

MEMBER GUIDE



FOR THE WHOLE FAMILY
FOR SOUTH AFRICA
FOR LIFE

Medical Aid for South Africa

Bonitas

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2020 DESIGNATED SERVICE PROVIDER CONTACT DETAILS

CHRONIC MEDICINE

Chronic medicine is used on an ongoing basis to treat chronic health conditions such as diabetes, hypertension and hypothyroidism. You will need to apply for authorisation for your chronic medicine with us.

Call: 0860 002 108
Email: chronicmeds@bonitas.co.za

ER24

Is the designated service provider for all emergency medical services for Bonitas members and their registered dependants.

Call: 084 124
Claims: claims@er24.co.za
Website: www.er24.co.za
Compliments and Queries: cqc@er24.co.za

BONITAS BABY BAGS

We give all pregnant members a beautiful baby bag to congratulate you on the arrival of your bundle of joy. All members who are at least 24 weeks pregnant may register for the Bonitas baby bag.

Tel: 0860 999 121

BABYLINE

The Babyline benefit is available on all Bonitas plans for children under three years. It is a 24 hour children's health advice line for children under 3 years.

Tel: 0860 999 121

HOSPITAL PRE-AUTHORISATION

All hospital stays including emergencies must be pre-authorised to ensure that your hospital stay is covered. It is best to do this at least two days before you go to hospital. Your in-hospital benefits will depend on the plan you're on. These are subject to Scheme Rules and available benefits. If you do not get pre-authorisation, you will be liable for the full hospital account.

Call: 0860 002 108
Email: hospital@bonitas.co.za

INTERNATIONAL TRAVEL BENEFIT

The International Travel Benefit offers Bonitas members cover for medical emergencies when they travel outside the borders of South Africa. Cover is provided for any trip not exceeding 90 days and is limited to R5million per person. The benefit is managed by Europ Assistance SA and is underwritten by GENRIC Insurance Company Limited (FSP: 43638) an Authorised Financial Services Provider and registered short-term insurer, administered by Linkham Services SA (Pty) Ltd (FSP: 45396).

Call: +27(0) 87 135 4795
Email: bonitas-assist@linkham.com

OPTICAL BENEFITS

Our optical benefits are designed to offer our members cost-eff active, quality eye care. Our contracted service provider for optical benefit is PPN.

Call: 041 065 0650
Email: bonitas@ppn.co.za
Website: www.ppn.co.za

2020 DESIGNATED SERVICE PROVIDER CONTACT DETAILS

BACK AND NECK PROGRAMME

The back and neck programme helps members living with chronic back and neck pain treat the cause of their pain and improve their quality of life. Run by Documentation Based Care (DBC), the programme incorporates the best protocols to improve functional ability and work capability - successfully and effectively - with minimum pain.

Please note: The programme does not cover the costs of x-rays, scans and prescribed medicines

Call: 0860 105 104
Website: www.dbcsa.co.za

REGISTER WITH PHARMACY DIRECT

Pharmacy Direct is the Designated Service Provider for chronic medicine. They will deliver your medicine to your home, work or to the nearest Post Office, depending on your needs, at no extra cost. If your medicine is declined or if further information is required to assess your request, this will be communicated to you and your treating doctor.

Please note: You first need to register for the chronic medicine benefit before you can register with Pharmacy Direct.

Web: www.pharmacydirect.co.za
Call: 0860 027 800
Email: care@pharmacydirect.co.za
Fax: 0866 1140 00/1/2
Please call me: 083 690 8934

CANCER PROGRAMME

This programme gives you access to a team of professionals that offers the medical, emotional and financial support you need. It offers members diagnosed with cancer emotional support and manages your oncology benefits on your behalf by liaising with your doctor on your treatment plan and where possible, matching it to your available benefits.

Call: 0860 100 572
Email: oncology@bonitas.co.za

DENTAL PROGRAMME

Our dental benefits are managed by DENIS, the largest network of dental professionals in South Africa. All dental procedures have pre-defined benefits, which are paid at the Bonitas Dental Tariff. All dental benefits are subject to managed care protocols and interventions, which may include the requirement of treatment plans and/or x-rays prior to benefit application.

Call: 0860 336 346
Fax: 0866 770 336
Email: bonitasenq@denis.co.za
Claims: claims@denis.co.za
Hospital authorisations: hospitalenq@denis.co.za
Orthodontic and implant authorisations: ortho@denis.co.za
Crown and bridge authorisations: crowns@denis.co.za
Periodontal authorisations: perio@denis.co.za

2020 DESIGNATED SERVICE PROVIDER CONTACT DETAILS

DIABETES PROGRAMME

This programme is based on the principles of patient-centred care and embraces a personalised approach. It takes all your other medical needs into account, including any other chronic conditions you may have. In addition, we continue to work with your doctor who looks after your chronic conditions in order to provide co-ordinated quality care.

Call: 0860 002 108
Email: diabeticcare@bonitas.co.za

HIP AND KNEE PROGRAMME

The hip and knee programme manages hip and knee replacements. Our partners for the programme are Improved Clinical Pathway Services (ICPS) and JointCare. ICPS and JointCare are groups of orthopaedic surgeons that specialise in performing hip and knee replacements according to standardised clinical care pathways. These care pathways have been developed in accordance with evidence-based outcomes to ensure that the quality of the hip and/or knee replacement is of highest standard and to ensure the best health outcomes.

DETAILS FOR ICPS

Call: 011 327 2599
Website: www.icpservices.co.za

DETAILS FOR JOINTCARE

Call: 011 568 3334
Website: <https://joint-care.co.za/agreements/bonitas/>

HIV/AIDS PROGRAMME

Our HIV/AIDS programme helps individuals with HIV/AIDS live longer, more productive lives. Run by Aid for AIDS, South Africa's leader in HIV/AIDS management and care, it takes a revolutionary, integrated approach to HIV/AIDS management. The programme is designed to meet the needs of patients and equip them with the treatment and tools to lead normal, fulfilled lives. It acts as a care-coordinator between Bonitas, doctors, pathology labs, pharmacies and patients.

Call: 0860 100 646
Fax: 0800 600 773
Email: afa@afadm.co.za
Website: www.aidforaids.co.za
Mobi-site: www.aidforaids.mobi
Please call me: 083 410 9078

MENTAL HEALTH PROGRAMME

This programme aims to improve your quality of life and empowers you to manage your condition more effectively. Once you've enrolled on the programme, a dedicated Care Manager will be assigned to assist you and will collaborate with your treating doctor to ensure that you get the support you need.

Call: 0860 106 155
Email: mentalhealth@bonitas.co.za

BENEFITS & SERVICES



FOR VALUE FOR MONEY
FOR SOUTH AFRICA
FOR LIFE

Medical Aid for South Africa

Bonitas

HOSPITAL PRE-AUTHORISATION

All hospital stays including emergencies must be pre-authorised to ensure that your hospital stay is covered. It is best to do this at least two days before you go to hospital. Your in-hospital benefits will depend on the plan you're on. These are subject to Scheme Rules and available benefits. If you do not get pre-authorisation, you will be liable for the full hospital account.



How do I get hospital pre-authorisation?

Have the following information ready:

- Membership number
- Beneficiary name and date of birth
- Date of admission and proposed date of the operation
- Name of the doctor, his/her telephone number and practice number
- Name of the hospital, the telephone number and practice number
- All the relevant procedure and associated medical diagnosis codes (your doctor can assist you with this)

1

2

Call us on **0860 002 108** or email the information in Step 1 to us at **hospital@bonitas.co.za**.

Once your procedure has been authorised, you will receive a letter confirming pre-authorisation by email or post. This letter contains important information about your hospital stay. Please make sure that you read and understand the contents of the letter, as it explains how your procedure will be covered. If you are unsure of anything, please discuss the letter with your doctor.

3

DETAILS FOR HOSPITAL PRE-AUTHORISATION

Call: 0860 002 108
Email: hospital@bonitas.co.za



How do I find a hospital on the network?

Simply log in to www.bonitas.co.za and use the Find a Network Provider tool or call us on 0860 002 108 and we will assist you. We negotiate extensively with hospitals to ensure the best possible value for our members. As a result, we've partnered with strategically selected private hospital groups to help further our aim of making quality healthcare more affordable and accessible.

What about emergencies?

Emergencies must be pre-authorised within 48 hours of admission to hospital or on the first working day after a weekend or public holiday. No account will be paid unless pre-authorisation is obtained.

What other treatments or procedures require pre-authorisation?

You will also need pre-authorisation for the following:

- Renal clinic admissions for dialysis
- Procedures in the doctor's rooms instead of hospitalisation
- Physical rehabilitation care in rehabilitation facilities
- Drug and alcohol rehabilitation in specific facilities
- Hospice admissions
- Oxygen therapy at home
- All specialised radiology (such as MRIs and CT scans)

Pre-authorisation requests may be declined if:

- The planned procedure is not covered by your benefit option as specified in the Scheme Rules
- The planned procedure is not in line with the acceptable treatment standards for a particular condition
- The appropriate clinical information has not been received
- Your Bonitas membership is inactive

EMERGENCY MEDICAL SERVICES

ER24 is the designated service provider for all emergency medical services for Bonitas members and their registered dependants.



What do I need to do in the case of a medical emergency?

Call **084 124**. Provide your name, telephone number and medical aid number.

1

2

Give a brief description of the incident and the severity of it. Provide the address/location (road name, number and nearest crossroad) of the scene of the incident. Stay on the phone and ensure that ER24 has all the details of the incident.

DETAILS FOR ER24

Call:

Claims:

Website:

Compliments and Queries:

084 124

claims@er24.co.za

www.er24.co.za

cqc@er24



What is an emergency?

An emergency medical condition means the sudden and, at the time, unexpected onset of a health condition that requires immediate medical treatment and/or an operation. If the treatment is not available, the emergency could result in weakened bodily functions, serious and lasting damage to organs, limbs or other body parts, or even death.

What does this benefit cover?

- Emergency medical response by road or air to the scene of the medical emergency
- Transfer to the closest appropriate medical facility by road or air
- Instructions on how to manage the emergency while waiting for the ambulance (e.g. start CPR)
- Inter-hospital transfers (subject to authorisation) in accordance with Scheme Rules
- Medical information and assistance hotline
- Trauma counselling and referral to appropriate healthcare professionals as required
- Member/dependant validation
- Claims deemed not to be an emergency could result in you being held liable for costs incurred.

What happens if I do not use ER24 in an Emergency?

If you use another service provider, a 40% co-payment will apply. Ensure that ER24 is informed that you have used another service provider as well as the reason for this. The account must be submitted to claims@er24.co.za no later than 30 days after the date of the incident.



Display your ER24 stickers proudly

When you join Bonitas, you will receive specially designed ER24 car stickers. Please ensure that these are attached to your vehicle as described in the letter sent with the stickers.

CHRONIC MEDICINE

Chronic medicine is used on an ongoing basis to treat chronic health conditions such as diabetes, hypertension and hypothyroidism. You will need to apply for authorisation for your chronic medicine with us.

A 40% co-payment applies if you choose to use medicine which is not listed on the applicable formulary or if you do not use a Designated Service Provider where required.



How do I apply for chronic medicine?

Get a prescription from your doctor.

1

2

Log in to www.bonitas.co.za and apply online or call us on **0860 002 108** or email chronicmeds@bonitas.co.za or ask your doctor or pharmacist to call us on **0861 100 220** and apply on your behalf.

3

Once your application has been assessed, you will receive a medicine access card listing the chronic authorisations to be paid from your chronic medicine benefit.



DETAILS FOR CHRONIC MEDICINE

Call: 0860 002 108
Email: chronicmeds@bonitas.co.za

What happens if my application is declined?

If your application is declined, you may need to:

- Send us a motivation from your GP
- Send us additional test results
- Consider using different medicine

How do I update my medicine?

When you apply for chronic medicine, you are approved for treatment of your condition and not a specific medicine only. When you need to change or add a medicine for your condition, you can do this at your network pharmacy or Pharmacy Direct with your new prescription without contacting us. All prescriptions are only valid for 6 months. Please send your network pharmacy or Pharmacy Direct an updated prescription every 6 months so you continue receiving your medicine.

Consider generics to make your benefits stretch further

A generic drug is a pharmaceutical equivalent to a brand-name product in dosage, strength, use, quality and performance. Generics are usually cheaper than originals but work just as well, helping you get more value for money as they attract no or minimal co-payments.

REGISTER WITH PHARMACY DIRECT

Pharmacy Direct is the Designated Service Provider for chronic medicine. They will deliver your medicine to your home, work or to the nearest Post Office, depending on your needs, at no extra cost. If your medicine is declined or if further information is required to assess your request, this will be communicated to you and your treating doctor.

Please note: You first need to register for the chronic medicine benefit before you can register with Pharmacy Direct.



How do I register with Pharmacy Direct?

Make sure that you've applied for the chronic medicine benefit and have a valid prescription.

1

2

Visit www.pharmacydirect.co.za and download the application or apply online; you can also call them on **0860 027 800** or email care@pharmacydirect.co.za to request the form.

3

Complete the form and email it to care@pharmacydirect.co.za or fax it to **0866 114 000** or **0866 114 001**. Please ensure you include your prescription with your application form. Your prescription must contain the following information: Medical aid number, dependant code, contact number and number of repeats.

How do I update my medicine?

Medicine is automatically dispensed on a 28-day cycle. Pharmacy Direct uses an advanced scheduling and planning system to deliver medicine to patients on a monthly basis.

Make sure your prescription is updated

By law prescriptions are only valid for a maximum of six months. It is vital that you submit a new prescription to Pharmacy Direct at least 10 days before your current prescription expires. They will send you an SMS when a new prescription is needed.

You can use the contact details below to update your prescription. Failure to provide a new prescription to Pharmacy Direct may result in you not receiving your chronic medicine.

Ensure you don't have any outstanding medicine co-payments

If you have any outstanding accounts with Pharmacy Direct, medicine that attracts a co-payment may be excluded. Please contact Pharmacy Direct to resolve any such issues and to ensure that you continue to receive your medicine.

Always use your Bonitas membership number as the reference number when making a payment to Pharmacy Direct.

DETAILS FOR PHARMACY DIRECT

Web: www.pharmacydirect.co.za
Call: 0860 027 800
Email: care@pharmacydirect.co.za
Fax: 0866 1140 00/1/2
Please call me: 083 690 8934



OPTICAL BENEFITS

Our optical benefits are designed to offer our members cost-effective, quality eye care. Our contracted service provider for optical benefits is PPN.



How do I find an optometrist on the network?

To find a PPN provider call **041 065 0650**, visit www.ppn.co.za or email bonitas@ppn.co.za.

1

2

What happens if I use another Optometrist?

You can visit a non-contracted provider if you choose, but you will have to pay cash and submit your claim to bonitas@ppn.co.za. Remember, we have not negotiated rates with these practitioners, so they may be more expensive and include co-payments. Your available savings can be used to cover the shortfall for optical benefits, if applicable.

Please note: Claims older than four months from the date of service will not be accepted for payment.

DETAILS FOR PPN

Call: 041 065 0650
Email: bonitas@ppn.co.za
Website: www.ppn.co.za



What does this benefit cover?

Your optical benefits depend on the plan you have chosen. Optical benefits work on a two-year cycle, which means you can only access your benefit once every two years. There must be at least 24 months between each optical claim per beneficiary. Remember, each beneficiary can either have glasses or contact lenses, not both. Services not covered by the matrix should be paid directly to the practice or can be refunded from available savings.

Do I have to use the contracted service provider?

PPN is our contracted service provider for optical benefits. They will charge you a negotiated rate on prescription lenses and consultation to ensure your benefits stretch as far as possible while ensuring you receive high quality, professional service.

Why would my claim be denied payment?

- Where no script is indicated
- Where no ICD-10 codes are indicated
- Where the script is less than 0.50 D sphere or 0.50 D cylinder (with no sphere) in both eyes in the case of spectacles
- Invoices that do not comply with VAT legislation requirements
- Where the claim is older than four months from the date of service.

ADDITIONAL BENEFITS



**FOR REAL BENEFITS
FOR SOUTH AFRICA
FOR LIFE**

Medical Aid for South Africa

Bonitas

INTERNATIONAL TRAVEL BENEFIT

The International Travel Benefit offers Bonitas members cover for medical emergencies when they travel outside the borders of South Africa. Cover is provided for any trip not exceeding 90 days and is limited to R5 million per person. The benefit is managed by Europ Assistance SA and is underwritten by GENRIC Insurance Company Limited (FSP: 43638) an Authorised Financial Services Provider and registered short-term insurer, administered by Linkham Services SA (Pty) Ltd (FSP: 45396).



How do I get access to this benefit?

1 Call **+27(0) 87 135 4795** or email **bonitas-assist@linkham.com** to activate your international travel cover when you are planning to travel out of the country.

2

You will receive your policy documents in 24 hours.

3 Read the policy document carefully to ensure that you understand all the terms and conditions.

How do I get emergency assistance while I'm travelling?

Europ Assistance SA has been appointed to provide emergency assistance. Emergency medical services are available 24 hours a day, 7 days a week. Call **+27(0) 11 991 8174** as soon as possible if you need assistance. Reverse call charges are accepted.

DETAILS FOR INTERNATIONAL TRAVEL

Call: 27(0) 87 135 4795
Email: bonitas-assist@linkham.com



Who does this benefit cover?

Bonitas members (excluding members on BonCap) who live in South Africa and have not spent more than six months abroad in the same year are entitled to this overseas benefit.

Please note: Beneficiaries must be over three months of age and not older than 65 years.

What does this benefit cover?

We pay claims for emergency medical and related expenses, to the medical services provider, while you and/or your dependant(s) are on an insured journey.

- Emergency medical expenses
- Medical evacuation and transport
- Hospitalisation: Out-patient and in-patient treatment
- Optical and dental expenses
- **Travel assist services:**
 - » Emergency telephone charges
 - » Airport lounge access should your flight be delayed by more than 4 hours

Cover is:

- Provided for any trip not exceeding 90 days
- Limited to R5 million per person up to a maximum of R10 million per family
- Subject to certain exclusions (such as pre-existing conditions and certain sports activities)

WELLNESS BENEFITS

We offer wellness and preventative care benefits, including a wellness screening and the Wellness Extender, on all our plans except BonCap. This is to help you get a clear picture of your health so you can lead a healthier life. These benefits are available in addition to your savings and day-to-day benefits so you get more value for money.



How do I access the wellness screening and Wellness Extender?

Do your wellness screening at a Bonitas wellness day, at a biokineticist or at a Dis-Chem, Clicks or Pick 'n Pay pharmacy.

1

Once all tests that are part of the wellness screening have been completed, your wellness extender will be activated and you will be able to access it. Check the amount allocated to your family on your Wellness Extender.

2

Visit the GP, biokineticist, dietician or physiotherapist, have blood tests or x-rays done, or join a programme to stop smoking, and have the Wellness Extender cover the consultation or programme.

3



Please note: All claims for the Wellness Extender are paid at the Bonitas Rate. Adult dependants must first complete the wellness screening to access the Wellness Extender.

What is the wellness screening?

The wellness screening is a free annual check-up where carefully selected tests are done. It also helps you to detect serious chronic conditions such as hypertension, heart disease and diabetes. All tests must be done at the same time.

- A blood pressure test
- A blood glucose test
- A cholesterol test
- A BMI test
- A waist-to-hip ratio measurement

In addition to the wellness screening benefit we offer a preventative care benefit that includes a:

- HIV test
- FLU vaccine
- Pap smear *
- Mammogram **
- Pneumococcal vaccine*
- Stool test *

(*for beneficiaries within a specific age group) (**option specific)

What is the wellness extender?

The Wellness Extender can be used to pay for extra consultations and treatments with a GP, biokineticist, dietician or physiotherapist or a programme to stop smoking. The amount allocated to this benefit depends on the plan you have chosen.

WELLNESS EXTENDER BENEFIT

By completing your wellness screening you automatically activate your wellness extender benefit

You can use this benefit to pay for extra consultations or to join a smoking cessation programme that will help improve your health



Biokineticists - reach your health and fitness goals with safe, guided exercise prescription

Physiotherapists - improve the quality of your life by addressing chronic pain and acute injury

Dieticians - get the advice you need on how to make healthy dietary choices

GPs - receive medical treatment when you need it.

Join a programme to stop smoking to get the support you need to kick the habit, once and for all!

When you complete your screening tests this benefit will be activated automatically*

How much can I spend?

The amount allocated to this benefit depends on the plan you have chosen:

Plan	Wellness Extender benefit
BonComprehensive	R2 540
BonClassic	R1 750
BonComplete	R1 750
BonSave	R1 270
BonFit Select	R1 270
Standard	R1 750
Standard Select	R1 750
Primary	R1 270
Primary Select	R1 270
Hospital Standard	R1 270
BonEssential	R910
BonCap	No Benefit



Have you completed your wellness screening?

- » Blood pressure test
- » Blood glucose test
- » Cholesterol test
- » BMI assessment
- » Waist-to-hip measurement

Please note: Adult dependants must complete the wellness screening to access the wellness extender benefit. Your healthcare provider must use ICD-10 code Z00.0 (general medical examination) to ensure that your consultation claim is paid from the wellness extender benefit. These claims are paid at the Bonitas Rate. You must use a smoking cessation programme offered by Allen Carr, Go Smoke Free or Smoke Enders.

* Allow 7 days for the claim to be processed

CONTRACEPTIVE BENEFIT



The Female Contraceptive Benefit

Oral contraception, contraceptive rings and contraceptive patches and certain contraceptive injections as well as IUDs, including Mirena®, are covered from Risk on all Bonita's options. Pharmacy Direct is the Designated Service Provider for Contraceptives except on BonComprehensive, they will deliver your medicine to your home, work or to the nearest Post Office, depending on your needs, at no extra cost. IUDs, including the Mirena® device, are also paid from Risk but this excludes the doctor's consultation and cost of procedure, which will be paid from the member's day-to-day benefits. This benefit is available once every two years.

How much can I spend?

The amount allocated to this benefit depends on the plan you have chosen:

BonComprehensive	R1 610 Uses Bonitas Pharmacy Network
BonClassic	R1 610 Uses Pharmacy Direct
BonComplete	R1 610 Uses Pharmacy Direct
BonSave	R1 610 Uses Pharmacy Direct
BonFit Select	R1 610 Uses Pharmacy Direct
Standard	R1 610 Uses Pharmacy Direct
Standard Select	R1 610 Uses Pharmacy Direct
Primary	R1 610 Uses Pharmacy Direct
Primary Select	R1 610 Uses Pharmacy Direct
Hospital Standard	R1 610 Uses Pharmacy Direct
BonEssential	R1 290 Uses Pharmacy Direct
BonEssential Select	R1 290 Uses Pharmacy Direct
BonCap No	R1 070 Uses Pharmacy Direct

Please note: Oral contraceptive prescriptions will only be funded from Risk if prescribed for the purpose of contraception, and not for the purpose of treating an acne or skin condition. Hospital admission solely for the insertion of IUDs, including Mirena® will not be funded.

PREVENTATIVE CARE BENEFIT

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

	BonComprehensive	BonClassic	BonComplete	BonSave	BonFit Select	Standard Select	Primary Select	Hospital Standard	BonEssential	BonEssential Select	BONCAP
PREVENTATIVE CARE											
HIV test per beneficiary						1					
Flu vaccine per beneficiary						1					
Full lipogram every 5 years, for members aged 20 and over	1			N/A		1				N/A	
Mammogram every 2 years, women over 40						1					
Pap smear every 3 years, women between ages 21-65						1					
Prostate screening antigen test, men between ages 45-69						1					
Pneumococcal vaccine every 5 years, members aged 65 and over						1					
Stool test for colon cancer, members between ages 50-75						1					
Bone density screening, women aged 65 and men aged 70 and over	1									N/A	

MATERNITY & CHILD CARE



FOR NEW BABIES
FOR SOUTH AFRICA
FOR LIFE

Medical Aid for South Africa

Bonitas

MATERNITY PROGRAMMES

THE NEW BONITAS MATERNITY PROGRAMME

We believe that as an expecting mom your pregnancy should be a unique and joyful experience. Through targeted support during each trimester, pregnancy education and specific related engagements, via telephone and digital channels, we aim to help our members, achieve this. With our new Maternity Programme, we hope to improve the health of moms-to-be and, as a result, reduce the number of complications.

Expectant members can expect the following:

24/7 MATERNITY HEALTH ADVICE LINE

Should they have any health-related queries during their pregnancy, they can call the 24/7 Maternity Health Advice line on 087 056 9888. This telephone service is nurse led and has been developed to provide our pregnant members with optimum advice. It is a purely medical advice line, no diagnosis or prescription will be given.

DEDICATED CLINICAL CARE ADVISORS

A maternity nurse/midwife will call them at certain key stages throughout their pregnancy. This is to support and advise them on how to look after their health while expecting. They will be reminded about supplementation, diet and follow-up visits.

ONLINE ANTENATAL CLASSES

From the moment they register with the Bonitas Maternity Programme, they'll have access to online antenatal classes to prepare them for the birth, their stay in hospital and what to expect when they go home. These classes will be available twice monthly and members can access them by logging on to the Bonitas website with their membership number.

WEEKLY STAGE APPROPRIATE SMS

During their pregnancy, they'll receive a weekly SMS appropriate to the specific stage in their pregnancy. This will help them track their baby's development and learn how and why their body is changing during the weeks of their pregnancy.

PREGNANCY EDUCATION EMAILS

They'll also receive emails on a weekly basis for the duration of their pregnancy to help them prepare for the birth. These emails will be stage appropriate and cover topics such as preparing for childbirth, normal delivery vs caesarean, breast care, breast feeding, nutrition, etc.

BONITAS BABY BAG

We give all pregnant members a beautiful baby bag to congratulate them on the arrival of their bundle of joy. The baby bag is packed with goodies for them and their newborn. This may include nappies, baby wipes, a blanket or toy, bath products, toiletries and other items*. To register for their baby bag, they must be at least 24 weeks pregnant and have obtained pre-authorisation for their delivery.

*Contents dependent on availability

DIGITAL WEBINARS AND EVENTS

Twice a month there will be digital webinars and region specific events that will cover various aspects of maternity and baby care. Once they have registered for the Maternity Programme, they will be informed via email or SMS about the details of the webinars and events. They'll be able to access the webinars through a link from the Bonitas website.

MATERNITY PROGRAMMES

WEB CONTENT

On the Bonitas website, they'll be able to find a series of articles regarding common health issues during pregnancy. They can read these articles at their own time and convenience.

MATERNITY CARE BENEFITS

We also offer the following maternity benefits* to our members:

- Up to 12 consultations during pregnancy
- 2 x 2D ultrasound scans
- 1 amniocentesis
- Antenatal Classes
- 4 consultations with a midwife after delivery (1 of these can be with a lactation specialist)
- Newborn hearing screening

*Plan dependent (Excludes BonCap)

BABY VOUCHERS

As a mom-to-be they'll have access to the Bonitas voucher platform to redeem vouchers (specific to baby care) from our partners every month, so they can save on baby essentials and put more money back in their pocket.

HOW TO REGISTER

As a member, they can register for the Bonitas Maternity Programme through one of the following ways:

1. They can call 087 056 9888 and verify their membership to enrol
2. Or when the Fund receives a notification of their pregnancy, they'll receive an SMS about the Maternity Programme. If they reply yes for more information, they'll receive a call to register them on the programme.

We trust that the new Bonitas Maternity Programme will offer members all the support they need during their pregnancy and birth so that they can focus on staying healthy and taking care of their bundle of joy.

Kind regards

Bonitas Medical Fund

MATERNITY BENEFITS

Our maternity benefits are designed to give your little one the best possible start. These benefits are paid from risk, so they will not affect your savings or day-to-day benefits. To get even more value, make sure you use a provider on our network.



You must pre-authorise your hospital stay

We need a pre-authorization number for your pregnancy. This can be done from 20 weeks onwards. Please call us on **0860 002 108** or email hospital@bonitas.co.za to pre-authorise your hospital stay.

1

You will need to provide us with the following information:

- Membership number
- Name and surname
- Date of expected delivery
- Type of delivery
- Procedure and ICD-10 codes
- Name and practice numbers of the hospital and your treating doctor/s

2

DETAILS FOR BABYLINE

Tel: 0860 999 121

DETAILS FOR HOSPITAL PRE-AUTHORISATION

Call: 0860 002 108
Email: hospital@bonitas.co.za



What does this benefit cover?

- Antenatal consultations
- 2D ultrasound scans
- Postnatal consultations with a midwife
- Antenatal classes with a midwife and one can be used for a consultation with a lactation specialist
- Amniocentesis
- Newborn hearing screening (In or out of hospital)
- Congenital hypothyroidism screening for children under one month old
- Baby bag

The availability of these benefits depends on the plan you have chosen.

Babyline

The Babyline benefit is available on all Bonitas plans for children under three years. It is a 24-hour children's health advice line for children under 3 years.

Parents or caregivers can simply call **0860 999 121** and they will be put through to a paediatric trained registered nurse. The nurse will ask a series of questions depending on the concern raised by the parent or caregiver. Please have your Bonitas membership number on hand. The parent/caregiver will then be given professional advice on what to do next and whether the symptoms are urgent enough to visit the ER or maybe their doctor or specialist.

Please note: Babyline is a general paediatric health advice service and does not provide a diagnosis or prescription. If you feel your child requires urgent medical attention, please take your child to the nearest healthcare facility.

CHILD CARE BENEFIT

	BonComprehensive	BonClassic	BonComplete	BonSave	BonFit Select	Standard	Standard Select	Primary	Primary Select	BONCAP
PREVENTATIVE CARE										
Hearing screening										Newborns, in or out-of-hospital
Congenital hypothyroidism screening										Infants under 1 month old
24/7 telephonic baby advice line										For children under 3 years
Paediatric consultations for children under 1 year	3				2				1	N/A
Paediatric consultations for children between ages 1 and 2	2							1	2	N/A
GP consultations for children between ages 2 and 12	2				1			2	1	N/A
Childhood immunisations										According to the Expanded Programme on Immunisation in South Africa
										N/A

CHILDHOOD IMMUNISATION BENEFIT

The childhood immunisation benefit is designed to ensure that we support families to keep their children healthy.



Do I have to use a contracted service provider?

No. You can use any Service Provider, however consultation or administration will be covered at the Bonitas Rate.

Please note: The vaccination can only be given by a registered healthcare professional or pharmacy with a valid license to dispense medication.

CONTACT DETAILS

Call:

0860 002 108

Website:

www.bonitas.co.za



Will the benefit be paid out of my available day-to-day/savings?

This is an additional benefit which falls under the preventative care benefit. The cost of the vaccine will be covered at the Bonitas Rate from risk, however a consultation or administration with a healthcare professional will be paid from your available day-to-day/savings at the Bonitas Rate.

What does the benefit offer?

The vaccinations covered are per the Expanded Programme on Immunisation in South Africa for children up to the age of 12 years. This includes the following:

- Polio vaccine
- Diphtheria, whooping cough and tetanus vaccine
- Hepatitis B vaccine
- Measles vaccine
- Tetanus and reduced strength diphtheria vaccine
- Vaccine against haemophilus influenza
- Vaccine against diphtheria and tetanus only

Is the benefit available for all members?

The benefit is available to all our members on **BonComprehensive, BonClassic, BonComplete, BonSave, BonFit Select, Standard, Standard Select, Primary** and **Primary Select**.

PROGRAMMES



FOR REAL BENEFITS
FOR SOUTH AFRICA
FOR LIFE

Medical Aid for South Africa

Bonitas

BACK AND NECK PROGRAMME

The back and neck programme helps members living with chronic back and neck pain treat the cause of their pain and improve their quality of life. Run by Documentation Based Care (DBC), the programme incorporates the best protocols to improve functional ability and work capability - successfully and effectively - with minimum pain.

Please note: The programme does not cover the costs of x-rays, scans and prescribed medicines



How does the programme work?

1 You will be assessed by a biokineticist and a doctor. This includes a physical examination and tests to check range of movement, nerve health and more.

2 The doctor will take your medical history and explain the possible cause of the chronic pain and the DBC protocol to you.

3 A treatment plan will be put together for you. A patient contract is then signed committing you for up to six weeks of treatment, twice a week. Sessions are an hour long (30 minutes with a biokineticist and 30 minutes with a physiotherapist).

4 Depending on prescribed treatment, after six sessions, the doctor will re-examine you to determine progress. The protocol is repeated if needed. If all is well, you are discharged with a home-based exercise programme.

What does the back and neck programme cover?

The programme takes a comprehensive and holistic approach to chronic pain and offers individualised treatment to patients. After an initial assessment, beneficiaries receive treatment twice a week for up to six weeks. Bonitas cover the full cost of the programme. This multi-disciplinary programme includes treatment by doctors, physiotherapists and biokineticists to treat severe neck and back pain. The treatment consists of active exercise with appropriate weights and motion. After the initial treatment, you receive a home-based programme to maintain results long-term.

Who can access this benefit?

This benefit is available to members identified by the Active Disease Risk Management Team and providers may contact us to register eligible members. Identified or eligible members are then referred to the programme. Members may also contact DBC directly. This benefit is not available to members on BonCap.

What happens if I do not use DBC before spinal surgery?

If you are on BonComprehensive, BonClassic, Standard, Standard Select or BonComplete and you choose to go for spinal surgery without first visiting DBC, you will have to pay a R10 000 co-payment.

DETAILS FOR BACK AND NECK

Call:

0860 105 104

Website:

www.dbsa.co.za



HIP AND KNEE PROGRAMME

The hip and knee programme manages hip and knee replacements. Our partners for the programme are Improved Clinical Pathway Services (ICPS) and JointCare. ICPS and JointCare are groups of orthopaedic surgeons that specialise in performing hip and knee replacements according to standardised clinical care pathways. These care pathways have been developed in accordance with evidence-based outcomes to ensure that the quality of the hip and/or knee replacement is of highest standard and to ensure the best health outcomes.



How do I access the programme?

Find an orthopaedic surgeon closest to you on the network by calling 0860 002 108.

1

2

Set up an appointment with the network surgeon.

Visit the orthopaedic surgeon to see if you need surgery. ICPS and JointCare will manage your procedure and all the related claims submission on your behalf including:

- All hospital costs
- Surgeons and anaesthetist fees
- Prosthesis (subject to the prosthesis benefit)
- Physiotherapist costs (pre, intra and post-operative)

3

What does the programme offer?

The programme helps you to take an active part in planning for your recovery for hip or knee surgery as well as ensuring peace of mind by offering a cost-effective and high-quality replacement. It uses a multidisciplinary team dedicated to assist with rapid and successful recovery, keeping patients as comfortable as possible during the healing period. It is available to members on BonClassic, Standard, Standard Select, BonComplete and BonComprehensive.

The programme covers all costs for the procedure as itemised in the pre-authorized account for the in-hospital component of the case, and further includes the following:

- Surgeons and assistant fees;
- Anaesthetist fees;
- Prosthesis fees;
- Physiotherapist fees (pre-, intra- and post-operative) related to the operation done. These services will include preoperative education and assessment, as well as postoperative care at two, four and six weeks.

HIP AND KNEE PROGRAMME

continued



How do I access the programme?

- continue

Please note: Your doctor must request authorisation for your hip or knee replacement.

DETAILS FOR ICPS

Call: 011 327 2599
Website: www.icpservices.co.za

DETAILS FOR JOINTCARE

Call: 011 568 3334
Website: <https://joint-care.co.za/agreements/bonitas/>



The Global Fee will exclude the following:

- In-hospital pathology costs
- In-hospital radiology costs
- Orthotics costs
- In hospital consultation by any specialist other than the treating anaesthetist or orthopaedic surgeon
- Out of hospital specialist consultations
- Post discharge complications
- Readmissions
- Utilisation of step-down facilities

Do ICPS and JointCare provide the best service?

ICPS and JointCare work according to standardised clinical care pathways. These care pathways have been developed in accordance with evidence-based outcomes to make sure that the quality of the replacement is of the highest standard and to make sure that you have the best health outcomes.

CANCER PROGRAMME

This programme gives you access to a team of professionals that offers the medical, emotional and financial support you need. It offers members diagnosed with cancer emotional support and manages your oncology benefits on your behalf by liaising with your doctor on your treatment plan and where possible, matching it to your available benefits.



How do I register on the programme?

To register on the programme, simply call on **0860 100 572** or email us at **oncology@bonitas.co.za**

Please ensure you have the following information available:

- Your membership number
- The beneficiary's details
- Your doctor's details, including practice number

1

2

Once you and your team of doctors agree on a treatment plan, ask your doctor to forward your treatment plan to us, as oncology treatment is subject to pre-authorisation and case management.

Once we receive your treatment plan, an oncology case manager will be assigned to you to handle your case.

3

4

The Oncology Disease Management team will review and capture your details, disease information and proposed treatment plan. If necessary, a member of the clinical team will contact your doctor to discuss treatment alternatives.

What does this programme cover?

We've partnered with The Independent Clinical Oncology Network (ICON) to give you access to quality care. ICON represents 80% of the private oncologists in South Africa.

We provide:

- Unlimited terminal care benefit (subject to pre-authorisation)
- Pathology
- Radioisotope and PET scans (the latter to be motivated and approved) and pre-authorised separately to allow payment from the cancer benefit
- Radiotherapy
- Chemotherapy and drugs associated with chemotherapy (e.g. anti-nausea medication)
- Approved related medicine
- General radiology and pathology
- Oncologist pre and post-active consultations
- Consultations with a social worker
- Mammograms
- Medicine for terminal illness
- Pain management

Please include this information in your email or have it on hand when you call us:

- Membership number
- Beneficiary name and date of birth
- Date of admission and proposed date of the operation
- Name of the doctor, his/her telephone number and practice number
- Name of the hospital, their telephone number and practice number
- All the relevant procedure and associated medical diagnosis codes (your doctor can assist you with this)

continued

This programme gives you access to a team of professionals that offers the medical, emotional and financial support you need. It offers members diagnosed with cancer emotional support and manages your oncology benefits on your behalf by liaising with your doctor on your treatment plan and where possible, matching it to your available benefits.



How do I register on the programme?

- continue

After the treatment plan has been assessed and approved, authorisation will be sent to your treating doctor. You will also be sent an authorisation letter. The letter will indicate the treatment authorised, the approved quantities and the validity period of your authorisation.

5

Remember: Please make sure your doctor advises the Oncology Disease Management team of any change in treatment, as your authorisation will need to be reassessed and updated.



DETAILS FOR CANCER MANAGEMENT

Call: 0860 100 572
Email: oncology@bonitas.co.za

How do I get services such as hospice or home nursing?

If you need services such as hospice or home nursing, you need to contact the hospital pre-authorisation team (call 0860 002 108 or email hospital@bonitas.co.za). You can also contact the above number if you have complications like dehydration, excessive vomiting or need to be hospitalised for pain control. Failure to do so may result in your claims being rejected or paid from the incorrect benefit (e.g. savings or other day-to-day benefits) as there will not be a matching oncology authorisation.

How do I get authorisation for related treatment such as surgery?

Surgery or related procedures are covered from hospital benefits and not the oncology benefit, so you will need to get pre-authorisation. To get pre-authorisation, call us on **0860 002 108** or email us at hospital@bonitas.co.za.

DENTAL PROGRAMME

Our dental benefits are managed by DENIS, the largest network of dental professionals in South Africa. All dental procedures have pre-defined benefits, which are paid at the Bonitas Dental Tariff. All dental benefits are subject to managed care protocols and interventions, which may include the requirement of treatment plans and/or x-rays prior to benefit application.



How do I submit claims to DENIS?

Ensure the following details are clearly visible on your claim:

- Your membership number
- The dentist's details and practice registration number
- The correct dependant name and code (see your membership card)
- The treatment date
- The relevant procedure codes
- The tooth numbers (if applicable)
- The relevant ICD-10 codes

1

2 Email your claim to claims@denis.co.za or post the original copies of your dental claims to Private Bag X 1, Century City, 7446, Cape Town.

Please note: Failure to pre-authorise orthodontic treatment will result in payment only from the date of authorisation for the remaining months of treatment, provided that the treatment is clinically indicated.

How do I find a dentist on the network?

The DENIS network has dentists located nationwide. To find a dentist on the network near you, go to www.denis.co.za and use the Find a Dentist tool.

Consider generics to make your benefits stretch further

A generic drug is a pharmaceutical equivalent to a brand-name product in dosage, strength, use, quality and performance. Generics are usually cheaper than originals but work just as well, helping you get more value for money as they attract no or minimal co-payments.

Which dental benefits do I need pre-authorisation for?

You need to obtain pre-authorisation for plastic dentures and partial metal frame dentures by calling the DENIS call centre on 0860 336 346 or email customer@denis.co.za.

- Crown and bridge procedures
- Orthodontics
- Implants
- Hospitalisation
- Intravenous / Conscious sedation
- Periodontics
- Plastic denture and partial metal frame denture

DENTAL PROGRAMME

continued

Our dental benefits are managed by DENIS, the largest network of dental professionals in South Africa. All dental procedures have pre-defined benefits, which are paid at the Bonitas Dental Tariff. All dental benefits are subject to managed care protocols and interventions, which may include the requirement of treatment plans and/or x-rays prior to benefit application.



How do I submit claims to DENIS?

- continued

DETAILS FOR DENIS

Call:	0860 336 346
Fax:	0866 770 336
Email:	bonitasenq@denis.co.za
Claims:	claims@denis.co.za
Hospital authorisations:	hospitalenq@denis.co.za
Orthodontic and implant authorisations:	ortho@denis.co.za
Crown and bridge authorisations:	crowns@denis.co.za
Periodontal authorisations:	perio@denis.co.za

How do I get pre-authorisation for these dental procedures?

We require the following information for pre-authorisation:

- Hospital practice number
- Anaesthetist practice number
- Treating clinician
- Hospital admission date
- Procedure code(s) with ICD-10 code(s) and
- Where relevant the applicable tooth numbers
- Main reason as to why the procedure is needed
- Medical report of special medical conditions (if applicable)

Will I have any co-payments?

A co-payment of R3 500 is applicable on all hospital admissions for dentistry on BonClassic, BonComplete, Standard, Standard Select, Primary, Primary Select and Hospital Standard. This does not apply to emergency hospital admissions. There are also co-payments for orthodontics on Standard, Standard Select and BonComplete. If you apply for authorisation for crown and bridge procedures after the treatment has been done, you will have to pay a 20% co-payment.



Where can I get more information on my benefits for specialised dental procedures?

DENIS supplies all dentists with a guide that illustrates the dental benefit management methodology and the amount charged for that procedure. Where the amount your dentist charges and the amount we will pay for a specific procedure differ, you have the right to negotiate this difference with your dentist. You can also visit www.denis.co.za to learn more.

What other dental benefits do I have access to?

As a Bonitas member, you are automatically a member of the dental wellness programme. You will receive various treatment-related information leaflets and oral screenings, advice and dental products will be provided at your company's wellness days.

DIABETES PROGRAMME

This programme is based on the principles of patient-centred care and embraces a personalised approach. It takes all your other medical needs into account, including any other chronic conditions you may have. In addition, we continue to work with your doctor who looks after your chronic conditions in order to provide co-ordinated quality care.



How do I access the chronic medicine benefit?

Register your diabetes as a chronic condition by calling **0860 002 108**.

1

2

You will be automatically added to the diabetes programme.

Nominate the doctor you want to help you manage your diabetes by calling 0860 106 155. By nominating a doctor and with your consent, we will be able to better support your treatment and share important information with this doctor.

3

What does the programme offer?

The wellness screening is a free annual check-up where carefully selected tests are done. It also helps you to detect serious chronic conditions such as hypertension, heart disease and diabetes. All tests must be done at the same time.

- Continued access to your treating doctor, your authorised chronic medicine and all required blood and laboratory tests
- Access to a Health Coach who will provide you with guidance and support on managing all your chronic diseases as well as diabetes
- Online tools to help you make informed choices such as the Bonitas Health Portal and Personal Health Record
- Material to educate you on diabetes and empower you to manage it
- Access to our extensive family practitioner, specialist and nursing network

Will this affect the benefits I have currently available for my diabetes management?

You can continue to see your treating doctor and will have access to cover for GP consultations, blood and other laboratory tests, dietician and podiatrist services, an ophthalmologist consultation and a visit with a nurse educator. You will receive more detailed communication based on your specific Care Plan.



DETAILS FOR DIABETES PROGRAMME

Call: 0860 002 108
Email: diabeticcare@bonitas.co.za

Who can join the programme?

All Bonitas members with diabetes will have automatic access to the programme and its benefits once they have registered their chronic condition for disease specific benefits. (Excluding BonCap members)

How will I get my medicine?

Pharmacy Direct is a courier pharmacy and is the preferred provider for chronic medication. Pharmacy Direct will also provide a free glucometer to qualifying patients that have registered with them.

HIV/AIDS PROGRAMME

Our HIV/AIDS programme helps individuals with HIV/AIDS live longer, more productive lives. Run by Aid for AIDS, South Africa's leader in HIV/AIDS management and care, it takes a revolutionary, integrated approach to HIV/AIDS management. The programme is designed to meet the needs of patients and equip them with the treatment and tools to lead normal, fulfilled lives. It acts as a care-coordinator between Bonitas, doctors, pathology labs, pharmacies and patients.



How do I register with Aid for AIDS?

If you are HIV-positive, you must register with Aid for AIDS as soon as possible in order to make use of this benefit.

Know your status. If you are worried that you might be infected with HIV, ask your doctor or clinic to test you. Remember, all members are entitled to one free HIV test a year at a participating clinic or Bonitas wellness day.

1

2

If the results show that you are HIV-positive, call **0860 100 646** and request an application form to join the HIV/AIDS programme.

Complete the form with your doctor and fax it to **0800 600 773** or email it to **afa@afadm.co.za**.

3

What does the programme offer?

- Medicine to treat HIV (including drugs to prevent mother-to-child transmission and infection after sexual assault or needlestick injury)
- Treatment to prevent opportunistic infections such as pneumonia, TB and flu
- Regular pathology tests to monitor disease progression and response to therapy
- Regular pathology tests to detect possible side-effects of treatment
- HIV-related consultations to visit your doctor to monitor your clinical status
- Ongoing patient support via a team of trained and experienced counsellors
- Clinical guidelines and telephonic support for doctors
- Help in finding a registered counsellor for face-to-face emotional support



Remember: Pharmacy Direct is the designated service provider for medicine on the HIV/AIDS programme. You must register with Pharmacy Direct to obtain your medicine to avoid co-payments.

HIV/AIDS PROGRAMME

continued

What happens after I have registered?

Our highly qualified medical team will check the details on your form. If necessary, we will review medical details and discuss the most medically appropriate and cost-effective treatment with your doctor. Once treatment has been agreed upon, you and your doctor will be sent a detailed treatment plan, which explains the approved medicine, as well as the regular tests that need to be done to ensure that the medicine is working correctly and safely. You will need to visit your doctor for regular examinations and tests. Your doctor will contact Aid for AIDS to keep us informed about your condition. This will be outlined in your treatment plan. You will also receive reminders from us, advising you of when to visit the doctor for a check-up and when to have blood tests done.

What if my treatment plan changes?

We work closely with your doctor to review your medicine and test results regularly. If we notice that your condition is not improving, your treatment plan may be amended. We will automatically update this to ensure you always have access to your benefits and the best possible treatment.

Will I receive counselling and support services?

Our treatment support staff give patients one-on-one attention to make sure you understand how to take your medicine and the importance of sticking to your treatment plan. We also offer a dedicated telephone line, to offer support and advice to help you live a long, healthy life. Counselling is also offered to provide emotional and psychological support. You will be routinely called by counsellors to check how you are doing and will receive reminders when you are due for bloods tests and other treatment.



DETAILS FOR AID FOR AIDS

Call:	0860 100 646
Fax:	0800 600 773
Email:	afa@afadm.co.za
Website:	www.aidforaids.co.za
Mobi-site:	www.aidforaids.mobi
Please call me:	083 410 9078

MENTAL HEALTH PROGRAMME

This programme aims to improve your quality of life and empowers you to manage your condition more effectively. Once you've enrolled on the programme, a dedicated Care Manager will be assigned to assist you and will collaborate with your treating doctor to ensure that you get the support you need.



How do I access the programme?

To register your mental health condition, simply call 0860 106 155.

1

2

You will be assessed to determine your eligibility to join the mental health programme.

Nominate the treating doctor you want to continue looking after your mental health condition and grant us informed consent so we may monitor treatment and the management of your mental condition.

3

What does the programme offer?

- Access to a Care Manager that will work with you, your treating doctor and where appropriate, with other healthcare professionals to assist in improving your condition
- Your Care Manager will help you set up appointments with your doctor, obtain authorisation for healthcare services, understand the importance of preventative care and the use of wellness benefits or resolve queries related to any other health condition
- Educational material about mental health which empowers you to manage your condition

Is there any extra support or information available that I can access?

You can visit the Bonitas Member Zone to look up medical information on your condition. It is an interactive and informative tool where you can complete questionnaires, read articles and enrol on helpful tutorials concerning your condition.



DETAILS FOR MENTAL HEALTH PROGRAMME

Call:

0860 106 155

Email:

mentalhealth@bonitas.co.za

Who can join the programme?

Members on the BonComprehensive, BonClassic, Standard and Standard Select options who suffer from mental health conditions such as depression, anxiety, post-traumatic stress disorder (PTSD) and alcohol abuse may be assessed and registered on the programme.

**ACCESS YOUR MEDICAL AID
BENEFITS**



**FOR REAL BENEFITS
FOR SOUTH AFRICA
FOR LIFE**

Medical Aid for South Africa

Bonitas

BONITAS WEBSITE AND PORTAL



VISIT WWW.BONITAS.CO.ZA

THE **MEMBERZONE**

The new and improved Bonitas Member Zone that was launched in 2020 together with free vouchers and value-added products. This has gone a long way in improving the member experience and improving member acquisition and retention.

The MemberZone will allow members to:

- Manage membership information 24/7, on any device
- Access their electronic membership card and email it to dependants or doctors
- View benefits
- Look up, query and submit claims
- Apply for chronic medication and hospital pre-authorisation
- Submit queries
- Update contact details
- View brochures, how-to guides and more
- Access Pharmacy Direct to manage their chronic profile and submit prescriptions

BONITAS WEBSITE AND PORTAL

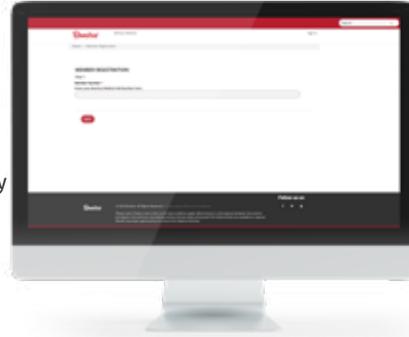
Discount vouchers and exclusive offers will be available too

Members will be able to log in and download discount vouchers for groceries, fashion, travel, cosmetics and much more. We've also negotiated special offers on gap cover and life insurance products as well.

REGISTER **FREE IN 3 EASY STEPS**

1. Visit <https://bonitasmember.microsoftcrmportals.com>
2. Enter your **medical aid number** and click on "**Submit**"
3. Check your details and confirm they are accurate.

All Bonitas members will need to register to access this new functionality and exciting offers.



GP REFERRAL PROCESS

There is a growing trend of fragmented care, where a number of our beneficiaries are receiving duplicate treatment from multiple doctors and providers. This leads to poor patient experience and unsatisfactory outcomes. The GP referral process ensures that our members receive appropriate and effective care. It also helps to ensure that their benefits last longer by avoiding duplication of tests and consultations with specialists for concerns that can be handled by a GP.

In an effort to enhance the coordination of care, members are required to obtain a referral number from their GP before consulting with certain specialists. From January 2017, claims for specialist consultations without a valid referral number from a GP have been and will continue to be rejected (for member's own pocket).

The following exceptions were approved by Bonitas Medical Fund for all options except BonCap, where the member doesn't have to obtain a referral letter:

- One gynaecologist consultation or visit per year for female beneficiaries
- Maternity consultations
- Paediatrician consultations for children under the age of two
- Oncology consultations
- Ophthalmology consultations

HOW TO REGISTER FOR A SPECIALIST REFERRAL AUTHORISATION

Your GP can contact the Bonitas Healthcare Professional call centre on **0861 112 666** and register an authorisation for you or they can use the online facility.

If your GP refuses to obtain a specialist referral authorisation on your behalf, you must obtain a referral letter from the GP stating which specialist you are required to visit. You can then call the call centre on **0860 002 108** and the agent will assist you in obtaining a referral number.

The specialist referral authorisations are valid for 6 months per practice type.

On BonCap if you do not obtain a referral from a Network GP for a specialist consultation, it will not be covered.

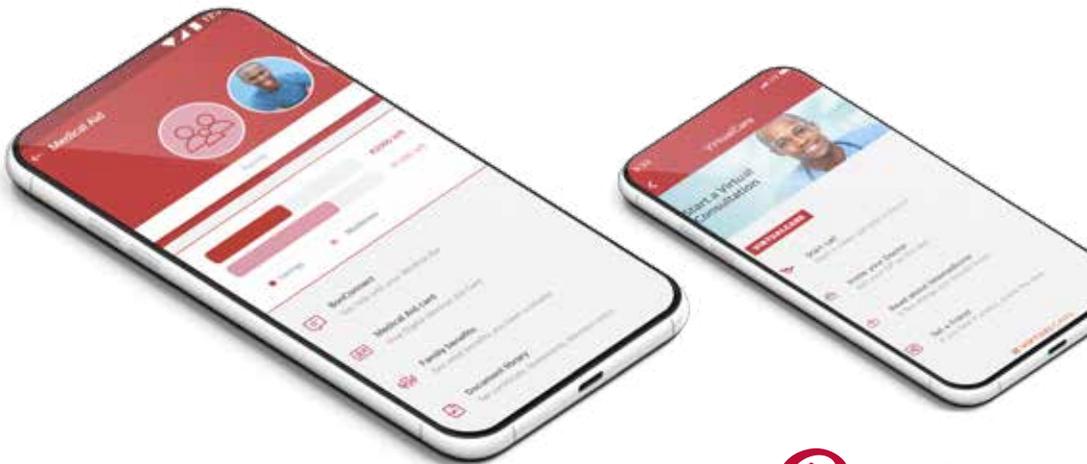
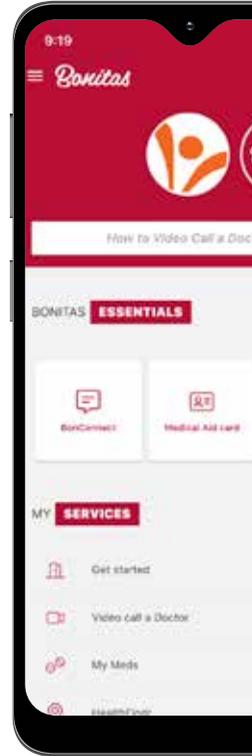
Please note: Specialist referral authorisation does not guarantee payment of the consultation. Your claim will be processed subject to available benefits.

MEMBER APP

We are excited to announce the launch of the brand new Bonitas app. The app is designed to enrich the lives of Bonitas members and is packed with functionality that allows them to do so much more, all from the palm of their hand. In addition, it gives us another way to stay connected and communicate with our members. Let's look at some of the features.

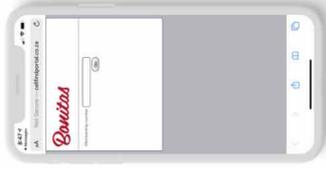
AS A BONITAS MEMBER YOU WILL BE ABLE TO:

- **Consult a general practitioner (GP)** in real-time for minor health issues or prescriptions with our new VirtualCare feature. This can be done from the safety of your own home during the COVID-19 lockdown period.
- **Manage your medicine schedule.** With the medicine tracker, you can scan or enter your medicine manually to add it to your medicine list. Then set yourself reminders to know when to take which pill; how many repeats are left, and when to fill up your prescription.
- **See the balance** of your Medical Savings Account and other benefits, like your chronic medicine balance.
- **Use BonConnect to chat** to a call centre agent regarding your medical aid queries i.e. claim status.
- **Locate and book an appointment** at a clinic or pharmacy clinic. You can also set a reminder for the appointment and rate the facility afterwards.
- **Access your tax certificates**, membership certificate, monthly statements and plan brochures.
- **Easily locate a provider** near you (by using your location) or in a remote area (by entering the suburb), whether it is a hospital, doctor or pharmacy.
- **Store a list of emergency contacts** and scheme prescribed emergency numbers. You can dial these with a simple tap.
- **Have a digital version of your membership card** on hand, everywhere you go.
- **Receive important notifications** directly from Bonitas regarding your medical aid.



Bonitas Call Centre: **0860 002 108**

Find Hospital Network via SMS



SMS "Find" to 43899

You will receive a link, click on the linked and follow the prompts

LOCATE A PROVIDER



0860 002 108



www.bonitas.co.za



Bonitas Medical Fund



@BonitasMedical

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