

Maximise your oncology benefits

Bonitas



> Benefits



Bonitas covers you for cancer treatment on the Oncology Management Programme.

If you are diagnosed with cancer, you will need to register on the Oncology Management Programme for the oncology benefit.



How to register:

Call or email Bonitas on 0860 100 572 or oncology@bonitas.co.za

Remember to include your:

- membership number
- beneficiary name and date of birth
- hospital and doctors details, including the practice numbers
- oncology treatment Plan with ICD10 codes

Treatment approved by the scheme will be covered under the oncology benefit and includes:

- Chemotherapy and radiotherapy
- Technical planning scans
- Implantable cancer treatments including brachytherapy subject to plan type and limits)
- Hormonal therapy related to your cancer
- Consultations with your cancer specialist
- Fees charged by accredited facilities
- Specific blood tests related to your condition
- Materials used in the administration of your treatment such as drips and needles
- Medicine on the medicine list (formulary) to treat pain, nausea and mild depression as well as any other medicine used to treat the side effects of your cancer treatment (except schedule 0,1 and 2 medicines)
- Radiology requested by your cancer specialist, which includes
 - Basic x-rays
 - CT, MRI and PET-CT scans related to your cancer (Pre- authorisation must be obtained)
 - Ultrasound, isotope or nuclear bone scans
 - Other specialised scans such as a gallium scan
- Scopes such as bronchoscopy, colonoscopy and gastroscopy that are used in the management of your cancer. Discovery Health will fund up to a maximum of two scopes from your oncology benefit for the management of your condition, where you are enrolled on the Oncology Programme and not receiving active treatment.



Certain treatments such as wigs and scans will not be covered by the oncology benefit and will be paid from available funds in your day-to-day benefits.

> Plan specific benefits:

The Bonitas Oncology Management Programme has partnered with the South African Oncology Consortium (SAOC) to give you access to care. SAOC represents 80% of the private practising oncologist in South Africa.

Boncap

Limited to approved cancer conditions at a designated service provider or a 30% co-payment will apply for non-use of designated service providers.

Bonitas BonStart and BonStart Plus

The plans will provide cover for approved cancer conditions at a designated service provider, if a non-designated service provider is used, the member will have 30 % co-payment. Cancer medication not on the formulary will also attract a 20% co-payment.

BonEssential and BonEssential Select

The plans will provide cover for approved cancer conditions at a designated service provider. A sublimit of R680 57 per beneficiary for brachytherapy, cancer medication not on the formulary will also attract a %20 co-payment, if a non-designated service provider is used, the member will have 30 % co-payment.

Primary, Primary Select and Bonfit Select

R213 000 per family limit and 80% of cost thereafter or no cover if non designated service provider is used. A sublimit of R57 680 per beneficiary for Brachytherapy will apply and 30% copayment if the designated service provider is not used.

Hospital Standard

R159 800 per family limit and 80% of cost thereafter or no cover if non designated service provider is used. A sub-limit of R57 680 per beneficiary for Brachytherapy will apply and 30% copayment if the designated service provider is not used.

BonSave

R213 000 per family limit and 80% of cost thereafter or no cover if non designated service provider is used. A sublimit of R57 680 per beneficiary for Brachytherapy will apply and 30% copayment if the designated service provider is not used.

Standard and Standard Select

R266 300 per family limit and 80% of cost thereafter or no cover if non designated service provider is used. A sublimit of R57 680 per beneficiary for Brachytherapy will apply and 30% copayment if the designated service provider is not used.

BonComplete

R266 300 per family limit and 80% of cost thereafter or no cover if non designated service provider is used. A sublimit of R57 680 per beneficiary for Brachytherapy will apply and 30% copayment if the designated service provider is not used. Biological medication will be allowed subject to approval.

BonClassic

R319 500 per family limit and 80% of cost thereafter or no cover if non designated service provider is used. A sublimit of R57 680 per beneficiary for Brachytherapy will apply and 30% copayment if the designated service provider is not used.

BonComprehensive

R426 000 per family limit and 80% of Cost thereafter or no cover if non designated service provider is used. Biological and specialised drugs limited to R426 00 per family (included in limit).

Additional benefits

Palliative care benefit.

Yours in health

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