



BONCAP

INCOME-BASED

2022

Medical Aid for South Africa

Bonitas

WHAT YOU PAY

IF YOUR MONTHLY INCOME IS:

R0 TO R9 430
R9 431 TO R15 320
R15 321 TO R19 930
R19 931+

MAIN MEMBER
R1 274
R1 507
R2 429
R2 982

ADULT DEPENDANT
R 1 274
R1 507
R2 429
R2 982

CHILD DEPENDANT
R600
R693
R919
R1 131

DEPENDANTS WHO ARE FULL-TIME STUDENTS PAY CHILD RATES UP TO AGE 24 YEARS.

WANT TO JOIN?

SPEAK TO YOUR **FINANCIAL ADVISOR** OR VISIT **BONITAS.CO.ZA**

ALREADY A MEMBER? TALK TO US



Bonitas Member App



bonitas.co.za/member



www.bonitas.co.za



Bonitas Medical Fund



@BonitasMedical

Please note: Product rules, limits, terms and conditions apply. Where there is a discrepancy between the content provided in this brochure and the Scheme Rules, the Scheme Rules will prevail. The Scheme Rules are available at www.bonitas.co.za. Benefits are subject to approval from the Council for Medical Schemes. All claims are paid at the Bonitas Rate, unless otherwise stated. All benefits and limits are per calendar year, unless otherwise stated. Managed Care protocols apply.

OUT-OF-HOSPITAL BENEFITS

These benefits cover your day-to-day medical expenses at 100% of the Bonitas Rate.

NETWORK GP CONSULTATIONS (INCLUDING VIRTUAL CARE CONSULTATIONS)	Unlimited GP consultations, using a maximum of 2 nominated network GPs	Approval is required from the 8th GP consultation per beneficiary
	1 out-of-network consultation per beneficiary	Maximum of 2 consultations per family, limited to R1 110
NON-NETWORK GP CONSULTATIONS	20% co-payment applies	
	Main member only	R1 940
	Main member + 1 dependant	R3 230
	Main member + 2 dependants	R3 860
	Main member + 3 dependants	R4 220
	Main member + 4 or more dependants	R4 680
	Subject to the BonCap formulary and Bonitas pharmacy network	
GP-REFERRED ACUTE MEDICINE, X-RAYS AND BLOOD TESTS	Limited to 3 visits or R3 280 per beneficiary	Limited to 5 visits or R4 870 per family
	Subject to referral from a network GP	Pre-authorisation required (including MRIs and CT scans)
NETWORK SPECIALIST CONSULTATIONS (THIS BENEFIT INCLUDES ACUTE MEDICINE, BLOOD TESTS, X-RAYS, MRIs AND CT SCANS)	Limited to 1 visit or R1 100 per beneficiary (included in the Network Specialist Consultation benefit)	Limited to 2 visits or R2 000 per family (included in the Network Specialist Consultation benefit)
	Subject to referral from a network GP	Pre-authorisation required (including MRIs and CT scans)
NON-NETWORK SPECIALIST CONSULTATIONS (THIS BENEFIT INCLUDES ACUTE MEDICINE, BLOOD TESTS, X-RAYS, MRIs AND CT SCANS)	10% co-payment applies	
	Antenatal consultations are subject to the GP consultations and specialist consultations benefits (including 2 2D scans)	4 consultations with a midwife after delivery (1 of these can be used for a consultation with a lactation specialist)
MATERNITY CARE	Limited to R100 per event	Maximum of R280 per beneficiary, per year
OVER-THE-COUNTER MEDICINE	Subject to the BonCap medicine formulary, Bonitas pharmacy network and use of a network provider	
	PMB only	

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PHYSIOTHERAPY, PODIATRY AND BIKINETICS	PMB only	
GENERAL MEDICAL APPLIANCES (SUCH AS WHEELCHAIRS AND CRUTCHES)	R5 960 per family	Subject to frequency limits and Managed Care protocols
OPTOMETRY	Glasses or contact lenses are available through the contracted service provider once every 2 years (based on the date of your previous claim)	
EYE TESTS	1 per beneficiary, at a network provider	OR R350 per beneficiary, at a non-network provider
SINGLE VISION LENSES (CLEAR) OR	100% towards the cost of lenses at network rates	R210 per lens, per beneficiary, out of network
BIFOCAL LENSES (CLEAR) OR	100% towards the cost of lenses at network rates	R445 per lens, per beneficiary, out of network
MULTIFOCAL LENSES (CLEAR)	100% towards the cost of lenses at network rates	R770 per lens, per beneficiary, out of network
FRAMES	R225 per beneficiary at a network provider	OR R169 per beneficiary at a non-network provider
CONTACT LENSES	R1 140 per beneficiary	
BASIC DENTISTRY	You must use a provider on the DENIS network	Covered at the Bonitas Dental Tariff
CONSULTATIONS	Managed Care protocols apply	
EMERGENCY CONSULTATION	1 consultation per beneficiary, per year	
X-RAYS: INTRA-ORAL	1 emergency consultation for sepsis per beneficiary	
X-RAYS: EXTRA-ORAL	4 X-rays per beneficiary	
SCALING AND POLISHING	PMB only	
FLUORIDE TREATMENTS	1 scaling and polishing	OR 1 polish per beneficiary
FISSURE SEALANTS	1 treatment for beneficiaries from age 5 and younger than 16 years	
INFECTION CONTROL, INSTRUMENT STERILISATION AND LOCAL ANAESTHETIC	1 per tooth, once every 3 years for beneficiaries under 16 years	
	1 set per beneficiary, per visit	

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INHALATION SEDATION IN DENTAL ROOMS (LAUGHING GAS)	Inhalation sedation limited to extensive conservative dental treatment only	Managed Care protocols apply
EMERGENCY ROOT CANAL THERAPY	For emergency treatment only	Subject to DENIS treatment protocols
EXTRACTIONS	Subject to DENIS treatment protocols	Impacted wisdom teeth excluded
PLASTIC DENTURES AND ASSOCIATED LABORATORY COSTS	Managed Care protocols apply	
	20% co-payment applies	Pre-authorisation required or further 20% penalty applies
DENTAL FILLINGS	4 fillings per beneficiary	Benefit for fillings is granted once per tooth, every 2 years
	Benefit for re-treatment of a tooth is subject to Managed Care protocols	
MAXILLO-FACIAL SURGERY IN DENTAL CHAIR	PMB only	Pre-authorisation from DENIS required
MODERATE/DEEP SEDATION IN DENTAL ROOMS (IV CONSCIOUS)	Limited to extensive conservative dental treatment	Pre-authorisation from DENIS required
HOSPITALISATION (GENERAL ANAESTHETIC)	PMB only	Pre-authorisation from DENIS required

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ADDITIONAL BENEFITS

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

CONTRACEPTIVES		
FOR WOMEN AGED UP TO 50	R1 110 per family	You must use the Designated Service Provider for pharmacy-dispensed contraceptives
	If you choose not to use a Designated Service Provider, a 40% co-payment applies	
CHILDCARE		
HEARING SCREENING	For newborns, in or out-of-hospital	
CONGENITAL HYPOTHYROIDISM SCREENING	For infants under 1 month old	
BABYLINE	24/7 helpline for medical advice for children under 3 years	
PREVENTATIVE CARE		
GENERAL HEALTH	1 HIV test and counselling per beneficiary	1 flu vaccine per beneficiary
WOMEN'S HEALTH	1 mammogram every 2 years, for women over 40	1 pap smear every 3 years, for women between ages 21 and 65
MEN'S HEALTH	1 prostate screening antigen test for men between ages 45 and 69	
ELDERLY HEALTH	1 pneumococcal vaccine every 5 years, for members aged 65 and over	1 stool test for colon cancer, for members between ages 50 and 75 Subject to applicable formulary
DENTAL FISSURE SEALANTS	1 per tooth, once every 3 years for beneficiaries under 16	
WELLNESS BENEFITS		
WELLNESS SCREENING	1 wellness screening per beneficiary at a participating pharmacy, biokineticist or a Bonitas wellness day	Wellness screening includes the following tests: <ul style="list-style-type: none"> • Blood pressure • Glucose • Cholesterol • Body Mass Index • Waist-to-hip ratio
AFRICA BENEFIT		
PER TRIP	In and out-of-hospital treatment covered at 100% of the Bonitas Rate	Subject to authorisation

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CHRONIC BENEFITS

BonCap ensures that you are covered for the **27** Prescribed Minimum Benefits listed below. You must use Pharmacy Direct, our Designated Service Provider, to get your medicine. If you choose not to use Pharmacy Direct or if you choose to use medicine that is not on the BonCap formulary, you will have to pay a **40%** co-payment.

PRESCRIBED MINIMUM BENEFITS COVERED

1.	Addison's Disease
2.	Asthma
3.	Bipolar Mood Disorder
4.	Bronchiectasis
5.	Cardiac Failure
6.	Cardiomyopathy
7.	Chronic Obstructive Pulmonary Disease
8.	Chronic Renal Disease
9.	Coronary Artery Disease

10.	Crohn's Disease
11.	Diabetes Insipidus
12.	Diabetes Type 1
13.	Diabetes Type 2
14.	Dysrhythmias
15.	Epilepsy
16.	Glaucoma
17.	Haemophilia
18.	HIV/AIDS

19.	Hyperlipidaemia
20.	Hypertension
21.	Hypothyroidism
22.	Multiple Sclerosis
23.	Parkinson's Disease
24.	Rheumatoid Arthritis
25.	Schizophrenia
26.	Systemic Lupus Erythematosus
27.	Ulcerative Colitis

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MANAGED CARE PROGRAMMES

These programmes empower you to manage your condition effectively in the most clinically-proven way, ensuring your benefits last longer. You will need to register to join these programmes.

CANCER	Puts you first, offering emotional and medical support	Delivers cost-effective care of the highest quality
	Liaises with your doctor to ensure your treatment plan is clinically appropriate to meet your needs	Matches the treatment plan to your benefits to ensure you have the cover you need
	Access to a social worker for you and your loved ones	Uses the Bonitas Oncology Network of specialists
	Uses the Bonitas Oncology Medicine Network (20% co-payment applies for use of a non-network provider)	
HIV/AIDS	Provides you with appropriate treatment and tools to live a normal life	Covers medicine to treat HIV (including drugs to prevent mother-to-child transmission and infection after sexual assault or needle-stick injury)
	Treatment and prevention of opportunistic infections such as pneumonia, TB and flu	Covers regular blood tests to monitor disease progression, response to therapy and to detect possible side-effects of treatment
	Offers HIV-related consultations to visit your doctor to monitor your clinical status	Gives ongoing patient support via a team of trained and experienced counsellors
	Offers access to telephonic support from doctors	Helps in finding a registered counsellor for emotional support
MATERNITY SUPPORT (BY REGISTERING FOR THE MATERNITY PROGRAMME)	Access to 24/7 maternity advice line	Pregnancy education emails and SMSs sent to you weekly
	Dedicated maternity nurse/midwife to support and advise you throughout your pregnancy	Online antenatal classes to prepare you for the birth and what to expect when you get home
	Access to articles regarding common pregnancy concerns	Baby bag including baby care essentials

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IN-HOSPITAL BENEFITS

Hospitalisation is covered at 100% of the Bonitas Rate at all hospitals on the BonCap Network. You must get pre-authorisation for your hospital admission. You will have to pay a R10 390 co-payment if you use a non-network hospital (except for emergencies) or if you do not get pre-authorisation within 48 hours of admission. Managed Care protocols apply.

GP CONSULTATIONS	Unlimited, covered at 100% of the Bonitas Rate	
SPECIALIST CONSULTATIONS	Unlimited, covered at 100% of the Bonitas Rate	
BLOOD TESTS AND OTHER LABORATORY TESTS	R27 880 per family except for PMB	
BLOOD TRANSFUSIONS	R20 250 per family except for PMB	
X-RAYS AND ULTRASOUNDS	Unlimited, covered at 100% of the Bonitas Rate	
MRIs AND CT SCANS (SPECIALISED RADIOLOGY)	R12 720 per family	Pre-authorisation required
	R1 040 co-payment per scan event, except for PMB	
CATARACT SURGERY	You must use a Designated Service Provider, or a R6 230 co-payment will apply	
ALLIED MEDICAL PROFESSIONALS (SUCH AS DIETICIAN, SPEECH AND OCCUPATIONAL THERAPIST)	PMB only	Subject to referral by the treating practitioner
	PMB only	Subject to referral by the treating practitioner
	PMB only	Managed Care protocols apply
PHYSIOTHERAPY, PODIATRY AND BIOKINETICS	Pre-authorisation required	
	PMB only	No cover for physiotherapy for mental health admissions
INTERNAL AND EXTERNAL PROSTHESES	You must use a Designated Service Provider, or a R10 390 co-payment will apply	
MENTAL HEALTH HOSPITALISATION	Limited to R49 730 per family, except for PMB	
NEONATAL CARE	Limited to a 7-day supply up to R420 per hospital stay	
TAKE-HOME MEDICINE	R54 360 per family	
PHYSICAL REHABILITATION		Pre-authorisation required

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ALTERNATIVES TO HOSPITAL (HOSPICE, STEP-DOWN FACILITIES)
PALLIATIVE CARE (ONCOLOGY ONLY)
CANCER TREATMENT
CANCER MEDICINE
ORGAN TRANSPLANTS
KIDNEY DIALYSIS
HIV/AIDS
DAY SURGERY PROCEDURES (APPLIES TO SELECTED PROCEDURES)
SURGICAL PROCEDURES THAT ARE NOT COVERED

R15 660 per family	Pre-authorisation required
Unlimited	Pre-authorisation required
Including hospice/private nursing, home oxygen, pain management, psychologist and social worker support	
PMB only at a Designated Service Provider	Pre-authorisation required
Subject to the preferred product list	You must use a Designated Service Provider, or a 20% co-payment will apply
PMB only at a Designated Service Provider	Pre-authorisation required
Unlimited	You must use a Designated Service Provider, or a 20% co-payment will apply
Pre-authorisation required	
Unlimited, if you register on the HIV/AIDS programme	Chronic medicine must be obtained from the Designated Service Provider
You must use a network day hospital or a R10 390 co-payment will apply	
Back and neck surgery	Joint replacement surgery
Caesarean sections done for non-medical reasons	Functional nasal and sinus surgery
Varicose vein surgery	Hernia repair surgery
Laparoscopic or keyhole surgery	Gastrosopies, colonoscopies and all other endoscopies
Bunion surgery	In-hospital dental surgery

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Not sure which plan to choose?

Speak to your financial advisor or visit www.bonitas.co.za and try our comparison tool.

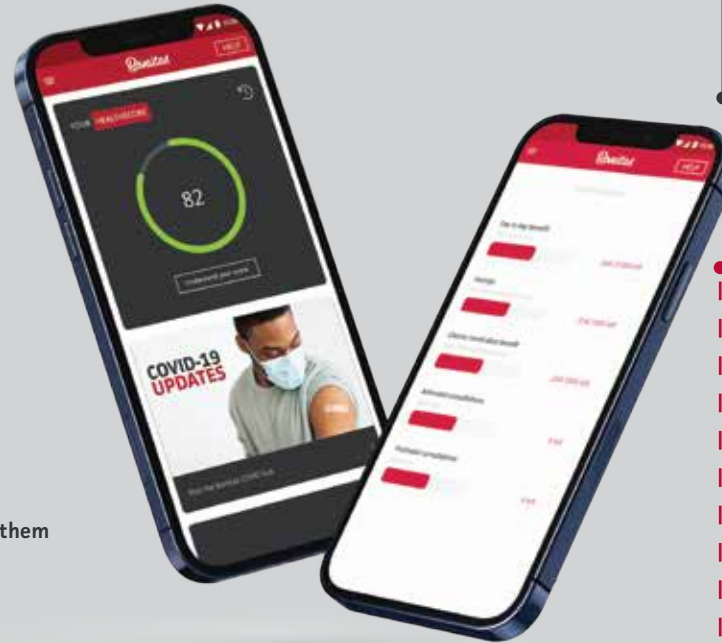


DOWNLOAD THE NEW BONITAS MEMBER APP

MANAGING YOUR MEDICAL AID IS EASY

With the new app you can:

- Check your benefits
- Find a network provider
- Have a virtual consultation with a GP
- See the balance of your Medical Savings Account
- Submit your medication script to Pharmacy Direct for delivery
- Chat to a call centre agent
- Access and download your documents i.e. tax certificates and monthly statements
- Save and access information for emergency contacts
- Access your digital membership card
- Update important information for you and everyone on your plan
- Create a medicine list with the medicine scanner and get reminders of when to take them



GET IN TOUCH WITH
US ON WHATSAPP
0600 702 491

This easy and reliable platform gives you another self-service channel to access your medical aid information and get in touch with us.

You can:

- Get your statements
- Save your electronic membership card
- View claims for the last 90 days
- Download your tax certificate or certificate of membership
- Chat live to resolve queries



AMP UP YOUR WELLNESS!

AMP is a brand-new section in the app which aims to change the health and wellness behaviour of our members and beneficiaries, guiding you to a healthier you. It's absolutely free and available to all members and beneficiaries who are 18 years and older.

- Create your own avatar
- Get a health score for yourself and each of your dependants
- Receive nudges to educate and guide you to a healthier lifestyle
- Earn badges (and bragging rights!) for completing health questionnaires or a health risk assessment
- Get access to bespoke eating plans from EatForLife
- Access virtual gym sessions
- Access the AVO store which offers:
 - Lifestyle rewards
 - Discounted deals from more than 7 000 different merchants
 - 1% cashback on all purchases
 - Free delivery on orders over R450

DOWNLOAD NOW!

