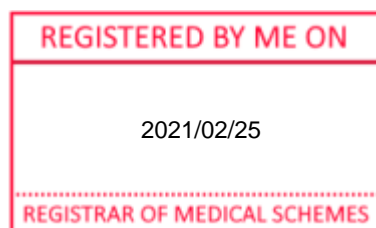


PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	HOSPITAL STANDARD	BONESSENTIAL	BONESSENTIAL SELECT	CONDITION/REMARKS SUBJECT TO PMB
D6	DENTISTRY (SEE B1)	No benefit.	No benefit.	No benefit..	Subject to the Dental Management Programme.
D6.1	BASIC DENTISTRY				
D6.1.1	Hospitalisation (general anaesthetic) Moderate/Deep Sedation in the rooms	<ul style="list-style-type: none"> <li>Subject to pre-authorization.</li> <li>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.</li> <li>Certain maxillo-facial procedures are covered in hospital.</li> <li>Admission protocols apply.</li> <li>General anaesthetic benefits are available for children under the age of 5 years for extensive dental treatment.</li> <li>Multiple hospital admissions are not covered.</li> <li>General anaesthetic benefits are available for the removal of impacted teeth subject to managed care protocols.</li> <li>Specific facilities may be contractually excluded and will incur a 30% co-payment.</li> </ul>	<ul style="list-style-type: none"> <li>No benefit for basic dental procedures under general anaesthetic.</li> <li>Subject to PMB and pre-authorization by the relevant managed healthcare programme.</li> <li>Specific facilities may be contractually excluded and will incur a 30% co-payment.</li> </ul>	<ul style="list-style-type: none"> <li>No benefit for basic dental procedures under general anaesthetic.</li> <li>Subject to PMB and pre-authorization by the relevant managed healthcare programme.</li> <li>Subject to the BonEssential Select Hospital Network.</li> <li>30% co-payment to apply to all voluntary non-network admissions.</li> </ul>	<ul style="list-style-type: none"> <li>Subject to managed care protocols for removal of impacted wisdom teeth, and for extensive dental treatment for children under the age of 5 (limited to one admission per lifetime).</li> <li>The co-payment on Hospital Standard to be waived if the cost of the service falls within the co-payment amount.</li> </ul>




PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	HOSPITAL STANDARD	BONESSENTIAL	BONESSENTIAL SELECT	CONDITION/REMARKS SUBJECT TO PMB
D23.3.4	Procedures which will attract a R6 000 deductible:  Cataract Surgery	Subject to a R6 000 co-payment per event: <ul style="list-style-type: none"> <li>For the voluntary use of a non-DSP.</li> </ul>	Subject to a R6 000 co-payment per event: <ul style="list-style-type: none"> <li>For the voluntary use of a non-DSP.</li> </ul>	Subject to a R6 000 co-payment per event: <ul style="list-style-type: none"> <li>For the voluntary use of a non-DSP.</li> </ul>	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.
D23.4	Day Surgery Procedures	<ul style="list-style-type: none"> <li>Subject to the Day Surgery Network.</li> <li>R2 200 co-payment to apply to all non-network admissions and subject to Regulation 8 (3).</li> </ul>	<ul style="list-style-type: none"> <li>Subject to the Day Surgery Network.</li> <li>R2 200 co-payment to apply to all non-network admissions and subject to Regulation 8 (3).</li> </ul>	<ul style="list-style-type: none"> <li>Subject to the Day Surgery Network.</li> <li>R4 400 co-payment to apply to all non-network admissions and subject to Regulation 8 (3).</li> </ul>	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.
D24	PREVENTATIVE CARE BENEFIT (See B1)				
D24.1	Women's Health Breast Cancer Screening  Cervical Cancer Screening	<ul style="list-style-type: none"> <li>Mammogram Females age &gt;40 years Once every 2 years.</li> <li>Pap Smear Females 21-65 years Once every 3 years</li> </ul>	<ul style="list-style-type: none"> <li>Mammogram Females age &gt;40 years Once every 2 years.</li> <li>Pap Smear Females 21-65 years Once every 3 years</li> </ul>	<ul style="list-style-type: none"> <li>Mammogram Females age &gt;40 years Once every 2 years.</li> <li>Pap Smear Females 21-65 years Once every 3 years</li> </ul>	
D24.2	Mens Health PSA test	<ul style="list-style-type: none"> <li>Men 45-69 years, 1 per annum</li> </ul>	<ul style="list-style-type: none"> <li>Men 45-69 years, 1 per annum</li> </ul>	<ul style="list-style-type: none"> <li>Men 45-69 years, 1 per annum</li> </ul>	

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PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	HOSPITAL STANDARD	BONESSENTIAL	BONESSENTIAL SELECT	CONDITION/REMARKS SUBJECT TO PMB
D27	WELLNESS BENEFIT				
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 <ul style="list-style-type: none"> <li>• blood pressure test</li> <li>• glucose test</li> <li>• cholesterol test</li> <li>• body mass index</li> <li>• hip to waist ratio.</li> <li>• HIV counselling and testing.</li> </ul>	Wellness screening.  One assessment per beneficiary per annum by a registered provider, (wellness day, participating pharmacy or biokineticists).  Payable from OAL.  Limited to <ul style="list-style-type: none"> <li>• blood pressure test</li> <li>• glucose test</li> <li>• cholesterol test</li> <li>• body mass index</li> <li>• hip to waist ratio.</li> <li>• HIV counselling and testing.</li> </ul>	Wellness screening.  One assessment per beneficiary per annum by a registered provider, (wellness day, participating pharmacy or biokineticists).  Payable from OAL.  Limited to <ul style="list-style-type: none"> <li>• blood pressure test</li> <li>• glucose test</li> <li>• cholesterol test</li> <li>• body mass index</li> <li>• hip to waist ratio.</li> <li>• HIV counselling and testing.</li> </ul>	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 R1 310 per family for services rendered by <ul style="list-style-type: none"> <li>• Family practitioner</li> <li>• Dietician</li> <li>• Biokineticist</li> <li>• Physiotherapist</li> <li>• Smoking cessation programme</li> <li>• Basic radiology and</li> <li>• GP referred pathology.</li> </ul>	Subject to completion of a Health Risk Assessment per beneficiary.  Limited to R940 per family for services rendered by <ul style="list-style-type: none"> <li>• Family practitioner</li> <li>• Dietician</li> <li>• Biokineticist</li> <li>• Physiotherapist</li> <li>• Smoking cessation programme</li> <li>• Basic radiology and</li> <li>• GP referred pathology.</li> </ul>	Subject to completion of a Health Risk Assessment per beneficiary.  Limited to R940 per family for services rendered by <ul style="list-style-type: none"> <li>• Family practitioner</li> <li>• Dietician</li> <li>• Biokineticist</li> <li>• Physiotherapist</li> <li>• Smoking cessation programme</li> <li>• Basic radiology and</li> <li>• GP referred pathology.</li> </ul>	<ul style="list-style-type: none"> <li>• Child dependants will qualify for the wellness extender benefit once the main member or an adult beneficiary has completed a Health Risk Assessment.</li> <li>• The benefit includes specified general radiology performed by radiologists and radiographers and GP referred pathology services, performed by pathologists.</li> </ul>

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