

> STANDARD

TRADITIONAL OPTION

This traditional option offers rich day-to-day benefits and comprehensive hospital cover.



In-hospital

Unlimited, consultations & treatment at **100%** - network doctors and specialists paid in full

R328 100 cancer benefit per family

No co-payment for scans

Unlimited blood tests, scans & x-rays at **100%**

Cochlear implants **R264 500** per family

Internal nerve stimulators **R157 700** per family

Internal & external prosthesis **R42 100** per family

Unlimited terminal care benefit



Out-of-hospital

Rich **day-to-day & GP benefits**

Separate **benefit for tests & consultations for PMB** treatment plans (excluding GP consultations)

R15 130 mental health benefit for **consultations** paid from risk

Optical and dental benefits (basic & specialised) in addition to day-to-day benefits



Chronic benefits

45 conditions covered

R18 360 chronic benefit per family

Comprehensive medicine list

Must **use a network** for prescribed medicine

Managed Care programmes to help members manage a range of conditions including cancer, mental health, HIV/AIDS and diabetes



Additional benefits

R1 500 per family for **contraceptives**

12 maternity consultations, antenatal classes, **amniocentesis** & 2 x **2D scans**

Wellness screening & R1 670 wellness extender per family

Preventative care for mammograms, pap smears, lipograms, flu vaccines & more

Childcare benefits including paediatrician & GP consultations, **newborn hearing screening**, **congenital hypothyroidism screening** & **Babyline**

International travel benefit of up to **R10 million** per family per trip



Contributions

| Main member | Adult dependant | Child dependant |
|-------------|-----------------|-----------------|
| R 3 265 | R 2 831 | R 958 |

Your 4th and subsequent children will be covered free of charge.



IN-HOSPITAL BENEFITS

Cover for major medical events that result in a beneficiary being admitted into hospital.

Pre-authorisation is required. Managed Care protocols apply.

We negotiate extensively with hospitals to ensure the best possible value for our members.

Members have access to all private hospitals. A 30% co-payment may apply to admissions at specific hospitals. Please call us on **0860 002 108** or log in to www.bonitas.co.za for a list of these hospitals.

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| Specialist consultations/treatment | Unlimited, network specialists covered in full 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) | R24 860 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 | R42 100 per family Managed Care protocols apply Sublimit of R5 000 per breast prosthesis (limited to 2 per year) You must use a preferred supplier |
| Spinal surgery | You will have to pay a R5 650 co-payment if you do not go for an assessment through the back and neck programme |
| Hip and knee replacements | You will have to pay a R5 650 co-payment if you do not use the preferred provider |
| Internal nerve stimulators | R157 700 per family |
| Cochlear implants | R264 500 per family You must use a preferred supplier |
| Mental health hospitalisation | R38 670 per family No cover for physiotherapy for mental health admissions You must use a Designated Service Provider |
| Take-home medicine | R445 per beneficiary, per hospital stay |
| Physical rehabilitation | R47 250 per family |
| Alternatives to hospital (hospice, step-down facilities) | R15 760 per family |
| Terminal care | Unlimited Including hospice/private nursing, home oxygen, pain management, psychologist and social worker support |

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| Cancer treatment | R328 100 per family You must use a preferred provider Sublimit of R42 110 per beneficiary for Brachytherapy |
| Organ transplants | Unlimited Sublimit of R30 000 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 the Designated Service Provider |



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.

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| Main member only | R3 970 (R1 290 of this can be used for non-network GP consultations) |
| Main member + 1 dependant | R5 820 (R1 990 of this can be used for non-network GP consultations) |
| Main member + 2 dependants | R6 450 (R2 170 of this can be used for non-network GP consultations) |
| Main member + 3 dependants | R6 770 (R2 270 of this can be used for non-network GP consultations) |
| Main member + 4 or more dependants | R7 350 (R2 450 of this can 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.

Please note: You must get a GP referral for specialist consultations (excluding consultations with oncologists and ophthalmologists; maternity consultations and consultations with paediatricians for children under age 2).

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.

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| Main member only | R 5 540 |
| Main member + 1 dependant | R 8 430 |
| Main member + 2 dependants | R 9 750 |
| Main member + 3 dependants | R10 650 |
| Main member + 4 or more dependants | R11 600 |

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| 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 |
| MRIs and CT scans (specialised radiology) | R24 860 per family, in and out of hospital Pre-authorisation required |
| Acute medicine | Paid from available day-to-day benefits |
| Over-the-counter medicine | R740 per beneficiary R2 240 per family Paid from available day-to-day benefits |
| Paramedical/Allied medical professionals (such as physiotherapists, occupational therapists, dieticians and biokineticists) | Paid from available day-to-day benefits |
| Mental health consultations | R15 130 per family In and out-of-hospital consultations (included in the mental health hospitalisation benefit) No cover for educational psychologists for beneficiaries older than 21 years |
| General medical appliances (such as wheelchairs and crutches) | R7 300 per family An additional R6 240 per family will apply should Stoma care and CPAP machines exceed the general medical appliances limit You must use a preferred supplier |

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| Hearing aids | R15 240 per family, once every 2 years (based on the date of your previous claim) 20% co-payment applies You must use a preferred supplier |
| Optometry | R5 550 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, once every 2 years at a network provider, at network rates OR R350 per beneficiary, once every 2 years at a non-network provider |
| Single vision lenses (Clear) or | 100% towards the cost of lenses at network rates R150 per lens, per beneficiary, out of network |
| Bifocal lenses (Clear) or | 100% towards the cost of lenses at network rates R325 per lens, per beneficiary, out of network |
| Multifocal lenses (Clear) | 100% towards the cost of lenses at network rates R700 per lens, per beneficiary, out of network |
| Frames | R850 per beneficiary, once every 2 years |
| Contact lenses | R1 850 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, in 365 days 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 |

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| 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 |
| 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-authorization required |
| Implants and associated laboratory costs | No benefit |
| Orthodontics and associated laboratory costs | Orthodontic treatment is granted once per beneficiary, per lifetime Pre-authorization 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-authorization 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-authorization required |
| Maxillo-facial surgery and oral pathology | |
| Surgery in the dental chair | Managed Care protocols apply |
| Hospitalisation (general anaesthetic) | A co-payment of R3 000 per hospital admission and admission protocols apply General anaesthetic is only available to children under the age of 5 for extensive dental treatment General anaesthetic benefit is available for the removal of impacted teeth Managed Care protocols apply Pre-authorization required |

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| Laughing gas in dental rooms | Managed Care protocols apply |
| IV conscious sedation in rooms | Limited to extensive dental treatment Managed Care protocols apply Pre-authorization required |



CHRONIC BENEFITS

The Standard Option offers cover for 45 chronic conditions. Cover is limited to R9 150 per beneficiary and R18 360 per family on the applicable formulary. Pre-authorization is required. If you choose to use medicine that is not on the formulary, you will have to pay a 40% co-payment. You can get your medicine from any pharmacy on our network.

Once the amount above is finished, you will still be covered for the 27 Prescribed Minimum Benefits, listed below, through the Designated Service Provider. If you choose not to use the Designated Service Provider, you will have to pay a 40% co-payment.

Please note: For HIV/AIDS medicine, you must use the Designated Service Provider or you will have to pay a 40% co-payment.

Prescribed Minimum Benefits covered

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|------------------------------------------|------------------------|----------------------------------|
| 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

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| 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 |



ADDITIONAL BENEFITS

We believe in giving you more value. These additional benefits will not affect your other benefit limits.

| Contraceptives | |
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| For women aged up to 50 | R1 500 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 160 for antenatal classes 1 amniocentesis 4 consultations with a midwife after delivery A Bonitas baby bag (you must register for this after obtaining pre-authorisation for the delivery) |
| Childcare | |
| Hearing screening | For newborns, in or out of hospital |
| Congenital hypothyroidism screening | For infants under 1 month old |
| Babyline | Access to telephone helpline for 24/7 medical advice (including weekends and holidays for children under 3 years) |
| Paediatric 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 |
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| Immunisations | 1 flu vaccine per child |
| 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 between ages 40 and 74 1 pap smear every 3 years, for women between ages 21 and 65 |
| 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 670 per family Once each adult beneficiary has completed a wellness screening, you may choose from the following additional benefits: <ul style="list-style-type: none"> • GP consultation(s) • Biokineticist consultation(s) • Dietician consultation(s) • Physiotherapy consultation(s) • A programme to stop smoking All claims are paid at the Bonitas Rate Child dependants will qualify once an adult beneficiary has completed a wellness screening |
| International travel benefit | |
| Per trip | R5 million per beneficiary R10 million per family Including cover for mandatory vaccines You must register for this benefit |