



2020

CMAAC

FINANCIAL AND HEALTHCARE CONSULTANTS
"Healthy solutions... expect more!"

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BONCOMPLETE

Bonitas

Medical Aid for South Africa


	Savings	Above-threshold benefit
Main member	R7 200	R4 700
Adult dependant	R5 772	R2 770
Child dependant	R1 956	R1 200

Plus extra benefits for:

-  Basic and specialised dentistry
-  MRIs and CT scans
-  Mental health
-  GP consultations for children under 12

Unlimited hospital cover
100% Bonitas Rate

Unlimited terminal care benefit

 **Wellness screening plus R1 750 Extender** to use for blood tests, x-rays, programme to stop smoking or consultations with a GP, dietician, biokineticist and physiotherapist

 **Chronic medicine for 31 conditions**

Preventative care:

- Flu vaccine
- Full lipogram
- HIV test
- Pap smear
- Prostate screening
- Mammogram

 **Managed Care programmes:**

- Back and neck
- Cancer
- Diabetes
- HIV/AIDS

What you pay

Main member	R4 009
Adult dependant	R3 211
Child dependant	R1 089

You only pay for a maximum of three children. Full-time students pay child rates up to age 24 years.

Out-of-hospital benefits

These benefits provide cover for consultations with your GP or specialist, acute medicine, x-rays, blood tests and other out-of-hospital medical expenses.

	Main member	Adult dependant	Child dependant
Savings	R7 200	R5 772	R1 956
Self-payment gap	R1 770	R1 500	R385
Above threshold benefit	R4 700	R2 770	R1 200

Once your savings for the year are finished, you will need to pay for day-to-day medical expenses yourself, until you have paid the full self-payment gap. You will then have access to your above threshold benefit. Please submit all claims you have paid towards the self-payment gap to us, so that we can let you know when you have access to your above threshold benefit.

GP consultations	Paid from available savings or above threshold benefit
Specialist consultations	Paid from available savings or above threshold benefit You must get a referral from your GP
Blood tests and other laboratory tests	Paid from available savings, wellness extender or above threshold benefit
X-rays and ultrasounds	Paid from available savings, wellness extender or above threshold benefit
MRIs and CT scans (specialised radiology)	R23 800 per family, in and out-of-hospital Pre-authorisation required
Acute medicine	Paid from available savings or above threshold benefit Formulary and Bonitas Pharmacy Network applies to above threshold benefit 20% co-payment for non-network or non-formulary use in above threshold benefit
Over-the-counter medicine	Paid from available savings or above threshold benefit Formulary and Bonitas Pharmacy Network applies to above threshold benefit 20% co-payment for non-network or non-formulary use in above threshold benefit

Paramedical/Allied medical professionals (such as physiotherapists, occupational therapists, dieticians and biokineticists)	Paid from available savings or above threshold benefit
Mental health consultations	R15 890 per family In and out-of-hospital consultations (included in the mental health hospitalisation benefit)
General medical appliances (such as wheelchairs and crutches)	Paid from available savings or above threshold benefit You must use a preferred supplier
Optometry	Paid from available savings or above threshold benefit, once every 2 years (based on the date of your previous claim) Each beneficiary can choose glasses or contact lenses
Eye tests	1 per beneficiary, once every 2 years at a network provider OR R325 per beneficiary, once every 2 years at a non-network provider
Single vision lenses (Clear) or	100% towards the cost of clear lenses, limited to R185 per lens, per beneficiary
Bifocal lenses (Clear) or	100% towards the cost of clear lenses, limited to R420 per lens, per beneficiary
Multifocal lenses (Clear)	100% towards the cost of clear lenses, limited to R745 per lens, per beneficiary
Frames	R775 per beneficiary
Contact lenses	R1 910 per beneficiary
Hearing aids	Paid from available savings or above threshold benefit Available once every 5 years (based on the date of your previous claim) You must use a preferred supplier

The following are paid from your unlimited overall annual benefit (and not from your savings, so you get more value for money):

Basic dentistry	Covered at the Bonitas Dental Tariff
Consultations	2 annual check-ups per beneficiary (once every 6 months)
X-rays: Intra-oral	Managed Care protocols apply
X-rays: Extra-oral	1 per beneficiary, every 3 years Additional benefits may be considered if specialist dental treatment is required
Oral hygiene	2 annual scale and polish treatments per beneficiary (once every 6 months) Fissure sealants are only covered for children under 16 years Fluoride treatments are only covered for children from age 5 and younger than 16 years
Fillings	Benefit for fillings is granted once per tooth, every 2 years Benefit for re-treatment of a tooth is subject to Managed Care protocols A treatment plan and x-rays may be required for multiple fillings
Root canal therapy and extractions	Managed Care protocols apply
Plastic dentures and associated laboratory costs	1 set of plastic dentures (an upper and a lower) per beneficiary, once every 4 years Pre-authorisation required
Specialised dentistry	Covered at the Bonitas Dental Tariff
Partial metal frame dentures and associated laboratory costs	1 partial frame (an upper or a lower) per beneficiary, once every 5 years Managed Care protocols apply Pre-authorisation required
Crowns, bridges and associated laboratory costs	1 crown per family, per year Benefit for crowns will be granted once per tooth, every 5 years A treatment plan and x-rays may be requested Pre-authorisation required
Implants and associated laboratory costs	No benefit

<p>Orthodontics and associated laboratory costs</p>	<p>Orthodontic treatment is granted once per beneficiary, per lifetime Pre-authorisation cases will be clinically assessed by using an orthodontic needs analysis Benefit allocation is subject to the outcome of the needs analysis and funding can be granted up to 65% of the Bonitas Dental Tariff Benefit for orthodontic treatment will be granted where function is impaired (not granted for cosmetic reasons) Only 1 family member may begin orthodontic treatment in a calendar year Benefit for fixed comprehensive treatment is limited to beneficiaries from age 9 and younger than 18 years Managed Care protocols apply Pre-authorisation required</p>
<p>Periodontics</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 Managed Care protocols apply Pre-authorisation required</p>
<p>Maxillo-facial surgery and oral pathology</p>	
<p>Surgery in the dental chair</p>	<p>Managed Care protocols apply</p>
<p>Hospitalisation (general anaesthetic)</p>	<p>A co-payment of R3 500 per hospital admission and admission protocols apply General anaesthetic is only available to children under the age of 5 for extensive dental treatment once per lifetime General anaesthetic benefit is available for the removal of impacted teeth Managed Care protocols apply Pre-authorisation required</p>
<p>Laughing gas in dental rooms</p>	<p>Managed Care protocols apply</p>
<p>IV conscious sedation in rooms</p>	<p>Limited to extensive dental treatment Managed Care protocols apply Pre-authorisation required</p>

Additional benefits

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

Contraceptives	
For women aged up to 50	R1 610 per family You must use the Designated Service Provider for pharmacy-dispensed contraceptives
Maternity care	
Per pregnancy	6 antenatal consultations with a gynaecologist, GP or midwife 2 2D ultrasound scans R1 240 for antenatal classes 1 amniocentesis 4 consultations with a midwife after delivery (1 of these can be used for a consultation with a lactation specialist) Maternity support for pregnant moms
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
Paediatrician or GP consultations	2 consultations per child under 1 year 1 consultation per child between ages 1 and 2
GP consultations	1 consultation per child between ages 2 and 12
Immunisations	According to Expanded Programme on Immunisation in South Africa
Preventative care	
General health	1 HIV test per beneficiary 1 flu vaccine per beneficiary
Cardiac health	1 full lipogram every 5 years, for members aged 20 and over

Women's health	1 mammogram every 2 years, for women over 40 1 pap smear every 3 years, for women between ages 21 and 65
Men's health	1 prostate screening antigen test for men between ages 45 and 69, who are considered to be at high risk for prostate cancer
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
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
Wellness extender	R1 750 per family which can be used for: <ul style="list-style-type: none"> • GP consultations only • Biokineticist consultations and treatment • Dietician consultations and treatment • Physiotherapist consultations and treatment • A programme to stop smoking • X-rays as per formulary • Blood tests as per formulary Available after completing a wellness screening Child dependants can access the wellness extender once an adult beneficiary has completed a wellness screening
International travel benefit	
Per trip	Cover for medical emergencies when you travel outside South Africa You must register for this benefit

Chronic benefits

BonComplete offers cover for 31 chronic conditions, using the applicable formulary.

Pre-authorisation is required.

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 formulary, you will have to pay a 40% co-payment.

Prescribed Minimum Benefits covered

1. Addison's Disease	10. Crohn's Disease	19. Hyperlipidaemia
2. Asthma	11. Diabetes Insipidus	20. Hypertension
3. Bipolar Mood 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

Additional conditions covered

28. Acne (children up to 21 years)	30. Allergic Dermatitis/Eczema (children up to 21 years)	31. Attention Deficit Disorder (in children aged 5-18)
29. Allergic Rhinitis (children up to 21 years)		

Managed Care programmes

We offer a range of Managed Care programmes to support you and help put you on the path to good health. These programmes empower you to manage your condition effectively in the most clinically-proven way, ensuring your benefits last longer.

You will need to register to join these programmes.

<p>Back and neck</p>	<p>Helps manage severe back and neck pain Offers a personalised treatment plan for up to 6 weeks Includes assistance from doctors, physiotherapists and biokineticists Gives access to a home care plan to maintain long-term results We cover the full cost of the programme so it won't impact your savings or day-to-day benefits Highly effective and low-risk, with an excellent success rate Uses the DBC network</p>
<p>Cancer</p>	<p>Puts you first, offering emotional and medical support Delivers cost-effective care of the highest quality Liaises with your doctor to ensure your treatment plan is clinically appropriate to meet your needs Matches the treatment plan to your benefits to ensure you have the cover you need Access to a social worker for you and your loved ones Uses the ICON network of oncology specialists Uses the Bonitas Oncology Medicine Network (20% co-payment applies for use of a non-network provider)</p>
<p>Diabetes management</p>	<p>Empowers you to make the right decisions to stay healthy Offers a personalised care plan for your specific needs Provides cover for the tests required for the management of diabetes as well as other chronic conditions Helps you track the results of the required tests Offers access to diabetes doctors, dieticians and podiatrists Helps you better understand your condition through diabetes education Gives access to a dedicated Health Coach to answer any questions you may have</p>

<p>Hip and knee replacement</p>	<p>Based on the latest international standardised clinical care pathways Uses a multidisciplinary team, dedicated to assist with successful recovery Doctors evaluate and treat your condition before surgery to give you the best outcomes Treatment is covered in full on the ICPS and Joint Care network</p>
<p>HIV/AIDS</p>	<p>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</p>

In-hospital benefits

This benefit offers cover for major medical events that result in a beneficiary being admitted to hospital. We negotiate extensively with private hospitals to ensure the best possible value for our members.

Pre-authorisation is required.

Specialist consultations/treatment	Unlimited, network specialists covered in full at the Bonitas Rate Unlimited, non-network specialists paid at 100% of the Bonitas Rate
GP consultations/treatment	Unlimited, covered at 100% of the Bonitas Rate
Blood tests and other laboratory tests	Unlimited, covered at 100% of the Bonitas Rate
X-rays and ultrasounds	Unlimited, covered at 100% of the Bonitas Rate
MRIs and CT scans (specialised radiology)	R23 800 per family, in and out-of-hospital Pre-authorisation required
Paramedical/Allied medical professionals (such as physiotherapists, occupational therapists, dieticians and biokineticists)	Unlimited, covered at 100% of the Bonitas Rate Your therapist must get a referral from the doctor treating you in hospital
Internal and external prostheses	R45 090 per family Managed Care protocols apply Sublimit of R5 360 per breast prosthesis (limited to 2 per year) You must use a preferred supplier
Spinal surgery	You will have to pay a R10 000 co-payment if you do not go for an assessment through the back and neck programme
Hip and knee replacements	You will have to pay a R10 000 co-payment if you do not use the preferred provider
Mental health hospitalisation	R32 210 per family No cover for physiotherapy for mental health admissions You must use a Designated Service Provider
Take-home medicine	R420 per beneficiary, per hospital stay

Physical rehabilitation	R50 600 per family
Alternatives to hospital (hospice, step-down facilities)	R16 880 per family
Terminal care	Unlimited Including hospice/private nursing, home oxygen, pain management, psychologist and social worker support
Cancer treatment	R344 500 per family You must use a preferred provider Sublimit of R44 220 per beneficiary for Brachytherapy
Organ transplants	Unlimited Sublimit of R32 130 per beneficiary for corneal grafts
Kidney dialysis	Unlimited You must use a Designated Service Provider, or a 20% co-payment will apply
HIV/AIDS	Unlimited, if you register on the HIV/AIDS programme Chronic medicine must be obtained from the Designated Service Provider

Notes:



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