

This traditional entry-level plan offers basic day-to-day benefits and hospital cover using a network of doctors, providers and hospitals.



In-hospital

Unlimited consultations at **100%** - GP referral required for all hospital admissions

Hospital network applies

R24 230 per family for **blood tests**

R17 600 per family for **blood transfusions**

Unlimited ultrasounds & x-rays at **100%**

MRI & CT scans **R11 060** per family in hospital with no co-payments

Unlimited terminal care benefit



Out-of-hospital

Unlimited GP consultations (call the BonCap call centre after the 7th consultation for approval)

Specialist benefit if referred by network GP

Separate **optical benefit** including contact lenses

Basic dentistry benefit available



Chronic benefits

27 conditions covered

Chronic medicine delivery to your doorstep through the Designated Service Provider



Additional benefits

R1 000 per family for **contraceptives**

Wellness screening

Preventative care for pap smears, flu vaccines & more

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



Contributions

	Main member	Adult dependant	Child dependant
R0 to R7 500	R 918	R 870	R 432
R7 501 to R12 194	R1 116	R1 055	R 512
R12 195 to R16 659	R1 820	R1 620	R 689
R16 660+	R2 235	R1 990	R 847



IN-HOSPITAL BENEFITS

Hospitalisation is covered at 100% of the Bonitas Rate at all hospitals on the BonCap Network. You must get pre-authorization for your hospital admission. You will have to pay a R6 350 co-payment if you use a non-network hospital (except for emergencies) or you do not get pre-authorization within 48 hours of admission.

GP consultations	Unlimited, covered at 100% of the Bonitas Rate
Specialist consultations	Unlimited, covered at 100% of the Bonitas Rate
Blood tests and other laboratory tests	R24 230 per family
Blood transfusions	R17 600 per family
X-rays and ultrasounds	Unlimited, covered at 100% of the Bonitas Rate
MRIs and CT scans (specialised radiology)	R11 060 per family Pre-authorization required
Paramedical/Allied medical professionals (such as physiotherapists, occupational therapists)	R4 130 per family Your therapist must have a referral from the doctor treating you
Surgical procedures that are not covered	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
Internal and external prostheses	PMB only Managed Care protocols apply Pre-authorization required You must use a preferred supplier
Mental health hospitalisation	PMB only No cover for physiotherapy for mental health admissions Subject to using the Designated Service Provider
Neonatal care	Limited to R43 220 per family, except for PMBs
Take-home medicine	R360 per beneficiary, per hospital stay
Physical rehabilitation	R47 250 per family Pre-authorization required

Alternatives to hospital (hospice, step-down facilities)	R13 600 per family Pre-authorization required
Terminal care	Unlimited Including hospice/private nursing, home oxygen, pain management, psychologist and social worker support
Cancer treatment	PMB only Subject to using the Designated Service Provider
Organ transplants	PMB only Pre-authorization required
Kidney dialysis	Unlimited You must use a Designated Service Provider, or a 20% co-payment will apply Pre-authorization required
HIV/AIDS	PMB only, if you register on the HIV/AIDS programme Chronic medicine must be obtained from the Designated Service Provider



OUT-OF-HOSPITAL BENEFITS

These benefits cover your day-to-day medical expenses at of 100% of the Bonitas Rate.

Network GP consultations	Unlimited consultations, using a maximum of 2 network GPs Pre-authorization is required from the 8th GP consultation per beneficiary	
Non-network GP consultations	1 out-of-network consultation per beneficiary Maximum of 2 consultations per family, limited to R1 000 20% co-payment	
GP-referred acute medicine, x-rays and blood tests	Main member only Main member + 1 dependant Main member + 2 dependants Main member + 3 dependants Main member + 4 or more dependants	R1 750 R2 910 R3 490 R3 810 R4 230
Specialist consultations (this benefit includes prescribed acute medicine, blood tests, x-rays, MRIs and CT scans)	Limited to 3 visits or R2 960 per beneficiary Limited to 5 visits or R4 400 per family Subject to referral from a network GP Pre-authorization required for MRIs and CT scans	

Maternity care	Antenatal consultations are subject to the GP consultations and specialist consultations benefits 4 consultations with a midwife after delivery
Over-the-counter medicine	Limited to R90 per event Maximum of R250 per beneficiary, per year
Paramedical/Allied medical professionals (such as physiotherapists, occupational therapists, dieticians and biokineticists)	PMB only
General medical appliances (such as wheelchairs and crutches)	R5 180 per family You must use a preferred supplier
Optometry	You must use the contracted service provider Managed Care protocols apply
Basic dentistry	You must use a provider on the DENIS network Covered at the Bonitas Dental Tariff Managed Care protocols apply
Consultations	1 consultation per beneficiary, per year
Emergency consultation	1 specific (emergency) consultation for pain and sepsis per beneficiary
X-rays: Intra-oral	4 X-rays per beneficiary
X-rays: Extra-oral	1 per beneficiary, in a lifetime X-rays must be submitted to DENIS for review
Scaling and polishing	1 polish OR 1 scaling and polishing per beneficiary
Fluoride treatments	1 treatment for beneficiaries under 16 years
Fissure sealants	1 per tooth, once every 3 years for beneficiaries under 16 years
Infection control, instrument sterilisation and local anaesthetic	1 set per beneficiary, per visit

Laughing gas in dental rooms	Inhalation sedation limited to extensive dental treatment only
Emergency root canal therapy	For emergency treatment only Subject to DENIS treatment protocols
Pulp treatments	For amputation of pulp of primary teeth
Extractions (removal of teeth)	Subject to DENIS treatment protocols Extractions and treatment of septic sockets
Dental fillings	4 fillings per beneficiary Benefit for fillings is granted once per tooth, in 365 days Benefit for re-treatment of a tooth is subject to Managed Care protocols
Plastic dentures	1 set of plastic dentures (an upper and a lower) per family, once every 2 years for beneficiaries 21 years and over 20% co-payment Pre-authorization required A further 20% co-payment will apply if authorisation is applied for after the treatment has been done
Denture rebase	Rebase of dentures once per family, for beneficiaries 21 years and over 20% co-payment
Denture repairs	Repairs to existing dentures twice per family, for beneficiaries 21 years and over 20% co-payment
Maxillo-facial surgery in dental chair	PMB only Please note: No benefit for Osseo-integrated implants and Orthognathic surgery Access to a maxillo-facial specialist by DENIS pre-authorization ONLY Pre-authorization from DENIS required
IV conscious sedation in the rooms	PMB only Limited to extensive dental treatment Pre-authorization from DENIS required
Hospitalisation (general anaesthetic)	Pre-authorization from DENIS required



CHRONIC BENEFITS

BonCap ensures that you are covered for the 27 Prescribed Minimum Benefits listed below on the applicable formulary. Pre-authorization is required. If you do not use the Designated Service Provider or if you 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	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 BENEFITS

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

Contraceptives	
For women aged up to 50	R1 000 per family You must use the Designated Service Provider for pharmacy-dispensed contraceptives
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)
Immunisations	1 flu vaccine per child
Preventative care	
General health	1 HIV test per beneficiary 1 flu vaccine per beneficiary
Women's health	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