

Bonitas

**BONITAS MEDICAL FUND
ANNEXURE B**

**OPTION:
BONSTART**

2022

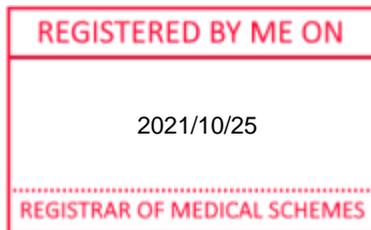
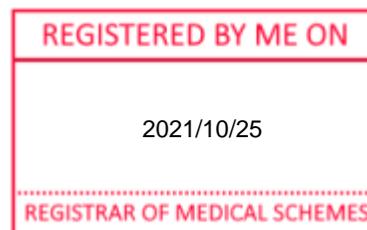


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A ENTITLEMENT OF BENEFITS

- A1 The Bonitas Fund Tariff is defined as the Bonitas monetary tariffs applicable in 2021 increased by an average of 3.9%
- A2 Beneficiaries are entitled to benefits as shown in this Annexure B, subject to the monetary limits and implementation restrictions set out herein, to the exclusions referred to in Annexure C of the Rules, to the general limitation and restriction of benefits set out in Annexure D of the Rules and to the procedural and other requirements set out in the main rules.

B CHARGING OF BENEFITS, LIMITS INCLUDING OVERALL ANNUAL LIMITS AND MEMBERSHIP CATEGORY

- B1 Valid claims will be paid at 100% of the negotiated fee, or in the absence of such fee, 100% of the lower cost or Bonitas Tariff, or Uniform Patient Fee Schedule for Public hospitals, or 100% of the Bonitas Dental Tariff as prescribed or rendered by a medical dental and alternative healthcare practitioner or at a percentage as indicated in the table below.

The cost of a valid claim shall be determined for the purpose of reimbursing the member or the supplier and the share of such cost that the Fund will bear. The balance of the share of costs to make up 100% thereof shall be the member's responsibility except for Prescribed Minimum Benefits.

- B2 Legally prescribed acute or chronic medicines claims will be reimbursed at 100% of (1) the single exit price plus the negotiated dispensing fee or (2) the single exit price plus 20% capped at a maximum of R20 (Vat exclusive). Both subject to the reimbursement limit, i.e. Medicine Price List. Co-payments to apply where relevant.

B3 MEMBERSHIP CATEGORY

Member	=	M0
Member plus 1 dependant	=	M1
Member plus 2 dependants	=	M2
Member plus 3 dependants	=	M3
Member plus 4 or more dependants	=	M4

- B4 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. Emergency admissions, defined as an afterhours admission, will be approved until the first working day whereupon the patient should be transferred to a credentialed psychiatric facility.



- B5** The Infertility benefit includes the following procedures or interventions as prescribed by the Regulations to the Medical Schemes' Act 131 of 1998 in Annexure A, paragraph 9, Code 902M:

Hysterosalpingogram	Laparoscopy
The following blood test:	Hysteroscopy
Day 3 FSH/LH	Surgery (Uterus and tubal)
Oestradiol	Manipulation of ovulation defects and deficiencies
Thyroid functions (TSH)	Semen analysis (volume; count; mobility; morphology; MAR - (test)
Prolactin	Basic counselling and advice on sexual behaviour, temperature charts, etc
Rubella	Treatment of local infections
HIV	
VDRL	
Chlamydia	
Day 21 Progesterone	

- B6** On the BonStart Option, a member or beneficiary will be required to obtain a referral from a registered general practitioner for a specialist consultation. Should a member/beneficiary not have a referral, the claim will not be covered.

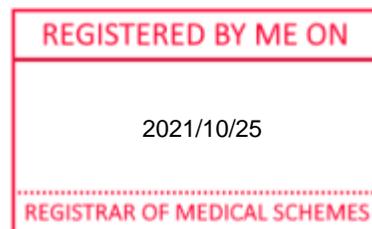
C PRESCRIBED MINIMUM BENEFITS (PMBs)

Prescribed Minimum Benefits as shown in Annexure A of the General Regulations, made in terms of the medical Schemes Act 131 of 1998, override all benefits indicated in this annexure, and are payable in full.

The Prescribed Minimum Benefits are available in conjunction with the Fund's contracted managed care programmes, which include the application of treatment protocols, medicine formularies, pre-authorisation and case management.

These measures have been implemented to ensure appropriate and effective delivery of Prescribed Minimum Benefits.

See Annexure D – Paragraph 7 for a full explanation



D ANNUAL BENEFITS AND LIMITS.

PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONSTART	CONDITION/REMARKS SUBJECT TO PMB
	OVERALL ANNUAL LIMIT	No limit.	
	PERSONAL MEMBER SAVINGS ACCOUNT	Not applicable.	
	GENERAL PRACTITIONER NETWORK	Applicable.	
D1	ALTERNATIVE HEALTHCARE (See B1)		
D1.1	Homoeopathic Consultations and/or treatment	No benefit, except as part of the Benefit Booster benefit in D27.2.	
D1.2	Homoeopathic Medicines	No benefit, except as part of the Benefit Booster benefit in D27.2.	
D1.3	Acupuncture	No benefit, except as part of the Benefit Booster benefit in D27.2.	
D1.4	Naturopathy Consultations and/or treatment and medicines.	No benefit, except as part of the Benefit Booster benefit in D27.2.	
D1.5	Phytotherapy	No benefit, except as part of the Benefit Booster benefit in D27.2.	
D1.6	Osteopathy	No benefit, except as part of the Benefit Booster benefit in D27.2.	

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PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONSTART	CONDITION/REMARKS SUBJECT TO PMB
D2	AMBULANCE SERVICES (See B1)	100% of cost if authorised by the preferred provider.	Subject to the contracted provider. Non-authorisation will result in non-payment except for PMBs.
D3	APPLIANCES, EXTERNAL ACCESSORIES AND ORTHOTICS (See B1)		<ul style="list-style-type: none"> Diabetic accessories and appliances - (with the exception of glucometers) to be pre-authorised and claimed from the chronic medicine benefits D11.3. Recommend use of preferred supplier. The benefit excludes consultations/fittings, which are subject to D17.2.
D3.1	In and Out of Hospital		
D3.1.1	General medical and surgical appliances, including wheelchairs and repairs, and large orthopaedic appliances	<ul style="list-style-type: none"> No benefit, except for PMBs. Recommend use of preferred supplier. 	
D3.1.2	Hearing Aids and repairs	No benefit.	
D3.1.3	CPAP Apparatus for sleep apnoea	No benefit.	
D3.1.4	Stoma Products	No benefit, except for PMBs.	
D3.1.5	Specific appliances, accessories		Subject to the relevant managed healthcare programme and to its prior authorisation and if the treatment forms part of the relevant managed healthcare programme, out of hospital.

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PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONSTART	CONDITION/REMARKS SUBJECT TO PMB
D3.1.5.1	Oxygen therapy, equipment (not including hyperbaric oxygen treatment)	Limited to PMBs.	Portable cylinders/concentrators are excluded.
D3.1.5.2	Home Ventilators	Limited to PMBs.	
D3.1.5.3	Long leg callipers	No benefit.	
D3.1.5.4	Foot orthotics	No benefit.	
D4	BLOOD, BLOOD EQUIVALENTS AND BLOOD PRODUCTS (See B1)	Limited to R18 850 per family.	Subject to the relevant managed healthcare programme and to its prior authorisation.

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PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONSTART	CONDITION/REMARKS SUBJECT TO PMB
D5	CONSULTATIONS AND VISITS BY MEDICAL PRACTITIONERS (See B1)		
D5.1	General Practitioners including Virtual Care Consultations		This benefit excludes <ul style="list-style-type: none"> • Dental Practitioners and Therapists (D6), • ante-natal visits and consultations (D10); • Psychiatrists, Psychologists, Psychometrists and Registered Counsellors (D12); • Oncologists, Haematologists and Credentialed Medical Practitioners during active and post-active treatment periods (D14); • Paramedical Services (D17); • Physiotherapists and Biokineticists in hospital (D19.1).
D5.1.1	In Hospital	<ul style="list-style-type: none"> • No limit. • 100% of Bonitas Tariff for general practitioners. 	<div style="border: 2px solid red; padding: 5px; text-align: center;"> <p>REGISTERED BY ME ON</p> <p>2021/10/25</p> <p>.....</p> <p>REGISTRAR OF MEDICAL SCHEMES</p> </div>
D5.1.2	Out of Hospital Network General Practitioners including virtual consultations	<ul style="list-style-type: none"> • Unlimited Virtual Care consultations per beneficiary. • Unlimited face-to-face network GP visits. • Subject to completion of an online wellness assessment or a health risk assessment (HRA). • R110 co-payment applies per visit. • Authorisation is required after the 6th visit. • Non-network GP visits are limited to 2 emergency out of area visits per family. R110 co-payment applies 	
D5.1.3	GP – Radiology, Pathology and Acute medication.	Limited to R1 500 per family.	Subject to the radiology and pathology formulary.

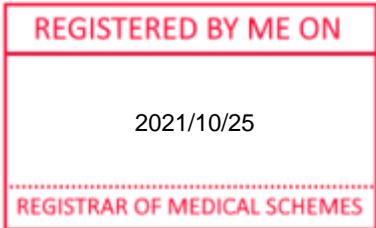
PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONSTART	CONDITION/REMARKS SUBJECT TO PMB
D5.2	Medical Specialist (See B1 and B6)		
D5.2.1	In Hospital	<ul style="list-style-type: none"> No limit. 100% of Bonitas Tariff. 	
D5.2.2	Out of Hospital (See B1 and B6)	<ul style="list-style-type: none"> Limited to 1 specialist visit per family to a maximum of R1 100, subject to GP referral. 100% of Bonitas Tariff. R220 co-payment applies per visit. <p>Includes all</p> <ul style="list-style-type: none"> acute medication, basic radiology, specialised radiology and, pathology prescribed by a specialist. 	Subject to the radiology and pathology formulary.
D6	DENTISTRY (SEE B1)		Subject to the Dental Management Programme.
D6.1	BASIC DENTISTRY		
D6.1.1	Consultations	<ul style="list-style-type: none"> Limited to one general check-up (not within 6 months from the previous year's check-up) per beneficiary per year. Covered at the BDT. R110 co-payment applies to the charged code 8101 per annual check-up per beneficiary. 	Subject to managed care protocols.
D6.1.2	Fillings	No benefit.	
D6.1.3	Plastic dentures and associated Laboratory costs	No benefit.	

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PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONSTART	CONDITION/REMARKS SUBJECT TO PMB
D6.1.4	Extractions	No benefit.	
D6.1.5	Root Canal therapy	No benefit.	
D6.1.6	Preventative Care	<ul style="list-style-type: none"> Limited to one annual scale and polish treatment per beneficiary (not within 6 months from the previous year's scale and polish) Covered at the BDT. 	<ul style="list-style-type: none"> No benefit for oral hygiene instructions. Benefit for fluoride is limited to beneficiaries from age 5 and younger than 16 years of age. Benefit for fissure sealants is limited to beneficiaries younger than 16 years of age.
D6.1.7	Hospitalisation (general anaesthetic) and Moderate/Deep sedation in the rooms	<ul style="list-style-type: none"> No benefit for in hospital (general anaesthetic or moderate/deep sedation in the rooms) dentistry, except for PMBs. Subject to pre-authorisation. Subject to the BonStart Hospital Network. R10 650 co-payment to apply to all non-network admissions, subject to Regulation 8 (3). 	<ul style="list-style-type: none"> Hospitalisation is only covered for PMB cases. Subject to pre-authorisation by the relevant managed healthcare programme.
D6.1.8	Inhalation sedation in dental rooms	No benefit.	
D6.1.9	X-rays	No benefit.	
D6.2	ADVANCED DENTISTRY (See B1)		<div style="border: 2px solid red; padding: 5px; text-align: center;"> <p>REGISTERED BY ME ON</p> <p>2021/10/25</p> <p>REGISTRAR OF MEDICAL SCHEMES</p> </div>
D6.2.1	Crowns	No benefit.	
D6.2.2	Partial Chrome Cobalt Frame Dentures	No benefit.	
D6.2.3	Osseo-integrated Implants and orthognathic surgery (functional correction of malocclusion)	No benefit.	

PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONSTART	CONDITION/REMARKS SUBJECT TO PMB
D6.2.4	Oral Surgery	No benefit.	
D6.2.5	Orthodontic Treatment	No benefit.	
D6.2.6	Maxillo-facial surgery	See D23.	
D6.2.7	Periodontal treatment	No benefit.	
D7	HOSPITALISATION (See B1)		
D7.1	Private Hospitals and unattached operating theatres (See B1)		Subject to the relevant managed healthcare programme and its prior authorisation.
D7.1.1	In Hospital 	<ul style="list-style-type: none"> • No limit, subject to a R1 500 co-payment per admission, except for PMB emergencies. • Subject to the BonStart Hospital Network. • R10 650 co-payment to apply to all non-network admissions, subject to Regulation 8 (3). • No benefit for Deep Brain Stimulation Implantation. • Day Surgery Network applies for defined procedures. • (See paragraph D23.3.2) 	<p>Subject to the managed health care programme and prior authorisation. Accommodation, use of operating theatres and hospital equipment, medicine, pharmaceuticals and surgical items. No benefits will be granted if prior authorisation requirements are not complied with.</p> <p>This benefit excludes hospitalisation for:</p> <ul style="list-style-type: none"> • Osseo-integrated implants • orthognathic surgery (D6); • Maternity (D10); • Mental Health (D12); • Organ and haemopoietic stem cell (bone marrow) transplantation immunosuppressive medication (D16); • Renal Dialysis chronic (D22); • Refractive surgery (D23.1.1).

PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONSTART	CONDITION/REMARKS SUBJECT TO PMB
D7.1.2	Medicine on discharge from hospital (TTO) (See B2)	Limited to and included in the OAL. Up to 7 days' supply, to a maximum of R390 per beneficiary, per admission, subject to the BonStart medicine formulary, except anticoagulants post-surgery.	
D7.1.3	Casualty/emergency room visits		
D7.1.3.1	Facility fee	Limited to pre-authorisation of bona fide emergencies.	Will be included in the hospital benefit if a retrospective authorisation is given by the relevant managed healthcare programme for bona fide emergencies.
D7.1.3.2	Consultations	See D5.1.2 and D5.2.2.	
D7.1.3.3	Medicine	See D11.1.	
D7.2	Public Hospitals (See B1)		
D7.2.1	In hospital	<ul style="list-style-type: none"> No limit. No benefit for Deep Brain Stimulation Implantation. <div style="text-align: center; border: 2px solid red; padding: 5px; margin: 10px auto; width: fit-content;"> <p>REGISTERED BY ME ON</p> <p>2021/10/25</p> <p>.....</p> <p>REGISTRAR OF MEDICAL SCHEMES</p> </div>	<p>Subject to the managed health care programme and prior authorisation. Accommodation, use of operating theatres and hospital equipment, medicine, pharmaceuticals and surgical items. No benefits will be granted if prior authorisation requirements are not complied with.</p> <p>This benefit excludes hospitalisation for:</p> <ul style="list-style-type: none"> Osseo-integrated implants and orthognathic surgery (D6); Maternity (D10); Mental Health (D12); Organ and haemopoietic stem cell (bone marrow) transplantation and immunosuppressive medication (D16); Renal dialysis chronic (D22); Refractive surgery (D23).

PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONSTART	CONDITION/REMARKS SUBJECT TO PMB
D7.2.2	Medicine on discharge from hospital (TTO) (See B2)	Limited to and included in the OAL. Up to 7 days' supply, to a maximum of R390 per beneficiary, per admission, subject to the BonStart medicine formulary, except anticoagulants post-surgery.	
D7.2.3	Casualty/emergency room visits		
D7.2.3.1	Facility Fee	Limited to pre-authorisation of bona fide emergencies.	Will be included in the hospital benefit if retrospective authorisation is given by the relevant managed healthcare programme for bona fide emergencies.
D7.2.3.2	Consultations	See D5.1.2 and D5.2.2.	
D7.2.3.3	Medicine	See D11.1.	
D7.2.4	Outpatient services		
D7.2.4.1	Consultations	See D5.1.2 and D5.2.2.	
D7.2.4.2	Medicine	See D11.1.	
D7.3	Alternative to hospitalisation (See B1)		Subject to the relevant managed healthcare programme and to its prior authorisation. Benefits for clinical procedures and treatment during stay in an alternative facility will be subject to the same benefits that apply to hospitalisation.
D7.3.1	Physical Rehabilitation hospitals	R50 600 per family for all services.	See D7.3.
D7.3.2	Sub-acute facilities including Hospice	R14 570 per family.	This benefit includes psychiatric nursing but excludes midwifery services. See D7.3.

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PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONSTART	CONDITION/REMARKS SUBJECT TO PMB
D7.3.3	Homebased Care including private nursing and Outpatient antibiotic therapy in lieu of hospitalisation	<ul style="list-style-type: none"> No limit. Subject to pre-authorisation. Subject to the Virtual based Home Care Programme. 	Subject to the relevant managed healthcare programme.
D7.3.4	Terminal Care (Non-oncology)	Limited to and included in D7.3.2 and above limits, subject to pre-authorisation.	Subject to the relevant managed healthcare programme.
D8	IMMUNE DEFICIENCY SYNDROME RELATED TO HIV INFECTION (See B1)	<ul style="list-style-type: none"> No limit. Subject to PMBs. 30% co-payment for the voluntary use of a non-DSP. 	<ul style="list-style-type: none"> Subject to registration on the relevant managed healthcare programme. Subject to clinical protocols.
D8.1	Anti-retroviral medicine	Limited to and included in D8 and subject to the DSP.	
D8.2	Related medicine	Limited to and included in D8 and subject to the DSP.	
D8.3	Related pathology	Limited to and included in D8.	Pathology as specified by the relevant managed healthcare programme, out of hospital.
D8.4	Related consultations	Limited to and included in D8.	
D8.5	All other services	Limited to and included in D1 - D7 and D9 - D26.	

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PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONSTART	CONDITION/REMARKS SUBJECT TO PMB
D9	INFERTILITY (See B1 and B5)	Limited to interventions and investigations as prescribed by the Regulations to the Medical Schemes' Act 131 of 1998 in Annexure A, paragraph 9, Code 902M.	Subject to the relevant managed healthcare programme, and its prior authorisation.
D10	MATERNITY (See B1)		Subject to the relevant managed healthcare programme and to its prior authorisation. Subject to registration on the Bonitas Maternity Programme.
D10.1	Confinement in hospital	<ul style="list-style-type: none"> No limit. Caesarean sections are limited to emergency procedures and for other valid clinical indications. 100% of the Bonitas Tariff for the general practitioner or medical specialist. Neonatal care is limited to R46 290 per family, except for PMBs. Subject to the BonStart Hospital Network. R10 650 co-payment to apply to all non-network admissions, subject to Regulation 8 (3). 	Delivery by a general practitioner or medical specialist and the services of the attendant paediatrician and/or anaesthetists are included. Included in global obstetric fee is post-natal care by a general practitioner and medical specialist up to and including the six week post-natal consultation.
D10.1.1	Medicine on discharge from hospital (TTO) (See B2)	Limited to and included in D7.1.2.	
D10.1.2	Confinement in a registered birthing unit 	<ul style="list-style-type: none"> Limited to and included in D10.1. Subject to the BonStart Hospital Network. R10 650 co-payment to apply to all non-network admissions, subject to Regulation 8 (3). 	<ul style="list-style-type: none"> Subject to the relevant managed healthcare programme and its prior authorisation. Delivery by a midwife. Hire of water bath and oxygen cylinder limited to and included in OAL. This must be hired from a practitioner who has a registered practice number. One of the post-natal midwife consultations may be used for a lactation specialist consultation out of hospital.

PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONSTART	CONDITION/REMARKS SUBJECT TO PMB
D10.2	Confinement out of hospital	<ul style="list-style-type: none"> Limited to and included in D10.1. 	<ul style="list-style-type: none"> Subject to the relevant managed healthcare programme and its prior authorisation. Delivery by a midwife Hire of water bath and oxygen cylinder limited to and included in OAL. This must be hired from a practitioner who has a registered practice number. One of the post-natal midwife consultations may be used for a lactation specialist consultation.
D10.2.1	Consumables and pharmaceuticals	Limited to and included in D10.1.	Registered medicine, dressings and materials supplied by a midwife out of hospital.
D10.3	Related maternity services	No benefit.	
D10.3.1	Ante-natal consultations	<ul style="list-style-type: none"> Limited and included in D5.1.2 and D5.2.2. 	
D10.3.2	Related tests and procedures	<ul style="list-style-type: none"> No benefit, unless PMB or limited to and included in the Benefit Booster benefit in D27.2. 	
D11	MEDICINE AND INJECTION MATERIAL (See B1 and B2)		
D11.1	Routine/ (acute) medicine <div style="border: 1px solid red; padding: 5px; text-align: center; margin: 10px auto; width: fit-content;"> REGISTERED BY ME ON 2021/10/25 ----- REGISTRAR OF MEDICAL SCHEMES </div>	<ul style="list-style-type: none"> Limited to and included in D5.1.3 and D5.2.2. Script paid at 80% of tariff. Subject to the DSP, Regulation 8 (3) and the acute medicine formulary. 40% co-payment applies for the voluntary use of a non-DSP. 	Subject to the relevant managed healthcare programme. The Medicine Exclusion List and the Pharmacy Products Management Document are applicable. This benefit excludes: <ul style="list-style-type: none"> In-hospital medicine (D7); Anti-retroviral medicine (D8); Oncology medicine (D14); Organ and haemopoietic stem cell (bone marrow) transplantation and immunosuppressive medication (D16).

PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONSTART	CONDITION/REMARKS SUBJECT TO PMB
D11.1.1	Medicine on discharge from hospital (TTO)	Limited to and included in D7.1.2.	
D11.1.2	Contraceptives	<ul style="list-style-type: none"> Limited to R1 070 per family. Limited to females up to the age of 50 years. Subject to the DSP pharmacy. 40% co-payment applies for the voluntary use of a non-DSP pharmacy. 	
D11.2	Pharmacy Advised therapy Schedules 0, 1, 2 and medicine advised and dispensed by a pharmacist.	<ul style="list-style-type: none"> Limited to R95 per event and maximum R460 per family per annum. Subject to the DSP, Regulation 8 (3) and the acute medicine formulary. 40% co-payment applies for the voluntary use of a non-DSP. 	
D11.3	Chronic medicine (See B1 & B2)	<ul style="list-style-type: none"> Prescribed Minimum Benefits only at the DSP. 40% co-payment applies for non-formulary drugs used voluntarily and for the voluntary use of a non-DSP. <div style="border: 1px solid red; padding: 5px; text-align: center; margin: 10px 0;"> <p>REGISTERED BY ME ON</p> <p>2021/10/25</p> <p>.....</p> <p>REGISTRAR OF MEDICAL SCHEMES</p> </div>	<p>Subject to registration on the relevant managed healthcare programme and to its prior authorisation and applicable formularies. Restricted to a maximum of one month's supply unless pre-authorized. Includes diabetic disposables such as</p> <ul style="list-style-type: none"> syringes, needles, strips lancets for patients not registered on the Diabetic Management Programme. <p>This benefit excludes:</p> <ul style="list-style-type: none"> In hospital medicine (D7); Anti-retroviral drugs (D8); Oncology medicine (D14); Organ and haemopoietic stem cell (bone marrow) transplantation immunosuppressive medication (D16).

PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONSTART	CONDITION/REMARKS SUBJECT TO PMB
D11.3.1	MDR and XDR-TB	<ul style="list-style-type: none"> No limit. Subject to the DSP. Subject to managed care protocols. 	Subject to the relevant managed healthcare programme and to its prior authorisation.
D11.4	Specialised Drugs (See B1 & B2)		
D11.4.1	Non Oncology Biological Drugs applicable to monoclonal antibodies interleukins	<ul style="list-style-type: none"> No benefit, unless PMB. Subject to the DSP. 	Subject to the relevant managed healthcare programme and to its prior authorisation.
D11.4.1.1	Iron chelating agents for chronic use	<ul style="list-style-type: none"> No benefit, unless PMB. Subject to the DSP. 	
D11.4.1.2	Human Immunoglobulin for chronic use	<ul style="list-style-type: none"> No benefit, unless PMB. Subject to the DSP. 	
D11.4.1.3	Non calcium phosphate binders and calcimimetics	<ul style="list-style-type: none"> No benefit, unless PMB. Subject to the DSP. 	
D11.4.2	Specialised Drugs for Oncology (See B1 & B2)	See D14.1.3.	
D12	MENTAL HEALTH (See B1 and B4)	<ul style="list-style-type: none"> Limited to PMBs and subject to the DSP. R10 650 co-payment applies for non-network hospital admissions except for PMB emergencies. 	<ul style="list-style-type: none"> Subject to the relevant managed healthcare programme. Physiotherapy is not covered for mental health admissions.
D12.1	In Hospital	<ul style="list-style-type: none"> Limited to and included in D12. Subject to the BonStart Hospital Network. R10 650 co-payment to apply to all non-network admissions, subject to Regulation 8 (3). The co-payment to be waived if the cost of the service falls within the co-payment amount. 	<ul style="list-style-type: none"> For accommodation, use of operating theatres and hospital equipment, medicine, pharmaceuticals and surgical items and procedures performed by general practitioners and psychiatrists. A maximum of three days' hospitalisation for beneficiaries admitted by a general practitioner or specialist physician. (See B4.)

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PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONSTART	CONDITION/REMARKS SUBJECT TO PMB
D12.1.1	Medicine on discharge from hospital (TTO) (See B2)	Limited to and included in D7.1.2.	
D12.2	Out of Hospital		
D12.2.1	Medicine (See B2)	Limited to and included in D11.	
D12.3	Rehabilitation of substance abuse (See See B1 & B4)	<ul style="list-style-type: none"> Limited to and included in D12. Subject to the DSP. 30% co-payment applies for the voluntary use of a non-DSP. 	Subject to the relevant managed healthcare programme and to its prior authorisation. (See B4).
D12.3.1	Medicine on discharge from hospital (TTO) (See B2)	Limited to and included in D7.1.2.	
D12.4	Consultations and visits, procedures, assessments, therapy, treatment and/or counselling, in and out of hospital. (See B1)	<ul style="list-style-type: none"> Prescribed Minimum Benefit only. Subject to D12. Educational psychology visits for adult beneficiaries (>21 years) are excluded from this benefit. 	<div style="border: 2px solid red; padding: 5px; text-align: center;"> <p>REGISTERED BY ME ON</p> <p>2021/10/25</p> <p>.....</p> <p>REGISTRAR OF MEDICAL SCHEMES</p> </div>
D13	NON-SURGICAL PROCEDURES AND TESTS (See B1)		
D13.1	In Hospital	<ul style="list-style-type: none"> No benefit except for PMBs. 100% of the Bonitas Tariff for the medical specialist or general practitioner . Subject to the BonStart Hospital Network. R10 650 co-payment to apply to all non-network admissions, subject to Regulation 8 (3). 	Subject to the relevant managed healthcare programme and its prior authorisation in hospital only. This benefit excludes: <ul style="list-style-type: none"> Psychiatry and psychology (D12); Optometric examinations (D15); Pathology (D18); Radiology (D21).
D13.2	Out of hospital	No benefit, unless PMB, or limited to and included in the Benefit Booster benefit in D27.2.	

PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONSTART	CONDITION/REMARKS SUBJECT TO PMB
D13.3	Sleep studies (See B1)		Subject to relevant managed healthcare programme and its prior authorisation.
D13.3.1	Diagnostic Polysomnograms In and out of hospital	No benefit, unless PMB, or as part of the Benefit Booster benefit in D27.2.	If authorised by the relevant managed healthcare programme for dyssomnias e.g. central sleep apnoea, obstructive sleep apnoea, parasomnias or medical or psychiatric sleep disorders as part of neurological investigations by a relevant specialist.
D13.3.2	CPAP Titration	No benefit, unless PMB, or as part of the Benefit Booster benefit in D27.2.	If authorised by the relevant managed healthcare programme for patents with obstructive sleep apnoea who meet the criteria for CPAP and where requested by the relevant specialist.
D14	ONCOLOGY (See B1)		
D14.1	Pre active, active & post active treatment period 	<ul style="list-style-type: none"> Limited to PMBs. Subject to the DSP. The Bonitas Oncology Network medical specialist is the DSP for oncology services at the negotiated rate. 30% co-pay for services rendered by non-oncology network medical specialists, where such services are voluntarily obtained. 	<ul style="list-style-type: none"> Subject to the relevant managed healthcare programme and to its prior authorisation. Treatment for long-term chronic conditions that may develop as a result of chemotherapy and radiotherapy is not included in this benefit. Benefit for Oncologists, haematologists and accredited medical practitioners for consultations, visits, treatment and consumable material used in radiotherapy and chemotherapy.
D14.1.1	Medicine (See B2)	<ul style="list-style-type: none"> Limited to and included in D14.1 and subject to the DSP. 20% co-payment applies for the voluntary use of a non-DSP. Subject to MPL and preferred product list. 	<ul style="list-style-type: none"> Subject to the Bonitas Oncology Medicine Network. Subject to the relevant managed healthcare programme protocols and reference pricing.

PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONSTART	CONDITION/REMARKS SUBJECT TO PMB
D14.1.2	Radiology and pathology (See B1)	Limited to and included in D14.1.	
D14.1.2.1	PET and PET – CT (See B1)	No benefit.	
D14.1.3	Specialised Drugs (See B2)		Subject to the relevant managed healthcare programme and to its prior authorisation. This list includes but is not limited to targeted therapies e.g. biologicals, tyrosine kinase inhibitors, and other non genericised chemotherapeutic agents. Subject to published list. Unless otherwise stated below, any other diseases where the use of the drug is deemed appropriate by the managed health care organization, drugs will be funded from this benefit.
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D14.1.3.1	Biological drugs	No benefit, except for PMBs.	
D14.1.3.2	Unregistered chemotherapeutic agents	No benefit, except for PMBs.	Subject to Section 21 approval by the South African Health Products Regulatory Authority (SAHPRA) and pre-authorisation by the relevant managed healthcare programme.
D14.1.3.3	Proteasome Inhibitors	No benefit, except for PMBs.	
D14.1.3.4	Certain Pyrimidine Analogues	No benefit, except for PMBs.	
D14.1.4	Flushing of a J line and/or Port (See B1)	Limited to and included in D14.1.	Subject to the relevant managed healthcare programme

PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONSTART	CONDITION/REMARKS SUBJECT TO PMB
D14.1.5	Brachytherapy materials (including seeds and disposables) and equipment (See B1)	Limited to and included in D14.1.	Subject to the relevant managed healthcare programme and to its prior authorisation, for services rendered by oncologists, radiotherapists and credentialed medical practitioners.
D14.2	Post active treatment period (See B1)	Limited to and included in D14.1 during the remission period following the active treatment period, except for Prescribed Minimum Benefits.	Subject to the relevant managed healthcare programme and pre-authorisation.
D14.2.1	Flushing of a J line and/or Port (See B1)	Limited to and included in D14.1.	Subject to the relevant managed healthcare programme.
D14.3	Oncology Social worker (OSW) benefit including Virtual Consultations	<ul style="list-style-type: none"> Limited to R2 840 per family and subject to the Bonitas Oncology (OSW) network. Limited to and included in D14.1. 	Subject to the relevant managed healthcare protocols and its prior authorisation.
D14.4	Palliative Care	<ul style="list-style-type: none"> No limit. Subject to the DSP. Subject to pre-authorisation. Managed care protocols apply. 	Subject to the relevant managed healthcare protocols and its prior authorisation.
D15	OPTOMETRY (See B1)		
D15.1	Optometric refraction test, re-exam and/or composite exam, tonometry and visual field test	<ul style="list-style-type: none"> One per beneficiary per annum, at network rates. R350 out of network. R110 co-payment applies. 	Subject to the contracted provider.
D15.2	Frames	No benefit.	
D15.3	Lenses	No benefit.	

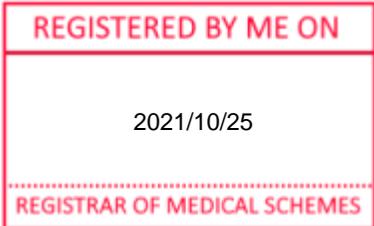
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PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONSTART	CONDITION/REMARKS SUBJECT TO PMB
D15.4	Contact Lenses	No benefit.	
D15.5	Low vision appliances	No benefit.	<div style="border: 2px solid red; padding: 5px; width: fit-content; margin: auto;"> <p>REGISTERED BY ME ON</p> <p>2021/10/25</p> <p>-----</p> <p>REGISTRAR OF MEDICAL SCHEMES</p> </div>
D15.6	Ocular prostheses	No benefit.	
D15.7	Diagnostic procedures	No benefit.	
D15.8	Readers	No benefit.	
D16	ORGAN AND HAEMOPOIETIC STEM CELL (BONE MARROW) TRANSPLANTATION AND IMMUNO-SUPPRESSIVE MEDICATION INCLUDING CORNEAL GRAFTS) (See B1)	<ul style="list-style-type: none"> • Prescribed Minimum Benefits only at a DSP. • No benefit for Corneal grafts unless PMB. • 30% co-payment applies for the voluntary use of a non-DSP. 	<p>Subject to the relevant managed healthcare programme to its prior authorisation.</p> <p>No benefits will be granted for hospitalisation, treatments and associated clinical procedures if prior authorisation is not obtained.</p> <p>Organ harvesting is limited to the Republic of South Africa excluding donor cornea.</p>
D16.1	Haemopoietic stem cell (bone marrow transplantation (See B1)	Limited to and included in D16.	Haemopoietic stem cell (bone marrow) transplantation is limited to allogenic grafts and autologous grafts derived from the South African Bone Marrow Registry.
D16.2	Immuno-suppressive medication (See B2)	Limited to and included in D16 and subject to the DSP.	
D16.3	Post transplantation biopsies and scans (See B1)	Limited to and included in D16.	
D16.4	Radiology and pathology (See B1)	Limited to and included in D16.	For specified radiology and pathology services, performed by pathologists, radiologists and haematologists, associated with the transplantation treatment.

PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONSTART	CONDITION/REMARKS SUBJECT TO PMB
D17	PARAMEDICAL SERVICES (ALLIED MEDICAL PROFESSIONS) (See B1)		
D17.1	In hospital	No benefit, unless PMB.	Subject to referral by the treating practitioner.
D17.1.1	Dietetics	No benefit, unless PMB.	
D17.1.2	Occupational Therapy	No benefit, unless PMB.	
D17.1.3	Speech Therapy	No benefit, unless PMB.	
D17.2	Out of hospital	No benefit, unless PMB, or limited to and included in the Benefit Booster benefit in D27.2.	
D17.2.1	Audiology	No benefit or limited to and included in the Benefit Booster benefit in D27.2	
D17.2.2	Chiropractics	No benefit, except as part of the Benefit Booster benefit in D27.2.	
D17.2.3	Dietetics	No benefit, unless PMB or limited to and included in the Benefit Booster benefit in D27.2	
D17.2.4	Genetic counselling	No benefit or limited to and included in the Benefit Booster benefit in D27.2.	<div style="border: 2px solid red; padding: 5px; text-align: center;"> <p>REGISTERED BY ME ON</p> <p>2021/10/25</p> <p>.....</p> <p>REGISTRAR OF MEDICAL SCHEMES</p> </div>
D17.2.5	Hearing aid acoustics	No benefit, except as part of the Benefit Booster benefit in D27.2.	
D17.2.6	Occupational therapy	No benefit, unless PMB or limited to and included in the Benefit Booster benefit in D27.2.	
D17.2.7	Orthoptics	No benefit, except as part of the Benefit Booster benefit in D27.2.	
D17.2.8	Orthotists and Prosthetists	No benefit, unless PMB or limited to and included in the Benefit Booster benefit in D27.2.	

PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONSTART	CONDITION/REMARKS SUBJECT TO PMB
D17.2.9	Private nurse Practitioners Virtual consultations	<ul style="list-style-type: none"> Unlimited virtual consultations per beneficiary. Subject to the Virtual Care network. No benefit for face-to-face consultations except as part of the Benefit Booster benefit in D27.2. 	Nursing services are included in the Alternatives to Hospitalisation benefit (D7) if pre-authorized by the relevant managed healthcare programme.
D17.2.10	Speech therapy	No benefit, unless PMB or limited to and included in the Benefit Booster benefit in D27.2.	
D17.2.11	Social workers	No benefit, unless PMB or limited to and included in the Benefit Booster benefit in D27.2.	
D18	PATHOLOGY AND MEDICAL TECHNOLOGY (See B1)		Subject to the relevant managed healthcare programme.
D18.1	In hospital	<ul style="list-style-type: none"> R25 950 per family, except for PMBs. Subject to the DSP for pathology at negotiated rates. 100% of the Bonitas Tariff for services rendered by non-DSP providers. 	
D18.2	Out of hospital 	<ul style="list-style-type: none"> Limited to and included in D5.1.3, D5.2.2 and D27.2. Subject to the pathology formulary. Subject to the DSP for pathology, at negotiated rates. 100% of the Bonitas Tariff for services rendered by non-DSP providers. 	Subject to the Pathology Management Program. This benefit excludes the specified list of pathology tariff codes included in the: <ul style="list-style-type: none"> maternity benefit, (D10), the oncology benefit during the active and/or post active treatment period, (D14); organ and haemopoietic stem cell transplantation benefit, (D16) and the renal dialysis chronic benefit, (D22).

PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONSTART	CONDITION/REMARKS SUBJECT TO PMB
D19	PHYSICAL THERAPY (See B1)		
D19.1	In hospital Physiotherapy Biokinetics	<ul style="list-style-type: none"> No benefit, unless PMB. 100% of Bonitas Tariff. 	<ul style="list-style-type: none"> Subject to referral by the treating practitioner. Physiotherapy is not covered for mental health admissions. See D12.
D19.2	Out of hospital physiotherapy Biokinetics Podiatry	<ul style="list-style-type: none"> Limited to two consultations with a physiotherapist per beneficiary for sports-related injuries. R110 co-payment applies. No benefit for biokinetics and podiatry unless PMB, or limited to and included in the Benefit Booster benefit in D27.2. 	<ul style="list-style-type: none"> Subject to referral by the network GP or medical specialist.
D20	PROSTHESES AND DEVICES INTERNAL AND EXTERNAL (See B1)		
D20.1	Prostheses and devices internal (surgically implanted), including all temporary prostheses, or/and all accompanying temporary or permanent devices used to assist with the guidance, alignment or delivery of these internal prostheses and devices. This includes bone cement, bone graft substitutes, screws, pins and bone anchors.	<ul style="list-style-type: none"> No benefit, except for PMBs. Recommend use of preferred supplier. 	Subject to the relevant managed healthcare programme and to its prior authorisation.
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D20.1.1	Cochlear implants	No benefit.	
D20.1.2	Internal Nerve stimulators	No benefit.	
D20.2	Prostheses external	<ul style="list-style-type: none"> No benefit, except for PMBs. Recommend use of preferred supplier. 	Subject to the relevant managed healthcare programme and to its prior authorisation.

PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONSTART	CONDITION/REMARKS SUBJECT TO PMB
D21	RADIOLOGY (See B1)		
D21.1	General radiology		
D21.1.1	In hospital	<ul style="list-style-type: none"> No limit. 100% of the Bonitas Tariff. 	For diagnostic radiology tests and ultrasound scans. Authorisation is not required for MRI scans for low field peripheral joint examination of dedicated limb units.
D21.1.2	Out of hospital	<ul style="list-style-type: none"> Limited to and included in D5.1.3, D5.2.2 and D27.2. Subject to a list of approved services. 	<p>This benefit excludes: specified list of radiology tariff codes included in the</p> <ul style="list-style-type: none"> maternity benefit, (D10), the oncology benefit during the active treatment and/or post active treatment period, (D14); the organ and haemopoietic stem cell transplantation benefit, (D16), renal dialysis chronic benefit, (D22). <p>Authorisation is not required for MRI scans for low field peripheral joint examination of dedicated limb units.</p>
D21.2	Specialised radiology (MRI & CT Scans)		
D21.2.1	In hospital	<ul style="list-style-type: none"> R11 840 per family. Subject to R2 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 for MRI and CT scans only.
D21.2.2	Out of hospital	No benefit, unless PMB.	See D21.2.1.
D21.3	PET and PET – CT	See D14.1.2.1.	

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PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONSTART	CONDITION/REMARKS SUBJECT TO PMB
D22	RENAL DIALYSIS CHRONIC (See B1)		
D22.1	Haemodialysis and peritoneal dialysis <div data-bbox="360 639 734 866" style="border: 1px solid red; padding: 5px; text-align: center;"> <p style="color: red; font-weight: bold; margin: 0;">REGISTERED BY ME ON</p> <p style="margin: 0;">2021/10/25</p> <hr style="border-top: 1px dashed red;"/> <p style="color: red; font-weight: bold; margin: 0;">REGISTRAR OF MEDICAL SCHEMES</p> </div>	<ul style="list-style-type: none"> Prescribed Minimum Benefits only at a DSP. 100% of the lower of the cost or Bonitas Tariff for all services, medicines and materials associated with the cost of renal dialysis, subject to the DSP network and Regulation 8 (3). 100% of the Bonitas Tariff for the services rendered by a medical specialist. Related medicine are subject to the DSP and Regulation 8 (3). 30% co-payment applies for the voluntary use of a non-DSP. 	<ul style="list-style-type: none"> Subject to the relevant managed healthcare programme and to its prior authorisation Authorised erythropoietin is included in (D4). Acute renal dialysis is included in hospitalisation costs. See D7.
D22.2	Radiology and pathology (See B1)	Limited to and included in D22.1.	Subject to the relevant managed healthcare programme and to its prior authorisation.

PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONSTART	CONDITION/REMARKS SUBJECT TO PMB
D23	SURGICAL PROCEDURES (See B1)		Subject to the relevant managed healthcare programme and to its prior authorisation.
D23.1	<p>In hospital and unattached operating theatres and other minor surgical procedures that can be authorised in hospital</p> <div data-bbox="450 890 824 1118" style="border: 1px solid red; padding: 5px; margin: 10px auto; width: fit-content;"> <p style="text-align: center; color: red; font-weight: bold;">REGISTERED BY ME ON</p> <p style="text-align: center;">2021/10/25</p> <hr style="border-top: 1px dashed red;"/> <p style="text-align: center; color: red; font-weight: bold;">REGISTRAR OF MEDICAL SCHEMES</p> </div>	<p>No limit, except for the following exclusions:</p> <ul style="list-style-type: none"> • Back and neck treatment or surgery • Correction of Hallux Valgus • Dentistry • Functional nasal surgery • Investigations and diagnostic work-ups • Healthcare services that should be done out of hospital and for which an admission to hospital is not necessary. • Joint replacement surgery • Knee & shoulder surgery • Nail disorders • Non-cancerous breast conditions • Skin disorders, including benign growths and lipomas • Surgery for oesophageal reflux and hiatus hernia • Varicose vein surgery 	<ul style="list-style-type: none"> • Limited to and included in D7.1.1 and D7.2.1. • 100% of the Bonitas Tariff for the medical practitioner. • Subject to the BonStart Hospital Network. • R10 650 co-payment applies to all non-network admissions, subject to Regulation 8 (3). • Day surgery network applies for defined list of procedures. See D23.3.2. • Co-payments apply – See paragraph D23.3.1. <p>This benefit excludes:</p> <ul style="list-style-type: none"> • Osseo-integrated implants (D6); • Orthognathic and oral surgery (D6); • Maternity (D10); • Organ and haemopoietic stem cell (bone marrow) transplantation and immunosuppressive medication (D16).
D23.1.1	Refractive surgery	No benefit.	

PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONSTART	CONDITION/REMARKS SUBJECT TO PMB
D23.1.2	Maxillo-facial surgery 	<ul style="list-style-type: none"> Limited to PMBs and DSP provider and Regulation 8 (3). 	Subject to the relevant managed healthcare programme and to its prior authorisation. For the surgical removal of <ul style="list-style-type: none"> tumours neoplasms sepsis, trauma, congenital birth defects and other surgery not specifically mentioned in (D6). This benefit excludes: <ul style="list-style-type: none"> Osseo-integrated implantation (D6); Orthognathic surgery (D6); Oral surgery (D6); Impacted wisdom teeth (D6).
D23.2	Out of hospital in practitioners rooms	No benefit.	
D23.3	PROCEDURES THAT WILL ATTRACT A DEDUCTIBLE		Subject to the relevant managed healthcare programme and to its prior authorisation.
D23.3.1	Procedures which will attract a R2 550 deductible: <ul style="list-style-type: none"> Arthroscopy (when done as part of a surgical procedure) Laparoscopic Hysterectomy 	Subject to a R2 550 co-payment per event.	This deductible is in addition to the co-payment that applies to hospital admissions as per D7.1.1.
	Procedures which will attract a R6 000 deductible: <ul style="list-style-type: none"> Cataract Surgery: 	Subject to a R6 000 co-payment per event. <ul style="list-style-type: none"> For voluntary use of 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.

PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONSTART	CONDITION/REMARKS SUBJECT TO PMB
D23.3.2	Day Surgery Procedures	<ul style="list-style-type: none"> Subject to the Day Surgery Network. R10 650 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.
D24	PREVENTATIVE CARE BENEFIT (See B1)		
D24.1	Women's Health Cervical Cancer Screening	<ul style="list-style-type: none"> Pap Smear Females 21-65 years Once every 3 years. 	
D24.2	Men's Health PSA test	<ul style="list-style-type: none"> No benefit except as part of the Benefit Booster benefit in D27.2. 	
D24.3	General Health	<ul style="list-style-type: none"> HIV test annually. Flu vaccine annually, including the administration fee of the nurse practitioner. 	
D24.4	Cardiac health	No benefit.	
D24.5	Elderly Health	No benefit.	
D24.6	Children's health Hypothyroidism	<ul style="list-style-type: none"> No benefit 	
	Infant Hearing Screening	<ul style="list-style-type: none"> No benefit 	

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PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONSTART	CONDITION/REMARKS SUBJECT TO PMB
	Extended Program on Immunisation (EPI)	No benefit.	
D25	<p>INTERNATIONAL TRAVEL BENEFIT</p> <p>Leisure travel:</p> <p>Business Travel:</p> <div data-bbox="548 1069 918 1300" style="border: 1px solid red; padding: 5px; margin: 10px auto; width: fit-content;"> <p style="text-align: center; color: red; font-weight: bold;">REGISTERED BY ME ON</p> <p style="text-align: center;">2021/10/25</p> <p style="text-align: center; border-top: 1px dashed red; color: red; font-weight: bold;">REGISTRAR OF MEDICAL SCHEMES</p> </div>	<ul style="list-style-type: none"> • For medical emergencies when travelling outside the borders of South Africa. <ul style="list-style-type: none"> ○ 90 days excluding USA - R5 million per Member, R10 million for Member and Dependants ○ 45 days including USA – Maximum cover R500,000 for Member and Dependants ○ 45 days excluding USA - R5 million per Member, 10 million for Member and Dependants ○ 45 days including USA - Maximum cover R500,000 for Member and Dependants • Subject to approval protocols prior to departure. 	<p>Subject to authorisation, prior to departure.</p> <ul style="list-style-type: none"> • The three months' age limit will not apply. • Emergency medical expenses incurred in connection with cardiac, cardiovascular, vascular, cerebrovascular illness or conditions consequence or complications related to persons 70 years and older are restricted to a limit of R500 000 (five hundred thousand). • Additional benefits for Covid-19: <ul style="list-style-type: none"> ○ additional costs for compulsory medical quarantine limited to R1 000 per day to a maximum of R10 000 for accommodation and PCR testing up to R1 000. ○ The cover will only apply if a beneficiary tested positive. • (Manual labour excluded)

PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONSTART	CONDITION/REMARKS SUBJECT TO PMB
D26	AFRICA BENEFIT	<ul style="list-style-type: none"> 100% of the usual, reasonable cost for in- and out-of-hospital treatment routinely available in South Africa received in Africa. Subject to authorisation. 	The Fund's liability will not exceed the global amount the Fund would in the ordinary course pay for such healthcare services given the Fund's claims experience in South Africa, subject to the benefits as per benefit plan.
D27	WELLNESS BENEFIT (See B1)		
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"> blood pressure test glucose test cholesterol test body mass index hip to waist ratio. 	<div style="border: 2px solid red; padding: 10px; text-align: center;"> <p>REGISTERED BY ME ON</p> <p>2021/10/25</p> <p>.....</p> <p>REGISTRAR OF MEDICAL SCHEMES</p> </div>
D27.2	Benefit Booster (including out of hospital day-to-day services as mentioned in D1, D10.3.2, D13.2, D17.2, D18.2, D19.2, D21.1.2 and D24.2) and virtual consultations).	Subject to completion of a Health Risk Assessment or the completion of an online wellness assessment per beneficiary. Limited to R940 per family and limited to. <ul style="list-style-type: none"> Alternative Health: D1 GP consultations: D5.1.3 Medical specialists: D5.2 Maternity related services: D10.3.2 Routine medication: D11.1 Pharmacy advised therapy: D11.2 Non-surgical procedures: D13.2 Paramedical services: D17.2 Pathology: D18.2 Physical therapy: D19.2 General radiology: D21.1.2 	<ul style="list-style-type: none"> Child dependants will qualify for the Benefit Booster once the main member or an adult beneficiary has completed a Health Risk Assessment or an online wellness assessment. Valid qualifying claims will pay first from the benefit booster and thereafter from the relevant benefits as described in D1 – D24.