

SAVINGS



BONCLASSIC




2024

Bonitas

Medical Aid for South Africa

Bonitas

WHAT YOU PAY

 MAIN MEMBER	R6 732
 ADULT DEPENDANT	R5 780
 CHILD DEPENDANT	R1 662

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

YOU ONLY PAY FOR A MAXIMUM OF THREE CHILDREN. DEPENDANTS UP TO AGE 24 YEARS PAY CHILD RATES.

NEW

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. **Please note:** When you complete a wellness screening or online wellness questionnaire, you unlock the Benefit Booster which can be used to pay for out-of-hospital expenses first. See page 7 for more information.

	MAIN MEMBER	ADULT DEPENDANT	CHILD DEPENDANT
SAVINGS	R11 412	R9 804	R2 820
GP CONSULTATIONS (INCLUDING VIRTUAL CARE CONSULTATIONS)	Paid from available savings		
SPECIALIST CONSULTATIONS	Paid from available savings	You must get a referral from your GP	
EMERGENCY ROOM BENEFIT (NEW) (FOR EMERGENCIES ONLY)	2 emergency consultations per family at a casualty ward or emergency room facility of a hospital	If it is not classified as an emergency, it will be paid from available savings	
NON-SURGICAL PROCEDURES	Limited to R6 260 per beneficiary	Limited to R10 180 per family	
ACUTE MEDICINE	Paid from available savings		
OVER-THE-COUNTER MEDICINE	Paid from available savings		
HOMEOPATHIC MEDICINE	Paid from available savings		
ALLIED MEDICAL PROFESSIONALS (SUCH AS DIETICIAN, SPEECH AND OCCUPATIONAL THERAPIST)	Paid from available savings		
PHYSIOTHERAPY, PODIATRY AND BIOKINETICS	Paid from available savings		
GENERAL MEDICAL APPLIANCES (SUCH AS WHEELCHAIRS AND CRUTCHES)	Paid from available savings	Subject to frequency limits as per Managed Care protocols	
BLOOD TESTS AND X-RAYS	R3 860 per beneficiary	R8 540 per family	
MRIs AND CT SCANS (SPECIALISED RADIOLOGY)	R35 930 per family, in and out-of-hospital	Pre-authorisation required	
	R2 660 co-payment per scan event except for PMB		
MENTAL HEALTH CONSULTATIONS (ALSO SEE CARE PROGRAMMES PAGE 10)	In and out-of-hospital consultations (included in the mental health hospitalisation benefit)	Limited to R19 310 per family	
INSULIN PUMP OR CONTINUOUS GLUCOSE MONITOR (ALSO SEE CARE PROGRAMMES PAGE 10)	R85 000 per family every 5 years	Consumables limited to R85 000 per family	
	Limited to one device per type 1 diabetic for beneficiaries younger than 18		
IN-ROOM PROCEDURES	Cover for a defined list of approved procedures performed in the specialist's rooms	Pre-authorisation required	
	R9 200 per device (maximum two devices per beneficiary), once every 3 years (based on the date of your previous claim)	Avoid a 25% co-payment by using a Designated Service Provider	
AUDIOLOGY (HEARING AIDS, CONSULTATIONS AND TESTS) (ALSO SEE CARE PROGRAMMES PAGE 11)	All tests and consultations limited to the Audiology Benefit Management Programme and use of a network provider	Claims outside the Audiology Benefit Management Programme paid from available savings	

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OPTOMETRY	R6 440 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 consultation per beneficiary, at a network provider	OR	R380 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 maximum of R860 per designer lens, per beneficiary, in and out of network			
FRAMES	R1 280 per beneficiary at a network provider	OR	R960 per beneficiary at a non-network provider	
CONTACT LENSES	R2 065 per beneficiary, included in family limit			
BASIC DENTISTRY	R5 812 per family	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			
PREVENTATIVE CARE	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	Managed Care protocols apply		
	Pre-authorisation required			
SPECIALISED DENTISTRY	R6 997 per family, per year	Covered at the Bonitas Dental Tariff		
PARTIAL CHROME COBALT FRAME DENTURES AND ASSOCIATED LABORATORY COSTS	2 partial frames (an upper and 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		

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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 100% 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	
HOSPITALISATION (GENERAL ANAESTHETIC)	A co-payment of R3 500 per hospital admission applies for children under the age of 5 and R5 000 for any other admission, including removal of impacted teeth or any other medical condition OR A R2 500 upfront co-payment if the dental treatment is done in a day hospital	General anaesthetic is only available to children under the age of 5 for extensive dental treatment
	Avoid a 30% co-payment by using a hospital on the applicable network	General anaesthetic benefit is available for the removal of impacted teeth
	Pre-authorisation required	Managed Care protocols apply
INHALATION SEDATION IN DENTAL ROOMS (LAUGHING GAS)	Managed Care protocols apply	
MODERATE/DEEP SEDATION IN DENTAL ROOMS (IV CONSCIOUS SEDATION)	Limited to extensive dental treatment	Managed Care protocols apply
	Pre-authorisation required	

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CHRONIC BENEFITS

BonClassic offers cover for the **47** chronic conditions listed below, limited to **R14 050** per beneficiary and **R29 040** per family on the applicable formulary. If you choose to use medicine that is not on the formulary, you will have to pay a 40% co-payment. You must get your medicine from a Bonitas Network Pharmacy or Pharmacy Direct, our Designated Service Provider. If you choose to use a non-network pharmacy, 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 – through Pharmacy Direct our Designated Service Provider. If you choose not to use Pharmacy Direct, you will have to pay a 40% co-payment.

Pre-authorisation is required.

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 CONDITIONS COVERED

28.	Alzheimer's Disease (early onset)
29.	Ankylosing Spondylitis
30.	Attention Deficit Disorder (in children aged 5 -18)
31.	Barrett's Oesophagus
32.	Benign Prostatic Hypertrophy
33.	Depression
34.	Eczema

35.	Gastro-Oesophageal Reflux Disease (GORD)
36.	Generalised Anxiety Disorder
37.	Gout
38.	Obsessive Compulsive Disorder
39.	Osteoporosis
40.	Paget's Disease
41.	Panic Disorder

42.	Polyarteritis Nodosa
43.	Pulmonary Interstitial Fibrosis
44.	Post-Traumatic Stress Disorder
45.	Scleroderma
46.	Tourette's Syndrome
47.	Zollinger-Ellison Syndrome

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BOOSTER

BENEFIT BOOSTER

GET UP TO R2 070 EXTRA BENEFITS TO PAY FOR ANY OUT-OF-HOSPITAL CLAIMS

WHAT IS THE BENEFIT BOOSTER?

It's an extra out-of-hospital benefit amount in addition to your day-to-day or savings amount, that you get after completing an online wellness questionnaire and/or wellness screening. Once activated, out-of-hospital claims like GP visits, over-the-counter medicine, X-rays and blood tests will then first pay from the available Benefit Booster amount – helping your day-to-day benefit/savings last longer.

Annual amount available per family

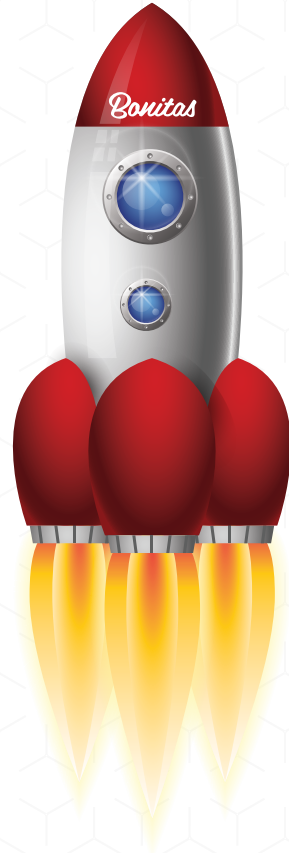
IF YOU ARE ON	YOUR BENEFIT BOOSTER AMOUNT
BonClassic	R2 070

HOW TO ACTIVATE IT

Complete an online wellness questionnaire (on the Bonitas app or website) or wellness screening (at a participating pharmacy, biokineticist or Bonitas wellness day).

Ts & Cs apply. Child dependants can access the Benefit Booster once an adult beneficiary has completed a wellness screening or online wellness questionnaire.

(All claims are paid at the Bonitas Rate)



MOTHER & CHILD CARE

NEW



MATERNITY CARE



- 12 antenatal consultations with a gynaecologist, GP or midwife
- R1 500 for antenatal classes
- 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 PROGRAMME



Register for the maternity programme and get:

- Access to 24/7 maternity advice line
- Dedicated maternity nurse/midwife to support and advise you throughout your pregnancy
- Access to articles regarding common pregnancy concerns
- Pregnancy education emails and SMSs sent to you weekly
- Online antenatal classes to prepare you for the birth and what to expect when you get home
- Baby bag including baby care essentials

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
- Immunisation according to the Private Vaccination schedule in South Africa up to the age of 12

NEW

BE BETTER BENEFIT



PREVENTATIVE CARE

- 1 HIV test and counselling per beneficiary
- 1 flu vaccine per beneficiary
- 1 full lipogram every 5 years, for members aged 20 and over
- 1 mammogram 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
- 1 prostate screening antigen test for men between ages 55 and 69
- 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
- 1 bone density screening every 5 years, for women aged 65 and over and men aged 70 and over
- Dental fissure sealants to prevent tooth decay on permanent teeth for children under 16
- Covid-19 vaccines and boosters as directed by the National Department of Health
- 1 whooping cough booster vaccine every 10 years, for members between ages 7 and 64
- 2 doses of the human papillomavirus (HPV) vaccine for female beneficiaries between ages 9 and 14 (limited to 1 course per lifetime)
- 3 doses of the human papillomavirus (HPV) vaccine for female beneficiaries between ages 15 and 26 (limited to 1 course per lifetime)
- Free online hearing screening for beneficiaries aged 18 and over

WELLNESS BENEFIT



- 1 wellness screening per beneficiary at a participating pharmacy, biokineticist or a Bonitas wellness day

Wellness screening includes the following tests:

- Blood pressure
- Cholesterol
- Glucose
- Body Mass Index
- Waist-to-hip ratio

CONTRACEPTIVES



- R1 950 per family (for women aged up to 50)
- You must use Pharmacy Direct, our Designated Service Provider for pharmacy-dispensed contraceptives
- If you choose not to use the Designated Service Provider, a 40% co-payment applies

CARE PROGRAMMES



MENTAL HEALTH PROGRAMME

- Available to 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 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
- Provides educational material on mental health which empowers you to manage your condition
- A digital platform designed to give members easy access to mental health information, community support and expert help



CANCER

- Puts you first, offering emotional and medical support
- Liaises with your doctor to ensure your treatment plan is clinically appropriate to meet your needs
- 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)
- Matches the treatment plan to your benefits to ensure you have the cover you need
- Uses the Bonitas Oncology Network of specialists



DIABETES MANAGEMENT

- Empowers you to make the right decisions to stay healthy
- Provides cover for the tests required for the management of diabetes as well as other chronic conditions
- Offers access to diabetes doctors, dieticians and podiatrists
- Gives access to a dedicated Health Coach to answer any questions you may have
- Offers a personalised care plan for your specific needs
- Provides education to help you understand your condition better



BACK AND NECK

- Assessment of back and neck pain to determine the level of care required before surgery to give you the best outcome
- Offers a personalised treatment plan for up to 6 weeks
- Includes treatment from doctors, physiotherapists and biokineticists
- Gives access to a home care plan to maintain long-term results and helps manage severe back and neck pain
- Highly effective and low-risk, with an excellent success rate
- We cover the cost of the programme, excluding X-rays
- Uses the DBC network

CARE PROGRAMMES



HIV/AIDS

- Provides you with appropriate treatment and tools to live your best life
- Offers HIV-related consultations to visit your doctor to monitor your clinical status
- Offers access to telephonic support from doctors
- Covers medicine to treat HIV (including drugs to prevent mother-to-child transmission and infection after sexual assault or needle-stick injury)
- Covers regular blood tests to monitor disease progression, response to therapy and to detect possible side-effects of treatment
- Offers 1 annual pap smear for members who had a positive cytology test
- Gives ongoing patient support via a team of trained and experienced counsellors
- Treatment and prevention of opportunistic infections such as pneumonia, TB and flu
- Helps in finding a registered counsellor for face-to-face emotional support



HIP AND KNEE REPLACEMENT

- Based on the latest international standardised clinical care pathways
- Doctors evaluate and treat your condition before surgery to give you the best outcome
- Uses a multidisciplinary team, dedicated to assist with successful recovery
- Treatment is covered in full at a Designated Service Provider for joint replacement surgery



HOSPITAL-AT-HOME

- 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
- Hospital-at-Home is subject to pre-authorisation

NEW



AUDIOLOGY BENEFIT MANAGEMENT

- Available to members who are experiencing hearing loss
- Offers members quality treatment and hearing devices
- Uses the latest in audiological technology and the highest standard of clinical expertise
- Tests and consultations are fully covered by using an audiologist on the hearConnect Audiology Network
- No co-payments for prescribed hearing aids should you use an in-network service provider
- Hearing aid benefit will renew every 3 years

IN-HOSPITAL BENEFITS

This benefit offers cover for major medical events that result in a beneficiary being admitted to hospital. Members have access to cover at a private hospital. Pre-authorisation is required. A co-payment may apply to specific admissions and/or procedures. Managed Care protocols apply.

Please note: On this option you can avoid a 30% co-payment by using a hospital on the applicable network.

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)	R35 930 per family, in and out-of-hospital	Pre-authorisation required
	R2 660 co-payment per scan event except for PMB	
ALLIED MEDICAL PROFESSIONALS (SUCH AS HOMEOPATHY AND ACUPUNCTURE)	Unlimited, covered at 100% of the Bonitas Rate	Subject to referral by the treating practitioner
PHYSIOTHERAPY AND BIOKINETICS	Unlimited, covered at 100% of the Bonitas Rate	Subject to referral by the treating practitioner
INTERNAL AND EXTERNAL PROSTHESES	R67 670 per family, unless PMB	Managed Care protocols apply
	Sublimit of R6 520 per breast prosthesis (limited to 2 per year)	
SPINAL SURGERY (ALSO SEE CARE PROGRAMMES PAGE 10)	Subject to an assessment and referral for spinal surgery through the Back and Neck programme	
HIP AND KNEE REPLACEMENTS (ALSO SEE CARE PROGRAMMES PAGE 11)	Avoid a R35 250 co-payment by using the Designated Service Provider	
COCHLEAR IMPLANTS	R344 200 per family	
CATARACT SURGERY	Avoid a R7 050 co-payment by using the Designated Service Provider	
MENTAL HEALTH HOSPITALISATION	R50 070 per family	No cover for physiotherapy for mental health admissions
	Avoid a 30% co-payment by using a hospital on the applicable network	
TAKE-HOME MEDICINE	Limited to a 7-day supply up to R575 per hospital stay	
PHYSICAL REHABILITATION	R61 480 per family	
ALTERNATIVES TO HOSPITAL (HOSPICE, STEP-DOWN FACILITIES)	R20 500 per family	Managed Care protocols apply

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PALLIATIVE CARE (CANCER ONLY)
CANCER TREATMENT (ALSO SEE CARE PROGRAMMES PAGE 10)
CANCER MEDICINE
ORGAN TRANSPLANTS
KIDNEY DIALYSIS
HIV/AIDS (ALSO SEE CARE PROGRAMMES PAGE 11)
DAY SURGERY PROCEDURES (APPLIES TO SELECTED PROCEDURES)

Unlimited, subject to the Designated Service Provider	Including hospice/private nursing, home oxygen, pain management, psychologist and social worker support
Unlimited for PMBs	Avoid a 30% co-payment by using a Designated Service Provider
R319 500 per family for non-PMBs. Paid at 80% at a Designated Service Provider and no cover at a non-Designated Service Provider, once limit is reached.	
Sublimit of R150 000 can be used for specialised drugs (including biological drugs)	Sublimit of R57 680 per beneficiary for Brachytherapy
Subject to Medicine Price List and preferred product list	Avoid a 20% co-payment by using a Designated Service Provider
Unlimited	Sublimit of R39 040 per beneficiary for corneal grafts
Unlimited	Avoid a 20% co-payment by using a Designated Service Provider
Unlimited, if you register on the HIV/AIDS programme	Chronic medicine must be obtained from the Designated Service Provider
Avoid a R2 590 co-payment by using a network day hospital	

ADDITIONAL BENEFITS

INTERNATIONAL TRAVEL BENEFIT
AFRICA BENEFIT

Up to R10 million cover per family for medical emergencies when you travel outside South Africa	Additional benefit for medical quarantine up to R10 000 per beneficiary if tested positive for Covid-19
You must register for this benefit prior to departure	
In and out-of-hospital treatment covered at 100% of the Bonitas Rate	Subject to authorisation

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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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