

# HOSPITAL STANDARD




HOSPITAL



*Bonitas*

Medical Aid for South Africa

# WHAT YOU PAY

	JANUARY – MARCH 2023	APRIL – DECEMBER 2023
 MAIN MEMBER	R2 592	R2 722
 ADULT DEPENDANT	R2 184	R2 293
 CHILD DEPENDANT	R986	R1 035

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

YOU ONLY PAY FOR A MAXIMUM OF THREE CHILDREN. DEPENDANTS WHO ARE FULL-TIME STUDENTS PAY CHILD RATES UP TO AGE 24 YEARS, SUBJECT TO AN ANNUAL REVIEW.

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.

# IN-HOSPITAL BENEFITS

This benefit offers cover for major medical events that result in a beneficiary being admitted to hospital. Members have access to cover at a private hospital on the applicable network. Pre-authorisation is required. A co-payment may apply to specific admissions and/or procedures. Managed Care protocols apply.

**Please note:** On this option you can avoid a 30% co-payment by using a hospital on the applicable network.

<b>SPECIALIST CONSULTATIONS/TREATMENT</b>	Unlimited, network specialists covered in full at the Bonitas Rate	Unlimited, non-network specialists paid at 100% of the Bonitas Rate
<b>GP CONSULTATIONS/TREATMENT</b>	Unlimited, covered at 100% of the Bonitas Rate	
<b>BLOOD TESTS AND OTHER LABORATORY TESTS</b>	Unlimited, covered at 100% of the Bonitas Rate	
<b>X-RAYS AND ULTRASOUNDS</b>	Unlimited, covered at 100% of the Bonitas Rate	
<b>MRIs AND CT SCANS</b> (SPECIALISED RADIOLOGY)	R28 600 per family, in and out-of-hospital	Pre-authorisation required
	R2 500 co-payment per scan event except for PMB	
<b>CATARACT SURGERY</b>	Avoid a R6 620 co-payment by using the Designated Service Provider	
<b>ALLIED MEDICAL PROFESSIONALS</b> (SUCH AS DIETICIAN, SPEECH AND OCCUPATIONAL THERAPIST)	PMB only	Subject to referral by treating practitioner
	PMB only	Subject to referral by treating practitioner
<b>PHYSIOTHERAPY, PODIATRY AND BIOKINETICS</b>	R48 440 per family (no cover for joint replacements or back and neck surgery except for PMB)	Managed Care protocols apply
<b>INTERNAL PROSTHESES</b>	PMB only	Managed Care protocols apply
<b>EXTERNAL PROSTHESES</b>	Co-payment of R3 500 per hospital admission for children younger than 5 years and R5 000 for all other admissions	Managed Care and admission protocols apply
<b>HOSPITALISATION FOR DENTISTRY</b> (GENERAL ANAESTHETIC)	General anaesthetic is only available to children under the age of 5 for extensive dental treatment once per lifetime	Pre-authorisation required
	Avoid a 30% co-payment by using a hospital on the applicable network	General anaesthetic benefit is available for the removal of impacted teeth
	Managed Care protocols apply	Pre-authorisation required
<b>MODERATE/DEEP SEDATION IN THE ROOMS</b> (IV CONSCIOUS SEDATION)	Only applicable in lieu of general anaesthetic for the in-hospital dental benefits	
	R34 610 per family	No cover for physiotherapy for mental health admissions
<b>MENTAL HEALTH HOSPITALISATION</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. Managed Care protocols apply. Benefits are subject to approval by the Council for Medical Schemes.

<b>TAKE-HOME MEDICINE</b>
<b>PHYSICAL REHABILITATION</b>
<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)

Limited to a 7-day supply up to R510 per hospital stay	
R54 360 per family	
R18 130 per family	Managed Care protocols apply
Unlimited, subject to the DSP	Including hospice/private nursing, home oxygen, pain management, psychologist and social worker support
Unlimited for PMBs	R150 000 per family for non-PMBs. Paid at 80% at a Designated Service Provider and no cover at a non-Designated Service Provider, once limit is reached.
Avoid a 30% co-payment by using a Designated Service Provider	Sublimit of R54 160 per beneficiary for Brachytherapy
Subject to Medicine Price List and preferred product list	Avoid a 20% co-payment by using a Designated Service Provider
Unlimited	Sublimit of R34 520 per beneficiary for corneal grafts
Unlimited	Avoid a 20% co-payment by using a Designated Service Provider
Unlimited, if you register on the HIV/AIDS programme	Chronic medicine must be obtained from the Designated Service Provider
Avoid a R2 430 co-payment by using a network day hospital	

<b>PROCEDURE CO-PAYMENTS</b> (PER EVENT, SUBJECT TO PRE-AUTHORISATION)
---

<b>R1 730 co-payment</b>	<b>R4 400 co-payment</b>	<b>R8 150 co-payment</b>
<ol style="list-style-type: none"> <li>1. Colonoscopy</li> <li>2. Conservative Back Treatment</li> <li>3. Cystoscopy</li> <li>4. Facet Joint Injections</li> <li>5. Flexible Sigmoidoscopy</li> <li>6. Functional Nasal Surgery</li> <li>7. Gastroscopy</li> <li>8. Hysteroscopy (not Endometrial Ablation)</li> <li>9. Myringotomy</li> <li>10. Tonsillectomy and Adenoidectomy</li> <li>11. Umbilical Hernia Repair</li> <li>12. Varicose Vein Surgery</li> </ol>	<ol style="list-style-type: none"> <li>1. Arthroscopy</li> <li>2. Diagnostic Laparoscopy</li> <li>3. Laparoscopic Hysterectomy</li> <li>4. Percutaneous Radiofrequency Ablations (Percutaneous Rhizotomies)</li> </ol>	<ol style="list-style-type: none"> <li>1. Laparoscopic Pyeloplasty</li> <li>2. Laparoscopic Radical Prostatectomy</li> <li>3. Nissen Fundoplication (Reflux Surgery)</li> </ol>

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.

# CHRONIC BENEFITS

Hospital Standard ensures that you are covered for the **27** Prescribed Minimum Benefits listed below on the applicable formulary. 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 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. 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.

## MATERNITY CARE



- 6 antenatal consultations with a gynaecologist, GP or midwife
- 2 2D ultrasound scans
- 1 amniocentesis
- 4 consultations with a midwife after delivery (1 of these can be used for a consultation with a lactation specialist)

## MATERNITY PROGRAMME

Register for the maternity programme and get:

- Access to 24/7 maternity advice line
- Dedicated maternity nurse/midwife to support and advise you throughout your pregnancy
- Access to articles regarding common pregnancy concerns
- Pregnancy education emails and SMSs sent to you weekly
- Online antenatal classes to prepare you for the birth and what to expect when you get home
- Baby bag including baby care essentials

## WELLNESS BENEFIT



- 1 wellness screening per beneficiary at a participating pharmacy, biokineticist or a Bonitas wellness day

Wellness screening includes the following tests:

- Blood pressure
- Glucose
- Cholesterol
- Body Mass Index
- Waist-to-hip ratio

## CONTRACEPTIVES



- R1 830 per family (for women aged up to 50)
- 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
- 2 Paediatrician or GP consultations per child under 1 year
- 1 Paediatrician or GP consultation per child between ages 1 and 2
- 1 GP consultation per child between ages 2 and 12

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.

## PREVENTATIVE CARE



- 1 HIV test and counselling per beneficiary
- 1 flu vaccine per beneficiary
- 1 mammogram every 2 years, for women over 40
- 1 pap smear every 3 years, for women between ages 21 and 65
- 1 prostate screening antigen test for men between ages 45 and 69
- 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
- Covid-19 vaccines and boosters as directed by the National Department of Health

## AFRICA BENEFIT



- In and out-of-hospital treatment covered at 100% of the Bonitas Rate
- Subject to authorisation

## INTERNATIONAL TRAVEL BENEFIT



*You must register for this benefit prior to departure*

- Up to R10 million cover per family for medical emergencies when you travel outside South Africa
- Additional benefit for medical quarantine up to R10 000 per beneficiary if tested positive for Covid-19

# MANAGED CARE BENEFITS

We believe in giving you more value. The following benefits are in addition to your day-to-day and other benefits.

## CANCER



- Puts you first, offering emotional and medical support
- Liaises with your doctor to ensure your treatment plan is clinically appropriate to meet your needs
- Access to a social worker for you and your loved ones
- Uses the Bonitas Oncology Medicine Network (20% co-payment applies for use of a non-network provider)
- Matches the treatment plan to your benefits to ensure you have the cover you need
- Uses the Bonitas Oncology Network of specialists

## DIABETES MANAGEMENT



- Empowers you to make the right decisions to stay healthy
- Provides cover for the tests required for the management of diabetes as well as other chronic conditions
- Offers access to diabetes doctors, dieticians and podiatrists
- Gives access to a dedicated Health Coach to answer any questions you may have
- Offers a personalised care plan for your specific needs
- Provides education to help you understand your condition better

## HIV/AIDS



- Provides you with appropriate treatment and tools to live your best life
- Offers HIV-related consultations to visit your doctor to monitor your clinical status
- Offers access to telephonic support from doctors
- Covers medicine to treat HIV (including drugs to prevent mother-to-child transmission and infection after sexual assault or needle-stick injury)
- Covers regular blood tests to monitor disease progression, response to therapy and to detect possible side-effects of treatment
- Gives ongoing patient support via a team of trained and experienced counsellors
- Treatment and prevention of opportunistic infections such as pneumonia, TB and flu
- Helps in finding a registered counsellor for face-to-face emotional support

## BACK AND NECK



- Assessment of back and neck pain to determine the level of care required before surgery to give you the best outcome
- Offers a personalised treatment plan for up to 6 weeks
- Includes treatment from doctors, physiotherapists and biokineticists
- Gives access to a home care plan to maintain long-term results and helps manage severe back and neck pain
- Highly effective and low-risk, with an excellent success rate
- We cover the cost of the programme, excluding X-rays
- Uses the DBC network

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.



# HOSPITAL-AT-HOME



- 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
- Hospital-at-Home is subject to pre-authorisation

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 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.

**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 Bonitas Rate, unless otherwise stated.