



BONITAS MEDICAL FUND

ANNEXURE B

OPTIONS:

BONSTART

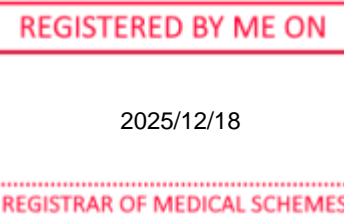
BONSTART PLUS

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 4.0%
- 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.
- A4 The Scheme has appointed a PET scan network for the provision of PET scan services in and out of hospital, for members enrolled on the Oncology 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) if a non-contracted pharmacy is used. Both subject to the reimbursement limit, i.e. Drug Reference Price List and applicable formularies. 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 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 and BonStart Plus Options, a member or beneficiary will be required to obtain a referral from a registered general practitioner for a specialist consultation. ~~However, should a member/beneficiary not have a referral, the claim will not be covered.~~
The following exceptions are applicable:

- Consultations and visits related to maternity.
- 1 (one) Urologist consultation/visit per annum for male beneficiaries.

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.

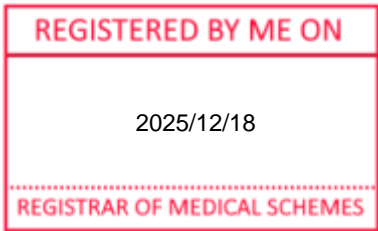
See Annexure D – Paragraph 7 for a full explanation

D ANNUAL BENEFITS AND LIMITS.

PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONSTART	BONSTART PLUS	CONDITION/REMARKS SUBJECT TO PMB
	OVERALL ANNUAL LIMIT	No limit.	No limit.	
	PERSONAL MEMBER SAVINGS ACCOUNT	Not applicable.	Not applicable.	
	GENERAL PRACTITIONER NETWORK	Applicable.	Applicable.	
D1 ALTERNATIVE HEALTHCARE				
D1.1	Homeopathic Consultations and/or Treatment (See B1)	No benefit, except as part of the Benefit Booster benefit in D27.2.	No benefit, except as part of the Benefit Booster benefit in D27.2.	
D1.2	Homeopathic Medicines	No benefit, except as part of the Benefit Booster benefit in D27.2.	No benefit, except as part of the Benefit Booster benefit in D27.2.	<div style="border: 2px solid red; padding: 5px; text-align: center;"> REGISTERED BY ME ON 2025/12/18 ***** REGISTRAR OF MEDICAL SCHEMES </div>
D1.3	Acupuncture (See B1)	No benefit, except as part of the Benefit Booster benefit in D27.2.	No benefit, except as part of the Benefit Booster benefit in D27.2.	
D1.4	Naturopathy Consultations and/or Treatment and Medicines. (See B1)	No benefit, except as part of the Benefit Booster benefit in D27.2.	No benefit, except as part of the Benefit Booster benefit in D27.2.	
D1.5	Phytotherapy (See B1)	No benefit, except as part of the Benefit Booster benefit in D27.2.	No benefit, except as part of the Benefit Booster benefit in D27.2.	
D1.6	Osteopathy (See B1)	No benefit, except as part of the Benefit Booster benefit in D27.2.	No benefit, except as part of the Benefit Booster benefit in D27.2.	
D2 AMBULANCE SERVICES				
D2.1	Emergency Medical Transport (See B1)	100% of cost if authorised by the preferred provider.	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)	BONSTART	BONSTART PLUS	CONDITION/REMARKS SUBJECT TO PMB
D3	APPLIANCES, EXTERNAL ACCESSORIES AND ORTHOTICS			
D3.1	In and Out of Hospital (See B1)			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	General Medical and Surgical Appliances, including Wheelchairs and Repairs, and Large Orthopaedic Appliances	No benefit, except for PMBs.	R6 860 per family.	
D3.1.2	Hearing Aids and Repairs	No benefit.	No benefit.	<div style="border: 2px solid red; padding: 5px; text-align: center;"> REGISTERED BY ME ON 2025/12/18 REGISTRAR OF MEDICAL SCHEMES </div>
D3.1.3	CPAP Apparatus for Sleep Apnoea	No benefit, except for PMBs.	No benefit, except for PMBs.	
D3.1.4	Stoma Products	No benefit, except for PMBs.	Limited to and included in D3.1.1 unless PMB.	
D3.1.5	Specific Appliances and 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.
D3.1.5.1	Oxygen Therapy, Equipment (not including Hyperbaric Oxygen Treatment)	Limited to PMBs.	Limited to PMBs.	Portable cylinders/concentrators are excluded.
D3.1.5.2	Home Ventilators	Limited to PMBs.	Limited to PMBs.	

PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONSTART	BONSTART PLUS	CONDITION/REMARKS SUBJECT TO PMB
D3.1.5.3	Long Leg Callipers	No benefit.	No benefit.	
D3.1.5.4	Foot Orthotics	No benefit.	No benefit.	
D4 BLOOD, BLOOD EQUIVALENTS AND BLOOD PRODUCTS				
D4.1	In and out of Hospital (See B1)	Limited to R23 330 per family.	No limit if specifically authorised.	Subject to the relevant managed healthcare programme and to its prior authorisation.
D5 CONSULTATIONS AND VISITS BY MEDICAL PRACTITIONERS				
D5.1	General Practitioners including Virtual Care Consultations (See B1)	<div style="border: 1px solid black; padding: 5px; text-align: center;"> REGISTERED BY ME ON 2025/12/18 REGISTRAR OF MEDICAL SCHEMES </div>		This benefit excludes the following as they are covered under services mentioned elsewhere in this Annexure: <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 Approved Medical Practitioners during active and post-active treatment periods (D14); • Paramedical Services (D17); • Physiotherapists and Biokineticists in hospital (D19.1).

PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONSTART	BONSTART PLUS	CONDITION/REMARKS SUBJECT TO PMB
D5.1.1	In Hospital	<ul style="list-style-type: none"> No limit. 100% of Bonitas Tariff for network general practitioners. 70% of the Bonitas Tariff for non-network general practitioners. 	No limit. 100% of Bonitas Tariff for general practitioners.	
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. R130 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. R130 co-payment applies. 	<ul style="list-style-type: none"> Unlimited Virtual Care consultations per beneficiary. Unlimited face-to-face network GP visits. R75 co-payment applies per visit. Authorisation is required after the 10th visit. Non-network GP visits are limited to 2 emergency out of area visits per family. R75 co-payment applies. 	
D5.1.3	GP – Radiology, Pathology and Acute Medication.	Limited to R1 850 per family.	Limited to R3 450 per family.	Subject to the radiology and pathology formulary.
D5.2	Medical Specialists (See B1 and B6)			<p>This benefit excludes the following as they are covered under services mentioned elsewhere in this Annexure:</p> <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 Approved Medical Practitioners during active and post-active treatment periods (D14); Paramedical Services (D17); Physiotherapists and Biokineticists in hospital (D19.1).
D5.2.1	In Hospital	No limit. 100% of Bonitas Tariff.	No limit. 100% of Bonitas Tariff.	

PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONSTART	BONSTART PLUS	CONDITION/REMARKS SUBJECT TO PMB
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 370, subject to GP referral. 100% of Bonitas Tariff. R275 co-payment applies per visit. <p>Includes all</p> <ul style="list-style-type: none"> acute medication, basic radiology, pathology prescribed by a specialist. 	<ul style="list-style-type: none"> Limited to 2 specialist visits per family to a maximum of R2 480, subject to GP referral. 100% of Bonitas Tariff. R130 co-payment applies per visit. <p>Includes all</p> <ul style="list-style-type: none"> acute medication, basic radiology, pathology prescribed by a specialist. 	<p>Subject to the radiology and pathology formulary.</p> <p>On BonStart and BonStart Plus, referral to a specialist must be done by a registered general practitioner and a valid referral obtained. The following exceptions are applicable as per B6:</p> <ul style="list-style-type: none"> Consultations and visits related to maternity. One (1) Urologist visit/consultation per annum for male beneficiaries.
D6	DENTISTRY			
D6.1	BASIC DENTISTRY (See B1)			Subject to the Dental Management Programme.
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. R130 co-payment applies to the charged code 8101 per annual check-up per beneficiary. 	<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. A R75 co-payment applies to the charged code 8101 per annual check-up per beneficiary. 	<p>Subject to managed care protocols.</p> <div style="border: 2px solid red; padding: 10px; text-align: center;"> <p>REGISTERED BY ME ON</p> <p>2025/12/18</p> <p>REGISTRAR OF MEDICAL SCHEMES</p> </div>
D6.1.2	Fillings	No benefit.	No benefit.	
D6.1.3	Plastic Dentures and Associated Laboratory Costs	No benefit.	No benefit.	
D6.1.4	Extractions	No benefit.	No benefit.	
D6.1.5	Root Canal Therapy	No benefit.	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) 	<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). 	<ul style="list-style-type: none"> No benefit for oral hygiene instructions. Benefit for fluoride is limited to 1 treatment per year for beneficiaries from age 5 and younger than 16 years of age.

PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONSTART	BONSTART PLUS	CONDITION/REMARKS SUBJECT TO PMB
		<ul style="list-style-type: none"> Covered at the BDT. 	<ul style="list-style-type: none"> Covered at the BDT. 	<ul style="list-style-type: none"> Benefit for fissure sealants is limited to 1 per tooth in a 3 year period for 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. R12 680 co-payment to apply to all non-network admissions, subject to Regulation 8 (3). 	<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. R12 680 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.	No benefit	
D6.1.9	X-rays	No benefit.	No benefit	
D6.2	SPECIALISED DENTISTRY (See B1)			
D6.2.1	Crowns	No benefit.	No benefit	
D6.2.2	Partial Chrome Cobalt Frame Dentures	No benefit.	No benefit	
D6.2.3	Osseo-integrated Implants and Orthognathic Surgery (functional correction of malocclusion)	No benefit.	No benefit	
D6.2.4	Oral Surgery	No benefit.	No benefit	
D6.2.5	Orthodontic Treatment	No benefit.	No benefit	

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PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONSTART	BONSTART PLUS	CONDITION/REMARKS SUBJECT TO PMB
D6.2.6	Maxillo-facial Surgery	See D23.	See D23.	
D6.2.7	Periodontal Treatment	No benefit.	No benefit.	
D7	HOSPITALISATION			
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 850 co-payment per admission, except for PMB emergencies. Subject to the BonStart Hospital Network. R12 680 co-payment to apply to all non-network admissions, subject to Regulation 8 (3). No benefit for Deep Brain Stimulation Implantation, unless PMB. Day Surgery Network applies for defined procedures. (See paragraph D23.3.2) 	<ul style="list-style-type: none"> No limit, subject to a R1 240 co-payment per admission, except for PMB emergencies. Subject to the BonStart Hospital Network. R12 680 co-payment to apply to all non-network admissions, subject to Regulation 8 (3). No benefit for Deep Brain Stimulation Implantation, unless PMB. 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. 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).
D7.1.2	Medicine on discharge from Hospital (TTO) (See B2)	<ul style="list-style-type: none"> Limited to and included in the OAL. Up to 7 days' supply, to a maximum of R470 per beneficiary, per admission, subject to the BonStart medicine formulary, except anticoagulants post-surgery. 	<ul style="list-style-type: none"> Limited to and included in the OAL. Up to 7 days' supply, to a maximum of R470 per beneficiary, per admission, subject to the BonStart medicine formulary, except anticoagulants post-surgery. 	<div style="border: 2px solid red; padding: 10px; text-align: center;"> <p>REGISTERED BY ME ON</p> <p>2025/12/18</p> <p>*****</p> <p>REGISTRAR OF MEDICAL SCHEMES</p> </div>
D7.1.3	Casualty/Emergency Room Visits			The risk benefit without prior authorisation is maximum 2 emergency visits per family either in a private or public hospital setting.

PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONSTART	BONSTART PLUS	CONDITION/REMARKS SUBJECT TO PMB
D7.1.3.1	Facility Fee	<ul style="list-style-type: none"> Limited to bona fide emergencies. Limited to 2 emergency rooms visits per family, included in the OAL. Subsequent emergency rooms visits are subject to bona fide emergencies and pre-authorisation by the relevant managed healthcare programme, or limited to and included in D27.2. 	<ul style="list-style-type: none"> Limited to bona fide emergencies. Limited to 2 emergency rooms visits per family, included in the OAL. Subsequent emergency rooms visits are subject to bona fide emergencies and pre-authorisation by the relevant managed healthcare programme, or limited to and included in D27.2. 	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	<ul style="list-style-type: none"> Limited to 2 consultations per family, limited to and included in the OAL for bona fide emergencies. Subsequent emergency consultations without pre-authorisation or non-emergency consultations are limited to and included in D5.1.2 and D5.2.2. 	<ul style="list-style-type: none"> Limited to 2 consultations per family, limited to and included in the OAL for bona fide emergencies. Subsequent emergency consultations without pre-authorisation or non-emergency consultations are limited to and included in D5.1.2 and D5.2.2. 	<div style="border: 2px solid red; padding: 10px; text-align: center;"> <p style="color: red; font-weight: bold; margin: 0;">REGISTERED BY ME ON</p> <p style="margin: 10px 0;">2025/12/18</p> <p style="color: red; font-weight: bold; margin: 0;">REGISTRAR OF MEDICAL SCHEMES</p> </div>
D7.1.3.3	Medicine	See D11.1.	See D11.1.	
D7.2	Public Hospitals (See B1)			

PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONSTART	BONSTART PLUS	CONDITION/REMARKS SUBJECT TO PMB
D7.2.1	In Hospital <div style="border: 1px solid red; padding: 5px; text-align: center;"> <p>REGISTERED BY ME ON</p> <p>2025/12/18</p> <p>REGISTRAR OF MEDICAL SCHEMES</p> </div>	<ul style="list-style-type: none"> No limit. No benefit for Deep Brain Stimulation Implantation, unless PMB. 	<ul style="list-style-type: none"> No limit. No benefit for Deep Brain Stimulation Implantation, unless PMB. 	<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. 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).
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 R470 per beneficiary, per admission, subject to the BonStart medicine formulary, except anticoagulants post-surgery.	Limited to and included in the OAL. Up to 7 days' supply, to a maximum of R470 per beneficiary, per admission, subject to the BonStart medicine formulary, except anticoagulants post-surgery.	
D7.2.3	Casualty/Emergency Room Visits			The risk benefit without prior authorisation is maximum 2 emergency visits per family either in a private or public hospital setting.
D7.2.3.1	Facility Fee	<ul style="list-style-type: none"> Limited to bona fide emergencies. Limited to 2 emergency rooms visits per family, limited to and included in the OAL. Subsequent emergency rooms visits are subject to 	<ul style="list-style-type: none"> Limited to bona fide emergencies Limited to 2 emergency rooms visits per family, limited to and included in the OAL. Subsequent emergency rooms visits are subject to 	Will be included in the hospital benefit if retrospective authorisation is given by the relevant managed healthcare programme for bona fide emergencies.

PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONSTART	BONSTART PLUS	CONDITION/REMARKS SUBJECT TO PMB
		bona fide emergencies and pre-authorisation by the relevant managed healthcare programme, or limited to and included in D27.2.	bona fide emergencies and pre-authorisation by the relevant managed healthcare programme, or limited to and included in D27.2.	
D7.2.3.2	Consultations	<ul style="list-style-type: none"> Limited to 2 consultations per family, limited to and included in the OAL for bona fide emergencies. Subsequent visits are limited to and included in D5.1.2 and D5.2.2. 	<ul style="list-style-type: none"> Limited to 2 consultations per family, limited to and included in the OAL for bona fide emergencies. Subsequent visits are limited to and included in D5.1.2 and D5.2.2. 	<div style="border: 2px solid red; padding: 10px; text-align: center;"> <p style="color: red; font-weight: bold; margin: 0;">REGISTERED BY ME ON</p> <p style="margin: 10px 0;">2025/12/18</p> <p style="color: red; font-weight: bold; margin: 0;">REGISTRAR OF MEDICAL SCHEMES</p> </div>
D7.2.3.3	Medicine	See D11.1.	See D11.1.	
D7.2.4	Outpatient Services			
D7.2.4.1	Consultations	See D5.1.2 and D5.2.2.	See D5.1.2 and D5.2.2.	
D7.2.4.2	Medicine	See D11.1.	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	R62 620 per family for all services.	R62 620 per family for all services.	See D7.3.
D7.3.2	Sub-acute Facilities including Hospice	R17 340 per family.	R20 090 per family.	This benefit includes psychiatric nursing but excludes midwifery services. See D7.3.
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. 	<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.

PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONSTART	BONSTART PLUS	CONDITION/REMARKS SUBJECT TO PMB
D7.3.4	Terminal Care (Non-oncology)	Limited to and included in D7.3.2 and above limits, subject to pre-authorisation.	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				
D8.1	Anti-retroviral Medicine (See B1)	<ul style="list-style-type: none"> No limit. Subject to PMBs. 30% co-payment for the voluntary use of a non-DSP. Limited to and included in D8 and subject to the DSP. 	<ul style="list-style-type: none"> No limit. Subject to PMBs. 30% co-payment for the voluntary use of a non-DSP. Limited to and included in D8 and subject to the DSP. 	Subject to registration on the relevant managed healthcare programme. Subject to clinical protocols
D8.2	Related Medicine	Limited to and included in D8 and subject to the DSP.	Limited to and included in D8 and subject to the DSP.	
D8.3	Related Pathology	Limited to and included in D8.	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.	Limited to and included in D8.	
D8.5	All Other Services	Limited to and included in D1 - D7 and D9 – D27.	Limited to and included in D1 - D7 and D9 - D27.	
D9 INFERTILITY				
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.	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				
D10.1	Confinement in Hospital (See B1)	<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. 	<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. 	Subject to the relevant managed healthcare programme and to its prior authorisation. Subject to registration on the Bonitas Maternity Programme. 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

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PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONSTART	BONSTART PLUS	CONDITION/REMARKS SUBJECT TO PMB
		<ul style="list-style-type: none"> Neonatal care is limited to R57 280 per family, except for PMBs. Subject to the BonStart Hospital Network. R12 680 co-payment to apply to all non-network admissions, subject to Regulation 8 (3). 	<ul style="list-style-type: none"> Neonatal care is limited to R57 280 per family, except for PMBs. Subject to the BonStart Hospital Network. R12 680 co-payment to apply to all non-network admissions, subject to Regulation 8 (3). 	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.	Limited to and included in D7.1.2.	
D10.1.2	Confinement in a Registered Birthing Unit <div style="border: 1px solid red; padding: 5px; margin: 10px auto; width: fit-content;"> REGISTERED BY ME ON 2025/12/18 REGISTRAR OF MEDICAL SCHEMES </div>	<ul style="list-style-type: none"> Limited to and included in D10.1. Subject to the BonStart Hospital Network. R12 680 co-payment to apply to all non-network admissions, subject to Regulation 8 (3). 	<ul style="list-style-type: none"> Limited to and included in D10.1. 4 x post-natal midwife consultations per pregnancy, of which one (1) can be used for a consultation with an accredited lactation specialist out of hospital. Subject to the BonStart Hospital Network. R12 680 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. On BonStart Plus, one of the post-natal midwife consultations can be used for a consultation with an accredited lactation specialist, out of hospital.
D10.2	Confinement out of Hospital	Limited to and included in D10.1.	<ul style="list-style-type: none"> Limited to and included in D10.1. 4 x post-natal midwife consultations per pregnancy, of which one (1) can be used for a consultation with an accredited lactation specialist. 	<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. On BonStart Plus, one of the post-natal midwife consultations can be used with an accredited lactation specialist.
D10.2.1	Consumables and Pharmaceuticals	Limited to and included in D10.1.	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.	Limited to and included in D10.1.	

PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONSTART	BONSTART PLUS	CONDITION/REMARKS SUBJECT TO PMB
D10.3.1	Ante-natal Consultations	Limited and included in D5.1.2 and D5.2.2.	<ul style="list-style-type: none"> 6 ante-natal consultations by a specialist, general practitioner or midwife. 100% of the Bonitas Tariff for the network general practitioner or medical specialist. 	
D10.3.2	Related Tests and Procedures	No benefit, unless PMB or limited to and included in the Benefit Booster benefit in D27.2.	<ul style="list-style-type: none"> Subject to the BonStart Radiology and Pathology formulary and managed care protocols. 2 x 2D pregnancy scans. 1 x amniocentesis per pregnancy. 	
D11 MEDICINE AND INJECTION MATERIAL				
D11.1	Routine/ (Acute) Medicine (See B1 and B2)	<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. 	<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, Drug Reference Pricing 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).
D11.1.1	Medicine on discharge from Hospital (TTO)	Limited to and included in D7.1.2.	Limited to and included in D7.1.2.	
D11.1.2	Contraceptives	<ul style="list-style-type: none"> Limited to R1 270 per family. Limited to females up to the age of 50 years. Subject to the Bonitas Pharmacy Network. 40% co-payment applies for the voluntary use of a non-network pharmacy. 	<ul style="list-style-type: none"> Limited to R1 270 per family. Limited to females up to the age of 50 years. Subject to the Bonitas Pharmacy Network. 40% co-payment applies for the voluntary use of a non-network pharmacy. 	Rejected

PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONSTART	BONSTART PLUS	CONDITION/REMARKS SUBJECT TO PMB
D11.1.3	Registered ante-natal vitamins during pregnancy	<ul style="list-style-type: none"> Limited to and included in D27.2. Limited to R200 per beneficiary per month. Subject to the medicine formulary. 	<ul style="list-style-type: none"> Limited to and included in D27.2. Limited to R200 per beneficiary per month. Subject to the medicine formulary. 	Subject to the medicine formulary.
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 R115 per event and maximum R565 per family per annum. Subject to the DSP, Regulation 8 (3) and the acute medicine formulary. 20% co-payment applies for the voluntary use of a non-DSP. Formulary drugs to pay at 100% up to the PAT limit. Non-formulary drugs to pay at 80% of the benefit up to the PAT limit if the member has not done an HRA. Non-formulary drugs to pay at 100% up to the PAT limit, if the member has done an HRA. 	<ul style="list-style-type: none"> Limited to R180 per event and maximum R860 per family per annum. Subject to the DSP, Regulation 8 (3) and the acute medicine formulary. 20% co-payment applies for the voluntary use of a non-DSP. Formulary drugs to pay at 100% up to the PAT limit. Non-formulary drugs to pay at 80% of the benefit up to the PAT limit if the member has not done an HRA. Non-formulary drugs to pay at 100% up to the PAT limit, if the member has done an HRA. 	<ul style="list-style-type: none"> Subject to the relevant managed healthcare programme. Subject to the Bonitas Pharmacy Network. The Medicine Exclusion List, Drug Reference Pricing, and the Pharmacy Products Management Document are applicable.
D11.3	Chronic Medicine (See B1 & B2)	<ul style="list-style-type: none"> Prescribed Minimum Benefits only at the DSP. 30% co-payment applies for non-formulary drugs used voluntarily and for the voluntary use of a non-DSP. R165 per beneficiary per month for Depression, subject to managed care protocols and the DSP. 	<ul style="list-style-type: none"> Prescribed Minimum Benefits only at the DSP. 30% co-payment applies for non-formulary drugs used voluntarily and for the voluntary use of a non-DSP. R165 per beneficiary per month for Depression, subject to managed care protocols and the DSP. 	<p>Subject to registration on the relevant managed healthcare programme and to its prior authorisation and applicable formularies. Subject to Drug Reference Pricing. Restricted to a maximum of one month's supply unless pre-authorised. 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);

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PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONSTART	BONSTART PLUS	CONDITION/REMARKS SUBJECT TO PMB
				<ul style="list-style-type: none"> • Anti-retroviral drugs (D8); • Oncology medicine (D14); • Organ and haemopoietic stem cell (bone marrow) transplantation immunosuppressive medication (D16).
D11.3.1	MDR and XDR-TB	<ul style="list-style-type: none"> • No limit. • Subject to the DSP. • Subject to managed care protocols. 	<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. 	<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. 	<ul style="list-style-type: none"> • No benefit, unless PMB. • Subject to the DSP. 	<div style="border: 2px solid red; padding: 10px; text-align: center;"> <p>REGISTERED BY ME ON</p> <p>2025/12/18</p> <p>REGISTRAR OF MEDICAL SCHEMES</p> </div>
D11.4.1.2	Human Immunoglobulin for Chronic Use	<ul style="list-style-type: none"> • No benefit, unless PMB. • Subject to the DSP. 	<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. 	<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.	See D14.1.3.	

PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONSTART	BONSTART PLUS	CONDITION/REMARKS SUBJECT TO PMB
D12	MENTAL HEALTH			
D12.1	Treatment and care related to Mental Health (See B1 and B4)	<ul style="list-style-type: none"> Limited to PMBs and subject to the DSP. R12 680 co-payment applies for non-network hospital admissions except for PMB emergencies. 	<ul style="list-style-type: none"> Limited to PMBs and subject to the DSP. R12 680 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.
D12.1.1	In Hospital <div style="border: 2px solid red; padding: 5px; margin: 10px 0;"> <p style="text-align: center; color: red; font-weight: bold;">REGISTERED BY ME ON</p> <p style="text-align: center;">2025/12/18</p> <p style="text-align: center; color: red; font-weight: bold;">REGISTRAR OF MEDICAL SCHEMES</p> </div>	<ul style="list-style-type: none"> Limited to and included in D12.1. Subject to the BonStart Hospital Network. R12 680 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"> Limited to and included in D12.1. Subject to the BonStart Hospital Network. R12 680 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. 	<p>For accommodation, use of operating theatres and hospital equipment, medicine, pharmaceuticals and surgical items and procedures performed by general practitioners and psychiatrists.</p> <p>A maximum of three days' hospitalisation for beneficiaries admitted by a general practitioner or specialist physician. (See B4.)</p>
D12.1.2	Medicine on discharge from Hospital (TTO) (See B2)	Limited to and included in D7.1.2.	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.	Limited to and included in D11.	
D12.3	Rehabilitation of Substance Abuse (See B1 & B4)	<ul style="list-style-type: none"> Limited to and included in D12.1. Subject to the DSP. 30% co-payment applies for the voluntary use of a non-DSP. 	<ul style="list-style-type: none"> Limited to and included in D12.1. 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.	Limited to and included in D7.1.2.	

PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONSTART	BONSTART PLUS	CONDITION/REMARKS SUBJECT TO PMB
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 D12.1. Educational psychology visits and psychometry assessments for learning and education for adult beneficiaries (>21 years) are excluded from this benefit. 	<ul style="list-style-type: none"> Prescribed Minimum Benefit only. Subject to D12.1. Educational psychology visits and psychometry assessments for learning and education for adult beneficiaries (>21 years) are excluded from this benefit. 	<div style="border: 1px solid red; padding: 10px; text-align: center;"> <p>REGISTERED BY ME ON</p> <p>2025/12/18</p> <p>REGISTRAR OF MEDICAL SCHEMES</p> </div>
D12.5	Mental Health Programme as managed via Active Disease Risk Management in Annexure D, paragraph 6.10	<ul style="list-style-type: none"> Limited to R14 400 per beneficiary. Subject to enrolment on the relevant managed healthcare programme, 	<ul style="list-style-type: none"> Limited to R14 400 per beneficiary. Subject to enrolment on the relevant managed healthcare programme, 	<ul style="list-style-type: none"> Subject to the relevant managed healthcare programme and its prior authorisation for out of hospital treatment only. PMB treatment and the Mental Health Programme claims will not pay concurrently.
D13 NON-SURGICAL PROCEDURES AND TESTS				
D13.1	In Hospital (See B1)	<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. R12 680 co-payment to apply to all non-network admissions, subject to Regulation 8 (3). 	<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. R12 680 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 (See B1)	No benefit, unless PMB, or limited to and included in the Benefit Booster benefit in D27.2.	No benefit unless PMB, or limited to and included in the Benefit Booster benefit in D27.2.	
D13.3	Sleep Studies (See B1)			Subject to relevant managed healthcare programme and its prior authorisation.

PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONSTART	BONSTART PLUS	CONDITION/REMARKS SUBJECT TO PMB
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.	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.	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.
D14 ONCOLOGY				
D14.1	Pre active, Active & Post active Treatment Period (See B1) <div style="border: 2px solid red; padding: 5px; text-align: center;"> REGISTERED BY ME ON 2025/12/18 REGISTRAR OF MEDICAL SCHEMES </div>	<ul style="list-style-type: none"> Limited to PMBs. Subject to the DSP. The Bonitas Oncology Network is the DSP for oncology services at the contracted network rate. 30% co-pay for services rendered by non-oncology network providers, where such services are voluntarily obtained, subject to Regulation 8 (3). 	<ul style="list-style-type: none"> Limited to PMBs. Subject to the DSP. The Bonitas Oncology Network is the DSP for oncology services at the contracted network rate. 30% co-pay for services rendered by non-network providers, where such services are voluntarily obtained, subject to Regulation 8 (3). 	<ul style="list-style-type: none"> Subject to registration on the oncology management programme. Treatment for long-term chronic conditions that may develop as a result of chemotherapy and radiotherapy is not included in this benefit. Benefit is for Oncologists, Haematologists and approved providers for consultations, visits, treatment and consumable material used in radiotherapy and chemotherapy. Pre-active, active and post-active consultations and investigations are subject to Cancer Care Plans. The Oncology Network is the DSP for related oncology services at the Oncology Network (DSP) rate. 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.
D14.1.1	Medicine (See B2)	<ul style="list-style-type: none"> Limited to and included in D14.1 and subject to the Oncology Medicine DSP. 20% co-payment applies for the voluntary use of a non-DSP. 	<ul style="list-style-type: none"> Limited to and included in D14.1 and subject to the Oncology Medicine DSP. 20% co-payment applies for the voluntary use of a non-DSP. 	<ul style="list-style-type: none"> Subject to the Bonitas Oncology Medicine DSP Network. Subject to the relevant managed healthcare programme protocols and Drug Reference Pricing.

PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONSTART	BONSTART PLUS	CONDITION/REMARKS SUBJECT TO PMB
		<ul style="list-style-type: none"> Subject to Drug Reference Pricing and preferred product list. 	<ul style="list-style-type: none"> Subject to Drug Reference Pricing and preferred product list. 	
D14.1.2	Radiology and Pathology (See B1)	Limited to and included in D14.1.	Limited to and included in D14.1.	<ul style="list-style-type: none"> Subject to the relevant managed healthcare programme and to its prior authorisation. Limited to Cancer Care Plans in pre-active, active and post-active setting. Specific authorisations are required for advanced radiology in addition to any authorisation that may have been obtained for hospitalisation.
D14.1.2.1	PET and PET – CT (See B1)	<ul style="list-style-type: none"> PMB only, subject to the use of a provider on the PET-CT scan network at the contracted rate. Services rendered by a non-network provider pay at 100% of the Bonitas Tariff, subject to a 25% non-network co-payment. 	<ul style="list-style-type: none"> PMB only, subject to the use of a provider on the PET-CT scan network at the contracted rate. Services rendered by a non-network provider pay at 100% of the Bonitas Tariff, subject to a 25% non-network co-payment. 	<ul style="list-style-type: none"> Subject to the relevant managed healthcare programme and to its prior authorisation. Specific authorisations are required in addition to any authorisation that may have been obtained for hospitalisation.
D14.1.3	Specialised Drugs (See B2)	No benefit, except for PMBs.	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.
D14.1.3.1	Unregistered Chemotherapeutic Agents	No benefit, except for PMBs.	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.
D14.1.4	Flushing of a J line and/or Port (See B1)	Limited to and included in D14.1.	Limited to and included in D14.1.	Subject to the relevant managed healthcare programme

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D14.1.5	Brachytherapy Materials (including seeds and disposables) and Equipment (See B1)	Limited to and included in D14.1.	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	Oncology Social Worker (OSW) benefit including Virtual Consultations	<ul style="list-style-type: none"> Limited to R3 530 per family. Limited to and included in D14.1. 	<ul style="list-style-type: none"> Limited to R3 530 per family. Limited to and included in D14.1. 	Subject to the relevant managed healthcare protocols and its prior authorisation.
D14.3	Palliative Care	<ul style="list-style-type: none"> No limit. Subject to pre-authorisation. Managed care protocols apply. 	<ul style="list-style-type: none"> No limit. Subject to pre-authorisation. Managed care protocols apply. 	Subject to the relevant managed healthcare protocols and its prior authorisation.
D15 OPTOMETRY				
D15.1	Optometric refraction test, re-exam and/or composite exam, tonometry and visual field test (See B1)	<ul style="list-style-type: none"> One per beneficiary per annum, at network rates. R420 out of network. R115 co-payment applies. 	<ul style="list-style-type: none"> One per beneficiary per annum, at network rates. R420 out of network. R115 co-payment applies. 	Subject to the contracted provider. Contracted Providers – 100% of cost for a Composite Consultation inclusive of refraction, glaucoma screening, visual field screening and artificial intelligence screening. Non-contracted Provider – Eye examination
D15.2	Frames	No benefit.	No benefit.	<div style="border: 2px solid red; padding: 5px; text-align: center;"> REGISTERED BY ME ON 2025/12/18 REGISTRAR OF MEDICAL SCHEMES </div>
D15.3	Lenses	No benefit.	No benefit.	
D15.4	Contact Lenses	No benefit.	No benefit.	
D15.5	Low Vision Appliances	No benefit.	No benefit.	
D15.6	Ocular Prostheses	No benefit.	No benefit.	
D15.7	Diagnostic Procedures	No benefit.	No benefit.	

PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONSTART	BONSTART PLUS	CONDITION/REMARKS SUBJECT TO PMB
D15.8	Readers	No benefit.	No benefit.	
D16 ORGAN TRANSPLANTATION				
D16.1	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. 	<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. 	<ul style="list-style-type: none"> Subject to the relevant managed healthcare programme to its prior authorisation. No benefits will be granted for hospitalisation, treatments and associated clinical procedures if prior authorisation is not obtained. Organ harvesting is limited to the Republic of South Africa excluding donor cornea and donor bone marrow.
D16.1.1	Haemopoietic Stem Cell (bone marrow) Transplantation (See B1)	Limited to and included in D16.1.	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.
D16.2	Immuno-suppressive Medication (See B2)	Limited to and included in D16.1 and subject to the DSP.	Limited to and included in D16.1 and subject to the DSP.	
D16.3	Post Transplantation Biopsies and Scans (See B1)	Limited to and included in D16.1.	Limited to and included in D16.1.	
D16.4	Radiology and Pathology (See B1)	Limited to and included in D16.1.	Limited to and included in D16.1.	For specified radiology and pathology services, performed by Pathologists, Radiologists and Haematologists, associated with the transplantation treatment.
D17 PARAMEDICAL SERVICES (ALLIED MEDICAL PROFESSIONS)				
D17.1	In Hospital (See B1)	No benefit, unless PMB.	No benefit, unless PMB.	Subject to referral by the treating practitioner.
D17.1.1	Dietetics	No benefit, unless PMB.	No benefit, unless PMB.	<div style="border: 2px solid red; padding: 5px; text-align: center;"> REGISTERED BY ME ON 2025/12/18 ***** REGISTRAR OF MEDICAL SCHEMES </div>
D17.1.2	Occupational Therapy	No benefit, unless PMB.	No benefit, unless PMB.	
D17.1.3	Speech Therapy	No benefit, unless PMB.	No benefit, unless PMB.	



PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONSTART	BONSTART PLUS	CONDITION/REMARKS SUBJECT TO PMB
D17.2	Out of Hospital (See B1)	No benefit, unless PMB, or limited to and included in the Benefit Booster benefit in D27.2.	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.	No benefit, unless PMB, 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.	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.	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.	No benefit, unless PMB, or limited to and included in the Benefit Booster benefit in D27.2.	
D17.2.5	Hearing Aid Acoustics	No benefit, except as part of the Benefit Booster benefit in D27.2.	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.	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.	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.	No benefit, unless PMB or limited to and included in the Benefit Booster benefit in D27.2.	
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. 	<ul style="list-style-type: none"> Unlimited virtual consultations per beneficiary. Subject to the Virtual Care network. 	Nursing services are included in the Alternatives to Hospitalisation benefit (D7) if pre-authorised by the relevant managed healthcare programme.

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		<ul style="list-style-type: none"> No benefit for face-to-face consultations except as part of the Benefit Booster benefit in D27.2. 	<ul style="list-style-type: none"> No benefit for face-to-face consultations except as part of the Benefit Booster benefit in D27.2. 	
D17.2.10	Speech Therapy	No benefit, unless PMB or limited to and included in the Benefit Booster benefit in D27.2.	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.	No benefit, unless PMB or limited to and included in the Benefit Booster benefit in D27.2.	
D18 PATHOLOGY AND MEDICAL TECHNOLOGY				
D18.1	In Hospital (See B1)	<ul style="list-style-type: none"> R32 120 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. 	<ul style="list-style-type: none"> No limit. Subject to the DSP for pathology at negotiated rates. 100% of the Bonitas Tariff for services rendered by non-DSP providers. 	Subject to the relevant managed healthcare programme.
D18.2	Out of Hospital (See B1)	<ul style="list-style-type: none"> Limited to and included in D5.1.3, D5.2.2 and D27.2. Investigations referred by a specialist subject to referral of specialist visit by DSP network (See D5.2.2). 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. 	<ul style="list-style-type: none"> Limited to and included in D5.1.3, D5.2.2 and D27.2. Investigations referred by a specialist subject to referral of specialist visit by DSP network (See D5.2.2). 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), Oncology benefit during the active and/or post active treatment period, (D14.1); Organ and haemopoietic stem cell transplantation benefit, (D16.1) and the Renal dialysis chronic benefit, (D22).

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				<div style="border: 1px solid red; padding: 5px; text-align: center;"> REGISTERED BY ME ON 2025/12/18 REGISTRAR OF MEDICAL SCHEMES </div>
D19	PHYSICAL THERAPY			
D19.1	In Hospital Physiotherapy Biokinetics (See B1)	No benefit, unless PMB. 100% of Bonitas Tariff.	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 (See B1)	<ul style="list-style-type: none"> • Limited to two consultations with a physiotherapist per beneficiary for sports-related injuries. • R130 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"> • Limited to four visits per beneficiary with a physiotherapist for sports-related injuries. • No benefit for biokinetics and podiatry, unless PMB, or limited to and included in the Benefit Booster benefit in D27.2. • R75 co-payment applies 	Subject to referral by the network GP or medical specialist.
D20	PROSTHESES AND DEVICES INTERNAL AND EXTERNAL			
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	<ul style="list-style-type: none"> • No benefit, except for PMBs. • No benefit for joint replacements, unless PMB. 	<ul style="list-style-type: none"> • No benefit, except for PMBs. • No benefit for joint replacements, unless PMB. 	Subject to the relevant managed healthcare programme and to its prior authorisation.

PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONSTART	BONSTART PLUS	CONDITION/REMARKS SUBJECT TO PMB
	Substitutes, Screws, Pins and Bone Anchors. (See B1)			
D20.1.1	Cochlear Implants	No benefit.	No benefit.	
D20.1.2	Internal Nerve Stimulators	No benefit.	No benefit.	
D20.2	Prostheses External	No benefit, except for PMBs.	No benefit, except for PMBs.	Subject to the relevant managed healthcare programme and to its prior authorisation.
D21	RADIOLOGY			
D21.1	General Radiology (See B1)			
D21.1.1	In Hospital	<ul style="list-style-type: none"> No limit. 100% of the Bonitas Tariff. 	<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. 	<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), Oncology benefit during the active treatment and/or post active treatment period, (D14.1); Organ and haemopoietic stem cell transplantation benefit, (D16.1), 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"> R14 090 per family. Subject to R2 800 co-payment per scan event, unless PMB or nuclear radio-isotope studies. 	<ul style="list-style-type: none"> R14 090 per family. Subject to R2 800 co-payment per scan event, unless PMB or nuclear radio-isotope studies. 	Subject to the relevant managed healthcare programme and to its prior authorisation for MRI and CT scans only.

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PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONSTART	BONSTART PLUS	CONDITION/REMARKS SUBJECT TO PMB
		<ul style="list-style-type: none"> The co-payment to be waived if the cost of the service falls within the co-payment amount. 	The co-payment to be waived if the cost of the service falls within the co-payment amount.	
D21.2.2	Out of Hospital	No benefit, unless PMB.	No benefit, unless PMB.	See D21.2.1.
D21.3	PET and PET – CT	See D14.1.2.1.	See D14.1.2.1.	
D22 RENAL DIALYSIS CHRONIC				
D22.1	Haemodialysis and Peritoneal Dialysis (See B1) <div style="border: 1px solid red; padding: 5px; margin: 10px 0;"> <p style="text-align: center; color: red; font-weight: bold;">REGISTERED BY ME ON</p> <p style="text-align: center;">2025/12/18</p> <p style="text-align: center; color: red; font-weight: bold;">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 medicines 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"> 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 medicines 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.	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	BONSTART PLUS	CONDITION/REMARKS SUBJECT TO PMB
D23	SURGICAL PROCEDURES			
D23.1	In Hospital and Unattached Operating Theatres and other minor Surgical Procedures that can be authorised in Hospital (See B1) <div style="border: 1px solid red; padding: 5px; text-align: center;"> <p>REGISTERED BY ME ON</p> <p>2025/12/18</p> <p>REGISTRAR OF MEDICAL SCHEMES</p> </div>	No limit, except for the following exclusions: <ul style="list-style-type: none"> • Back and neck treatment or surgery • Correction of Hallux Valgus • Dentistry • Facet joint injections and rhizotomies • Functional nasal surgery • Healthcare services that should be done out of hospital and for which an admission to hospital is not necessary. • Investigations and diagnostic work-ups • Joint replacement surgery • Knee & shoulder surgery • Nail disorders • Non-cancerous breast conditions • Skin disorders, including benign growths and lipomas • Sleep studies and Polysomnograms • Surgery for oesophageal reflux and hiatus hernia • Varicose vein surgery 	No limit, except for the following exclusions: <ul style="list-style-type: none"> • Back and neck treatment or surgery • Correction of Hallux Valgus • Dentistry • Functional nasal surgery • Healthcare services that should be done out of hospital and for which an admission to hospital is not necessary. • Investigations and diagnostic work-ups • 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"> • Subject to the relevant managed healthcare programme and to its prior authorisation. • 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. • R12 680 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. This benefit excludes: <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.	No benefit.	
D23.1.2	Maxillo-facial Surgery	Limited to PMBs and DSP provider and Regulation 8 (3).	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 tumours, neoplasms,

PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONSTART	BONSTART PLUS	CONDITION/REMARKS SUBJECT TO PMB
				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 procedures in Practitioner's Rooms that are not mentioned in D23.2.1 or D23.2.2.	No benefit.	No benefit.	
D23.2.1	General Procedures performed in Specialist Consulting Rooms	Limited to and included in D7.1.1 or D7.2.1 at enhanced rates for: <ul style="list-style-type: none"> • Endometrial biopsy (excluding after-care): (2434) • Implantation hormone pellets (excluding after-care): (2565). • Insertion of intra-uterine contraceptive device (IUCD) (excluding after-care): (2442) • Punch biopsy (excluding after-care): (2399) • Removal of tag or polyp: (2271) • Removal of small superficial benign lesions: (2272) • Removal of benign vulva tumour or cyst: (2277) 		Subject to pre-authorisation.
D23.2.2	Specified Procedures done in the Specialist rooms or suitably equipped Procedure Room with correct Equipment and Monitoring Facilities	Limited to and included in D7.1.1 or D7.2.1 at enhanced rates for: <ul style="list-style-type: none"> • Biopsy during pregnancy (excluding after care): (2400) • Cervix encirclage: Removal items 2409 and 2411: without anaesthetic): (2415) • Colposcopy (excluding after-care): (2429) • Cryo- or electro-cauterisation, or Lletz of cervix (excluding cost of disposable loop electrode): In consulting room: (2392) • Cryo- or electro-cauterisation, or Lletz of cervix (excluding cost of disposable loop electrode): Under anaesthetic: (2395) • Cystoscopy: (1949) • Destruction of condylomata by chemo-, cryo-, or electrotherapy, or harmonic scalpel: First lesion: (2316) • Destruction of condylomata by chemo-, cryo-, or electrotherapy, or harmonic scalpel: Repeat – Limited: (2317) • Destruction of condylomata by chemo-, cryo-, or electrotherapy, or harmonic scalpel: Widespread: (2318) • Evacuation of uterus: Incomplete abortion: Before 12 weeks gestation: (2445) • Evacuation: Missed abortion: Before 12 weeks gestation: (2449) 		Subject to pre-authorisation.

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		<ul style="list-style-type: none"> Excision of malignant lip lesion (1487) Extensive resection for malignant soft tissue tumour including muscle: (0313) Flap repairs (large, complicated): 0295 Flexible sigmoidoscopy (including rectum and anus): Hospital equipment.: (1676) Full thickness skin graft repair: (0289) Full thickness eyelid repair: (3189) Full thickness lip repair: (1499) Hymenectomy: (2283) Hysterosalpingogram (excluding after-care): (2435) Hysteroscopy (excluding after-care): (2436) Hysteroscopy and polypectomy (excluding after-care): (2440) Laser or harmonic scalpel treatment of the cervix: (2396) Laser therapy of vulva and/or vagina (colposcopically directed): (2274) Left-sided colonoscopy: (1656) Termination of pregnancy before 12 weeks: (2448) Total colonoscopy: With hospital equipment (including biopsy): (1653) Upper gastro-intestinal endoscopy: Hospital equipment: (1587) Vulva and introitus: drainage of abscess: (2293) 		<div style="border: 2px solid red; padding: 10px; text-align: center;"> <p>REGISTERED BY ME ON</p> <p>2025/12/18</p> <p>.....</p> <p>REGISTRAR OF MEDICAL SCHEMES</p> </div>
D23.3	PROCEDURES THAT WILL ATTRACT A CO-PAYMENT			Subject to the relevant managed healthcare programme and to its prior authorisation.
D23.3.1	Procedures which will attract a R3 160 co-payment: <ul style="list-style-type: none"> Arthroscopy (when done as part of a surgical procedure) Laparoscopic Hysterectomy 	Subject to a R3 160 co-payment per event.	Subject to a R3 160 co-payment per event.	This co-payment is in addition to the co-payment that applies to hospital admissions as per D7.1.1.
	Procedures which will attract a R9 800 co-payment: <ul style="list-style-type: none"> Cataract Surgery: 	Subject to a R9 800 co-payment per event.	Subject to a R9 800 co-payment per event.	<ul style="list-style-type: none"> Subject to the relevant managed healthcare programme and to its prior authorisation.

PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONSTART	BONSTART PLUS	CONDITION/REMARKS SUBJECT TO PMB
		<ul style="list-style-type: none"> For voluntary use of a non-DSP. 	<ul style="list-style-type: none"> For voluntary use of a non-DSP. 	<ul style="list-style-type: none"> The co-payment to be waived if the cost of the service falls within the co-payment amount.
D23.3.2	Day Surgery Procedures	<ul style="list-style-type: none"> Subject to the Day Surgery Network. R12 680 co-payment to apply to all non-network admissions and subject to Regulation 8 (3). 	<ul style="list-style-type: none"> Subject to the Day Surgery Network. R12 680 co-payment to apply to all non-network admissions and subject to Regulation 8 (3). 	<ul style="list-style-type: none"> 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				
D24.1	Women's Health Cervical Cancer Screening	Pap Smear <ul style="list-style-type: none"> Females 21-65 years Once every 3 years. 	Pap Smear <ul style="list-style-type: none"> Females 21-65 years Once every 3 years. 	Eligible beneficiaries may choose between the basic cytology test once every 3 years or HPV PCR test once every 5 years.
	Cervical Cancer Screening in HIV infection	Pap Smear <ul style="list-style-type: none"> Females 21-65 years 1 basic cytology test per annum or the HPV PCR once every 5 years. 	Pap Smear <ul style="list-style-type: none"> Females 21-65 years 1 basic cytology test per annum or the HPV PCR once every 5 years. 	<div style="border: 2px solid red; padding: 10px; text-align: center;"> <p style="color: red; font-weight: bold; margin: 0;">REGISTERED BY ME ON</p> <p style="margin: 10px 0;">2025/12/18</p> <p style="color: red; font-weight: bold; margin: 0;">REGISTRAR OF MEDICAL SCHEMES</p> </div>
	Breast Cancer Screening	Mammogram <ul style="list-style-type: none"> Females age >40 years Once every 2 years. 	Mammogram <ul style="list-style-type: none"> Females age >40 years Once every 2 years. 	
	Human Papilloma Virus (HPV) Vaccine	<ul style="list-style-type: none"> Limited to 3 doses for females between 15 – 26 years. One course per lifetime. Limited to R1 140 per vaccine. 	<ul style="list-style-type: none"> Limited to 3 doses for females between 15 – 26 years. One course per lifetime. Limited to R1 140 per vaccine. 	
D24.2	Men's Health PSA Test	No benefit except as part of the Benefit Booster benefit in D27.2.	No benefit, except as part of the Benefit Booster benefit in D27.2.	

PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONSTART	BONSTART PLUS	CONDITION/REMARKS SUBJECT TO PMB
D24.3	General Health	<ul style="list-style-type: none"> HIV test annually. Flu vaccine annually, including the administration fee of the nurse practitioner. 	<ul style="list-style-type: none"> HIV test annually. Flu vaccine annually, including the administration fee of the nurse practitioner. 	<ul style="list-style-type: none"> HIV test, either as part of Preventative Care or Health Risk Assessment. See D27.1. Upon a positive diagnosis, the HIV basket of care applies, subject to registration on the relevant managed healthcare programme.
D24.4	Cardiac Health	No benefit.	No benefit.	
D24.5	Elderly Health	Faecal Occult Blood Test <ul style="list-style-type: none"> Ages 45-75 annually. 	Faecal Occult Blood Test <ul style="list-style-type: none"> Ages 45-75 annually. 	
D24.6	Children's Health Hypothyroidism	No benefit.	1 TSH Test <ul style="list-style-type: none"> Age <1 month 	<div style="border: 2px solid red; padding: 10px; text-align: center;"> <p>REGISTERED BY ME ON</p> <p>2025/12/18</p> <p>REGISTRAR OF MEDICAL SCHEMES</p> </div>
	Infant Hearing Screening	No benefit.	One infant hearing screening test for newborns up to 8 weeks, in or out of hospital, performed by an audiologist or speech therapist.	
	Neonatal Vision Screening: (For Retinopathy of prematurity (ROP) in neonates (<32 weeks gestational age and very low birth (<1500g))	<ul style="list-style-type: none"> Two vision screening tests per beneficiary for newborns up to 6 weeks, in or out of hospital, performed by an ophthalmologist. 	<ul style="list-style-type: none"> Two vision screening tests per beneficiary for newborns up to 6 weeks, in or out of hospital, performed by an ophthalmologist. 	Screening should be performed at 4 – 6 weeks chronological age or 31 – 33 weeks post-conceptual age (whichever comes later).
	Human Papilloma Virus (HPV) Vaccine	<ul style="list-style-type: none"> Limited to two doses for girls aged between 9 – 14years. One course per lifetime. Limited to R1 140 per vaccine. 	<ul style="list-style-type: none"> Limited to two doses for girls aged between 9 – 14years. One course per lifetime. Limited to R1 140 per vaccine. 	
	Extended Program on Immunisation (EPI)	No benefit.	Various Vaccinations, including the administration fee of the nurse practitioner. for children up to the age of 12 years.	As per State EPI protocols.

PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONSTART	BONSTART PLUS	CONDITION/REMARKS SUBJECT TO PMB
D24.7	Smoking Cessation (GoSmokeFree)	Limited to and included in the Benefit Booster in D27.2.	Limited to and included in the Benefit Booster in D27.2.	
D25 INTERNATIONAL TRAVEL BENEFIT				
D25.1	Leisure Travel: (Travelling for recreation, a holiday or visiting family and friends)	For medical emergencies when travelling outside the borders of South Africa. <ul style="list-style-type: none"> 60 days excluding USA – R1.2 million per Member, R1.2 million for Member and Dependants 60 days including USA – Maximum cover R500,000 for Member and Dependants. 	For medical emergencies when travelling outside the borders of South Africa. <ul style="list-style-type: none"> 60 days excluding USA – R1.2 million per Member, R1.2 million for Member and Dependants 60 days including USA – Maximum cover R500,000 for Member and Dependants 	<ul style="list-style-type: none"> Subject to authorisation, prior to departure. 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.
D25.2	Business Travel: (Primarily for attending meetings, conferences, visiting suppliers and for administrative purposes)	For medical emergencies when travelling outside the borders of South Africa. <ul style="list-style-type: none"> 30 days excluding USA – R1.2 million per Member, R1.2 million for Member and Dependants 30 days including USA - Maximum cover R500,000 for Member and Dependants Subject to approval protocols prior to departure. 	For medical emergencies when travelling outside the borders of South Africa. <ul style="list-style-type: none"> 30 days excluding USA – R1.2 million per Member, R1.2 million for Member and Dependants 30 days including USA - Maximum cover R500,000 for Member and Dependants Subject to approval protocols prior to departure. 	<ul style="list-style-type: none"> Subject to authorisation, prior to departure. 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 – refers to any occupation or activity involving physical labour (use of hands or machinery)

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D26	AFRICA BENEFIT			
D26.1	In and Out of Hospital (See B1)	<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. 	<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			
D27.1	Health Risk Assessment (HRA) which includes Lifestyle Questionnaire Wellness Screening (See B1)	<p>Wellness screening.</p> <ul style="list-style-type: none"> One assessment per beneficiary over the age of 21 years per annum by a registered provider, (wellness day or participating pharmacy). 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. 	<p>Wellness screening.</p> <ul style="list-style-type: none"> One assessment per beneficiary over the age of 21 years per annum by a registered provider, (wellness day or participating pharmacy). 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. 	<ul style="list-style-type: none"> HIV test, either as part of Preventative Care or Health Risk Assessment. See D27.1. Upon a positive diagnosis, the HIV basket of care applies, subject to registration on the relevant managed healthcare programme. <div style="border: 1px solid red; padding: 10px; margin-top: 20px;"> <p style="text-align: center; color: red; font-weight: bold;">REGISTERED BY ME ON</p> <p style="text-align: center;">2025/12/18</p> <p style="text-align: center; color: red; font-weight: bold;">REGISTRAR OF MEDICAL SCHEMES</p> </div>

PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONSTART	BONSTART PLUS	CONDITION/REMARKS SUBJECT TO PMB
D27.2	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).	<p>Subject to completion of a physical Health Risk Assessment and the completion of the mental health questionnaire per beneficiary over the age of 21 years at a preferred provider network pharmacy or wellness day.</p> <p>Limited to R1 160 per family and limited to.</p> <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 • Registered ante-natal vitamins during pregnancy: D11.1.3 • 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 • Smoking cessation: D24.7 	<p>Subject to completion of a physical Health Risk Assessment and the completion of the mental health questionnaire per beneficiary over the age of 21 years at a preferred provider network pharmacy or wellness day.</p> <p>Limited to R1 160 per family and limited to.</p> <ul style="list-style-type: none"> • Alternative Health: D1 • GP consultations: D5.1.3 • Medical specialists: D5.2 • Routine medication: D11.1 • Registered ante-natal vitamins during pregnancy: D11.1.3 • 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 • Smoking cessation: D24.7 	<ul style="list-style-type: none"> • 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 physical Health Risk Assessment and the mental health questionnaire at a preferred provider network pharmacy or wellness day • Valid qualifying claims will pay first from the Benefit Booster and thereafter from the relevant benefits as described in D1 – D24. • When a main member or adult beneficiary completes the health risk assessment (HRA) and mental health questionnaire at a preferred provider network pharmacy or wellness day, the Benefit Booster will become available. • 20% co-payment will apply to all non-network GP consultations. • Homeopathic medicines are excluded from the benefit. <div style="border: 1px solid red; padding: 10px; margin-top: 20px; text-align: center;"> <p>REGISTERED BY ME ON</p> <p>2025/12/18</p> <p>*****</p> <p>REGISTRAR OF MEDICAL SCHEMES</p> </div>