

01 April 2018

**BONITAS BENEFIT TARIFF 2018**  
**Iso Leso Managed Care Matrix**

BENEFIT REQUIRED	CODE	BONCLASSIC	STANDARD	PRIMARY	BONCAP
	<b>Plan Prefix</b>	<b>476</b>	<b>020</b>	<b>277</b>	<b>470</b>
	<b>Family Limit</b>	R 5300 per family 2 years	R 5 550 per family 2 years	R 4270 per family 2 years	N/a
<b>Vision Examination (Iso Leso Members)</b>	<b>11001/11081</b>	R 525	R 525	R 525	Bronze Benefit
<b>PEP Providers (Iso Leso Members)</b>	<b>01PEP</b>	R 100	R 100	R 100	Bronze Benefit
<b>Vision Examination (Non-Iso Leso Members)</b>	<b>11001/11081</b>	R 405	R 405	R 405	Bronze Benefit
<b>Single Vision Lenses (Glass/Plastic)</b>	<b>71BS001/72B S001 81BS001/82B S001</b>	R 176,50	R 176,50	R 176,50	Bronze Benefit
<b>Accommodation Support Lenses*</b>	<b>83BS001</b>	R 395	R 395	R 395	Bronze Benefit
<b>Bifocal Lenses** (Glass/Plastic)</b>	<b>74BS001 84BS001</b>	R 395	R 395	R 395	Bronze Benefit
<b>Multifocal Lenses** (Glass/Plastic)</b>	<b>85BS001 76BS001 86BS001</b>	R 810	R 810	R 810	Bronze Benefit
<b>Frames</b>	<b>40501</b>	R 740	R 850	R 350	Included
<b>*Accom Support Lens for age &lt; 40 years require motivation.</b>					
<b>** Bifocal and Multifocal Lens for age &lt; 40 years require motivation.</b>					
<b>OR</b>					
<b>Contact Lens Materials</b>		R 1790	R 1870	R 1235	Bronze Benefit
<b>PATIENT TO PAY</b>					
<b>Lens Enhancements</b>	<b>All Lens Codes</b>	Optical Assistant Med Aid	Optical Assistant Med Aid	Optical Assistant Med Aid	Optical Assistant Med Aid

Please use the matrix above to claim directly from Iso Leso for reimbursement.

Refer to the ISO LESO MANAGED CARE MATRIX for details.