

# BONCAP

INCOME-BASED



*Bonitas*  
Medical Aid for South Africa

# WHAT YOU PAY

IF YOUR MONTHLY INCOME IS:

SUBJECT TO INCOME VERIFICATION

	MAIN MEMBER		ADULT DEPENDANT		CHILD DEPENDANT	
	JAN – MAR 2023	APR – DEC 2023	JAN – MAR 2023	APR – DEC 2023	JAN – MAR 2023	APR – DEC 2023
R0 TO R10 020	R1 274	R1 368	R 1 274	R 1 368	R600	R644
R10 021 TO R16 270	R1 507	R1 619	R1 507	R1 619	R693	R744
R16 271 TO R21 160	R2 429	R2 609	R2 429	R2 609	R919	R987
R21 161+	R2 982	R3 203	R2 982	R3 203	R1 131	R1 215

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

DEPENDANTS WHO ARE FULL-TIME STUDENTS PAY CHILD RATES UP TO AGE 24 YEARS.

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. Benefits are subject to approval by the Council for Medical Schemes.

# 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 R380 per visit
	30% co-payment applies, unless PMB	
<b>GP-REFERRED ACUTE MEDICINE, X-RAYS AND BLOOD TESTS</b>	Main member only	R2 060
	Main member + 1 dependant	R3 430
	Main member + 2 dependants	R4 100
	Main member + 3 dependants	R4 480
	Main member + 4 or more dependants	R4 970
	Subject to the applicable formulary and Bonitas pharmacy network	For acute medicine and blood tests: 20% co-payment applies at non-DSP
<b>NETWORK SPECIALIST CONSULTATIONS</b> (THIS BENEFIT INCLUDES ACUTE MEDICINE, BLOOD TESTS, X-RAYS, MRIs AND CT SCANS)	Limited to 3 visits or R3 480 per beneficiary	Limited to 5 visits or R5 170 per family
	Subject to the BonCap Specialist network and referral from a BonCap network GP	Pre-authorisation required (including MRIs and CT scans)
<b>MATERNITY CARE</b>	Antenatal consultations are subject to the GP consultations and specialist consultations 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 R105 per event	Maximum of R295 per beneficiary, per year
	Subject to the BonCap medicine formulary, Bonitas pharmacy network and use of a network provider	
<b>ALLIED MEDICAL PROFESSIONALS</b> (SUCH AS DIETICIAN, SPEECH AND OCCUPATIONAL THERAPIST)	PMB only	
<b>PHYSIOTHERAPY, PODIATRY AND BIOKINETICS</b>	PMB only	
<b>GENERAL MEDICAL APPLIANCES</b> (SUCH AS WHEELCHAIRS AND CRUTCHES)	R6 330 per family	Subject to frequency limits as per Managed Care protocols

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. Benefits are subject to approval by the Council for Medical Schemes.

<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)		Managed Care protocols apply
<b>EYE TESTS</b>	1 composite consultation per beneficiary, at a network provider	<b>OR</b>	R365 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>	R235 per beneficiary at a network provider	<b>OR</b>	R176 per beneficiary at a non-network provider
<b>CONTACT LENSES</b>	R1 195 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, per year		
<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>INFECTION CONTROL, INSTRUMENT STERILISATION AND LOCAL ANAESTHETIC</b>	1 set per beneficiary, per visit		
<b>INHALATION SEDATION IN DENTAL ROOMS (LAUGHING GAS)</b>	Inhalation sedation limited to extensive conservative dental treatment only		Managed Care protocols apply
<b>EMERGENCY ROOT CANAL THERAPY</b>	For emergency treatment only		Subject to DENIS treatment protocols

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. Benefits are subject to approval by the Council for Medical Schemes.

<b>EXTRACTIONS</b>	Subject to DENIS treatment protocols	Impacted wisdom 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
	PMB only	Pre-authorisation from DENIS required
<b>HOSPITALISATION (GENERAL ANAESTHETIC)</b>	Avoid a 30% co-payment by using a hospital on the applicable network	

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. Benefits are subject to approval by the Council for Medical Schemes.

# 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 180 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	
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	
PREVENTATIVE CARE		
GENERAL HEALTH	1 HIV test and counselling per beneficiary	1 flu vaccine per beneficiary
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	
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 Subject to applicable formulary
DENTAL FISSURE SEALANTS	1 per tooth, once every 3 years for beneficiaries under 16	
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"> <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

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. Benefits are subject to approval by the Council for Medical Schemes.

# CHRONIC BENEFITS

BonCap ensures that you are covered for the **27** Prescribed Minimum Benefits 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.

## 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

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. Benefits are subject to approval by the Council for Medical Schemes.

# MANAGED 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 (30% co-payment applies for use of a non-network provider)
<b>HIV/AIDS</b>	Provides you with appropriate treatment and tools to live your best life	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	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
<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>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

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. Benefits are subject to approval by the Council for Medical Schemes.



# IN-HOSPITAL BENEFITS

Hospitalisation is covered at 100% of the BonCap Rate at all hospitals on the applicable network. You must get pre-authorization 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-authorization 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>	R27 880 per family except for PMB	
<b>BLOOD TRANSFUSIONS</b>	R20 250 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)	R12 720 per family	Pre-authorization required
	R1 100 co-payment per scan event, except for PMB	
<b>CATARACT SURGERY</b>	You must use a Designated Service Provider or a R6 620 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
	PMB only, 30% co-payment at non-DSP	Subject to referral by the treating practitioner
<b>PHYSIOTHERAPY, PODIATRY AND BIOKINETICS</b>	PMB only at the DSP	Managed Care protocols apply
	Pre-authorization required	
<b>INTERNAL AND EXTERNAL PROSTHESES</b>	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>MENTAL HEALTH HOSPITALISATION</b>	Limited to R49 730 per family, except for PMB	
<b>NEONATAL CARE</b>	Limited to a 7-day supply up to R420 per hospital stay	
<b>TAKE-HOME MEDICINE</b>	R54 360 per family	
<b>PHYSICAL REHABILITATION</b>	R54 360 per family	Pre-authorization required

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. Benefits are subject to approval by the Council for Medical Schemes.

<b>ALTERNATIVES TO HOSPITAL</b> (HOSPICE, STEP-DOWN FACILITIES)
<b>PALLIATIVE CARE</b> (CANCER ONLY)
<b>CANCER TREATMENT</b>
<b>CANCER MEDICINE</b>
<b>ORGAN TRANSPLANTS</b>
<b>KIDNEY DIALYSIS</b>
<b>HIV/AIDS</b>
<b>DAY SURGERY PROCEDURES</b> (APPLIES TO SELECTED PROCEDURES)
<b>SURGICAL PROCEDURES THAT ARE NOT COVERED</b>

R15 660 per family	Pre-authorisation required
Unlimited, subject to the DSP	Pre-authorisation required
Including hospice/private nursing, home oxygen, pain management, psychologist and social worker support	
PMB only at a Designated Service Provider or a 30% co-payment applies	Pre-authorisation required
Subject to the preferred product list	You must use a Designated Service Provider or a 20% co-payment will apply
PMB only at a Designated Service Provider	Pre-authorisation required
Unlimited	You must use a Designated Service Provider or a 20% co-payment will apply
Pre-authorisation required	
Unlimited, if you register on the HIV/AIDS programme	Chronic medicine must be obtained from the Designated Service Provider
You must use a network day hospital or a 30% co-payment will apply	
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	Gastrosopies, colonoscopies and all other endoscopies
Bunion surgery	In-hospital dental surgery

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. Benefits are subject to approval by the Council for Medical Schemes.



**TO JOIN SPEAK TO YOUR FINANCIAL ADVISOR,  
CALL 0861 266 482 OR VISIT BONITAS.CO.ZA**



**Bonitas WhatsApp 060 070 2491**



**www.bonitas.co.za**



**Bonitas Medical Fund**



**bonitas.co.za/member**



**Bonitas Member App**



**@BonitasMedical**

Please note: Product rules, limits, terms and conditions apply. Where there is a discrepancy between the content provided in this brochure and the Scheme Rules, the Scheme Rules will prevail. The Scheme Rules are available at [www.bonitas.co.za](http://www.bonitas.co.za). All benefits and limits are per calendar year, unless otherwise stated. Managed Care protocols apply. Benefits are subject to approval by the Council for Medical Schemes. All claims are paid at the BonCap Rate, unless otherwise stated.