

Standard

Little Sifiso has what, hopefully, is just allergic rhinitis. Palesa – on the other hand – is riddled with acne. Such are the challenges of a growing family - hence our Standard option. In addition to the generous day to day benefits, the Standard option is aligned with our GP network – which provides value-based healthcare, without the nasty surprise of footing the bill for unexpected expenses. Did we mention that it has no annual limit? So in these tough times, isn't it a treat to know there's a solution that won't leave those dear to you out in the cold?

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.

Overall Annual Limit	Unlimited
Benefits payable at 100% of the Bonitas Rate	
Sub-limits applicable:	
GP & Specialist Consultations	Unlimited
Pathology	Unlimited ¹
Radiology (Specialised & General)	Unlimited
Paramedical Services (Allied Medical Professions)e.g. speech therapy, occupational therapy, audiology, physiotherapy	Unlimited
Oncology	R200 000 per family
Organ Transplants	R250 000 per family
Chronic Renal Dialysis	R200 000 per family
Maxillo Facial Surgery	Unlimited, excluding orthognatic surgery
Medication to take out (TTO)	R250 per beneficiary, per admission
Physical Rehabilitation	R30 000 per family

Chronic Medicine Benefits²

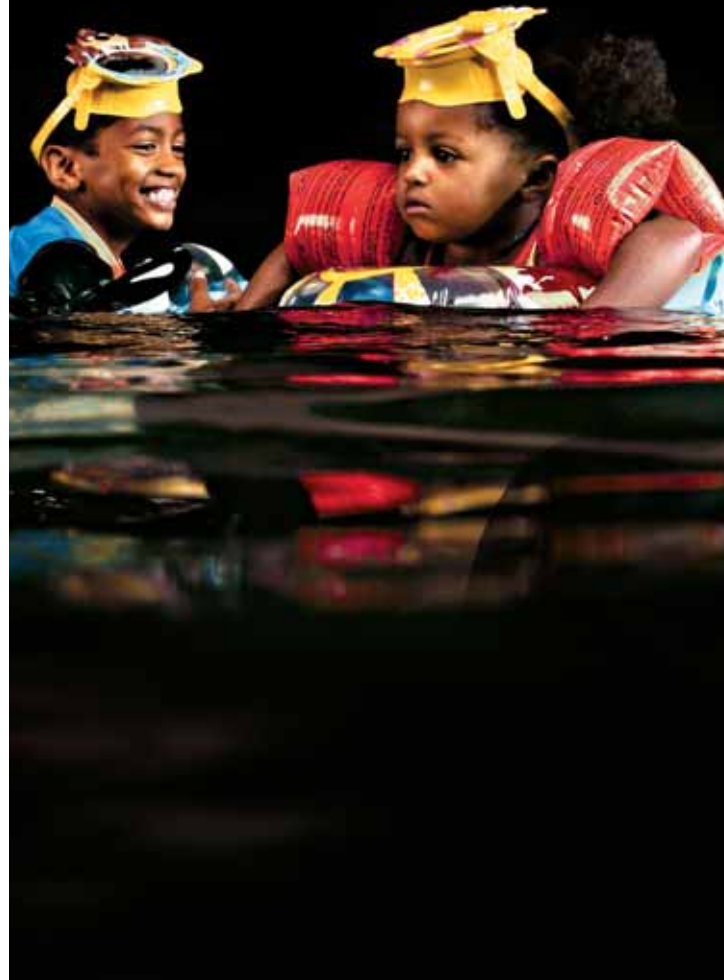
Covers medication for conditions that require medication on an ongoing basis.

Limited to R6 500 per beneficiary and R13 000 per family, at any pharmacy or dispensing GP, subject to pre-authorisation. Once limit has been exceeded, PMB's are unlimited at DSP 45 chronic conditions covered

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.

¹ Subject to pathology management programme

² Comprehensive formulary, refer to page 19 for a complete chronic disease list



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>

Major Medical
Unlimited
100% Bonitas Rate

Chronic Medication
45 Chronic Conditions
R6 500 per beneficiary
R13 000 per family

Out of Hospital
GP Network plus
Day to Day Benefit
Basic & Advanced
Dentistry, Optometry

Supplementary
Additional Benefits
in or out of hospital

GP Benefit	In Network	Non Network sub-limit
Member	R 3 000	R 1 000
Member + 1	R 4 500	R 1 500
Member + 2	R 4 900	R 1 650
Member + 3	R 5 200	R 1 750
Member + 4 +	R 5 600	R 1 870

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 Benefit²

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 2 500
Member + 1	R 3 800
Member + 2	R 4 100
Member + 3	R 4 400
Member + 4 +	R 4 700

Sub limit of R500 per beneficiary and R1500 per family for pharmacy advised therapy. (PAT).

Specialist Consultations³

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:

Basic Dentistry	Subject to clinical protocols and Bonitas Dental Tariff (BDT) ³
Advanced Dentistry	Subject to clinical protocols and Bonitas Dental Tariff (BDT) ³
Optometry	2-year benefit from anniversary of claiming, per beneficiary
Optometric examination	100% of cost at PPN optometrist or to a maximum of R220 at a non-network provider
Frames & prescription lenses/add-ons	R600 per beneficiary or to a maximum of R150 at a non-network provider
Clear Single Vision	R120 per lens or
Clear Aquity Flat-Top Bifocal	R250 per lens or
Clear Aquity Multifocal	R450 per lens or
Contact lenses	R1 200 per beneficiary

Supplementary Benefits

Additional benefits, medical expenses incurred in or out of hospital

Maternity Care per event (ante- and postnatal)	Unlimited hospitalisation (subject to pre-authorization) and midwifery services 12 antenatal consultations, 2 X 2D scans and 4 postnatal consultations with midwife
Immune deficiency related to HIV infection	R20 000 per beneficiary Subject to Aid for AIDS (AfA) registration and clinical protocols
Mental Health Benefits	R25 000 per family, subject to pre-authorization Sub-limit of R10 000 for in & out of hospital consultations
Specialised Radiology (out of hospital)	R16 000 per family, subject to pre-authorization
Emergency Medical Transportation	Unlimited, subject to Netcare 911
Endoscopies in practitioners' rooms	Unlimited, subject to pre-authorization
Prostheses Internal and External	R27 000 per family, subject to pre-authorization
HIV test and Flu vaccine	Free, 1 per beneficiary per annum
International cover	R5 million per trip
Appliances	
General appliances	R5 000 per family
Wheelchairs & large orthopaedic appliances	Included in the general appliance limit
Stoma products & CPAP machines	May exceed general appliance limit by R4 000
Hearing aids	R11 000 per family, biennial benefit (Jan 2010 - Dec 2011)
Oxygen: Home ventilation	Unlimited, subject to pre-authorization by Hospital Management

WHAT
IT WILL
COST

Standard

Contributions

Principal Member

Adult Dependant

Child Dependant

Total

R1 514

R1 310

R442

¹ 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

² Subject to pathology management programme

³ Comprehensive list of dental benefits (DENIS) page 20

⁴ All benefits are per annum, unless otherwise stated