso provider base is diverse and includes private practitioners, group practices and optometric franchisees, we have a fair representation of the choices that Bonitas members face in seeking optometric care.

In addition, Iso-Leso has embarked on improving the quality of professional services with the Practitioner Enhancement Programmeme. This initiative is designed to accredit optometrists who invest in their professional standards of practice.

This ultimately translates into a higher level of care for the Bonitas member.

How do I find an Iso-Leso Optical Provider?

If you have any questions regarding your nearest Iso-Leso Provider, you can contact Iso-Leso by calling 0860 103 050/060 or emailing **info@isoleso.co.za**.

Contact details:

- Call: 0860 10 30 50 / 60
- Email: **info@isoleso.co.za**

HIV/Aids Management

How do I register for HIV/Aids management?

An application form can be obtained either by contacting the MyCare call centre or downloading the form at **www.bonitas.co.za.**

This form should be completed upon registration on the MyCare Health Solutions (MyCare) HIV / AIDS Disease Management Programmeme and submitted to MyCare either via:

- E-mail: **new@mycaresolutions.co.za**
- Fax: 086 575 4725

Please note that this applications will be rejected if not completed in full and signed by both the applicant and the treating doctor.

Please note the following when completing the application form:

- The form needs to be completed for all beneficiaries requiring enrolment on the HIV/AIDS programmeme, regardless if they require treatment at present. This is to ensure that benefits are allocated correctly.
- Benefits and formularies may change from time to time, please feel free to contact MyCare Health Solutions in order to have these explained to you.

Emergency medical services

ER24 is the designated service provider for all emergency medical services for Bonitas members and their registered dependants.

This benefit includes:

- Emergency medical response by road or air to the scene of the medical emergency
- Transfer to the closest appropriate medical facility by road or air
- Inter-hospital transfers (subject to authorisation) in accordance with Scheme rules
- Medical information and assistance hotline
- Trauma counseling and referral to appropriate healthcare professionals as required
- Member/dependant validation

- Medical information and assistance hotline where trained personnel provide trauma counseling, medical advice in emergencies and HIV counseling

What do I need to do in the case of a medical emergency?

- Call 084 124
- Provide your name and the telephone number you are calling from
- Provide a brief description of the incident and the severity thereof
- Provide the address/location (road name, number and nearest crossroad)
- Do not hang up until ER24 has all the details

Please note: When you join Bonitas, you will receive specially designed ER24 car stickers. Please ensure that these are attached to your vehicle as described in the letter sent with the stickers.

If you use another service provider, a **40% co-payment will apply**. Ensure that ER24 is informed of this and that the account is submitted to claims@er24.co.za no later than 30 days after the date of service.

Exclusion list

Certain holistic procedures
- Aromatherapy
- Art therapy
- Ayurvedics
- Herbalists
- Iridology
- Reflexology
- Sleep therapy
- Therapeutic Massage Therapy

Appliances, devices and procedures not scientifically proven
- Back rests and chair seats
- Hearing aids
- Bandages and dressings (except medicated dressings)
- Cardiac assist devices – e.g. Berlin Heart
- Diagnostic kits, agents and appliances unless otherwise stated (except for diabetic accessories)
- Humidifiers, ionisers and air purifiers
- Orthopaedic shoes and boots (including diabetic boots)
- Pain relieving machines; stethoscopes and blood pressure monitors
- Oxygen hire or purchase, unless authorized
- Portable oxygen cylinders and Protable oxygen concentrators

Specific reproductive, technology and procedures
- Medical and surgical treatment for infertility
- 3D and 4D maternity scans
- Anabolic steroids and immuno stimulants unless Prescribed Minimum Benefits
- Contraceptives (including oral, parenteral, foams and IUCDs)
- Erectile dysfunction and loss of libido treatment (medical or surgical)
- Gender reassignment medical or surgical treatment

Cosmetic procedures and items
- Breast augmentation
- Breast reconstruction - unless mastectomy following cancer and pre-authorised;
- Breast reductions
- Cosmetic items such as moisturisers, sunscreen and shampoos, except for the treatment of lice, scabies and other microbial infections and coal tar products for the treatment of psoriasis
- Epilation
- Electric toothbrushes
- Cosmetic effect contact lenses
- Contact lens accessories and solutions
- Keloid surgery and revision of scars, except for functional impairment
- Optical devices which are not regarded by the relevant managed healthcare programme, as clinically essential or clinically desirable except on BonSave and BonComprehensive option
- Rhinoplasties for cosmetic purposes
- Sunglasses

Dentistry
- Appointments not kept
- Behaviour management
- Caries susceptibility and microbiological tests
- Cost of Mineral Trioxide
- Cost of prescribed toothpastes, mouthwashes (e.g. Corsodyl) and ointments
- Crown and bridge procedures for cosmetic reasons and associated laboratory costs
- Crowns or crown retainers on wisdom teeth (3rd molars)

Benefits & Process Guides

- Dental bleaching
- Dental testimony including Dento-legal fees
- Diagnostic dentures and associated laboratory costs
- Direct and indirect pulp capping procedures
- Dolder bars and associated abutments on implants including the associated laboratory costs
- Electrognathographic recordings, pantographic recordings and other such electronic analyses
- Emergency crowns that are not placed for the immediate protection in tooth injury and associated laboratory costs.
- Enamel micro abrasion
- Fillings to restore teeth damaged due to toothbrush abrasion, attrition, erosion and fluorosis
- Fissure sealants on patients 16 years and older
- Full mouth rehabilitations and associated laboratory costs
- Gold foil restorations
- High impact acrylic
- Implants on wisdom teeth (3rd molars)
- Intramuscular or subcutaneous injection
- Invisible retainer material
- Multiple hospital admissions
- Nutritional and tobacco counselling
- Oral hygiene evaluation and/or instructions
- Orthodontic re-treatment and any related Laboratory costs
- Orthognathic (jaw correction) and other orthodontic related surgery and any related Hospital cost including associated Laboratory costs
- Ozone therapy
- Perio chip placement
- Pontics on 2nd molars
- Porcelain veneers and inlays and associated laboratory costs
- Procedures that are defined as unusual circumstances and procedures that are defined as unlisted procedures
- Professionally applied fluoride for beneficiaries 16 years and older
- Provisional crowns and associated laboratory costs
- Provisional dentures and associated laboratory costs
- Pulp tests
- Resin bonding for restorations that are charged as a separate procedure to the restoration
- Root canal therapy on primary (milk) teeth and on wisdom teeth (3rd molars)
- Snoring appliances and associated laboratory costs
- Special reports
- Surgical periodontics which includes gingivectomies, periodontal flap surgery tissue grafting and the hemisection of a tooth
- The cost of dental materials for procedures performed under general anaesthesia
- The cost of gold, precious metal, semi-precious metal and platinum foil
- The metal base to full dentures and associated laboratory costs
- The polishing of restorations
- Where the only reason for admission to hospital is dental fear and anxiety
- Where the only reason for the admission request is for a sterile facility

Dietary and nutritional supplements
- Food and nutritional supplements including baby food and special milk preparations unless prescribed for life- threatening malabsorption disorders and if registered on the relevant managed healthcare programme
- Slimming preparations for obesity
- Smoking cessation and anti-smoking preparations
- Tonics, multi-vitamins, supplements and mineral combinations (except for registered products that include haemotinics and those for use by infants and pregnant mothers)

Medical and clinical protocols
- All benefits for clinical trials unless pre-authorised by the relevant managed healthcare program
- Radiology and pathology referred by a non-network GP
- Facility Fees
- Appointments which a beneficiary fails to keep
- Autopsies
- Bilateral gynaecomastia
- Bone densitometry performed by a non-network provider
- Carmustine Wafers for the treatment of malignant Gliomas
- Chiropractor benefits in hospital
- Cryo-storage of foetal stem cells and sperm
- Genioplasties as an isolated procedure
- Holidays for recuperative purposes
- Hyperbaric oxygen therapy (except for anaerobic life-threatening infections, Diagnosis Treatment Pairs 277S and specific conditions pre-authorised by the relevant managed healthcare program)
- Medicines used specifically to treat alcohol and drug addiction, unless it is a PMB

- MRI scans ordered by a GP, unless there is no reasonable access to a specialist
- Organ and bone marrow donations to a person who is not a member or dependant on Bonitas
- Otoplasties
- Pectus excavatum / carinatum
- Positron Emission Tomography and PET plus PET-CT for screening
- Robotic assisted surgery
- Screening that has not been pre-authorised or is not in accordance with the Scheme's protocols
- Specialised radiology procedures where pre-authorisation is not made or is refused
- Surgical treatment for obesity (excluding certain bariatric surgical procedures performed for life threatening morbid obesity by a multidisciplinary team in accordance with an agreed protocol in a credentialed centre of excellence when pre- authorised, but not including post-operative plastic and reconstructive surgery)
- Uvulo-palatal pharyngoplasty (UPPP and LAUP)
- X-rays performed by chiropractors

Optometry Exclusions:

- Services not covered by the matrix are for the members' portion and should be paid directly to the practice
- Please note that claims older than 4 months from the date of service will not be accepted for payment
- The practice is not entitled to collect the unpaid portion for the above products from the patient unless they are:
  - Lens enhancements and add-ons (tints, ARC etc.)
  - The difference on the frame value over the specific plan maximum benefit
  - The difference on the contact lens value over the specific plan maximum benefit
- All tariffs are inclusive of VAT
- Mobile Practice claims will only be paid if confirmation of registration as a mobile practice by HPCSA is supplied
- Spectacle lens prescriptions must be included in both paper and electronic claims. Please contact your software provider for assistance in this regard
- Payment for materials will be declined under the following circumstances:
  - Where no script is indicated
  - Where no ICD 10 codes are indicated
  - Where the script is less than 0.50 D sphere or 0.50 D cylinder (with no sphere) in both eyes in the case of spectacles
  - Invoices that do not comply with VAT legislation requirements
  - Where the claim is older than 4 months from the date of service

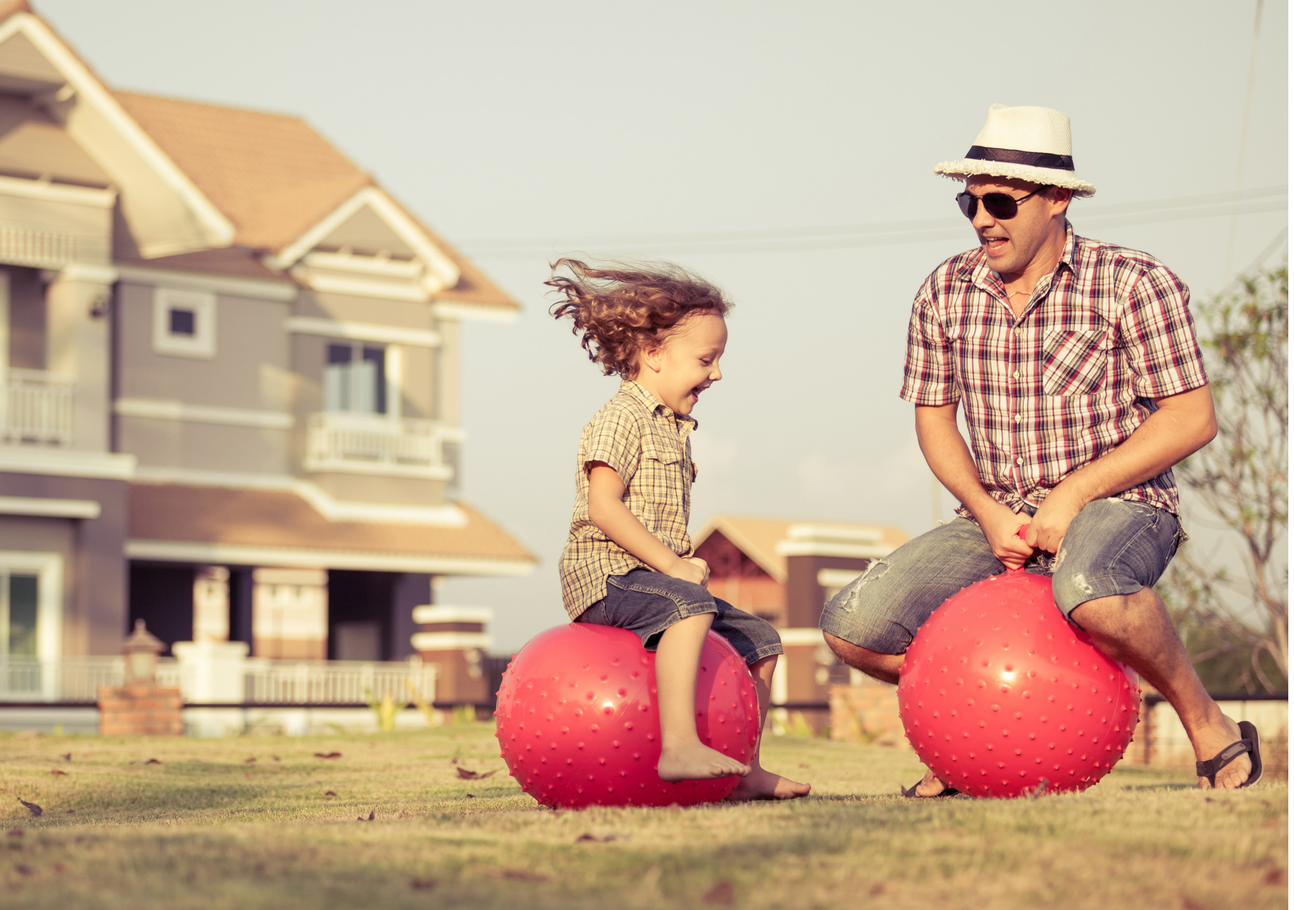
Termination of Bonitas membership

Your membership is terminated when you no longer pay your contributions. You may also leave Bonitas after giving one calendar month's written notice.

If you leave Bonitas and join a scheme with a savings account, the full amount available in your savings account will be transferred to that of your new scheme. This will take place after a waiting period of five months. If you do not join another medical scheme, or if the medical scheme you are joining does not have a savings account, the full balance in your savings account will be paid to you.

Please note: Your reScheme is taxable and must be declared in your annual income tax return. If you leave Bonitas during the year, the savings amount due to you will be pro-rated according to the number of months you were a member of Bonitas. If claims at that stage exceed the pro-rated value, you will have to pay the shortfall.

Notes



How-To Guide

Use these helpful tips on how to get the most out of your Bonitas medical aid membership.

Do you have a question for us?

Contact the call centre on 0861 239 333 or email **boncap@bonitas.co.za.** Please include your membership number in all correspondence with us.

How To:

Change your personal details

You must let us know if any of your details change within 30 days of the change. This includes changes to:

- Your marital status
- Dependants on your medical aid
- Your contact details

Simply contact the call centre on 0861 239 333 or email the changes through to **boncap@bonitas.co.za**

Change your banking details

If your banking details change, please let us know immediately. If your medical aid is a deduction on your salary you will also need to inform your employer's payroll department immediately. You will need to send us your latest bank statement and a copy of your ID to validate the change.

Submit claims in 4 easy steps

Submit your claims

You must send us your claims within four months of receiving treatment or they will not be paid. Submit claims quickly and easily by following these simple steps.

1. Ensure your bank details are correct

Claims refunds are only paid into a bank account via electronic transfers. Please contact the call centre on 0861 239 333 if you need to update your banking details.

2. Check your account and receipt

Make sure that your membership number is clearly indicated on both the account and the receipt.

Please ensure that your account shows the following:

- Your name and initials
- Your medical aid number
- The treatment date
- The name of the patient as shown on your membership card
- The amount charged
- The tariff
- The ICD-10 code

Please check that prescriptions for medicine show all your details. Also check that the correct amount of medicine dispensed is shown on the claim. If the pharmacy omits any of these details, we will not be able to process your claim.

3. Send us a copy of the account and receipt

Please post all claims to:

Bonitas Claims Department
PO Box 74
Vereeniging, 1930

Or email:

boncap@bonitas.co.za

4. Check that your claim has been paid

We pay claims weekly. A statement will be sent to you, by post or email at the end of the month showing your claims. You can also log in to the website to view the status of your claims.

Report fraud

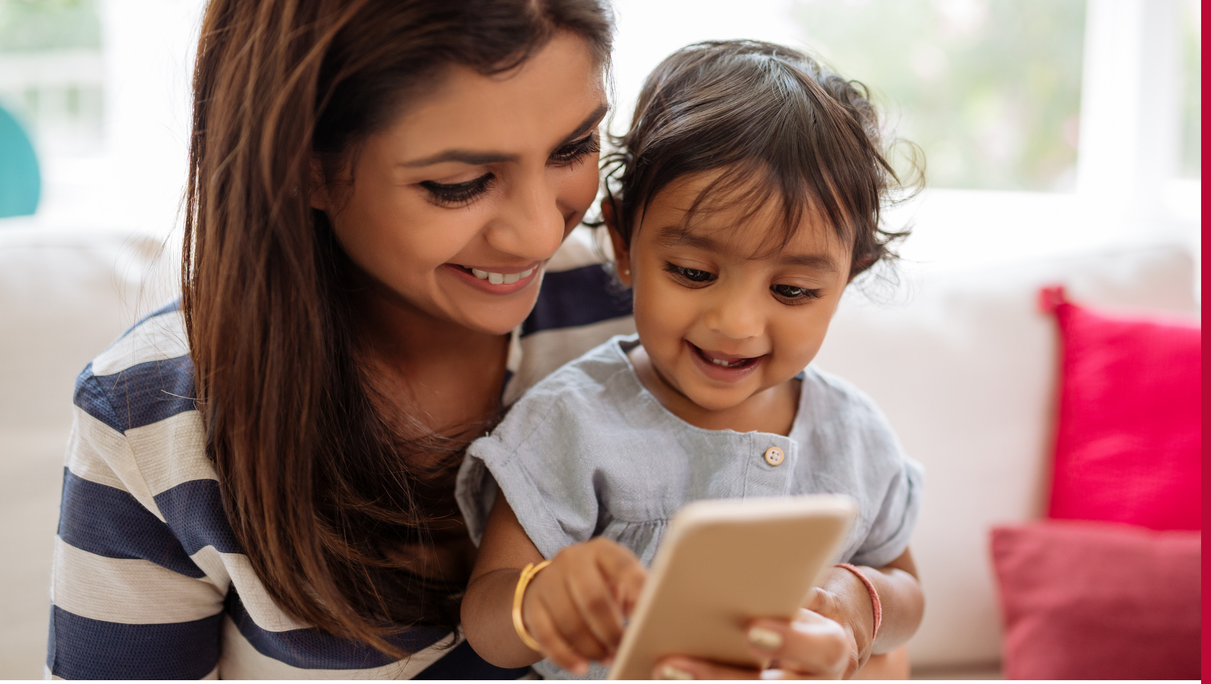
Fraudulent use of membership cards (I.e. letting other people use your membership card) is illegal. It results in increased costs that affect all members. Phone our toll-free fraud hotline

on 0861 239 333 to report cases of fraud or abuse of Bonitas.

Use the Bonitas website

If you have internet access, you will be able to log into a secure area to view your statements, claims history, monthly contribution, personal information and much more. You will also be able to view your benefits and update certain personal details. Visit **www.bonitas.co.za** and follow the steps to register.

Notes



CONTACT

Visit one of our walk-in centres

Resolve queries; get a new membership card and so much more at our walk-in centres.

Pretoria
Ground Floor, Benstra Building,473B Church Street, Arcadia, Pretoria

Northam
180 Botha Street, Northam

Port Elizabeth
Block 6, Greenacres Office Park, 2nd Avenue, Newton Park, Port Elizabeth

Kathu
6 Rietbok Street, Kathu, Northern Cape

Vereeniging
36 Merriman Avenue, Ground Floor, Vereeniging

Bloemfontein
Shop C7, 1st Floor, Middestad Centre, c/o Charles and West Burger Street,Bloemfontein

Roodepoort
37 Conrad Road, Florida North, Roodepoort

Polokwane
Ground Floor, Bonitas House, 22 Hans van Rensburg Street, Polokwane

Secunda
Grand Palace, Unit 82, 2302 Heinis Street, Secunda

Rustenburg
141 Fatima Bhayat Street,Rustenburg

Lephalale
Onverwacht Business, Mienie Building, Block C, Walter Sisulu Avenue, Lephalale

Cape Town
The Icon Building, Ground Floor, Corner Lower Long Street andHans Strydom Avenue,Cape Town

Durban
3rd Floor, 67 Old Fort Road, Durban

Call our customer service team on 0861 239 33

Available between 8:30 and 4:00pm Monday to Friday the Bonitas Call Centre is here to help you with everything you need.
You can:

- Get hospital and specialised radiology authorisation
- Authorise chronic medicine
- Get a tax certificate
- Resolve queries

Visit us online

Visit our website at to learn more about our products. You can also join us on Facebook and get health tips, benefit information and much more.
www.bonitas.co.za I www.facebook.co.za/BonitasMedicalFund