

	R1 050 for ante-natal classes 1 x amniocentesis
Infant paediatric benefit	2 x Paediatric consultations per beneficiary under 1 year of age 2 x consultations per beneficiary between ages 1 & 2 years
Childhood illness benefit	2 x GP consultations per beneficiary between ages 2 & 12 years
Preventative care	Subject to DSP
Women's health	1 x mammogram female members - between ages 50 & 74 years, per two year cycle 1 x pap smear - female members between ages 21 & 65 years, per three year cycle
General health	1 x annual HIV test per beneficiary, per year 1 x annual Flu vaccine per beneficiary, per year
Cardiac health	1 x full Lipogram - members 20+ years of age, per five year cycle
Elderly health	1 x lifetime Pneumococcal vaccine - members 65+ years of age 1 x annual Faecal Occult blood test - members between ages 50 & 75 years
Wellness screening benefit	1 x assessment per beneficiary, per year at **DSP Limited to: Blood pressure test Glucose test Cholesterol test Body mass index Waist to hip ratio assessment
Wellness extender	R1 400 per family per year Subject to registration and completion of health risk assessment per beneficiary Beneficiary may then choose from the following: GP consultation Biokineticist consultation Dietician consultation Physiotherapy consultation Wearable devices (subject to approval) Smoking cessation program (subject to approval)

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Bonitas



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Please note: The information contained in this pamphlet highlights selected product benefits, please refer to Product Brochure for comprehensive product benefits, this information is subject to approval by the Council for Medical Schemes. Terms, conditions and Scheme rules apply. Version CMS1.



Standard Select

If you are married or single with children and looking for an affordable medical aid product that offers a wide range of benefits, the Standard Select is perfect for you. This option makes use of our extensive, high-quality Designated Service Provider network of medical professionals.

Overall annual limit (OAL) - Unlimited

MONTHLY CONTRIBUTIONS



Main member

R2 321



Adult dependant

R2 007



Child dependant

R678

Your fourth and subsequent children will be covered free of charge.

IN-HOSPITAL BENEFITS

These benefits include major medical events and are unlimited subject to network hospitals. Non network hospitals admissions will attract a 30% co-payment.

GP consultations	Unlimited, at 100% of the Bonitas Rate
Specialist consultations	Unlimited, at the Specialist network rate: 130% of the Bonitas Rate Unlimited, at the Specialist non-network rate: 100% of the Bonitas Rate
Pathology	Unlimited, at 100% of the Bonitas Rate
General radiology	Unlimited, at 100% of the Bonitas Rate
Specialised radiology	Unlimited, subject to pre-authorisation
Paramedical services (Allied medical professions) - speech therapy, occupational therapy, dietetics	Unlimited, at 100% of the Bonitas Rate
Prosthesis internal and external	R37 900 per family, per year Hip and knee replacements only at ICPS
Internal nerve stimulators	R142 000 per family, per year
Cochlear implants	R250 000 per family, per year
Mental health hospitalisation	R34 800 per family, per year
Take home medication (TTO)	R400 per beneficiary, per admission
Physical rehabilitation	R42 500 per family, per year
Alternatives to hospitalisation	R14 200 per family, per year
Oncology	R295 400 per family, per year
Organ transplants	Unlimited, subject to treatment protocols

Renal dialysis	Unlimited, subject to treatment protocols
HIV/Aids	R27 800 per beneficiary, per year (if registered on Aid for Aids program)

OUT-OF-HOSPITAL BENEFITS

Out-of-hospital claims excluding Nominated GP consultations will be paid from current available savings first. Once savings are depleted, claims will be paid from the day-to-day benefit.

The GP consultation benefit is subject to nomination of a GP for each beneficiary from the Bonitas GP network.

Consultations to non-nominated GP will be paid from available savings first and after depletion the Non Nominated GP benefit.



Main member



Adult dependant



Child dependant

Savings R1 056 R900 R300

Day-to-day benefits to help you stay healthy

The day-to-day benefit covers out-of-hospital general radiology, pathology, paramedical services (such as audiology, physiotherapy, occupational therapy and more) and specialist consultations, if referred by your family doctor.

Main member only	R4 020
Main member + 1 dependant	R6 140
Main member + 2 dependants	R6 590
Main member + 3 dependants	R7 110
Main member + 4 or more dependants	R7 600

GP consultations	Nominated GP	Non-Nominated GP
Main member only	R3 580	R1 160
Main member + 1 dependant	R5 260	R1 790
Main member + 2 dependants	R5 790	R1 950
Main member + 3 dependants	R6 100	R2 050
Main member + 4 or more dependants	R6 630	R2 210

Please note: Each beneficiary must have a nominated GP

*Specialist consultations	Paid from available savings, then covered from day-to-day benefits	
Acute medication	Paid from available savings, then covered from day-to-day benefits	

General radiology	Paid from available savings, then covered from day-to-day benefits
Pathology	Paid from available savings, then covered from day-to-day benefits
Mental health consultations	R13 600 per family, per year (sub-limit to Mental health hospitalisation)
Paramedical services	Paid from available savings, then covered from day-to-day benefits
Specialised radiology	R22 400 per family, per year (subject to pre-authorisation)
General medical appliances	R6 900 per family, per year
Stoma care products	General medical appliances limit may be exceeded by R5 600 per year
Hearing aids	R13 700 per family, per two year cycle (10% co-payment)
Foot orthotics	R3 900 per beneficiary, per year (10% co-payment)
Appliances - wheelchairs, CPAP machines, etc.	Included in general medical appliances limit
Optometry	Please refer to Bonitas Product Brochure 2016 to view full list of benefit
Dentistry	Please refer to Bonitas Product brochure 2016 to view full list of benefit
Scheme exclusions	Please refer to www.bonitas.co.za for Scheme rules & exclusions

*Subject to the specialist network and specialist referral from the Nominated GP.

CHRONIC BENEFITS

Cover is limited to R8 250 per beneficiary and R16 500 per family, per year on the Restrictive Formulary. This is subject to pre-authorisation. A 40% co-payment will be required if you decide to use a non-DSP to obtain your medication. Pharmacy Direct is the **DSP for chronic medication.

Once this amount is depleted, you will still be covered for the 27 Prescribed Minimum Benefits, subject to the use of in-formulary medicine.

Please refer to Product Brochure 2016 to view full list.

SUPPLEMENTARY BENEFITS

At Bonitas we believe in giving you more. These additional benefits provide cover in or out-of-hospital, and payable from OAL.

Maternity care	
Per event	12 x ante-natal consultations 2 x 2D scans 4 x post-natal consultations with a midwife