B7 Once the personal medical savings account has been exhausted on the BonComprehensive option, the member shall be liable for all expenses until the cumulative threshold has been reached, thereafter the benefits shall be paid above threshold.
Claims in respect of out of hospital expenses which will accumulate to the threshold will be marked "YES" against "Acc" in the column headed "CONDITIONS / REMARKS." Claims will accumulate to threshold at Bonitas Tariff. Any difference between the cost of an account and the Bonitas Tariff will not accumulate towards the Threshold, although this difference may be covered from available savings.

Once the personal medical savings account has been exhausted on the BonComplete option, the member shall be liable for all expenses until the cumulative threshold has been reached, thereafter the benefits shall be subject to the above threshold limit. Claims in respect of out of hospital expenses which will accumulate to the threshold will be marked "YES" against "Acc" in the column headed "CONDITIONS / REMARKS." Claims will accumulate to threshold at Bonitas Tariff. Any difference between the cost of an account and the Bonitas Tariff will not accumulate towards the Threshold, although this difference may be covered from available savings.

The above threshold benefit for out of hospital expenses on BonComprehensive and BonComplete shall be subject to applicable sub-limits and/or co-payments, once accumulated costs have exceeded the following cumulative threshold levels:

		BonComprehensive	BonComplete
Member		R21 680	R9 534
Add per adult dependant	=	R19 954	R7 718
Add per child dependant	=	R5 152	R2 488

B8 The above threshold benefit becomes available after medical expenses are incurred and paid from the available medical savings facility, and if this is exhausted, paid by the member or beneficiary direct to the provider, until a threshold level of such total expenditure is reached in accordance with the table above whereupon further benefits become payable, identified as "above threshold benefit". For each individual service category where a limit applies, the individual limits remains in place and the threshold benefit only applies in cases where the limit has not yet been reached. Once a benefit limit or sub-limit has been reached, no further claims can be paid from the above threshold benefit in respect of that specific benefit for the remainder of the year. If a benefit is unlimited, the above threshold benefit once it becomes applicable is also unlimited on BonComprehensive, unless otherwise stated in the schedule of benefits.

Threshold Level

The extent of the threshold level is determined as at 1 January each year, or at the time the member joins the Fund, by adding together the threshold levels given in the table above for the principal member, adult dependant(s) (where applicable) and child dependant(s) (where applicable) to arrive at a total amount per family. The threshold level will be adjusted pro-rata during a benefit year should a member join during the course of the year and/or when a dependant is added or removed, or when a child dependant becomes an adult dependant.

B9 Mental Health in Hospital will be covered subject to the relevant managed healthcare programme, provided that the treatment is rendered in a designated service provider facility. The DSP facility must be an appropriate mental health facility as licensed by the Department of Health and credentialed to have: Dedicated psychiatric beds, dedicated psychiatric teams and psychiatric therapeutic programmes.

PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONCOMPREHENSIVE	BONCLASSIC	BONCOMPLETE	CONDITION/REMARKS SUBJECT TO PMB
D6.1.7	**Hospitalisation (general anaesthetic) and Moderate/Deep Sedation in the rooms**	• Subject to pre-authorisation. • Certain maxillo-facial procedures are covered in hospital. Admission protocols apply. • General anaesthetic benefits are available for children under the age of 5 years for extensive dental treatment. • Multiple hospital admissions are not covered. • General anaesthetic benefits are available for the removal of impacted teeth. Benefit is subject to managed care protocols. • Specific facilities may be contractually excluded and will incur a 30% co-payment, subject to Regulation 8 (3).	• Subject to pre-authorisation. • A co-payment of R3 500 per hospital admission applies for children younger than 5 years and R5 000 for any other admission including removal of impacted teeth or medical condition. • Certain maxillo-facial procedures are covered in hospital. • Admission protocols apply. • General anaesthetic benefits are available for children under the age of 5 years for extensive dental treatment. • Multiple hospital admissions are not covered. • General anaesthetic benefits are available for the removal of impacted teeth. Benefit is subject to managed care protocols. • Specific facilities may be contractually excluded and will incur a 30% co-payment, subject to Regulation 8 (3).	• Subject to pre-authorisation. • A co-payment of R3 500 per hospital admission applies for children younger than 5 years and R5 000 for any other admission, including removal of impacted teeth or medical admission. • Certain maxillo-facial procedures are covered in hospital. • Admission protocols apply. • General anaesthetic benefits are available for children under the age of 5 years for extensive dental treatment. • Multiple hospital admissions are not covered. • General anaesthetic benefits are available for the removal of impacted teeth. Benefit is subject to managed care protocols. • Specific facilities may be contractually excluded and will incur a 30% co-payment, subject to Regulation 8 (3).	Pre-authorisation is required for moderate/deep sedation in the rooms and is limited to extensive dental treatment where managed care protocols apply. The co-payments on BonClassic and BonComplete to be waived if the cost of the service falls within the co-payment amount.
D6.1.8	**Inhalation Sedation in dental rooms**	• Covered at 100% of the BDT. • Subject to available savings and/or above threshold benefit.	• Covered at 100% of the BDT. • Subject to managed care protocols.	• Covered at 100% of the BDT. • Subject to managed care protocols.	

PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONCOMPREHENSIVE	BONCLASSIC	BONCOMPLETE	CONDITION/REMARKS SUBJECT TO PMB
D21.2	**Specialised radiology**				
D21.2.1	**In hospital**	• R33 050 per family. • R1 500 co-payment per scan event, unless PMB or nuclear radio-isotope studies. • The co-payment to be waived if the cost of the service falls within the co-payment amount.	• R30 580 per family. • R1 500 co-payment per scan event, unless PMB or nuclear radio-isotope studies. • The co-payment to be waived if the cost of the service falls within the co-payment amount.	• R24 610 per family. • R1 500 co-payment per scan event, unless PMB or nuclear radio-isotope studies. • The co-payment to be waived if the cost of the service falls within the co-payment amount.	Subject to the relevant managed healthcare programme and to its prior authorisation. Specific authorisations are required in addition to any authorisation that may have been obtained for hospitalisation, for the following: • CT scans • MUGA scans • MRI scans • Radio isotope studies • CT colonography (virtual colonoscopy, limited to one per beneficiary per annum restricted to the evaluation of symptomatic patients only) • MDCT coronary angiography, limited to one per beneficiary restricted to then evaluation of symptomatic patients only. The applicable co-payment(s) to be paid from available savings first. Co-payments are not payable from the above threshold benefit. Acc: No
D21.2.2	**Out of hospital**	Limited to and included in D21.2.1.	Limited to and included in D21.2.1.	Limited to and included in D21.2.1.	See D21.2.1.
D21.3	**PET and PET – CT**	See D14.1.2.1.	See D14.1.2.1.	See D14.1.2.1.	

PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONCOMPREHENSIVE	BONCLASSIC	BONCOMPLETE	CONDITION/REMARKS SUBJECT TO PMB
D23.3	**PROCEDURES THAT WILL ATTRACT A DEDUCTIBLE**				
D23.3.1	**Procedures which will attract a deductible:** **Hip or knee arthroplasty**	Subject to a R30 000 co-payment: • when hip or knee arthroplasty is performed by a non-DSP	• Subject to a R30 000 co-payment: • when hip or knee arthroplasty is performed by a non-DSP.	• Subject to a R30 000 co-payment: • when hip or knee arthroplasty is performed by a non-DSP.	Subject to the relevant managed healthcare programme and to its prior authorisation. The co-payment to be waived if the cost of the service falls within the co-payment amount.
	Spinal surgery	Subject to a R15 000 co-payment : • when spinal surgery is performed without prior assessment and/or intervention by the contracted conservative back programme.	Subject to a R15 000 co-payment • when spinal surgery is performed without prior assessment and/or intervention by the contracted conservative back programme.	Subject to a R15 000 co-payment • when spinal surgery is performed without prior assessment and/or intervention by the contracted conservative back programme.	
	Cataract Surgery	Subject to a R6 000 co-payment: • For voluntary use of a non-DSP.	Subject to a R6 000 co-payment • For voluntary use of a non-DSP.	Subject to a R6 000 co-payment • For voluntary use of a non-DSP.	
D23.4	**Day Surgery Procedures**	• Subject to the Day Surgery Network. • R2 200 co-payment to apply to all non-network admissions and subject to Regulation 8 (3).	• Subject to the Day Surgery Network. • R2 200 co-payment to apply to all non-network admissions and subject to Regulation 8 (3).	• Subject to the Day Surgery Network. • R2 200 co-payment to apply to all non-network admissions and subject to Regulation 8 (3).	Subject to the relevant managed healthcare programme and to its prior authorisation and subject to a defined list of procedures. The co-payment to be waived if the cost of the service falls within the co-payment amount.

PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONCOMPREHENSIVE	BONCLASSIC	BONCOMPLETE	CONDITION/REMARKS SUBJECT TO PMB
D27	**WELLNESS BENEFIT**				Acc: No
D27.1	**Health Risk Assessment (HRA) which includes** **Lifestyle questionnaire** **Wellness screening**	Wellness screening. One assessment per beneficiary per annum by a registered provider, (wellness day, participating pharmacy or biokineticists). Payable from OAL. Limited to: • blood pressure test • glucose test • cholesterol test • body mass index • hip to waist ratio • HIV counselling and testing.	Wellness screening. One assessment per beneficiary per annum by a registered provider, (wellness day, participating pharmacy or biokineticists). Payable from OAL. Limited to: • blood pressure test • glucose test • cholesterol test • body mass index • hip to waist ratio • HIV counselling and testing.	Wellness screening. One assessment per beneficiary per annum by a registered provider, (wellness day, participating pharmacy or biokineticists). Payable from OAL. Limited to: • blood pressure test • glucose test • cholesterol test • body mass index • hip to waist ratio • HIV counselling and testing.	HIV test is limited to one (1) per beneficiary per annum, either as part of Preventative Care or Health Risk Assessment. See D24.3.
D27.2	**Wellness extender**	Subject to completion of a Health Risk Assessment per beneficiary. Limited to R2 630 per family. Limited to services rendered by: • Family practitioner • Dietician • Biokineticist • Physiotherapist • Smoking cessation programme • Basic radiology and • GP referred pathology	Subject to completion of a Health Risk Assessment per beneficiary. Limited to R1 810 per family. Limited to services rendered by: • Family practitioner • Dietician • Biokineticist • Physiotherapist • Smoking cessation programme • Basic radiology and • GP referred pathology	Subject to completion of a Health Risk Assessment per beneficiary. Limited to R1 810 per family. Limited to services rendered by: • Family practitioner • Dietician • Biokineticist • Physiotherapist • Smoking cessation programme • Basic radiology and • GP referred pathology	• Child dependants will qualify for the wellness extender benefit once the main member or an adult beneficiary has completed a Health Risk Assessment. • The benefit includes specified general radiology performed by radiologists and radiographers and GP referred pathology services, performed by pathologists.