

*Bonitas*

# BONITAS MEDICAL FUND

## ANNEXURE B

OPTION:  
BONCORE

2026

REGISTERED BY ME ON
2025/12/18
REGISTRAR OF MEDICAL SCHEMES

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**A ENTITLEMENT OF BENEFITS**

A1 The Bonitas Fund Tariff is defined as the Bonitas monetary tariffs applicable in 2025 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. Benefits are applicable per annum, unless otherwise stated in the Benefits Table in paragraph D below.

A3 The Oncology Network is the DSP for the provision of oncology treatment for both in-and-out of hospital care for members enrolled on the programme.

**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) 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+

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B4 Mental Health in Hospital will be covered subject to prescribed minimum benefits and 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 credentialled 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 credentialled 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 BonCore Option, a member or beneficiary will be required to obtain pre-authorisation for a BonCore Network specialist consultation, and managed care protocols apply. ~~Should a member/beneficiary not obtain pre-authorisation, the claim will not be covered.~~

Rejected

**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

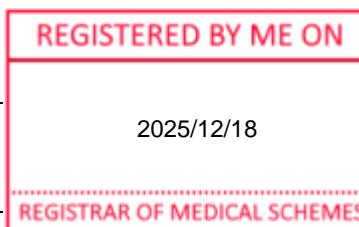


## D ANNUAL BENEFITS AND LIMITS.

PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONCORE	CONDITION/REMARKS SUBJECT TO PMB
	<b>OVERALL ANNUAL LIMIT</b>	No limit.	<div style="text-align: center; border: 2px solid red; padding: 5px; margin-bottom: 10px;"> <b>REGISTERED BY ME ON</b>  <span style="font-size: small;">2025/12/18</span>  <b>REGISTRAR OF MEDICAL SCHEMES</b> </div>
	<b>PERSONAL MEMBER SAVINGS ACCOUNT</b>	Not applicable.	
	<b>GENERAL PRACTITIONER NETWORK</b>	Applicable.	
<b>D1 ALTERNATIVE HEALTHCARE</b>			
D1.1	<b>Homoeopathic Consultations and/or Treatment (See B1)</b>	No benefit, except as part of the Benefit Booster benefit in D27.2.	GP referral required.
D1.2	<b>Homoeopathic Medicines</b>	No benefit, except as part of the Benefit Booster benefit in D27.2.	GP referral required.
D1.3	<b>Acupuncture (See B1)</b>	No benefit, except as part of the Benefit Booster benefit in D27.2.	GP referral required.
D1.4	<b>Naturopathy Consultations and/or Treatment and Medicines. (See B1)</b>	No benefit, except as part of the Benefit Booster benefit in D27.2.	GP referral required.
D1.5	<b>Phytotherapy (See B1)</b>	No benefit, except as part of the Benefit Booster benefit in D27.2.	GP referral required.
D1.6	<b>Osteopathy (See B1)</b>	No benefit, except as part of the Benefit Booster benefit in D27.2.	GP referral required.
<b>D2 AMBULANCE SERVICES</b>			
D2.1	<b>Emergency Medical Transport (See B1)</b>	100% of cost if authorised by the preferred provider.	Subject to the contracted provider. Non-authorisation will result in non-payment except for PMBs.



PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONCORE	CONDITION/REMARKS SUBJECT TO PMB
D3	<b>APPLIANCES, EXTERNAL ACCESSORIES AND ORTHOTICS</b>		
D3.1	<b>In and Out of Hospital (See B1)</b>		Diabetic accessories and appliances - (with the exception of glucometers) to be pre-authorised and claimed from the chronic medicine benefits D11.3. The benefit excludes consultations/fittings, which are subject to D17.2.
D3.1.1	<b>General Medical and Surgical Appliances, including Wheelchairs and Repairs, and Large Orthopaedic Appliances</b>	No benefit, except for PMBs.	Subject to the relevant managed healthcare protocols and pre-authorisation. Three quotes needs to be submitted for approval.
D3.1.2	<b>Hearing Aids and Repairs</b>	No benefit.	
D3.1.3	<b>CPAP Apparatus for Sleep Apnoea</b>	No benefit, except for PMBs.	
D3.1.4	<b>Stoma Products</b>	No benefit, except for PMBs.	
D3.1.5	<b>Specific Appliances and Accessories</b>	No benefit, except for PMBs.	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.
D3.1.5.1	<b>Oxygen Therapy, Equipment (not including Hyperbaric Oxygen Treatment)</b>	Limited to PMBs.	Portable cylinders/concentrators are excluded. Subject to the relevant managed healthcare protocols and pre-authorisation.
D3.1.5.2	<b>Home Ventilators</b>	Limited to PMBs.	Subject to the relevant managed healthcare protocols and pre-authorisation



PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONCORE	CONDITION/REMARKS SUBJECT TO PMB
D3.1.5.3	Long Leg Callipers	No benefit.	
D3.1.5.4	Foot Orthotics	No benefit.	
<b>D4 BLOOD, BLOOD EQUIVALENTS AND BLOOD PRODUCTS</b>			
D4.1	In and out of Hospital Blood transfusions (See B1)	Unlimited, subject to PMBs.	Subject to the relevant managed healthcare programme and to its prior authorisation.
<b>D5 CONSULTATIONS AND VISITS BY MEDICAL PRACTITIONERS</b>			
D5.1	General Practitioners including Virtual Care Consultations (See B1)	<div style="text-align: center; border: 1px solid black; padding: 10px; width: fit-content; margin: auto;"> <p>REGISTERED BY ME ON</p> <p>2025/12/18</p> <p>REGISTRAR OF MEDICAL SCHEMES</p> </div>	<p>This benefit excludes the following as they are covered under services mentioned elsewhere in this Annexure:</p> <ul style="list-style-type: none"> <li>• Dental Practitioners and Therapists (D6);</li> <li>• Ante-natal visits and consultations (D10);</li> <li>• Psychiatrists, Psychologists, Psychometrists and Registered Counsellors (D12);</li> <li>• Oncologists, Haematologists and Approved Medical Practitioners during active and post-active treatment periods (D14);</li> <li>• Paramedical Services (D17);</li> <li>• Physiotherapists and Biokineticists in hospital (D19.1).</li> </ul>
D5.1.1	In Hospital	<p>No limit.</p> <p>100% of the Bonitas Tariff for General Practitioners on the BonCore Network.</p> <ul style="list-style-type: none"> <li>• 70% of the Bonitas Tariff for non-network General Practitioners.</li> </ul>	Subject to pre-authorisation, the DSP network and managed care protocols

PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONCORE	CONDITION/REMARKS SUBJECT TO PMB
D5.1.2	<b>Out of Hospital Network General Practitioners including Virtual Consultations</b>	<ul style="list-style-type: none"> <li>Maximum of three face-to-face consultations per beneficiary per annum at a BonCore Network GP, including two non-network GP consultations.</li> <li>Unlimited Virtual GP consultations at a BonCore Network GP.</li> </ul>	
D5.1.3	<b>In Hospital GP – Radiology, and Pathology.</b>	<p>Pathology – unlimited, subject to PMBs</p> <p>Radiology – Unlimited, covered at 100% of Bonitas Rate.</p>	Subject to the radiology and pathology formulary and funding protocols
D5.2	<b>Medical Specialists (See B1 and B6)</b>	<div style="text-align: center; border: 1px solid red; padding: 10px; width: fit-content; margin: auto;"> <p><b>REGISTERED BY ME ON</b></p> <p>2025/12/18</p> <p><b>REGISTRAR OF MEDICAL SCHEMES</b></p> </div>	<p>This benefit excludes the following as they are covered under services mentioned elsewhere in this Annexure:</p> <ul style="list-style-type: none"> <li>Dental Practitioners and Therapists (D6);</li> <li>Ante-natal visits and consultations (D10);</li> <li>Psychiatrists, Psychologists, Psychometrists and Registered Counsellors (D12);</li> <li>Oncologists, Haematologists and Approved Medical Practitioners during active and post-active treatment periods (D14);</li> <li>Paramedical Services (D17);</li> <li>Physiotherapists and Biokineticists in hospital (D19.1).</li> </ul>
D5.2.1	<b>In Hospital</b>	<p>No limit.</p> <ul style="list-style-type: none"> <li>100% of the Bonitas Tariff for BonCore Network Specialists</li> <li>70% of the Bonitas Tarif for non-network Specialists.</li> </ul>	

PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONCORE		CONDITION/REMARKS SUBJECT TO PMB
D5.2.2	Out of Hospital (See B1 and B6)	<ul style="list-style-type: none"> <li>• No benefit, except for PMBs.</li> <li>• BonCore Specialist Network applies.</li> </ul>		Subject to GP referral, pre-authorisation, the DSP Specialist BonCore network and managed care protocols
<b>D6 DENTISTRY</b>				
D6.1	<b>BASIC DENTISTRY</b> (See B1)			Subject to the Dental Management Programme.
D6.1.1	<b>Consultations</b>	Limited to PMBs, except as part of the Benefit Booster benefit in D27.2.		Subject to managed care protocols.
D6.1.2	<b>Fillings</b>	No benefit		
D6.1.3	<b>Plastic Dentures and Associated Laboratory Costs</b>	No benefit		
D6.1.4	<b>Extractions</b>	No benefit		
D6.1.5	<b>Root Canal Therapy</b>	No benefit		
D6.1.6	<b>Preventative Care</b>	<ul style="list-style-type: none"> <li>• Preventative codes (8101, 8155, 8159, 8161, 8162, 8163, 8109, 8110) to be funded from available R1000 family Booster when activated</li> <li>• All other treatment not funded except when approved as PMB.</li> </ul>	<div style="border: 1px solid red; padding: 5px; text-align: center;"> <b>REGISTERED BY ME ON</b>    <span style="font-size: 10pt;">2025/12/18</span>    <b>REGISTRAR OF MEDICAL SCHEMES</b> </div>	
D6.1.7	<b>Hospitalisation (general anaesthetic) and Moderate/Deep Sedation in the Rooms</b>	<ul style="list-style-type: none"> <li>• No benefit for in hospital (general anaesthetic or moderate/deep sedation in the rooms) dentistry, except for PMBs.</li> <li>• Subject to pre-authorisation.</li> <li>• Subject to the BonCore Hospital Network.</li> </ul>		<ul style="list-style-type: none"> <li>• Hospitalisation is only covered for PMB cases.</li> <li>• Subject to pre-authorisation by the relevant managed healthcare programme.</li> </ul>



PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONCORE	CONDITION/REMARKS SUBJECT TO PMB
		<ul style="list-style-type: none"> <li>R14 680 co-payment to apply to all non-network admissions, subject to Regulation 8 (3).</li> </ul>	
D6.1.8	<b>Inhalation Sedation in Dental Rooms</b>	No benefit.	
D6.1.9	<b>X-rays</b>	No benefit.	
D6.2	<b>SPECIALISED DENTISTRY (See B1)</b>		
D6.2.1	<b>Crowns</b>	No benefit.	
D6.2.2	<b>Partial Chrome Cobalt Frame Dentures</b>	No benefit.	
D6.2.3	<b>Osseo-integrated Implants and Orthognathic Surgery (functional correction of malocclusion)</b>	No benefit.	
D6.2.4	<b>Oral Surgery</b>	No benefit.	<div style="border: 2px solid red; padding: 5px; text-align: center;"> <span style="color: red;">REGISTERED BY ME ON</span>  <span style="color: red;">2025/12/18</span>  <span style="color: red;">.....</span>  <span style="color: red;">REGISTRAR OF MEDICAL SCHEMES</span> </div>
D6.2.5	<b>Orthodontic Treatment</b>	No benefit.	
D6.2.6	<b>Maxillo-facial Surgery</b>	See D23.	
D6.2.7	<b>Periodontal Treatment</b>	No benefit.	

PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONCORE		CONDITION/REMARKS SUBJECT TO PMB	
<b>D7 HOSPITALISATION</b>					
D7.1	Private Hospitals and Unattached Operating Theatres (See B1)			Subject to the relevant managed healthcare programme and its prior authorisation.	
D7.1.1	<b>In Hospital</b>  <div style="border: 2px solid red; padding: 5px; text-align: center;"><b>REGISTERED BY ME ON</b>  2025/12/18  <b>REGISTRAR OF MEDICAL SCHEMES</b></div>	<p>No limit, subject to a R5 500 co-payment per admission, except for:</p> <ul style="list-style-type: none"> <li>• Motor vehicle accidents</li> <li>• Maternity confinements</li> <li>• PMB emergency treatment.</li> <li>• Subject to the Bonitas Start Hospital Network.</li> <li>• R14 680 co-payment to apply to all non-network admissions, subject to Regulation 8 (3).</li> <li>• No benefit for Deep Brain Stimulation Implantation.</li> <li>• Day Surgery Network applies for defined procedures.</li> <li>• (See paragraph D23.3.2)</li> </ul>		<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"> <li>• Osseo-integrated implants</li> <li>• Orthognathic surgery (D6);</li> <li>• Maternity (D10);</li> <li>• Mental Health (D12);</li> <li>• Organ and haemopoietic stem cell (bone marrow) transplantation immunosuppressive medication (D16);</li> <li>• Renal Dialysis chronic (D22);</li> <li>• Refractive surgery (D23.1.1).</li> </ul>	
D7.1.2	<b>Medicine on discharge from Hospital (TTO) (See B2)</b>	<ul style="list-style-type: none"> <li>• Limited to and included in the OAL.</li> <li>• Up to 7 days' supply, to a maximum of R400 per beneficiary, per admission, subject to the BonCore medicine formulary, except anticoagulants post-surgery.</li> </ul>			
D7.1.3	<b>Casualty/Emergency Room Visits</b>			The risk benefit without prior authorisation is maximum 2 emergency visits per family, either in the private or public hospital setting.	
D7.1.3.1	<b>Facility Fee</b>	<ul style="list-style-type: none"> <li>• Limited to bona fide emergencies.</li> <li>• Limited to 2 emergency room visits per family, included in the OAL.</li> <li>• Subsequent emergency room visits are subject to bona fide emergencies and pre-authorisation by the relevant</li> </ul>		Will be included in the hospital benefit if a retrospective authorisation is given by the relevant managed healthcare programme for bona fide emergencies.	

PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONCORE	CONDITION/REMARKS SUBJECT TO PMB
		managed healthcare programme or limited to and included in D27.2.	
D7.1.3.2	<b>Consultations</b>	<ul style="list-style-type: none"> <li>Limited to bona fide emergencies.</li> <li>Limited to 2 emergency room visits per family, included in the OAL.</li> <li>Subsequent emergency room visits are subject to bona fide emergencies and pre-authorisation by the relevant managed healthcare programme or limited to and included in D27.2.</li> </ul>	
D7.1.3.3	<b>Medicine</b>	See D11.1.	
D7.2	<b>Public Hospitals (See B1)</b>		
D7.2.1	<b>In Hospital</b>	<ul style="list-style-type: none"> <li>No limit.</li> <li>No benefit for Deep Brain Stimulation Implantation.</li> </ul> <div style="text-align: center; border: 1px solid red; padding: 10px; margin-top: 10px;"> <p>REGISTERED BY ME ON 2025/12/18 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"> <li>Osseo-integrated implants and orthognathic surgery (D6);</li> <li>Maternity (D10);</li> <li>Mental Health (D12);</li> <li>Organ and haemopoietic stem cell (bone marrow) transplantation and immunosuppressive medication (D16);</li> <li>Renal dialysis chronic (D22);</li> <li>Refractive surgery (D23).</li> </ul>
D7.2.2	<b>Medicine on discharge from Hospital (TTO) (See B2)</b>	Limited to and included in the OAL. Up to 7 days' supply, to a maximum of R400 per beneficiary, per admission, subject to the BonCore medicine formulary, except anticoagulants post-surgery.	

PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONCORE	CONDITION/REMARKS SUBJECT TO PMB
D7.2.3	<b>Casualty/Emergency Room Visits</b>		The risk benefit without prior authorisation is maximum 2 emergency visits per family, either in the private or public hospital setting.
D7.2.3.1	<b>Facility Fee</b>	<ul style="list-style-type: none"> <li>Limited to bona fide emergencies.</li> <li>Limited to 2 emergency room visits per family, limited to and included in the OAL.</li> <li>Subsequent emergency room visits are subject to bona fide emergencies and pre-authorisation by the relevant managed healthcare programme or limited to and included in D27.2.</li> </ul>	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	<b>Consultations</b>	<ul style="list-style-type: none"> <li>Limited to bona fide emergencies.</li> <li>Limited to 2 emergency room visits per family, limited to and included in the OAL.</li> <li>Subsequent emergency room visits are subject to bona fide emergencies and pre-authorisation by the relevant managed healthcare programme or limited to and included in D27.2.</li> </ul>	
D7.2.3.3	<b>Medicine</b>	See D11.1.	
D7.2.4	<b>Outpatient Services</b>		
D7.2.4.1	<b>Consultations</b>	See D5.1.2 and D5.2.2.	<div style="border: 2px solid red; padding: 2px; text-align: center;"> <span style="color: red;">REGISTERED BY ME ON</span>  <span style="color: red;">2025/12/18</span> </div>
D7.2.4.2	<b>Medicine</b>	See D11.1.	
D7.3	<b>Alternative to Hospitalisation (See B1)</b>		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	<b>Physical Rehabilitation Hospitals</b>	PMB only. Pre-authorisation required.	See D7.3.



PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONCORE	CONDITION/REMARKS SUBJECT TO PMB
D7.3.2	Sub-acute Facilities including Hospice	PMB only. Pre-authorisation required.	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.
D7.3.3	Homebased Care including Private Nursing and Outpatient Antibiotic Therapy in lieu of Hospitalisation	PMB only. Pre-authorisation required.	Subject to the relevant managed healthcare programme and prior authorisation.
D7.3.4	Terminal Care (Non-oncology)	PMB only. Pre-authorisation required.	Subject to the relevant managed healthcare programme and prior authorisation.
<b>D8 IMMUNE DEFICIENCY SYNDROME RELATED TO HIV INFECTION</b>			
D8.1	Anti-retroviral Medicine (See B1)	<ul style="list-style-type: none"> <li>• No limit</li> <li>• Subject to PMBs</li> <li>• 30% co-payment for the voluntary use of a non-DSP. Limited to and included in D8 and subject to the DSP.</li> </ul>	Subject to registration on the relevant managed healthcare programme. Subject to clinical protocols and formulary.
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 and funding protocols, 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 – D27.	
<b>D9 INFERTILITY</b>			
D9.1	In and Out of Hospital (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.



PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONCORE	CONDITION/REMARKS SUBJECT TO PMB
D10	MATERNITY		
D10.1	Confinement in Hospital (See B1)  REGISTERED BY ME ON  2025/12/18  REGISTRAR OF MEDICAL SCHEMES	<ul style="list-style-type: none"> <li>No limit for Natural Birth.</li> <li>Subject to the Bonitas Start Hospital Network.</li> <li>R14 680 co-payment to apply to all non-network admissions, subject to Regulation 8 (3).</li> <li>Unlimited cost for Network GPs and Specialists</li> <li>Non-network GP and Specialist costs limited to R2 500 per family per annum.</li> <li>Caesarean sections are limited to approved emergency procedures only.</li> <li>Subject to the Bonitas Start Hospital Network.</li> <li>R14 680 co-payment to apply to all non-network admissions, subject to Regulation 8 (3).</li> <li>Neonatal care is limited to R55 080 per family except for PMB.</li> </ul>	<p>Subject to the relevant managed healthcare programme and to its prior authorisation.</p> <p>Subject to registration on the Bonitas Maternity Programme.</p> <p>Delivery by a General Practitioner or Medical Specialist and the services of the attendant Paediatrician and/or Anaesthetists are included.</p> <p>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.</p>
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"> <li>Limited to and included in D10.1.</li> </ul>	<ul style="list-style-type: none"> <li>Subject to the relevant managed healthcare programme and its prior authorisation.</li> <li>Delivery by a midwife.</li> <li>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.</li> <li>On BonCore, one of the post-natal midwife consultations may be used for a lactation specialist consultation out of hospital.</li> </ul>
D10.2	Confinement out of Hospital	Limited to and included in D10.1.	<ul style="list-style-type: none"> <li>Subject to the relevant managed healthcare programme and its prior authorisation.</li> <li>Delivery by a midwife</li> <li>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.</li> </ul>



PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONCORE	CONDITION/REMARKS SUBJECT TO PMB
			<ul style="list-style-type: none"> <li>On BonCore, one of the post-natal midwife consultations may be used for a lactation specialist consultation.</li> </ul>
D10.2.1	<b>Consumables and Pharmaceuticals</b>	Limited to and included in D10.1.	Registered medicine, dressings and materials supplied by a midwife out of hospital.
D10.3	<b>Related Maternity Services</b>	No benefit.	
D10.3.1	<b>Ante-natal Consultations</b>	Limited and included in D5.1.2 and D5.2.2.	
D10.3.2	<b>Related Tests and Procedures</b>	No benefit, unless PMB or limited to and included in the Benefit Booster benefit in D27.2.	
<b>D11 MEDICINE AND INJECTION MATERIAL</b>			
D11.1	<b>Routine/ (Acute) Medicine (See B1 and B2)</b>  REGISTERED BY ME ON  2025/12/18  REGISTRAR OF MEDICAL SCHEMES	<ul style="list-style-type: none"> <li>Limited to PMBs, except as part of the Benefit Booster benefit in D27.2.</li> <li>20% co-payment applies to medicines on the acute out-of-formulary list and for the voluntary use of non-DSP.</li> </ul>	Subject to the relevant managed healthcare programme and BonCore Acute medicine Formulary. The Medicine Exclusion List and the Pharmacy Products Management Document are applicable. This benefit excludes: <ul style="list-style-type: none"> <li>In-hospital medicine (D7);</li> <li>Anti-retroviral medicine (D8);</li> <li>Oncology medicine (D14);</li> <li>Organ and haemopoietic stem cell (bone marrow) transplantation and immunosuppressive medication (D16).</li> </ul>
D11.1.1	<b>Medicine on discharge from Hospital (TTO)</b>	Limited to and included in D7.1.2.	
D11.1.2	<b>Contraceptives</b>	<ul style="list-style-type: none"> <li>Limited to Benefit Booster benefit in D27.2.</li> <li>Subject to the BonCore DSP network and the BonCore formulary.</li> </ul>	Subject to the medicine formulary.
D11.1.3	<b>Registered ante-natal vitamins during pregnancy</b>	<ul style="list-style-type: none"> <li>Limited to Benefit Booster benefit in D27.2.</li> </ul>	Subject to the medicine formulary.



PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONCORE	CONDITION/REMARKS SUBJECT TO PMB
		<ul style="list-style-type: none"> <li>Subject to the BonCore DSP network and the BonCore formulary</li> </ul>	
D11.2	<b>Pharmacy Advised Therapy Schedules 0, 1, 2 and Medicine advised and dispensed by a Pharmacist.</b>	<ul style="list-style-type: none"> <li>Limited to Benefit Booster benefit in D27.2.</li> <li>Subject to the BonCore DSP network and the BonCore formulary</li> </ul>	Subject to the medicine formulary.
D11.3	<b>Chronic Medicine (See B1 &amp; B2)</b>	<ul style="list-style-type: none"> <li>Prescribed Minimum Benefits only at the DSP.</li> <li>30% co-payment applies for non-formulary drugs used voluntarily and for the voluntary use of a non-DSP.</li> </ul> <p>R165 per beneficiary per month for Depression, subject to managed care protocols and the DSP.</p> <div style="border: 1px solid red; padding: 10px; text-align: center;"> <p>REGISTERED BY ME ON 2025/12/18 ..... REGISTRAR OF MEDICAL SCHEMES</p> </div>	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-authorised. Includes diabetic disposables such as <ul style="list-style-type: none"> <li>• syringes,</li> <li>• needles,</li> <li>• strips</li> <li>• lancets for patients not registered on the Diabetic Management Programme.</li> </ul> This benefit excludes: <ul style="list-style-type: none"> <li>• In hospital medicine (D7);</li> <li>• Anti-retroviral drugs (D8);</li> <li>• Oncology medicine (D14);</li> <li>• Organ and haemopoietic</li> <li>• stem cell (bone marrow) transplantation immunosuppressive medication (D16).</li> </ul>
D11.3.1	<b>MDR and XDR-TB</b>	<ul style="list-style-type: none"> <li>No limit.</li> <li>Subject to the DSP.</li> <li>Subject to managed care protocols.</li> </ul>	Subject to the relevant managed healthcare programme and to its prior authorisation.
D11.4	<b>Specialised Drugs (See B1 &amp; B2)</b>		Subject to the relevant managed healthcare programme, PMBs and to its prior authorisation.
D11.4.1	<b>Non Oncology Biological Drugs applicable to Monoclonal Antibodies Interleukins</b>	<ul style="list-style-type: none"> <li>No benefit, unless PMB.</li> <li>Subject to the DSP.</li> </ul>	
D11.4.1.1	<b>Iron chelating agents for chronic use</b>	<ul style="list-style-type: none"> <li>No benefit, unless PMB.</li> <li>Subject to the DSP.</li> </ul>	

PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONCORE	CONDITION/REMARKS SUBJECT TO PMB
D11.4.1.2	Human Immunoglobulin for Chronic Use	<ul style="list-style-type: none"> <li>No benefit, unless PMB.</li> <li>Subject to the DSP.</li> </ul>	REGISTERED BY ME ON 2025/12/18
D11.4.1.3	Non-calcium Phosphate Binders and Calcimimetics	<ul style="list-style-type: none"> <li>No benefit, unless PMB.</li> <li>Subject to the DSP.</li> </ul>	REGISTRAR OF MEDICAL SCHEMES
D11.4.2	Specialised Drugs for Oncology (See B1 & B2)	See D14.1.3.	

**D12 MENTAL HEALTH**

D12.1	<b>Treatment and care related to Mental Health (See B1 and B4)</b>	Limited to PMBs and subject to the DSP. R14 680 co-payment applies for non-network hospital admissions except for PMB emergencies.	<ul style="list-style-type: none"> <li>Subject to the relevant managed healthcare programme</li> <li>Physiotherapy is not covered for mental health admissions.</li> </ul>
D12.1.1	<b>In Hospital</b>	<ul style="list-style-type: none"> <li>Limited to and included in D12.1.</li> <li>Subject to the Bonitas Start Hospital Network.</li> <li>R14 680 co-payment to apply to all non-network admissions, subject to Regulation 8 (3).</li> </ul>	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.)
D12.1.2	<b>Medicine on discharge from Hospital (TTO) (See B2)</b>	Limited to and included in D7.1.2.	
D12.2	<b>Out of Hospital</b>	Limited to PMBs, except as part of the Benefit Booster benefit in D27.2.	
D12.2.1	<b>Medicine (See B2)</b>	Limited to and included in D11.	
D12.3	<b>Rehabilitation of Substance Abuse (See See B1 &amp; B4)</b>	Limited to and included in D12.1. <ul style="list-style-type: none"> <li>Subject to the Bonitas Start Hospital Network.</li> <li>R14 680 co-payment to apply to all non-network admissions, subject to Regulation 8 (3).</li> </ul>	Subject to the relevant managed healthcare programme and to its prior authorisation. (See B4).
D12.3.1	<b>Medicine on discharge from Hospital (TTO)</b>	Limited to and included in D7.1.2.	



PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONCORE	CONDITION/REMARKS SUBJECT TO PMB
	(See B2)		
D12.4	<b>Consultations and Visits, Procedures, Assessments, Therapy, Treatment and/or Counselling, in and out of Hospital.</b> (See B1)	<ul style="list-style-type: none"> <li>Limited to PMBs, except as part of the Benefit Booster benefit in D27.2.</li> </ul>	<div style="border: 2px solid red; padding: 5px; text-align: center;"> <b>REGISTERED BY ME ON</b>   <span style="font-size: 10pt;">2025/12/18</span>   <b>REGISTRAR OF MEDICAL SCHEMES</b> </div>
<b>D13 NON-SURGICAL PROCEDURES AND TESTS</b>			
D13.1	<b>In Hospital</b> (See B1)	<ul style="list-style-type: none"> <li>No benefit except for PMBs.</li> <li>Subject to the Bonitas Start Hospital Network.</li> <li>R14 680 co-payment to apply to all non-network admissions, subject to Regulation 8 (3).</li> <li>Day Surgery Network applies for defined procedures.</li> <li>(See paragraph D23.3.2)</li> </ul>	Subject to the relevant managed healthcare programme and its prior authorisation in hospital only. This benefit excludes: <ul style="list-style-type: none"> <li>• Psychiatry and psychology (D12);</li> <li>• Optometric examinations (D15);</li> <li>• Pathology (D18);</li> <li>• Radiology (D21).</li> </ul>
D13.2	<b>Out of Hospital</b> (See B1)	No benefit, unless PMB, or limited to and included in the Benefit Booster benefit in D27.2.	
D13.3	<b>Sleep Studies</b> (See B1)	No benefit, unless PMB, or limited to and included in the Benefit Booster benefit in D27.2.	Subject to relevant managed healthcare programme and its prior authorisation.
D13.3.1	<b>Diagnostic Polysomnograms In and out of Hospital</b>	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	<b>CPAP Titration</b>	No benefit, unless PMB, or as part of the Benefit Booster benefit in D27.2.	If authorised by the relevant managed healthcare programme for patients with obstructive sleep apnoea who meet the criteria for CPAP and where requested by the relevant specialist.



PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONCORE	CONDITION/REMARKS SUBJECT TO PMB
D14	<b>ONCOLOGY</b>		
D14.1	<b>Pre active, Active &amp; Post active Treatment Period (See B1)</b>	<ul style="list-style-type: none"> <li>Limited to PMBs.</li> <li>Subject to the DSP.</li> <li>The Bonitas Oncology Network is the DSP for oncology services at the contracted network rate.</li> </ul> <p>30% co-payment for services rendered by non-oncology network providers, where such services are voluntarily obtained, subject to Regulation 8 (3).</p> <div style="border: 1px solid black; padding: 10px; text-align: center;"> <p>REGISTERED BY ME ON 2025/12/18 REGISTRAR OF MEDICAL SCHEMES</p> </div>	<ul style="list-style-type: none"> <li>Subject to registration on the oncology management programme.</li> <li>Treatment for long-term chronic conditions that may develop as a result of chemotherapy and radiotherapy is not included in this benefit.</li> <li>Benefit is for Oncologists, Haematologists and approved providers for consultations, visits, treatment and consumable material used in radiotherapy and chemotherapy.</li> <li>Pre-active, active and post-active consultations and investigations are subject to Cancer Care Plans.</li> <li>The Oncology Network is the DSP for related oncology services at the Oncology Network (DSP) rate.</li> <li>Where more than one co-payment applies, the lower of the co-payments will be waived and the highest will be the member's liability.</li> </ul>
D14.1.1	<b>Medicine (See B2)</b>	<ul style="list-style-type: none"> <li>Limited to and included in D14.1 and subject to the Oncology Medicine DSP.</li> <li>20% co-payment applies for the voluntary use of a non-DSP.</li> </ul>	<ul style="list-style-type: none"> <li>Subject to the Bonitas Oncology Medicine DSP Network</li> <li>Subject to the Oncology Formulary</li> <li>Subject to the relevant managed healthcare programme protocols and reference pricing.</li> </ul>
D14.1.2	<b>Radiology and Pathology (See B1)</b>	Limited to and included in D14.1.	<ul style="list-style-type: none"> <li>Subject to the relevant managed healthcare programme and to its prior authorisation.</li> <li>Limited to Cancer Care Plans in pre-active, active and post-active setting.</li> <li>Specific authorisations are required for advanced radiology in addition to any authorisation that may have been obtained for hospitalisation.</li> </ul>
D14.1.2.1	<b>PET and PET – CT (See B1)</b>	<ul style="list-style-type: none"> <li>PMB only, subject to the use of a provider on the network at the contracted rate.</li> <li>Services rendered by a non-network provider pay at 100% of the Bonitas Tariff, subject to a 25% non-network co-payment.</li> </ul>	<ul style="list-style-type: none"> <li>Subject to the relevant managed healthcare programme and to its prior authorisation.</li> <li>Specific authorisations are required in addition to any authorisation that may have been obtained for hospitalisation.</li> </ul>

PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONCORE	CONDITION/REMARKS SUBJECT TO PMB
<b>D14.1.3</b>	<b>Specialised Drugs (See B2)</b>	No benefit, except for PMBs.	Subject to oncology authorisation, managed care protocols and processes. The Specialised Drug List (SDL) is a list of drugs used for treatment of cancers and certain haematological conditions. It includes but is not limited to biologicals, certain enzyme inhibitors, immunomodulatory antineoplastic agents and other targeted therapies. The list is reviewed and published regularly.
<b>D14.1.3.1</b>	<b>Unregistered Chemotherapeutic Agents</b>	No benefit, except for PMBs.	Subject to Section 21 approval by the South African Health Products Regulatory Authority (SAHPRA) and oncology pre-authorisation, managed care protocols and processes.
<b>D14.1.4</b>	<b>Flushing of a J line and/or Port (See B1)</b>	Limited to and included in D14.1.	Subject to the relevant managed healthcare programme
<b>D14.1.5</b>	<b>Brachytherapy Materials (including seeds and disposables) and Equipment (See B1)</b>	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.
<b>D14.2</b>	<b>Oncology Social Worker (OSW) benefit including Virtual Consultations</b>	<ul style="list-style-type: none"> <li>Limited to R3 390 per family.</li> <li>Limited to and included in D14.1.</li> </ul>	Subject to the relevant managed healthcare protocols and its prior authorisation.
<b>D14.3</b>	<b>Palliative Care</b>	<ul style="list-style-type: none"> <li>No benefit, except PMBs</li> <li>Subject to pre-authorisation.</li> <li>Managed care protocols apply.</li> </ul>	Subject to the relevant managed healthcare protocols and its prior authorisation.

REGISTERED BY ME ON

2025/12/18

REGISTRAR OF MEDICAL SCHEMES



PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONCORE	CONDITION/REMARKS SUBJECT TO PMB
D15	<b>OPTOMETRY</b>		
D15.1	<b>Optometric refraction test, re-exam and/or composite exam, tonometry and visual field test (See B1)</b>	No benefit, unless PMB, or limited to and included in the Benefit Booster benefit in D27.2.	Subject to the contracted provider.
D15.2	<b>Frames</b>	No benefit, unless PMB, or limited to and included in the Benefit Booster benefit in D27.2.	<b>REGISTERED BY ME ON</b>  2025/12/18
D15.3	<b>Lenses</b>	No benefit, unless PMB, or limited to and included in the Benefit Booster benefit in D27.2.	<b>REGISTRAR OF MEDICAL SCHEMES</b>
D15.4	<b>Contact Lenses</b>	No benefit, unless PMB, or limited to and included in the Benefit Booster benefit in D27.2.	
D15.5	<b>Low Vision Appliances</b>	No benefit, unless PMB, or limited to and included in the Benefit Booster benefit in D27.2.	
D15.6	<b>Ocular Prostheses</b>	No benefit, unless PMB, or limited to and included in the Benefit Booster benefit in D27.2.	
D15.7	<b>Diagnostic Procedures</b>	No benefit, unless PMB, or limited to and included in the Benefit Booster benefit in D27.2.	
D15.8	<b>Readers</b>	Limited to and included in the Benefit Booster benefit in D27.2	
D16	<b>ORGAN TRANSPLANTATION</b>		
D16.1	<b>ORGAN AND HAEMOPOIETIC STEM CELL (BONE MARROW) TRANSPLANTATION AND IMMUNOSUPPRESSIVE MEDICATION INCLUDING CORNEAL GRAFTS (See B1)</b>	<ul style="list-style-type: none"> <li>Prescribed Minimum Benefits only at a DSP.</li> <li>No benefit for Corneal grafts unless PMB. 30% upfront co-payment applies for the voluntary use of a non-DSP.</li> </ul>	<ul style="list-style-type: none"> <li>Subject to the relevant managed healthcare programme to its prior authorisation.</li> <li>No benefits will be granted for hospitalisation, treatments and associated clinical procedures if prior authorisation is not obtained.</li> <li>Organ harvesting is limited to the Republic of South Africa excluding donor cornea and donor bone marrow.</li> </ul>



PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONCORE	CONDITION/REMARKS SUBJECT TO PMB
D16.1.1	<b>Haemopoietic Stem Cell (bone marrow) Transplantation (See B1)</b>	Limited to and included in D16.1.	Haemopoietic stem cell (bone marrow) transplantation is limited to allogenic grafts and autologous grafts derived from Bone Marrow Registries in accordance with managed care protocols and pre-authorisation.
D16.2	<b>Immunosuppressive Medication (See B2)</b>	Limited to and included in D16.1 and subject to the DSP.	
D16.3	<b>Post Transplantation Biopsies and Scans (See B1)</b>	Limited to and included in D16.1.	
D16.4	<b>Radiology and Pathology (See B1)</b>	Limited to and included in D16.1.	For specified radiology and pathology services, performed by Pathologists, Radiologists and Haematologists, associated with the transplantation treatment.
<b>D17</b> <b>PARAMEDICAL SERVICES (ALLIED MEDICAL PROFESSIONS)</b>			
D17.1	<b>In Hospital (See B1)</b>	<ul style="list-style-type: none"> <li>• No benefit except for PMBs.</li> <li>• Subject to the Bonitas Start Hospital Network.</li> <li>• R14 680 co-payment to apply to all non-network admissions, subject to Regulation 8 (3).</li> <li>• Day Surgery Network applies for defined procedures.</li> <li>• (See paragraph D23.3.2)</li> </ul>	Subject to referral by the treating General Practitioner.
D17.1.1	<b>Dietetics</b>	No benefit, unless PMB.	<span style="border: 2px solid red; padding: 2px;">REGISTERED BY ME ON</span>
D17.1.2	<b>Occupational Therapy</b>	No benefit, unless PMB.	<span style="border: 2px solid red; padding: 2px;">2025/12/18</span>
D17.1.3	<b>Speech Therapy</b>	No benefit, unless PMB.	<span style="border: 2px solid red; padding: 2px;">REGISTRAR OF MEDICAL SCHEMES</span>
D17.2	<b>Out of Hospital (See B1)</b>	No benefit, unless PMB, or limited to and included in the Benefit Booster benefit in D27.2.	
D17.2.1	<b>Audiology</b>	No benefit or limited to and included in the Benefit Booster benefit in D27.2.	
D17.2.2	<b>Chiropractics</b>	No benefit, except as part of the Benefit Booster benefit in D27.2.	



PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONCORE	CONDITION/REMARKS SUBJECT TO PMB
D17.2.3	<b>Dietetics</b>	No benefit, unless PMB or limited to and included in the Benefit Booster benefit in D27.2 .	
D17.2.4	<b>Genetic Counselling</b>	No benefit or limited to and included in the Benefit Booster benefit in D27.2.	
D17.2.5	<b>Hearing Aid Acoustics</b>	No benefit, except as part of the Benefit Booster benefit in D27.2.	
D17.2.6	<b>Occupational Therapy</b>	No benefit, unless PMB or limited to and included in the Benefit Booster benefit in D27.2.	<b>REGISTERED BY ME ON</b>
D17.2.7	<b>Orthoptics</b>	No benefit, except as part of the Benefit Booster benefit in D27.2.	2025/12/18
D17.2.8	<b>Orthotists and Prosthetists</b>	No benefit, unless PMB or limited to and included in the Benefit Booster benefit in D27.2.	<b>REGISTRAR OF MEDICAL SCHEMES</b>
D17.2.9	<b>Private Nurse Practitioners</b> <b>Virtual Consultations</b>	No benefit, unless PMB or limited to and included in the Benefit Booster benefit in D27.2.	Nursing services are included in the Alternatives to Hospitalisation benefit (D7) if pre-authorised by the relevant managed healthcare programme.
D17.2.10	<b>Speech Therapy</b>	No benefit, unless PMB or limited to and included in the Benefit Booster benefit in D27.2.	
D17.2.11	<b>Social Workers</b>	No benefit, unless PMB or limited to and included in the Benefit Booster benefit in D27.2.	

PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONCORE	CONDITION/REMARKS SUBJECT TO PMB
<b>D18 PATHOLOGY AND MEDICAL TECHNOLOGY</b>			
D18.1	<b>In Hospital (See B1)</b>	<ul style="list-style-type: none"> <li>Limited to PMBs.</li> <li>Subject to the Preferred Providers for pathology at negotiated rates.</li> </ul>	Subject to the relevant managed healthcare programme and funding protocols
D18.2	<b>Out of Hospital (See B1)</b>	<p>No benefit, unless PMB or limited to and included in the Benefit Booster benefit in D27.2.</p> <div style="text-align: center; border: 1px solid black; padding: 10px; margin-top: 10px;"> <p>REGISTERED BY ME ON 2025/12/18 ..... REGISTRAR OF MEDICAL SCHEMES</p> </div>	<p>Subject to managed care and funding protocols This benefit excludes the specified list of pathology tariff codes included in the:</p> <ul style="list-style-type: none"> <li>Maternity benefit, (D10),</li> <li>Oncology benefit during the active and/or post active treatment period, (D14.1);</li> <li>Organ and haemopoietic stem cell transplantation benefit,(D16.1)</li> <li>and the Renal dialysis chronic benefit, (D22).</li> </ul>
<b>D19 PHYSICAL THERAPY</b>			
D19.1	<b>In Hospital Physiotherapy Biokinetics (See B1)</b>	No benefit, unless PMB. 100% of Bonitas Tariff.	<ul style="list-style-type: none"> <li>Subject to referral by the treating practitioner.</li> <li>Physiotherapy is not covered for mental health admissions. See D12.</li> </ul>
D19.2	<b>Out of Hospital Physiotherapy Biokinetics Podiatry</b>	<ul style="list-style-type: none"> <li>No benefit unless PMB, or limited to and included in the Benefit Booster benefit in D27.2.</li> </ul>	Subject to referral by the network GP or medical specialist.

PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONCORE	CONDITION/REMARKS SUBJECT TO PMB
	(See B1)		
<b>D20 PROSTHESES AND DEVICES INTERNAL AND EXTERNAL</b>			
<b>D20.1</b>	<b>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. (See B1)</b>	<ul style="list-style-type: none"> <li>• No benefit, except for PMBs.</li> <li>• No benefit for joint replacements, unless PMB.</li> </ul>	Subject to the relevant managed healthcare programme and to its prior authorisation. <div style="border: 1px solid red; padding: 5px; text-align: center;"> <span style="color: red; font-weight: bold;">REGISTERED BY ME ON</span>  <span style="color: red; font-weight: bold;">2025/12/18</span>  <span style="color: red; font-weight: bold;">REGISTRAR OF MEDICAL SCHEMES</span> </div>
<b>D20.1.1</b>	<b>Cochlear Implants</b>	No benefit.	
<b>D20.1.2</b>	<b>Internal Nerve Stimulators</b>	No benefit.	
<b>D20.2</b>	<b>Prostheses External</b>	No benefit, except for PMBs.	Subject to the relevant managed healthcare programme and to its prior authorisation.
<b>D21 RADIOLOGY</b>			
<b>D21.1</b>	<b>General Radiology (See B1)</b>		
<b>D21.1.1</b>	<b>In Hospital</b>	<ul style="list-style-type: none"> <li>• No limit. 100% of the Bonitas Tariff.</li> </ul>	For diagnostic radiology tests and ultrasound scans



PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONCORE	CONDITION/REMARKS SUBJECT TO PMB
D21.1.2	Out of Hospital	<ul style="list-style-type: none"> <li>No benefit unless PMB, or limited to and included in the Benefit Booster benefit in D27.2.</li> </ul> <div style="border: 1px solid black; padding: 5px; text-align: center;"> <b>REGISTERED BY ME ON</b>  <span style="border: 1px solid black; padding: 2px;">2025/12/18</span>  <b>REGISTRAR OF MEDICAL SCHEMES</b> </div>	<p>This benefit excludes: specified list of radiology tariff codes included in the</p> <ul style="list-style-type: none"> <li>Maternity benefit, (D10),</li> <li>Oncology benefit during the active treatment and/or post active treatment period, (D14.1);</li> <li>Organ and haemopoietic stem cell transplantation benefit, (D16.1),</li> <li>Renal dialysis chronic benefit, (D22).</li> </ul>
D21.2	Specialised Radiology (MRI & CT Scans)		
D21.2.1	In Hospital	<ul style="list-style-type: none"> <li>Limited to PMB only.</li> <li>Pre-authorisation required.</li> </ul>	Subject to the relevant managed healthcare programme and to its prior authorisation for MRI and CT scans
D21.2.2	Out of Hospital	No benefit, unless PMB.	See D21.2.1.
D21.3	PET and PET – CT	See D14.1.2.2.	
<b>D22 RENAL DIALYSIS CHRONIC</b>			
D22.1	Haemodialysis and Peritoneal Dialysis (See B1)	<ul style="list-style-type: none"> <li>Prescribed Minimum Benefits only at a DSP.</li> <li>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).</li> <li>100% of the Bonitas Tariff for the services rendered by a medical specialist.</li> <li>Related medicine are subject to the DSP and Regulation 8 (3). 30% co-payment applies for the voluntary use of a non-DSP.</li> </ul>	<ul style="list-style-type: none"> <li>Subject to the relevant managed healthcare programme and to its prior authorisation</li> <li>Authorised erythropoietin is included in (D4).</li> <li>Acute renal dialysis is included in hospitalisation costs. See D7.</li> </ul>

PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONCORE	CONDITION/REMARKS SUBJECT TO PMB
D22.2	<b>Radiology and Pathology (See B1)</b>	Limited to and included in D22.1.	Subject to the relevant managed healthcare programme and to its prior authorisation.
<b>D23 SURGICAL PROCEDURES</b>			
D23.1	<b>In Hospital and Unattached Operating Theatres and other minor Surgical Procedures that can be authorised in Hospital (See B1)</b>	<p>No limit, except for the following exclusions:</p> <ul style="list-style-type: none"> <li>• Back and neck treatment or surgery</li> <li>• Caesarean sections done for non-medical reasons</li> <li>• Correction of Hallux Valgus</li> <li>• Endoscopic surgery</li> <li>• Functional nasal and sinus surgery</li> <li>• Hernia Repair</li> <li>• In-hospital dental benefits</li> <li>• Joint replacement surgery</li> <li>• Laparoscopic surgery except for Laparoscopic sterilization</li> <li>• Maxillo-facial Surgery</li> <li>• Healthcare services that should be done out of hospital and for which an admission to hospital is not necessary.</li> <li>• Investigations and diagnostic work-ups</li> <li>• Knee &amp; shoulder surgery</li> <li>• Nail disorders</li> <li>• Non-cancerous breast conditions</li> <li>• Skin disorders, including benign growths and lipomas</li> <li>• Surgery for oesophageal reflux and hiatus hernia</li> <li>• Varicose vein surgery</li> </ul> <p>Gastroscopies, colonoscopies and all other endoscopies</p>	<ul style="list-style-type: none"> <li>• Subject to the relevant managed healthcare programme and to its prior authorisation.</li> <li>• Limited to and included in D7.1.1 and D7.2.1.</li> <li>• 100% of the Bonitas Tariff for the medical practitioner.</li> <li>• Subject to the Bonitas Start Hospital Network.</li> <li>• R14 680 co-payment applies to all non-network admissions, subject to Regulation 8 (3).</li> <li>• Day surgery network applies for defined list of procedures. See D23.3.2.</li> </ul> <p>Co-payments apply – See paragraph D23.3.1.</p> <p>This benefit excludes:</p> <ul style="list-style-type: none"> <li>• Osseo-integrated implants (D6);</li> <li>• Orthognathic and oral surgery (D6);</li> <li>• Maternity (D10);</li> <li>• Organ and haemopoietic stem cell (bone marrow) transplantation and immunosuppressive medication (D16).</li> </ul>
D23.1.1	<b>Refractive Surgery</b>	No benefit.	



PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONCORE	CONDITION/REMARKS SUBJECT TO PMB
D23.1.2	<b>Maxillo-facial Surgery</b>	Limited to PMBs and DSP provider and Regulation 8 (3).	<p>Subject to the relevant managed healthcare programme and to its prior authorisation.</p> <p>For the surgical removal of tumours, neoplasms, sepsis, trauma, congenital birth defects and other surgery not specifically mentioned in (D6).</p> <p>This benefit excludes:</p> <ul style="list-style-type: none"> <li>• Osseo-integrated implantation (D6);</li> <li>• Orthognathic surgery (D6);</li> <li>• Oral surgery (D6);</li> <li>• Impacted wisdom teeth (D6).</li> </ul>
D23.2	<b>Out of Hospital procedures in Practitioner's Rooms that are not mentioned in D23.2.1 or D23.2.2.</b>	No benefit.	
D23.2.1	<b>General Procedures performed in Specialist Consulting Rooms</b>	<ul style="list-style-type: none"> <li>• No benefit, except for PMB</li> </ul>	Subject to specialist provider network and pre- authorisation.
D23.2.2	<b>Specified Procedures done in the Specialist rooms or suitably equipped Procedure Room with correct Equipment and Monitoring Facilities</b>	<ul style="list-style-type: none"> <li>• No benefit, except for PMB</li> </ul> <div style="border: 1px solid red; padding: 5px; text-align: center;"> <p>REGISTERED BY ME ON 2025/12/18 ..... REGISTRAR OF MEDICAL SCHEMES</p> </div>	Subject to specialist provider network and pre- authorisation.
D23.3	<b>PROCEDURES THAT WILL ATTRACT A CO-PAYMENT</b>		Subject to the relevant managed healthcare programme and to its prior authorisation.
D23.3.1	<b>Procedures that attract a co-payment:</b>  <b>Cataract Surgery</b>	<p>Subject to a R9 800 co-payment:</p> <ul style="list-style-type: none"> <li>• For the voluntary use of a non-DSP.</li> </ul>	<ul style="list-style-type: none"> <li>• Subject to the relevant managed healthcare programme, evaluation by a DSP optometrist and to its prior authorization.</li> <li>• The co-payment to be waived if the cost of the service falls within the co-payment amount.</li> </ul>

PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONCORE	CONDITION/REMARKS SUBJECT TO PMB
D23.3.2	<b>Procedures which will attract a R5 550 co-payment:</b> <ul style="list-style-type: none"> <li>• Arthroscopy (when done as part of a surgical procedure)</li> <li>• Laparoscopic Hysterectomy</li> </ul>	Subject to a R5 550 co-payment per event.	This co-payment is in addition to the co-payment that applies to hospital admissions as per D7.1.1.
D23.3.3	<b>Day Surgery Procedures</b>	<ul style="list-style-type: none"> <li>• Subject to the BonCore Day Surgery Network.</li> <li>• R 14 680 co-payment to apply to all non BonCore day surgery network admissions for the below list of procedures.</li> </ul> <p>Defined Day surgery procedures:</p> <ul style="list-style-type: none"> <li>• Adenoideectomy</li> <li>• Arthroscopy</li> <li>• Cataract surgery</li> <li>• Circumcision</li> <li>• Colonoscopy</li> <li>• Cystoscopy</li> <li>• Sigmoidoscopy</li> <li>• Gastroscopy</li> <li>• Hysteroscopy</li> <li>• Hysterosalpinogram</li> <li>• Tonsillectomy</li> <li>• Myringotomy</li> </ul>	<div style="border: 1px solid red; padding: 5px; text-align: center;"> <b>REGISTERED BY ME ON</b>    <span style="font-size: 10pt;">2025/12/18</span>    <b>REGISTRAR OF MEDICAL SCHEMES</b> </div>
<b>D24 PREVENTATIVE CARE BENEFIT</b>			
D24.1	<b>Women's Health Cervical Cancer Screening</b>	Pap Smear <ul style="list-style-type: none"> <li>• Females 21-65 years</li> <li>• Once every 3 years.</li> </ul>	Eligible beneficiaries may choose between the basic cytology test once every 3 years or HPV PCR test once every 5 years.
	<b>Cervical Cancer Screening in HIV infection</b>	Pap Smear <ul style="list-style-type: none"> <li>• Females 21-65 years</li> </ul> 1 basic cytology test per annum for members who had a positive cytology test.	
	<b>Breast Cancer Screening</b>	Mammogram	



PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONCORE	CONDITION/REMARKS SUBJECT TO PMB
		<ul style="list-style-type: none"> <li>• Females age &gt;40 years</li> <li>• Once every 2 years.</li> </ul>	
	<b>Human Papilloma Virus (HPV) Vaccine</b>	<ul style="list-style-type: none"> <li>• Limited to 3 doses for females between 15 – 26 years.</li> <li>• One course per lifetime.</li> <li>• Limited to R1 100 per vaccine.</li> </ul>	
<b>D24.2</b>	<b>Men's Health PSA Test</b>	No benefit except as part of the Benefit Booster benefit in D27.2.	
<b>D24.3</b>	<b>General Health</b>	<ul style="list-style-type: none"> <li>• One HIV test per beneficiary per annum.</li> <li>• One Flu vaccine per beneficiary per annum, including the administration fee of the nurse practitioner.</li> </ul>	<ul style="list-style-type: none"> <li>• HIV test, either as part of Preventative Care or Health Risk Assessment. See D27.1.</li> <li>• Upon a positive diagnosis, the HIV basket of care applies, subject to registration on the relevant managed healthcare programme.</li> </ul>
<b>D24.4</b>	<b>Cardiac Health</b>	No benefit.	<div style="border: 1px solid red; padding: 5px; text-align: center;"> <span style="font-size: 10px;">REGISTERED BY ME ON</span>  <span style="font-size: 12px;">2025/12/18</span>  <span style="font-size: 10px;">.....</span>  <span style="font-size: 10px;">REGISTRAR OF MEDICAL SCHEMES</span> </div>
<b>D24.5</b>	<b>Elderly Health</b>	No benefit	
<b>D24.6</b>	<b>Children's Health</b> <b>Hypothyroidism</b>	No benefit.	
	<b>Infant Hearing Screening</b>	No benefit.	
	<b>Neonatal Vision Screening: (For Retinopathy of prematurity (ROP) in neonates (&lt;32 weeks gestational age and very low birth (&lt;1500g))</b>	<ul style="list-style-type: none"> <li>• Two vision screening tests per beneficiary for newborns up to 6 weeks, in or out of hospital, performed by an ophthalmologist.</li> </ul>	Screening should be performed at 4 – 6 weeks chronological age or 31 – 33 weeks post-conceptional age (whichever comes later).
	<b>Human Papilloma Virus (HPV) Vaccine</b>	<ul style="list-style-type: none"> <li>• Limited to two doses for girls aged between 9 – 14 years.</li> <li>• One course per lifetime.</li> <li>• Limited to R1 100 per vaccine.</li> </ul>	
	<b>Extended Program on Immunisation (EPI)</b>	No benefit.	As per State EPI protocols.



PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONCORE	CONDITION/REMARKS SUBJECT TO PMB
D24.7	Smoking Cessation (GoSmokeFree)	Limited to and included in the Benefit Booster in D27.2.	
<b>D25 INTERNATIONAL TRAVEL BENEFIT</b>			
D25.1	<b>Leisure Travel:</b> (Travelling for recreation, a holiday or visiting family and friends)	<p>For medical emergencies when travelling outside the borders of South Africa.</p> <ul style="list-style-type: none"> <li>60 days excluding USA – R1.2 million per Member, R1.2 million for Member and Dependents</li> <li>60 days including USA – Maximum cover R500,000 for Member and Dependents.</li> </ul>	<ul style="list-style-type: none"> <li>Subject to authorisation, prior to departure.</li> <li>Additional benefits for Covid-19: <ul style="list-style-type: none"> <li>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.</li> <li>The cover will only apply if a beneficiary tested positive.</li> </ul> </li> </ul>
D25.2	<b>Business Travel:</b> (Primarily for attending meetings, conferences, visiting suppliers and for administrative purposes)	<p>For medical emergencies when travelling outside the borders of South Africa.</p> <ul style="list-style-type: none"> <li>30 days excluding USA – R1.2 million per Member, R1.2 million for Member and Dependents</li> <li>30 days including USA - Maximum cover R500,000 for Member and Dependents</li> <li>Subject to approval protocols prior to departure.</li> </ul>	<ul style="list-style-type: none"> <li>Subject to authorisation, prior to departure.</li> <li>Additional benefits for Covid-19: <ul style="list-style-type: none"> <li>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.</li> <li>The cover will only apply if a beneficiary tested positive.</li> </ul> </li> <li>Manual labour excluded – refers to any occupation or activity involving physical labour (use of hands or machinery)</li> </ul>
<b>D26 AFRICA BENEFIT</b>			<div style="text-align: center; border: 1px solid black; padding: 10px; margin-bottom: 10px;"> <p>REGISTERED BY ME ON 2025/12/18</p> <p>.....</p> <p>REGISTRAR OF MEDICAL SCHEMES</p> </div>
D26.1	<b>In and Out of Hospital</b> (See B1)	<ul style="list-style-type: none"> <li>100% of the usual, reasonable cost for in- and out-of-hospital treatment routinely available in South Africa received in Africa. Subject to authorisation.</li> </ul>	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.



PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONCORE	CONDITION/REMARKS SUBJECT TO PMB
D27	<b>WELLNESS BENEFIT</b>		
D27.1	<b>Health Risk Assessment (HRA) which includes an online Mental Health Assessment</b> <b>Wellness Screening (See B1)</b>	<p>Wellness screening.</p> <ul style="list-style-type: none"> <li>One assessment per beneficiary over the age of 21 years per annum by a registered provider, (wellness day, participating pharmacy or biokineticists).</li> <li>Payable from OAL.</li> </ul> <p>Limited to:</p> <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> </ul>	<ul style="list-style-type: none"> <li>HIV test, either as part of Preventative Care or Health Risk Assessment. See D27.1.</li> <li>Upon a positive diagnosis, the HIV basket of care applies, subject to registration on the relevant managed healthcare programme.</li> </ul>
D27.2	<b>Benefit Booster (including Out of Hospital non-PMB day-to-day services as mentioned in D1, D10.3.2, D11.1.3, D13.2, D17.2, D18.2, D19.2, D21.1.2, D24.2, D24.7 and virtual consultations).</b>	<p>Subject to completion of a Health Risk Assessment and the completion of an online Mental Health Assessment per beneficiary over the age of 21 years.</p> <p>Limited to R1 000 per family and limited to.</p> <ul style="list-style-type: none"> <li>Alternative Health: D1</li> <li>GP consultations: D5.1.3</li> <li>Medical specialists: D5.2</li> <li>Maternity related services: D10.3.2</li> <li>Routine medication: D11.1</li> <li>Registered ante-natal vitamins during pregnancy: D11.1.3</li> <li>Pharmacy advised therapy: D11.2</li> <li>Non-surgical procedures: D13.2</li> <li>Paramedical services: D17.2</li> <li>Pathology: D18.2</li> <li>Physical therapy: D19.2</li> <li>General radiology: D21.1.2</li> <li>Smoking cessation: D24.7</li> </ul>	<ul style="list-style-type: none"> <li>Child dependants under the age of 21 years will qualify for the Benefit Booster once the main member or an adult beneficiary has completed a Health Risk Assessment and online Mental Health Assessment.</li> <li>Valid qualifying claims will pay first from the benefit booster and thereafter from the relevant benefits as described in D1 – D24.</li> <li>20% co-payment applies to medicines on the acute out-of-formulary list and for the voluntary use of non-DSP.</li> </ul>

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