



2020

CMAC

100% SA HEALTHCARE CONSULTANTS
Healthcare solutions... expertly managed

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Council of Medical Schemes Accreditation No: 3021 PSP No. 17143171219308






PRIMARY

Bonitas

Medical Aid for South Africa


Rich GP benefit up to R5 030 and day-to-day up to R6 510

Plus extra benefits for:

-  **General appliances**
(including moonboot and crutches)
-  **MRIs and CT scans**
-  **Mental health**
-  **Basic dentistry**
-  **Optometry**

Unlimited hospital cover
100% Bonitas Rate

Unlimited terminal care benefit

 **Wellness screening plus R1 270 Extender** to use for blood tests, x-rays, programme to stop smoking or consultations with a GP, dietician, biokineticist and physiotherapist

R1 610 for contraceptives

 **Chronic medicine for 27 PMB conditions**

Maternity benefits:

- 6 consultations during pregnancy
- 2 x 2D scans
- 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 benefits:

- Newborn hearing screening
- Thyroid screening for infants under 1 month
- Childhood immunisations according to the Expanded Programme on Immunisation
- 1 Paediatric or GP consultation for children under 1
- 1 GP consultation for children aged 2 - 12
- 24/7 Babyline for advice for children under 3

Preventative care:

- Flu vaccine
- HIV test
- Mammogram
- Pap smear
- Pneumococcal vaccine
- Prostate screening

Managed Care programmes:

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

What you pay

Main member	R2 429
Adult dependant	R1 900
Child dependant	R773

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

Out-of-hospital benefits

Out-of-hospital claims will be paid from available day-to-day benefits. There is a separate benefit for GP consultations.

GP consultations

If you do not use a GP on our network, your benefit for GP consultations will be limited to the non-network GP consultation benefit. This is shown in the table below.

Main member only	R1 900 (R615 of this may be used for non-network GP consultations)
Main member + 1 dependant	R3 490 (R1 160 of this may be used for non-network GP consultations)
Main member + 2 dependants	R4 130 (R1 320 of this may be used for non-network GP consultations)
Main member + 3 dependants	R4 440 (R1 480 of this may be used for non-network GP consultations)
Main member + 4 or more dependants	R5 030 (R1 750 of this may be used for non-network GP consultations)

Day-to-day benefits

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

There is a separate benefit for tests and consultations for PMB treatment plans (excluding GP consultations). Therefore this will not affect your day-to-day benefits.

Main member only	R2 660
Main member + 1 dependant	R4 760
Main member + 2 dependants	R5 590
Main member + 3 dependants	R6 010
Main member + 4 or more dependants	R6 510

Specialist consultations	Paid from available day-to-day benefits You must get a referral from your GP
Blood tests and other laboratory tests	Paid from available day-to-day benefits
X-rays and ultrasounds	Paid from available day-to-day benefits

Acute medicine	Paid from available day-to-day benefits Formulary and Bonitas Pharmacy Network applies 20% co-payment for non-network or non-formulary use
Over-the-counter medicine	R500 per beneficiary R1 460 per family Paid from available day-to-day benefits Formulary and Bonitas Pharmacy Network applies 20% co-payment for non-network or non-formulary use
Paramedical/Allied medical professionals (such as physiotherapists, occupational therapists, dieticians and biokineticists)	Paid from available day-to-day benefits

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

MRIs and CT scans (specialised radiology)	R13 260 per family, in and out-of-hospital Pre-authorization required
Mental health consultations	R9 560 per family In and out-of-hospital consultations (included in the mental health hospitalisation benefit)
General medical appliances (such as wheelchairs and crutches)	R7 030 per family An additional R6 680 per family will apply should Stoma Care and CPAP machines exceed the general medical appliances limit You must use a preferred supplier
Optometry	R4 710 per family, 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, at a network provider OR R325 per beneficiary, at a non-network provider

Single vision lenses (Clear) or	100% towards the cost of lenses at network rates R185 per lens, per beneficiary, out of network
Bifocal lenses (Clear) or	100% towards the cost of lenses at network rates R420 per lens, per beneficiary, out of network
Multifocal lenses (Clear)	100% towards the cost of lenses at network rates R745 per lens, per beneficiary, out of network
Frames	R525 per beneficiary at a network provider R368 per beneficiary at a non-network provider
Contact lenses	R1 295 per beneficiary (included in the family limit)
Basic dentistry	Covered at the Bonitas Dental Tariff You must use a provider on the DENIS network
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
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 Benefit for root canal includes all teeth except primary teeth and permanent molars
Plastic dentures and associated laboratory costs	1 set of plastic dentures (an upper and a lower) per beneficiary, once every 4 years Pre-authorization required

Maxillo-facial surgery and oral pathology	
Surgery in the dental chair	Managed Care protocols apply
Hospitalisation (general anaesthetic)	<p>A co-payment of R3 500 per hospital admission and admission protocols apply</p> <p>General anaesthetic is only available to children under the age of 5 for extensive dental treatment once per lifetime</p> <p>General anaesthetic benefit is available for the removal of impacted teeth</p> <p>Managed Care protocols apply</p> <p>Pre-authorisation required</p>
Laughing gas in dental rooms	Managed Care protocols apply
IV conscious sedation in rooms	<p>Limited to extensive dental treatment</p> <p>Managed Care protocols apply</p> <p>Pre-authorisation required</p>

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 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 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	1 consultation 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
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 270 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

Primary 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 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

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.

Back and neck	<p>Helps manage severe back and neck pain</p> <p>Offers a personalised treatment plan for up to 6 weeks</p> <p>Includes assistance from doctors, physiotherapists and biokineticists</p> <p>Gives access to a home care plan to maintain long-term results</p> <p>We cover the full cost of the programme so it won't impact your savings or day-to-day benefits</p> <p>Highly effective and low-risk, with an excellent success rate</p> <p>Uses the DBC network</p>
Cancer	<p>Puts you first, offering emotional and medical support</p> <p>Delivers cost-effective care of the highest quality</p> <p>Liaises with your doctor to ensure your treatment plan is clinically appropriate to meet your needs</p> <p>Matches the treatment plan to your benefits to ensure you have the cover you need</p> <p>Access to a social worker for you and your loved ones</p> <p>Uses the ICON network of oncology specialists</p> <p>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</p> <p>Offers a personalised care plan for your specific needs</p> <p>Provides cover for the tests required for the management of diabetes as well as other chronic conditions</p> <p>Helps you track the results of the required tests</p> <p>Offers access to diabetes doctors, dieticians and podiatrists</p> <p>Helps you better understand your condition through diabetes education</p> <p>Gives access to a dedicated Health Coach to answer any questions you may have</p>
<p>HIV/AIDS</p>	<p>Provides you with appropriate treatment and tools to live a normal life</p> <p>Covers medicine to treat HIV (including drugs to prevent mother-to-child transmission and infection after sexual assault or needle-stick injury)</p> <p>Treatment and prevention of opportunistic infections such as pneumonia, TB and flu</p> <p>Covers regular blood tests to monitor disease progression, response to therapy and to detect possible side-effects of treatment</p> <p>Offers HIV-related consultations to visit your doctor to monitor your clinical status</p> <p>Gives ongoing patient support via a team of trained and experienced counsellors</p> <p>Offers access to telephonic support from doctors</p> <p>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)	R13 260 per family, in and out-of-hospital Pre-authorisation required
Paramedical/Allied medical professionals (such as physiotherapists, occupational therapists, dieticians and biokineticists)	Paid from available day-to-day benefits (except for PMB)
Internal prosthesis	R32 130 per family (excluding joint replacement prosthesis) Managed Care protocols apply You must use a preferred supplier
Mental health hospitalisation	R15 830 per family No cover for physiotherapy for mental health admissions You must use a Designated Service Provider
Take-home medicine	R390 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	R165 500 per family You must use a preferred provider Sublimit of R44 220 per beneficiary for Brachytherapy
Organ transplants	PMB only
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 Pharmacy Direct

A co-payment will apply to the following procedures in hospital:

R1 520 co-payment	R3 850 co-payment	R7 580 co-payment
1. Colonoscopy	1. Arthroscopy	1. Back Surgery including Spinal Fusion
2. Conservative Back Treatment	2. Diagnostic Laparoscopy	2. Joint Replacements
3. Cystoscopy	3. Laparoscopic Hysterectomy	3. Laparoscopic Pyeloplasty
4. Facet Joint Injections	4. Percutaneous Radiofrequency Ablations (Percutaneous Rhizotomies)	4. Laparoscopic Radical Prostatectomy
5. Flexible Sigmoidoscopy		5. Nissen Fundoplication (Reflux Surgery)
6. Functional Nasal Surgery		
7. Gastroscopy		
8. Hysteroscopy (not Endometrial Ablation)		
9. Myringotomy		
10. Tonsillectomy and Adenoidectomy		
11. Umbilical Hernia Repair		
12. Varicose Vein Surgery		

Notes



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