

INCOME  
BASED



**BONCAP**

**2024**

*Bonitas*

Medical Aid for South Africa



# WHAT YOU PAY

IF YOUR MONTHLY INCOME IS:

**MAIN MEMBER**

**ADULT DEPENDANT**

**CHILD DEPENDANT**

SUBJECT TO INCOME VERIFICATION

<b>R0 TO R10 680</b>
<b>R10 681 TO R17 330</b>
<b>R17 331 TO R22 540</b>
<b>R22 541+</b>

<b>R1 430</b>
<b>R1 745</b>
<b>R2 813</b>
<b>R3 453</b>

<b>R1 430</b>
<b>R1 745</b>
<b>R2 813</b>
<b>R3 453</b>

<b>R673</b>
<b>R802</b>
<b>R1 064</b>
<b>R1 310</b>

BONCAP USES **SPECIFIC NETWORKS AND FORMULARIES** (INCLUDING GP, SPECIALIST, HOSPITAL, PATHOLOGY AND PHARMACY).

DEPENDANTS UP TO AGE 24 YEARS PAY CHILD RATES. **NEW**

All benefits and limits are per calendar year, unless otherwise stated. All claims are paid at the BonCap Rate, unless otherwise stated. Managed Care protocols apply. All benefits are approved by the Council for Medical Schemes. **PMB** = Prescribed Minimum Benefits **DSP** = Designated Service Provider

# OUT-OF-HOSPITAL BENEFITS

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

<b>NETWORK GP CONSULTATIONS</b> (INCLUDING VIRTUAL CARE CONSULTATIONS)	Unlimited GP consultations, using a maximum of 2 nominated BonCap network GPs	Approval is required from the 8th GP consultation per beneficiary
<b>NON-NETWORK GP CONSULTATIONS</b>	1 out-of-network consultation per beneficiary	Maximum of 2 consultations per family, limited to R400 per visit
	30% co-payment applies, unless PMB	
<b>EMERGENCY ROOM BENEFIT (NEW)</b> (FOR EMERGENCIES ONLY)	2 emergency consultations per family at a casualty ward or emergency room facility of a hospital	Benefit limited to emergencies only
<b>GP-REFERRED ACUTE MEDICINE, X-RAYS AND BLOOD TESTS</b>	Main member only	R2 190
	Main member + 1 dependant	R3 650
	Main member + 2 dependants	R4 370
	Main member + 3 dependants	R4 770
	Main member + 4 or more dependants	R5 290
	Subject to the applicable formularies, pharmacy and pathology networks	
<b>NETWORK SPECIALIST CONSULTATIONS</b> (THIS BENEFIT INCLUDES ACUTE MEDICINE, BLOOD TESTS, X-RAYS, MRIs AND CT SCANS)	Maximum of 3 visits limited to R3 710 per beneficiary	Maximum of 5 visits limited to R5 510 per family
	Subject to the BonCap Specialist network and referral from a BonCap network GP	Pre-authorisation required (including MRIs and CT scans)
<b>NON-NETWORK SPECIALIST CONSULTATIONS</b>	PMB only	
<b>MATERNITY CARE</b> (ALSO SEE CARE PROGRAMMES PAGE 8)	Antenatal consultations are subject to the GP consultation and specialist consultation 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)
<b>OVER-THE-COUNTER MEDICINE</b>	Limited to R110 per event	Maximum of R315 per beneficiary, per year
	Subject to the BonCap medicine formulary and Bonitas pharmacy network	
<b>ALLIED MEDICAL PROFESSIONALS</b> (SUCH AS DIETICIAN, SPEECH AND OCCUPATIONAL THERAPIST)	PMB only	

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<b>PHYSIOTHERAPY, PODIATRY AND BIKINETICS</b>	PMB only	
<b>GENERAL MEDICAL APPLIANCES</b> (SUCH AS WHEELCHAIRS AND CRUTCHES)	R6 740 per family	Subject to Managed Care protocols
<b>OPTOMETRY</b>	Glasses or contact lenses are available through the contracted service provider once every 2 years (based on the date of your previous claim)	
<b>EYE TESTS</b>	1 composite consultation per beneficiary, at a network provider	<b>OR</b> R380 per beneficiary for an eye examination, at a non-network provider
<b>SINGLE VISION LENSES (CLEAR) OR</b>	100% towards the cost of lenses at network rates	R215 per lens, per beneficiary, out of network
<b>BIFOCAL LENSES (CLEAR) OR</b>	100% towards the cost of lenses at network rates	R460 per lens, per beneficiary, out of network
<b>MULTIFOCAL LENSES</b>	100% towards the cost of base lenses at a network provider, or limited to a maximum of R860 per designer lens, per beneficiary, in and out of network	
<b>FRAMES</b>	R260 per beneficiary at a network provider	<b>OR</b> R195 per beneficiary at a non-network provider
<b>CONTACT LENSES</b>	R1 255 per beneficiary	
<b>BASIC DENTISTRY</b>	You must use a provider on the DENIS network	Covered at the Bonitas Dental Tariff
	Managed Care protocols apply	
<b>CONSULTATIONS</b>	1 consultation per beneficiary	
<b>EMERGENCY CONSULTATION</b>	1 emergency consultation for sepsis per beneficiary	
<b>X-RAYS: INTRA-ORAL</b>	4 X-rays per beneficiary	
<b>X-RAYS: EXTRA-ORAL</b>	PMB only	
<b>SCALING AND POLISHING</b>	1 scaling and polishing	<b>OR</b> 1 polish per beneficiary
<b>FLUORIDE TREATMENTS</b>	1 treatment for beneficiaries from age 5 and younger than 16 years	
<b>FISSURE SEALANTS</b>	1 per tooth, once every 3 years for beneficiaries under 16 years	
<b>INHALATION SEDATION IN DENTAL ROOMS</b> (LAUGHING GAS)	Inhalation sedation limited to extensive conservative dental treatment only	Managed Care protocols apply

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<b>EMERGENCY ROOT CANAL THERAPY</b>	For emergency treatment only, limited to pulp removal (wisdom teeth excluded)	Subject to DENIS treatment protocols
<b>EXTRACTIONS</b>	Subject to DENIS treatment protocols	Impacted teeth excluded
<b>PLASTIC DENTURES AND ASSOCIATED LABORATORY COSTS</b>	Once every 2 years for beneficiaries 21 years and older (based on the date of your previous claim)	Managed Care protocols apply
	20% co-payment applies	Pre-authorisation required or further 20% penalty applies
<b>DENTAL FILLINGS</b>	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	
<b>MAXILLO-FACIAL SURGERY IN DENTAL CHAIR</b>	PMB only	Pre-authorisation from DENIS required
<b>MODERATE/DEEP SEDATION IN DENTAL ROOMS (IV CONSCIOUS SEDATION)</b>	Limited to extensive conservative dental treatment	Pre-authorisation from DENIS required
<b>HOSPITALISATION (GENERAL ANAESTHETIC)</b>	PMB only	Pre-authorisation from DENIS required
	Avoid a 30% co-payment by using a hospital on the applicable network	

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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.

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	
CHILDHOOD IMMUNISATIONS UP TO AGE 12	According to the Expanded Programme on Immunisation in South Africa	
BE BETTER BENEFIT (Preventative care and wellness benefits for all life stages)		
GENERAL HEALTH	1 HIV test and counselling per beneficiary	1 flu vaccine per beneficiary
WOMEN'S HEALTH	1 mammogram and ultrasound every 2 years, for women over 40	1 pap smear every 3 years, or 1 HPV PCR test every 5 years, for women between ages 21 and 65
	2 Human Papillomavirus (HPV) vaccines, female beneficiaries between ages 9 and 14 (one course per lifetime)	3 Human Papillomavirus (HPV) vaccines, female beneficiaries between ages 15 and 26 (one course per lifetime)
MEN'S HEALTH	1 prostate screening antigen test for men between ages 55 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 45 and 75 Subject to applicable formulary
DENTAL FISSURE SEALANTS	1 per tooth, once every 3 years for beneficiaries under 16	
CONTRACEPTIVES (FOR WOMEN AGED UP TO 50)	R1 260 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	
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"> <li>• Blood pressure</li> <li>• Glucose</li> <li>• Cholesterol</li> <li>• Body Mass Index</li> <li>• Waist-to-hip ratio</li> </ul>
AFRICA BENEFIT		
PER TRIP	In and out-of-hospital treatment covered at 100% of the BonCap Rate	Subject to authorisation

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# CHRONIC BENEFITS

BonCap ensures that you are covered for the **28** chronic conditions 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.

Subject to nomination of a network GP for management of chronic conditions.

## 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

## ADDITIONAL CONDITION COVERED (NEW)

28.	Depression (medication up to R150 per beneficiary, per month)
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# 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.

<b>CANCER</b>	Puts you first, offering emotional and medical support	Matches the treatment plan to your benefits to ensure you have the cover you need
	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 (20% co-payment applies for use of a non-network provider)
	Provides you with appropriate treatment and tools to live your best life	Offers 1 annual pap smear for members who had a positive cytology test
<b>HIV/AIDS</b>	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	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
	Covers regular blood tests to monitor disease progression, response to therapy and to detect possible side-effects of treatment	
<b>MATERNITY SUPPORT</b> (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
<b>PRE-DIABETIC LIFESTYLE MANAGEMENT PROGRAMME</b>	Health risk assessment needs to be completed and submitted by a network GP for the programme to be enabled	1 Dietician visit every 6 months
	1 Biokinetics assessment every 6 months	2 GP visits
<b>LOWER BACK PAIN MANAGEMENT PROGRAMME</b>	Health risk assessment needs to be completed and submitted by a network GP for the programme to be enabled	
<b>HOSPITAL-AT-HOME</b> (SUBJECT TO PRE-AUTHORISATION)	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
	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
<b>MENTAL HEALTH PROGRAMME</b>	Available to members who suffer from depression, anxiety, post-traumatic stress disorder and alcohol abuse	Provides educational material on mental health which empowers you to manage your condition
	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	A digital platform designed to give members easy access to mental health information, community support and expert help
	Your Care Manager will help you understand the importance of preventative care and the use of wellness benefits as well as resolve queries related to any other health condition	

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# 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.

<b>GP CONSULTATIONS</b>	Unlimited, covered at 100% of the BonCap Rate for BonCap network GPs	Non-network GPs are covered at 70% of the BonCap Rate
<b>SPECIALIST CONSULTATIONS</b>	Unlimited, covered at 100% of the BonCap Rate for BonCap specialists	Non-network specialists are covered at 70% of the BonCap Rate
<b>BLOOD TESTS AND OTHER LABORATORY TESTS</b>	R29 690 per family except for PMB	
<b>BLOOD TRANSFUSIONS</b>	R21 570 per family except for PMB	
<b>X-RAYS AND ULTRASOUNDS</b>	Unlimited, covered at 100% of the BonCap Rate	
<b>MRIs AND CT SCANS</b> (SPECIALISED RADIOLOGY)	R13 550 per family	Pre-authorisation required
	R1 170 co-payment per scan event, except for PMB	
<b>CATARACT SURGERY</b>	You must use a Designated Service Provider or a R7 050 co-payment will apply	
<b>ALLIED MEDICAL PROFESSIONALS</b> (SUCH AS DIETICIAN, SPEECH AND OCCUPATIONAL THERAPIST)	PMB only, 30% co-payment at non-DSP	Subject to referral by the treating practitioner
<b>PHYSIOTHERAPY, PODIATRY AND BIOKINETICS</b>	PMB only, 30% co-payment at non-DSP	Subject to referral by the treating practitioner
<b>INTERNAL AND EXTERNAL PROSTHESES</b>	PMB only at the DSP	Managed Care protocols apply
	Pre-authorisation required	
<b>MENTAL HEALTH HOSPITALISATION</b> (ALSO SEE CARE PROGRAMMES PAGE 8)	PMB only	No cover for physiotherapy for mental health admissions
	You must use a Designated Service Provider or a 30% co-payment will apply	
<b>NEONATAL CARE</b>	Limited to R52 960 per family, except for PMB	
<b>TAKE-HOME MEDICINE</b>	Limited to a 7-day supply up to R445 per hospital stay	
<b>PHYSICAL REHABILITATION</b>	R57 890 per family	Pre-authorisation required

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<b>ALTERNATIVES TO HOSPITAL</b> (HOSPICE, STEP-DOWN FACILITIES)	R16 680 per family	Pre-authorisation required
<b>PALLIATIVE CARE</b> (CANCER ONLY)	Unlimited, subject to using the Designated Service Provider	Pre-authorisation required
	Including hospice/private nursing, home oxygen, pain management, psychologist and social worker support	
<b>CANCER TREATMENT</b> (ALSO SEE CARE PROGRAMMES PAGE 8)	PMB only at a Designated Service Provider or a 30% co-payment applies	Pre-authorisation required
<b>CANCER MEDICINE</b>	Subject to the preferred product list	You must use a Designated Service Provider or a 20% co-payment will apply
<b>ORGAN TRANSPLANTS</b>	PMB only at a Designated Service Provider	Pre-authorisation required
<b>KIDNEY DIALYSIS</b>	Unlimited (subject to Managed Care protocols)	You must use a Designated Service Provider or a 20% co-payment will apply
	Pre-authorisation required	
<b>HIV/AIDS</b> (ALSO SEE CARE PROGRAMMES PAGE 8)	Unlimited, if you register on the HIV/AIDS programme	Chronic medicine must be obtained from the Designated Service Provider
<b>DAY SURGERY PROCEDURES</b> (APPLIES TO SELECTED PROCEDURES)	You must use a network day hospital or a 30% co-payment will apply	
<b>SURGICAL PROCEDURES THAT ARE NOT COVERED</b>	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	Gastroscopies, colonoscopies and all other endoscopies
	Bunion surgery	In-hospital dental surgery

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## MAKE THE MOST OF YOUR BONITAS MEMBERSHIP WITH THE NEW MEMBER INFORMATION PAGE ON OUR WEBSITE!

We know that medical aid can be confusing at times, but we've made it easy for you to quickly access essential medical aid information. And there is no need to log in, just info at the click of a button, like:

- How to get your claims paid quickly
- Effortlessly getting hospital authorisations
- Registering your chronic medicine
- Accessing our Maternity programme
- Getting more benefits with the Benefit Booster
- Going for a free wellness screening
- And much more

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