

## Primary

Bonitas' Primary option is designed for members who don't need extensive chronic medicine. With all major medical expenses at 100% of our rate and an overall annual limit of R600 000, the Primary option offers affordable cover with day to day benefits. So in these tough times, isn't it a treat to have a clean bill of health and a solution suited specifically to you?

### Major Medical Benefits

Major medical expenses are covered at 100% of Bonitas tariff. This benefit includes major medical events. All hospital admissions, oncology treatment plans and renal dialysis require pre-authorisation by Hospital Management except in case of emergencies.

<b>Overall Annual Limit</b>	<b>R600 000 per family</b>
<b>Benefits payable at 100% of the Bonitas Rate</b>	
<b>Sub-limits applicable:</b>	
<b>GP &amp; Specialist Consultations</b>	Unlimited; subject to overall annual limit (R600 000)
<b>Pathology</b>	Unlimited; subject to overall annual limit <sup>1</sup>
<b>General Radiology</b>	Unlimited; subject to overall annual limit
<b>Paramedical Services</b> (Allied Medical Professions) e.g. speech therapy, occupational therapy, audiology, physiotherapy	Subject to overall annual limit
<b>Oncology</b>	R100 000 per family
<b>Organ Transplants</b>	PMB's at public hospitals only
<b>Chronic Renal Dialysis</b>	PMB's at public hospitals only
<b>Maxillo Facial Surgery</b>	Unlimited, subject to overall annual limit, excluding orthognatic surgery
<b>Medication to take out (TTO)</b>	R250 per beneficiary, per admission
<b>Physical Rehabilitation</b>	R30 000 per family

### Chronic Medicine Benefits<sup>2</sup>

Covers medication for conditions that require medication on an ongoing basis.

Chronic Disease List (CDL) as per the Prescribed Minimum Benefits (PMB), at the Designated Service Provider (DSP), subject to pre-authorisation

This Summary is for information purposes only and does not supersede the Rules of the Fund. In the event of any discrepancy between the Summary and the Rules, the Rules will prevail.



### Out of Hospital Benefits

Cover day to day medical expenses e.g. GP & specialist consultations, acute medication, pathology, radiology, paramedical services (Allied Medical Professions) optometry, dentistry etc.

#### GP Benefit

A new benefit has been created specifically for out of hospital general practitioner consultations and procedures, empowering the GP to become your co-ordinator of care. By making use of a GP in the network you are not only guaranteed that the doctor will charge the Bonitas rate, but the benefit available is more generous. A sub-limit applies to non-network visits, allowing you the flexibility to see any doctor when you are away from home. To find a network doctor near you call 0860 00 2108 or visit our website: <http://www.bonitasmedicalfund.co.za>

<sup>1</sup> Subject to pathology management programme

<sup>2</sup> Restrictive formulary, refer to page 19 for a complete chronic disease list

**Major Medical**  
Overall Annual  
Limit R600 000  
100% Bonitas rate

**Chronic Medication**  
PMB's only at DSP

**Out of Hospital**  
GP network plus  
Day to Day Benefit  
Basic Dentistry

**Supplementary**  
Additional Benefits  
in or out of hospital

GP Benefit	In Network	Non Network sub-limit
Member	R 1 400	R 470
Member + 1	R 2 700	R 900
Member + 2	R 3 100	R 1 050
Member + 3	R 3 400	R 1 140
Member + 4 +	R 3 800	R 1 270

The Bonitas GP Network is the scheme's Designated Service Provider for the provision of Prescribed Minimum Benefits. A co-payment of 40% will thus apply for out of network visits once limits are exhausted.

#### Day to Day Benefit<sup>2</sup>

The day to day benefit is the pool of benefits from which your GP can prescribe the appropriate care to improve your health. This benefit covers acute medication, out of hospital radiology and pathology, paramedical services etc. Specialist consultations will only be payable on referral by your GP.

#### Day to Day Benefit

Member	R 1 200
Member + 1	R 2 300
Member + 2	R 2 600
Member + 3	R 2 900
Member + 4	R 3 200

Sub limit of R300 per beneficiary and R900 per family for pharmacy advised therapy. (PAT).

#### Specialist Consultations

The introduction of specialist referral management will require all beneficiaries to obtain referral from a GP to consult with a specialist. The following exceptions apply:

Gynaecologist	Female beneficiaries, 1 visit per annum without referral.
Paediatricians	No referral required for beneficiaries under age 2.

Specialist referral by a GP is also required for Prescribed Minimum Benefit Conditions.

#### In addition to the day to day benefit the following is also provided:

<b>Basic Dentistry</b>	Subject to clinical protocols and Bonitas Dental Tariff (BDT) <sup>3</sup>
<b>Optometry</b>	<b>2-year benefit from anniversary of claiming, per beneficiary</b>
Optometric examination	100% of cost at PPN optometrist or to a maximum of R220 at a non-network provider
Frames & prescription lenses/add-ons	R150 per beneficiary at a network provider No benefit at a non-network provider
Clear Single Vision	R120 per lens <b>or</b>
Clear Aquity Flat-Top Bifocal	R250 per lens <b>or</b>
Clear Aquity Multifocal (Up to bifocal limit)	R250 per lens <b>or</b>
Contact lenses	R370 per beneficiary

### Supplementary Benefits

Additional benefits, medical expenses incurred in or out of hospital

<b>Maternity Care</b> per event (ante- and postnatal)	Unlimited hospitalisation (subject to pre-authorisation) and midwifery services 12 antenatal consultations, 2 X 2D scans and 4 postnatal consultations with midwife
<b>Immune deficiency related to HIV infection</b>	R15 000 per beneficiary Subject to Aid for AIDS (AfA) registration and clinical protocols
<b>Mental Health Benefits</b>	R10 000 per family, sub-limit R6 000 for consultations in & out of hospital, subject to pre-authorisation
<b>Specialised Radiology</b> (joint limit in and out of hospital)	R8 000 per family subject to pre-authorisation
<b>Emergency Medical Transportation</b>	Unlimited, subject to Netcare 911
<b>Endoscopies</b> in practitioners' rooms	Subject to overall annual limit and pre-authorisation
<b>Prostheses Internal and External</b>	R16 500 per family, subject to overall annual limit and pre-authorisation
<b>HIV test and Flu vaccine</b>	Free, 1 per beneficiary per annum
<b>Appliances</b>	
General appliances	R4 500 per family
Wheelchairs and large orthopaedic appliances	Included in the general appliance limit
Stoma products and CPAP machines	May exceed general appliance limit by R4 000
Hearing aids	R6 500 per family, biennial benefit (Jan 2010 - Dec 2011)
Oxygen: Home ventilation	Subject to overall annual limit (R600 000) and pre-authorisation by Hospital Management

WHAT IT WILL COST

#### Primary

#### Contributions

#### Principal Member

#### Adult Dependant

#### Child Dependant

#### Total

R977

R765

R311

<sup>1</sup> Prescribed Minimum Benefits are provided on all options in accordance with the Medical Schemes Act and Regulations, and subject to the use of the relevant Designated Service Provider

<sup>2</sup> Subject to pathology management programme

<sup>3</sup> Comprehensive list of dental benefits (DENIS) page 20

<sup>4</sup> All benefits are per annum, unless otherwise stated