



2020

CMAAC
FOR SELECTED MEDICAL SCHEMES
Healthcare solutions... expect more!

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STANDARD SELECT

Bonitas


Medical Aid for South Africa

Approximately 15% cheaper using a quality network

Plus extra benefits for:

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

Unlimited hospital cover
100% Bonitas Rate

 **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

R283 300 cochlear implant benefit

 **R19 670 for chronic medicine for up to 45 conditions**

Maternity benefits:

- 12 consultations during pregnancy
- 2 x 2D scans
- R1 240 for antenatal classes
- 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
- 2 Paediatric or GP consultations for children under 1
- 2 GP consultations for children aged 2 - 12
- 24/7 Babyline for advice for children under 3

Preventative care:

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

Managed Care programmes:

- Back and neck
- Cancer
- Diabetes
- Hip and knee replacements
- HIV/AIDS
- Mental health

What you pay

Main member	R3 368
Adult dependant	R2 914
Child dependant	R986

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

You must choose 1 GP on our network for each beneficiary. This is your nominated GP for the year. If you do not use your nominated GP, your benefit will be limited to the non-nominated GP consultation benefit as indicated in the table below.

Main member only	R4 250 (R1 380 of this can be used for non-nominated GP consultations)
Main member + 1 dependant	R6 230 (R2 130 of this can be used for non-nominated GP consultations)
Main member + 2 dependants	R6 910 (R2 330 of this can be used for non-nominated GP consultations)
Main member + 3 dependants	R7 250 (R2 430 of this can be used for non-nominated GP consultations)
Main member + 4 or more dependants	R7 870 (R2 620 of this can be used for non-nominated 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) so this will not affect your day-to-day benefits.

Main member only	R5 940
Main member + 1 dependant	R9 030
Main member + 2 dependants	R10 440
Main member + 3 dependants	R11 400
Main member + 4 or more dependants	R12 420

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	<p>Paid from available day-to-day benefits</p> <p>Formulary and Bonitas Pharmacy Network applies</p> <p>20% co-payment for non-network or non-formulary use</p>
Over-the-counter medicine	<p>R790 per beneficiary</p> <p>R2 400 per family</p> <p>Paid from available day-to-day benefits</p> <p>Formulary and Bonitas Pharmacy Network applies</p> <p>20% co-payment for non-network or non-formulary use</p>
Paramedical/Allied medical professionals (such as physiotherapists, occupational therapists, dieticians and biokineticists)	<p>Paid from available day-to-day benefits</p>

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)	<p>R26 620 per family, in and out-of-hospital</p> <p>Pre-authorisation required</p>
Mental health consultations	<p>R15 890 per family</p> <p>In and out-of-hospital consultations (included in the mental health hospitalisation benefit)</p>
General medical appliances (such as wheelchairs and crutches)	<p>R7 820 per family</p> <p>An additional R6 680 per family will apply should Stoma Care and CPAP machines exceed the general medical appliances limit</p> <p>You must use a preferred supplier</p>
Hearing aids	<p>R16 320 per family, once every 5 years (based on the date of your previous claim)</p> <p>20% co-payment applies</p> <p>You must use a preferred supplier</p>

Optometry	R6 115 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	R1 275 per beneficiary at a network provider R893 per beneficiary at a non-network provider
Contact lenses	R1 870 per beneficiary (included in the family limit)
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 benefit may be considered if specialist dental treatment planning/follow up 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 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 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
Orthodontics and associated laboratory costs	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 80% 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
Periodontics	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
Maxillo-facial surgery and oral pathology	
Surgery in the dental chair	Managed Care protocols apply

<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 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	12 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 2 consultations per child between ages 1 and 2
GP consultations	2 consultations 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

Standard Select offers generous cover for the 45 chronic conditions listed below. Your chronic medicine benefit is R9 800 per beneficiary and R19 670 per family on the applicable formulary. 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.

Once the amount above is finished, you will still be covered for the 27 Prescribed Minimum Benefits, listed below.

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	34. Dermatitis	40. Narcolepsy
29. Allergic Rhinitis	35. Depression	41. Obsessive Compulsive Disorder
30. Ankylosing Spondylitis	36. Eczema	42. Panic Disorder
31. Attention Deficit Disorder (in children aged 5-18)	37. Gastro-Oesophageal Reflux Disease (GORD)	43. Post-Traumatic Stress Disorder
32. Barrett's Oesophagus	38. Generalised Anxiety Disorder	44. Tourette's Syndrome
33. Behcet's Disease	39. Gout	45. Zollinger-Ellison Syndrome

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>
<p>Mental wellness</p>	<p>Available to pre-identified members who suffer from depression, anxiety, post-traumatic stress disorder and alcohol abuse Access to a Care Manager who will work with you, your treating doctor and where appropriate, with other healthcare professionals to assist in improving your condition Your Care Manager will assist with setting up appointments with your doctor, obtain authorisation for healthcare services, understand the importance of preventative care and the use of wellness benefits or resolve queries related to any other health condition Provides educational material about mental health which empowers you to manage your condition</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.

Please note: You must use a hospital on the Standard Select network or you will have to pay a 30% co-payment.

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 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)	R26 620 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 must use the Designated Service Provider
Internal nerve stimulators	R168 900 per family
Cochlear implants	R283 300 per family You must use a preferred supplier

Mental health hospitalisation	R40 600 per family No cover for physiotherapy for mental health admissions You must use a Designated Service Provider
Take-home medicine	R475 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 Pharmacy Direct



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