BONCAP



Bonitas





Medical Aid for South Africa

WHAT YOU PAY IF YOUR MONTHLY INCOME IS:

	MAIN MEMBER		ADULT DEPENDANT		CHILD DEPENDANT	
SUBJECT TO INCOME VERIFICATION	JAN - MAR 2023	APR - DEC 2023	JAN - MAR 2023	APR - DEC 2023	JAN - MAR 2023	APR - DEC 2023
R0 TO R10 020	R1 274	R1 368	R 1 274	R 1 368	R600	R644
R10 021 TO R16 270	R1 507	R1 619	R1 507	R1 619	R693	R744
R16 271 TO R21 160	R2 429	R2 609	R2 429	R2 609	R919	R987
R21 161+	R2 982	R3 203	R2 982	R3 203	R1 131	R1 215

BONCAP USES A LIST OF **SPECIFIC PRIVATE HOSPITALS** AND LINKED FORMULARY OF CHRONIC MEDICATION.

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

OUT-OF-HOSPITAL BENEFITS

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

Unlimited GP consultations, using a maximum of 2 nominated BonCap 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 R380 per visit		
30% co-payment applies, unless PMB			
Main member only	R2 060		
Main member + 1 dependant	R3 430		
Main member + 2 dependants	R4 100		
Main member + 3 dependants	R4 480		
Main member + 4 or more dependants	R4 970		
Subject to the applicable formulary and Bonitas pharmacy network	For acute medicine and blood tests: 20% co-payment applies at non-DSP		
Limited to 3 visits or R3 480 per beneficiary	Limited to 5 visits or R5 170 per family		
Subject to the BonCap Specialist network and referral from a BonCap network GP	Pre-authorisation required (including MRIs and CT scans)		
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)		
Limited to R105 per event	Maximum of R295 per beneficiary, per year		
Subject to the BonCap medicine formulary, Bonitas pharmacy network and use of a network provider			
LIED MEDICAL PROFESSIONALS JCH AS DIETICIAN, SPEECH AND PMB only CUPATIONAL THERAPIST)			
HYSIOTHERAPY, PODIATRY AND IOKINETICS			
R6 330 per family	Subject to frequency limits as per Managed Care protocols		
	1 out-of-network consultation per beneficiary 30% co-payment applies, unless PMB Main member only Main member only Main member + 1 dependant Main member + 2 dependants Main member + 3 dependants Main member + 4 or more dependants Subject to the applicable formulary and Bonitas pharmacy network Limited to 3 visits or R3 480 per beneficiary Subject to the BonCap Specialist network and referral from a BonCap network GP Antenatal consultations are subject to the GP consultations and specialist consultations benefits (including 2 2D scans) Limited to R105 per event Subject to the BonCap medicine formulary, Bonitas pharmacy network and use of a network and use of a network PMB only		

OPTOMETRY	Glasses or contact lenses are available through the contracted service provider once every 2 years (based on the date of your previous claim)	Managed Care protocols apply	
EYE TESTS	1 composite consultation per beneficiary, at a network provider OR	R365 per beneficiary for an eye examination, at a non-network provider	
SINGLE VISION LENSES (CLEAR) OR	100% towards the cost of lenses at network rates	R215 per lens, per beneficiary, out of network	
BIFOCAL LENSES (CLEAR) OR	100% towards the cost of lenses at network rates	R460 per lens, per beneficiary, out of network	
MULTIFOCAL LENSES	100% towards the cost of base lenses at a network provider, or limited to a maximur	n of R860 per designer lens, per beneficiary, in and out of network	
FRAMES	R235 per beneficiary at a network provider OR	R176 per beneficiary at a non-network provider	
CONTACT LENSES	R1 195 per beneficiary		
	You must use a provider on the DENIS network	Covered at the Bonitas Dental Tariff	
BASIC DENTISTRY	Managed Care protocols apply		
CONSULTATIONS	1 consultation per beneficiary, per year		
EMERGENCY CONSULTATION	1 emergency consultation for sepsis per beneficiary		
X-RAYS: INTRA-ORAL	4 X-rays per beneficiary		
X-RAYS: EXTRA-ORAL	PMB only		
SCALING AND POLISHING	1 scaling and polishing OR	1 polish per beneficiary	
FLUORIDE TREATMENTS	1 treatment for beneficiaries from age 5 and younger than 16 years		
FISSURE SEALANTS	1 per tooth, once every 3 years for beneficiaries under 16 years		
INFECTION CONTROL, INSTRUMENT STERILISATION AND LOCAL ANAESTHETIC	1 set per beneficiary, per visit		
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	Once every 2 years for beneficiaries 21 years and older (based on the date of your previous claim)	Managed Care protocols apply	
LABORATORY COSTS	20% co-payment applies	Pre-authorisation required or further 20% penalty applies	
	4 fillings per beneficiary	Benefit for fillings is granted once per tooth, every 2 years	
DENTAL FILLINGS	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 SEDATION)	Limited to extensive conservative dental treatment	Pre-authorisation from DENIS required	
HOSPITALISATION	PMB only	Pre-authorisation from DENIS required	
(GENERAL ANAESTHETIC)	Avoid a 30% co-payment by using a hospital on the applicable network		

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 180 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 up to 8 weeks, 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: • 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 BonCap Rate	Subject to authorisation

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

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.

	Puts you first, offering emotional and medical support	Matches the treatment plan to your benefits to ensure you have the cover you need
CANCER	Liaises with your doctor to ensure your treatment plan is clinically appropriate to meet your needs	Uses the Bonitas Oncology Network of specialists
	Access to a social worker for you and your loved ones	Uses the Bonitas Oncology Medicine Network (30% co-payment applies for use of a non-network provider)
	Provides you with appropriate treatment and tools to live your best life	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
HIV/AIDS	Offers access to telephonic support from doctors	Treatment and prevention of opportunistic infections such as pneumonia, TB and flu
	Covers medicine to treat HIV (including drugs to prevent mother-to-child transmission and infection after sexual assault or needle-stick injury)	Helps in finding a registered counsellor for face-to-face emotional support
	Access to 24/7 maternity advice line	Pregnancy education emails and SMSs sent to you weekly
MATERNITY SUPPORT (BY REGISTERING FOR THE MATERNITY PROGRAMME)	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
	Care for any acute condition deemed appropriate by your treating provider i.e., pneumonia, Covid-19	An alternative to general ward admission and stepdown facilities, allowing you to receive quality, safe healthcare in the comfort of your home
HOSPITAL-AT-HOME (SUBJECT TO PRE-AUTHORISATION)	Remote patient monitoring including 24/7 vital signs monitoring from our clinical command centre, continuous virtual visits and clinical support, continuous care from a doctor, short-term oxygen (as prescribed) and emergency ambulance services	Our hospital setup at home also includes remote patient monitoring, daily visits, laboratory services, blood tests, wound dressings, medication/fluids via a drip, allied healthcare services and physiotherapy (as prescribed)
	A team of trained healthcare professionals, including skilled nurses, that will bring all the essential elements of hospital care to your home	A transitional care programme to minimise re-admissions

IN-HOSPITAL BENEFITS

Hospitalisation is covered at 100% of the BonCap Rate at all hospitals on the applicable network. You must get pre-authorisation for your hospital admission. You will have to pay a 30% 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 BonCap Rate for BonCap network GPs	Non-network GPs are covered at 70% of the BonCap Rate	
SPECIALIST CONSULTATIONS	Unlimited, covered at 100% of the BonCap Rate for BonCap specialists	Non-network specialists are covered at 70% of the BonCap 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 BonCap Rate		
MRIs AND CT SCANS	R12 720 per family	Pre-authorisation required	
(SPECIALISED RADIOLOGY)	R1 100 co-payment per scan event, except for PMB		
CATARACT SURGERY	You must use a Designated Service Provider or a R6 620 co-payment will apply		
ALLIED MEDICAL PROFESSIONALS (SUCH AS DIETICIAN, SPEECH AND OCCUPATIONAL THERAPIST)	PMB only, 30% co-payment at non-DSP	Subject to referral by the treating practitioner	
PHYSIOTHERAPY, PODIATRY AND BIOKINETICS	PMB only, 30% co-payment at non-DSP	Subject to referral by the treating practitioner	
	PMB only at the DSP	Managed Care protocols apply	
INTERNAL AND EXTERNAL PROSTHESES	Pre-authorisation required		
	PMB only	No cover for physiotherapy for mental health admissions	
MENTAL HEALTH HOSPITALISATION	You must use a Designated Service Provider or a 30% co-payment will apply		
NEONATAL CARE	Limited to R49 730 per family, except for PMB		
TAKE-HOME MEDICINE	Limited to a 7-day supply up to R420 per hospital stay		
PHYSICAL REHABILITATION	R54 360 per family	Pre-authorisation required	

ALTERNATIVES TO HOSPITAL (HOSPICE, STEP-DOWN FACILITIES)	R15 660 per family	Pre-authorisation required		
PALLIATIVE CARE	Unlimited, subject to the DSP	Pre-authorisation required		
(CANCER ONLY)	Including hospice/private nursing, home oxygen, pain management, psychologist and social worker support			
CANCER TREATMENT	PMB only at a Designated Service Provider or a 30% co-payment applies	Pre-authorisation required		
CANCER MEDICINE	Subject to the preferred product list	You must use a Designated Service Provider or a 20% co-payment will apply		
ORGAN TRANSPLANTS	PMB only at a Designated Service Provider	Pre-authorisation required		
KIDNEY DIALYSIS	Unlimited	You must use a Designated Service Provider or a 20% co-payment will apply		
	Pre-authorisation required			
HIV/AIDS	Unlimited, if you register on the HIV/AIDS programme	Chronic medicine must be obtained from the Designated Service Provider		
DAY SURGERY PROCEDURES (APPLIES TO SELECTED PROCEDURES)	You must use a network day hospital or a 30% co-payment will apply			
	Back and neck surgery	Joint replacement surgery		
	Caesarean sections done for non-medical reasons	Functional nasal and sinus surgery		
SURGICAL PROCEDURES THAT ARE NOT COVERED	Varicose vein surgery	Hernia repair surgery		
	Laparoscopic or keyhole surgery	Gastroscopies, colonoscopies and all other endoscopies		
	Bunion surgery	In-hospital dental surgery		

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Bonitas Medical Fund



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Bonitas Member App



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