

Bonitas

**BONITAS MEDICAL FUND
ANNEXURE B**

**OPTIONS:
BONSTART**

2021

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Moho 2021/02/25

Moho Sehloho
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Signed by MOHO SEHLOHO
m.sehloho@medicalschemes.co.za

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2021/02/25

Mpho Sehloho
 25/02/2021 14:21:34 (UTC+02:00)
 Signed by Mpho Sehloho
 REGISTRAR OF MEDICAL SCHEMES
 m.sehloho@medicalschemes.co.za

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A ENTITLEMENT OF BENEFITS

- A1 The Bonitas Fund Tariff is defined as the Bonitas monetary tariffs applicable in 2020 increased by an average of 3.4%.
- A2 Beneficiaries are entitled to benefits as shown in this Annexure B, subject to the monetary limits and implementation restrictions set out herein, to the exclusions referred to in Annexure C of the Rules, to the general limitation and restriction of benefits set out in Annexure D of the Rules and to the procedural and other requirements set out in the main rules.

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

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

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

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

B3 MEMBERSHIP CATEGORY

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

- B4 Mental Health in Hospital will be covered subject to the relevant managed healthcare programme, provided that the treatment is rendered in a designated service provider facility. The DSP facility must be an appropriate mental health facility as licensed by the Department of Health and credentialed to have: Dedicated psychiatric beds, dedicated psychiatric teams and psychiatric therapeutic programmes. Emergency admissions, defined as an afterhours admission, will be approved until the first working day whereupon the patient should be transferred to a credentialed psychiatric facility.

REGISTERED BY ME ON

2021/02/25

Mpho Sehloho
 25/02/2021, 14:21:38 (UTC+02:00)
 Signed by Mpho Sehloho
 m.sehloho@medicalschemes.co.za

ANNEXURE B 2021

BONSTART OPTION

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

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

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

C **PRESCRIBED MINIMUM BENEFITS (PMBs)**

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

The Prescribed Minimum Benefits are available in conjunction with the Fund's contracted managed care programmes, which include the application of treatment protocols, medicine formularies, pre-authorisation and case management. These measures have been implemented to ensure appropriate and effective delivery of Prescribed Minimum Benefits.

See Annexure D – Paragraph 7 for a full explanation

REGISTERED BY ME ON

Mpho Sehloho
 2021/02/25
 Mpho Sehloho
 25/02/2021 14:21:42 (UTC+02:00)
 Signed by Mpho Sehloho
 m.sehloho@medicalschemes.co.za
 REGISTER OF MEDICAL SCHEMES
www.medicalschemes.co.za



D ANNUAL BENEFITS AND LIMITS.

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

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2021/02/25

Mpho Sehloho
 25/02/2021 14:21:46 (UTC+02:00).....
 Signed by Mpho Sehloho
 m.sehloho@medicalschemes.co.za



PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONSTART	CONDITION/REMARKS SUBJECT TO PMB
D2	AMBULANCE SERVICES (See B1)	100% of cost if authorised by the preferred provider.	Subject to the contracted provider. Non-authorisation will result in non-payment except for PMBs.
D3	APPLIANCES, EXTERNAL ACCESSORIES AND ORTHOTICS (See B1)		<ul style="list-style-type: none"> Diabetic accessories and appliances - (with the exception of glucometers) to be pre-authorised and claimed from the chronic medicine benefits D11.3. Subject to preferred supplier agreements. The benefit excludes consultations/fittings, which are subject to D17.2.
D3.1	In and Out of Hospital		
D3.1.1	General medical and surgical appliances, including wheelchairs and repairs, and large orthopaedic appliances	<ul style="list-style-type: none"> No benefit, except for PMBs. Subject to preferred supplier arrangements and Regulation 8 (3). 	
D3.1.2	Hearing Aids and repairs	No benefit.	
D3.1.3	CPAP Apparatus for sleep apnoea	No benefit.	
D3.1.4	Stoma Products	No benefit, except for PMBs.	
D3.1.5	Specific appliances, accessories		Subject to the relevant managed healthcare programme and to its prior authorisation and if the treatment forms part of the relevant managed healthcare programme, out of hospital.

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2021/02/25


Mpho Sehloho
 25/02/2021 14:21:50 (UTC+02:00)
 Signed by Mpho Sehloho
 REGISTRAR OF MEDICAL SCHEMES
 m.sehloho@medicalschemes.co.za



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

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 2021/02/25
 Mpho Sehloho
 25/02/2021 14:21:54 (UTC+02:00)
 Signed by Mpho Sehloho
 m.sehloho@medipraxis.co.za



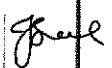
PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONSTART	CONDITION/REMARKS SUBJECT TO PMB
D5	CONSULTATIONS AND VISITS BY MEDICAL PRACTITIONERS (See B1)		
D5.1	General Practitioners including Virtual Care Consultations		This benefit excludes <ul style="list-style-type: none"> • Dental Practitioners and Therapists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

REGISTERED BY ME ON

Mpho Sehloho
 Mpho Sehloho 2021/02/25
 25/02/2021 14:21:58 (UTC+02:00)
 Signed by Mpho Sehloho,
 m.sehloho@practitioner.com



PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONSTART	CONDITION/REMARKS SUBJECT TO PMB
D5.2	Medical Specialist (See B1 and B6)		
D5.2.1	In Hospital	<ul style="list-style-type: none"> No limit. 100% of Bonitas Tariff. 	
D5.2.2	Out of Hospital (See B1 and B6)	<ul style="list-style-type: none"> No benefit. 	
D6	DENTISTRY (SEE B1)		
D6.1	BASIC DENTISTRY		
D6.1.1	Consultations	<ul style="list-style-type: none"> Limited to one general check-up per beneficiary per year. Covered at the BDT. R110 co-payment applies. 	Tariff codes 8101 and 8104 apply.
D6.1.2	Fillings	No benefit.	
D6.1.3	Plastic dentures and associated Laboratory costs	No benefit.	
D6.1.4	Extractions	No benefit.	
D6.1.5	Root Canal therapy	No benefit.	

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 2021/02/25 Mpho Sehloho 25/02/2021 14:22:03 (UTC+02:00) Signed by Mpho Sehloho m.sehloho@medicalschemes.co.za

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PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONSTART	CONDITION/REMARKS SUBJECT TO PMB
D6.1.6	Preventative Care	No benefit.	
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-authorization. Subject to the BonStart Hospital Network. R10 650 co-payment to apply to all non-network admissions, subject to Regulation 8 (3). 	<ul style="list-style-type: none"> Hospitalisation is only covered for PMB cases. Subject to pre-authorization by the relevant managed healthcare programme.
D6.1.8	Inhalation sedation in dental rooms	No benefit.	
D6.1.9	X-rays	No benefit.	
D6.2	ADVANCED DENTISTRY (See B1)		
D6.2.1	Crowns	No benefit.	
D6.2.2	Partial Chrome Cobalt Frame Dentures	No benefit.	
D6.2.3	Osseo-integrated Implants and orthognathic surgery (functional correction of malocclusion)	No benefit.	
D6.2.4	Oral Surgery	No benefit.	
D6.2.5	Orthodontic Treatment	No benefit.	
D6.2.6	Maxillo-facial surgery	See D23.	

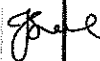
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2021/02/25

Mpho Sehloho
 25/02/2021 14:22:07 (UTC+02:00)
 Signed by Mpho Sehloho
 m.sehloho@medicalschemes.co.za




PARAGRAPH	BENEFIT (EXCEPT FOR PMBs)	BONSTART	CONDITION/REMARKS SUBJECT TO PMB
D6.2.7	Periodontal treatment	No benefit.	
D7	HOSPITALISATION (See B1)		
D7.1	Private Hospitals and unattached operating theatres (See B1)		Subject to the relevant managed healthcare programme and its prior authorisation.
D7.1.1	In Hospital	<ul style="list-style-type: none"> • No limit, subject to a R1 500 co-payment per admission, except for PMB emergencies. • Subject to the BonStart Hospital Network. • R10 650 co-payment to apply to all non-network admissions, subject to Regulation 8 (3). • No benefit for Deep Brain Stimulation implantation. • Day Surgery Network applies for defined procedures. • (See paragraph D23.3.2) 	<p>Subject to the managed health care programme and prior authorisation. Accommodation, use of operating theatres and hospital equipment, medicine, pharmaceuticals and surgical items. No benefits will be granted if prior authorisation requirements are not complied with.</p> <p>This benefit excludes hospitalisation for:</p> <ul style="list-style-type: none"> • Osseo-integrated implants • orthognathic surgery (D6); • Maternity (D10); • Mental Health (D12); • Organ and haemopoietic stem cell (bone marrow) transplantation • immunosuppressive medication (D16); • Renal Dialysis chronic (D22); • Refractive surgery (D23.1.1).
D7.1.2	Medicine on discharge from hospital (TTO) (See B2)	R390 per beneficiary, per admission, subject to the BonStart medicine formulary, except anticoagulants post-surgery.	

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

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2021/02/25
 Mpho Sehloho 25/02/2021 14:22:16 (UTC+02:00) Signed by Mpho Sehloho REGISTRAR OF MEDICAL SCHEMES m.sehloho@medicalschemes.co.za



PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONSTART	CONDITION/REMARKS SUBJECT TO PMB
D7.2.3	Casualty/emergency room visits		
D7.2.3.1	Facility Fee	Limited to pre-authorisation of bona fide emergencies.	Will be included in the hospital benefit if retrospective authorisation is given by the relevant managed healthcare programme for bona fide emergencies.
D7.2.3.2	Consultations	See D5.1.2 and D5.2.2.	
D7.2.3.3	Medicine	See D11.1.	
D7.2.4	Outpatient services		
D7.2.4.1	Consultations	See D5.1.2 and D5.2.2.	
D7.2.4.2	Medicine	See D11.1.	
D7.3	Alternative to hospitalisation (See B1)		Subject to the relevant managed healthcare programme and to its prior authorisation. Benefits for clinical procedures and treatment during stay in an alternative facility will be subject to the same benefits that apply to hospitalisation.
D7.3.1	Physical Rehabilitation hospitals	R50 800 per family for all services.	See D7.3.
D7.3.2	Sub-acute facilities including Hospice	• R14 570 per family.	This benefit includes psychiatric nursing but excludes midwifery services. See D7.3.

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2021/02/25
Mpho Sehloho 25/02/2021 14:22:20 (UTC+02:00) Signed by Mpho Sehloho m.sehloho@medicalschemes.co.za

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

REGISTERED BY ME ON

2021/02/25

Mpho Sehloho
 25/02/2021 14:22:25 (UTC+02:00)
 Signed by Mpho Sehloho
 m.sehloho@medicalschemes.co.za

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PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONSTART	CONDITION/REMARKS SUBJECT TO PMB
D9	INFERTILITY (See B1 and B5)	Limited to interventions and investigations as prescribed by the Regulations to the Medical Schemes' Act 131 of 1998 in Annexure A, paragraph 9, Code 902M.	Subject to the relevant managed healthcare programme, and its prior authorisation.
D10	MATERNITY (See B1)		Subject to the relevant managed healthcare programme and to its prior authorisation. Subject to registration on the Bonitas Maternity Programme.
D10.1	Confinement in hospital	<ul style="list-style-type: none"> • No limit. • Caesarean sections done for non-medical reasons are excluded. • 100% of the Bonitas Tariff for the general practitioner or medical specialist. • Neonatal care is limited to R46 290 per family, except for PMBs. • Subject to the BonStart Hospital Network. • R10 650 co-payment to apply to all non-network admissions, subject to Regulation B (3). 	Delivery by a general practitioner or medical specialist and the services of the attendant paediatrician and/or anaesthetists are included. Included in global obstetric fee is post-natal care by a general practitioner and medical specialist up to and including the six week post-natal consultation.
D10.1.1	Medicine on discharge from hospital (TTO) (See B2)	Limited to and included in D7.1.2.	

REGISTERED BY ME ON

2021/02/25

Mpho Sehloho
 25/02/2021 14:22:30 (UTC+02:00)
 Signed By Mpho Sehloho
 m.sehloho@medicalschemes.co.za



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PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONSTART	CONDITION/REMARKS SUBJECT TO PMB
D10.1.2	Confinement in a registered birthing unit	<ul style="list-style-type: none"> Limited to and included in D10.1. Subject to the BonStart Hospital Network. R10 650 co-payment to apply to all non-network admissions, subject to Regulation 6 (3). 	<ul style="list-style-type: none"> Subject to the relevant managed healthcare programme and its prior authorisation. Delivery by a midwife. Hire of water bath and oxygen cylinder limited to and included in OAL. This must be hired from a practitioner who has a registered practice number. One of the post-natal midwife consultations may be used for a lactation specialist consultation out of hospital.
D10.2	Confinement out of hospital	<ul style="list-style-type: none"> Limited to and included in D10.1. 	<ul style="list-style-type: none"> Subject to the relevant managed healthcare programme and its prior authorisation. Delivery by a midwife Hire of water bath and oxygen cylinder limited to and included in OAL. This must be hired from a practitioner who has a registered practice number. One of the post-natal midwife consultations may be used for a lactation specialist consultation.
D10.2.1	Consumables and pharmaceuticals	Limited to and included in D10.1.	Registered medicine, dressings and materials supplied by a midwife out of hospital.
D10.3	Related maternity services	No benefit.	
D10.3.1	Ante-natal consultations	<ul style="list-style-type: none"> Limited and included in D5.1.2 and D5.2.2. 	
D10.3.2	Related tests and procedures	<ul style="list-style-type: none"> No benefit. 	

REGISTERED BY ME ON

John 2021/02/25

Mpho Sehloho
 25/02/2021 14:22:34 (UTC+02:00)
 Signed by Mpho Sehloho
 REGISTAR OF MEDICAL SCHEMES
 m.sehloho@medicalschemes.co.za

[Signature]

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PARAGRAPH	BENEFIT (EXCEPT FOR PMBs)	BONSTART	CONDITION/REMARKS SUBJECT TO PMB
D11	MEDICINE AND INJECTION MATERIAL (See B1 and B2)		
D11.1	Routine/ (acute) medicine	<ul style="list-style-type: none"> Limited to and included in D5.1.3. Script paid at 80% of tariff. Subject to the DSP, Regulation 8 (3) and the acute medicine formulary. 40% co-payment applies for the voluntary use of a non-DSP. 	Subject to the relevant managed healthcare programme. The Medicine Exclusion List and the Pharmacy Products Management Document are applicable. This benefit excludes: <ul style="list-style-type: none"> In-hospital medicine (D7); Anti-retroviral medicine (D8); Oncology medicine (D14); Organ and haemopoietic stem cell (bone marrow) transplantation and immunosuppressive medication (D16).
D11.1.1	Medicine on discharge from hospital (TTO)	Limited to and included in D7.1.2.	
D11.1.2	Contraceptives	<ul style="list-style-type: none"> Limited to R1 070 per family. Limited to females of childbearing age. Subject to the DSP pharmacy. 40% co-payment applies for the voluntary use of a non-DSP pharmacy. 	
D11.2	Pharmacy Advised therapy Schedules 0, 1, 2 and medicine advised and dispensed by a pharmacist.	<ul style="list-style-type: none"> Limited to R95 per event and maximum R460 per family per annum. Subject to the DSP, Regulation 8 (3) and the acute medicine formulary. 40% co-payment applies for the voluntary use of a non-DSP. 	

REGISTERED BY ME ON

2021/02/25

Mpho Sehloho
 25/02/2021 14:22:40 (UTC+02:00)
 Signed by Mpho Sehloho
 REGISTRAR OF MEDICAL SCHEMES
 m.sehloho@medicalschemes.co.za

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PARAGRAPH	BENEFIT (EXCEPT FOR PMBs)	BONSTART	CONDITION/REMARKS SUBJECT TO PMB
D11.3	Chronic medicine (See B1 & B2)	<ul style="list-style-type: none"> Prescribed Minimum Benefits only at the DSP. 40% co-payment applies for non-formulary drugs used voluntarily and for the voluntary use of a non-DSP. 	Subject to registration on the relevant managed healthcare programme and to its prior authorisation and applicable formularies. Restricted to a maximum of one month's supply unless pre-authorized. Includes diabetic disposables such as <ul style="list-style-type: none"> syringes, needles, strips lancets for patients not registered on the Diabetic Management Programme. This benefit excludes: <ul style="list-style-type: none"> In hospital medicine (D7); Anti-retroviral drugs (D8); Oncology medicine (D14); Organ and haemopoietic stem cell (bone marrow) transplantation immunosuppressive medication (D18).
D11.3.1	MDR and XDR-TB	<ul style="list-style-type: none"> No limit. Subject to the DSP. Subject to managed care protocols. 	Subject to the relevant managed healthcare programme and to its prior authorisation.
D11.4	Specialised Drugs (See B1 & B2)		
D11.4.1	Non Oncology Biological Drugs applicable to monoclonal antibodies Interleukins	<ul style="list-style-type: none"> No benefit, unless PMB. Subject to the DSP. 	Subject to the relevant managed healthcare programme and to its prior authorisation.
D11.4.1.1	Iron chelating agents for chronic use	<ul style="list-style-type: none"> No benefit, unless PMB. Subject to the DSP. 	
D11.4.1.2	Human Immunoglobulin for chronic use	<ul style="list-style-type: none"> No benefit, unless PMB. Subject to the DSP. 	

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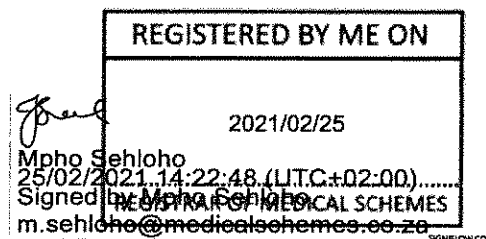
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Mpho Sehloho
 25/02/2021, 14:22:44 (UTC+02:00).....
 Signed by Mpho Sehloho
 REGISTRAR OF MEDICAL SCHEMES
 m.sehloho@medicalschemes.co.za



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PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONSTART	CONDITION/REMARKS SUBJECT TO PMB
D11.4.1.3	Non calcium phosphate binders and calcimimetics	<ul style="list-style-type: none"> No benefit, unless PMB. Subject to the DSP. 	
D11.4.2	Specialised Drugs for Oncology (See B1 & B2)	See D14.1.3.	
D12	MENTAL HEALTH (See B1 and B4)	<ul style="list-style-type: none"> Limited to PMBs and subject to the DSP. R10 650 co-payment applies for non-network hospital admissions except for PMB emergencies. 	<ul style="list-style-type: none"> Subject to the relevant managed healthcare programme. Physiotherapy is not covered for mental health admissions.
D12.1	In Hospital	<ul style="list-style-type: none"> Limited to and included in D12. Subject to the BonStart Hospital Network. R10 650 co-payment to apply to all non-network admissions, subject to Regulation 8 (3). The co-payment to be waived if the cost of the service falls within the co-payment amount. 	<ul style="list-style-type: none"> For accommodation, use of operating theatres and hospital equipment, medicine, pharmaceuticals and surgical items and procedures performed by general practitioners and psychiatrists. A maximum of three days' hospitalisation for beneficiaries admitted by a general practitioner or specialist physician. (See B4.)
D12.1.1	Medicine on discharge from hospital (TTO) (See B2)	Limited to and included in D7.1.2.	
D12.2	Out of Hospital		
D12.2.1	Medicine (See B2)	Limited to and included in D11.	
D12.3	Rehabilitation of substance abuse (See B1 & B4)	<ul style="list-style-type: none"> Limited to and included in D12. Subject to the DSP. 30% co-payment applies for the voluntary use of a non-DSP. 	Subject to the relevant managed healthcare programme and to its prior authorisation. (See B4)..
D12.3.1	Medicine on discharge from hospital (TTO) (See B2)	Limited to and included in D7.1.2.	



PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONSTART	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. • Educational psychology visits for adult beneficiaries (>21 years) are excluded from this benefit. 	
D13	NON-SURGICAL PROCEDURES AND TESTS (See B1)		
D13.1	In Hospital	<ul style="list-style-type: none"> • No benefit except for PMBs. • 100% of the Bonitas Tariff for the medical specialist or general practitioner . • Subject to the BonStart Hospital Network. • R10 650 co-payment to apply to all non-network admissions, subject to Regulation 8 (3). 	Subject to the relevant managed healthcare programme and its prior authorisation in hospital only. This benefit excludes: <ul style="list-style-type: none"> • Psychiatry and psychology (D12); • Optometric examinations (D15); • Pathology (D18); • Radiology (D21).
D13.2	Out of hospital	No benefit, unless PMB.	
D13.3	Sleep studies (See B1)		
D13.3.1	Diagnostic Polysomnograms In and out of hospital	No benefit.	
D13.3.2	CPAP Titration	No benefit.	

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Mpho
 Mpho Sehloho 2021/02/25
 25/02/2021 14:22:53 (UTC+02:00)
 Signed by Mpho Sehloho,.....
 m.sehloho@medical-aid.co.za

Mpho

PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONSTART	CONDITION/REMARKS SUBJECT TO PMB
D14	ONCOLOGY (See B1)		
D14.1	Pre active, active & post active treatment period	<ul style="list-style-type: none"> Limited to PMBs. Subject to the DSP. The ICON medical specialist network is the DSP for oncology services (excluding paediatric oncology and acute haematology), at the negotiated rate. 30% co-pay for services rendered by non-ICON medical specialists, where such services are voluntarily obtained. 	<ul style="list-style-type: none"> Subject to the relevant managed healthcare programme and to its prior authorisation. Treatment for long-term chronic conditions that may develop as a result of chemotherapy and radiotherapy is not included in this benefit. Benefit for Oncologists, haematologists and accredited medical practitioners for consultations, visits, treatment and consumable material used in radiotherapy and chemotherapy.
D14.1.1	Medicine (See B2)	<ul style="list-style-type: none"> Limited to and included in D14.1 and subject to the DSP. 20% co-payment applies for the voluntary use of a non-DSP. 	<ul style="list-style-type: none"> Subject to the Bonitas Oncology Medicine Network. Subject to the relevant managed healthcare programme protocols and reference pricing.
D14.1.2	Radiology and pathology (See B1)	Limited to and included in D14.1.	
D14.1.2.1	PET and PET – CT (See B1)	No benefit.	
D14.1.3	Specialised Drugs (See B2)		<p>Subject to the relevant managed healthcare programme and to its prior authorisation.</p> <p>This list includes but is not limited to targeted therapies e.g. biologicals, tyrosine kinase inhibitors, and other non genericised chemotherapeutic agents. Subject to published list.</p> <p>Unless otherwise stated below, any other diseases where the use of the drug is deemed appropriate by the managed health care organization, drugs will be funded from this benefit.</p>

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Mpho Sehloho
25/02/2024 14:22:67 (UTC+02:00).....
Signed by Mpho Sehloho
m.sehloho@medicalschemes.co.za

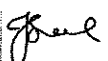
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PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONSTART	CONDITION/REMARKS SUBJECT TO PMB
D14.1.3.1	Biological drugs	No benefit, except for PMBs.	
D14.1.3.2	Unregistered chemotherapeutic agents	No benefit, except for PMBs.	Subject to Section 21 approval by the South African Health Products Regulatory Authority (SAHPRA)* and pre-authorisation by the relevant managed healthcare programme.
D14.1.3.3	Proteasome Inhibitors	No benefit, except for PMBs.	
D14.1.3.4	Certain Pyrimidine Analogues	No benefit, except for PMBs.	
D14.1.4	Flushing of a J line and/or Port (See B1)	Limited to and included in D14.1.	Subject to the relevant managed healthcare programme
D14.1.5	Brachytherapy materials (including seeds and disposables) and equipment (See B1)	Limited to and included in D14.1.	Subject to the relevant managed healthcare programme and to its prior authorisation, for services rendered by oncologists, radiotherapists and credentialed medical practitioners.
D14.2	Post active treatment period (See B1)	Limited to and included in D14.1 during the remission period following the active treatment period, except for Prescribed Minimum Benefits.	Subject to the relevant managed healthcare programme and pre-authorisation.
D14.2.1	Flushing of a J line and/or Port (See B1)	Limited to and included in D14.1.	Subject to the relevant managed healthcare programme.
D14.3	Oncology Social worker (OSW) benefit including Virtual Consultations	<ul style="list-style-type: none"> Limited to R2 840 per family and subject to the ICON (OSW) network. Limited to and included in D14.1. 	Subject to the relevant managed healthcare protocols and its prior authorisation.

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Mpho Sehloho
 25/02/2021 14:23:02 (UTC+02:00)
 Signed by  Mpho Sehloho
 m.sehloho@medicalschemes.co.za



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PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONSTART	CONDITION/REMARKS SUBJECT TO PMB
D14.4	Palliative Care	<ul style="list-style-type: none"> No limit. Subject to the DSP. Subject to pre-authorisation. Managed care protocols apply. 	Subject to the relevant managed healthcare protocols and its prior authorisation.
D15	OPTOMETRY (See B1)		
D15.1	Optometric refraction test, re-exam and/or composite exam, tonometry and visual field test	<ul style="list-style-type: none"> One per beneficiary per annum, at network rates. R350 out of network. R110 co-payment applies. 	Subject to the contracted provider.
D15.2	Frames	No benefit.	
D15.3	Lenses	No benefit.	
D15.4	Frames	No benefit.	
D15.5	Low vision appliances	No benefit.	
D15.6	Ocular prostheses	No benefit.	
D15.7	Diagnostic procedures	No benefit.	
D15.8	Readers	No benefit.	

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Mpho Sehloho
 25/02/2021, 14:23:07 (UTC+02:00)...
 Signed by Mpho Sehloho
 REGISTRAR OF MEDICAL SCHEMES
 m.sehloho@medicalschemes.co.za

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PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONSTART	CONDITION/REMARKS SUBJECT TO PMB
D16	ORGAN AND HAEMOPOIETIC STEM CELL (BONE MARROW) TRANSPLANTATION AND IMMUNO-SUPPRESSIVE MEDICATION INCLUDING CORNEAL GRAFTS) (See B1)	<ul style="list-style-type: none"> • Prescribed Minimum Benefits only at a DSP. • No benefit for Corneal grafts unless PMB. • 30% co-payment applies for the voluntary use of a non-DSP. 	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.
D16.1	Haemopoietic stem cell (bone marrow transplantation (See B1)	Limited to and included in D16.	Haemopoietic stem cell (bone marrow) transplantation is limited to allogenic grafts and autologous grafts derived from the South African Bone Marrow Registry.
D16.2	Immuno-suppressive medication (See B2)	Limited to and included in D16 and subject to the DSP.	
D16.3	Post transplantation biopsies and scans (See B1)	Limited to and included in D16.	
D16.4	Radiology and pathology (See B1)	Limited to and included in D16.	For specified radiology and pathology services, performed by pathologists, radiologists and haematologists, associated with the transplantation treatment.
D17	PARAMEDICAL SERVICES (ALLIED MEDICAL PROFESSIONS) (See B1)		
D17.1	In hospital	No benefit, unless PMB.	Subject to referral by the treating practitioner.
D17.1.1	Dietetics	No benefit, unless PMB.	
D17.1.2	Occupational Therapy	No benefit, unless PMB.	
D17.1.3	Speech Therapy	No benefit, unless PMB.	

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Mpho Sehloho
25/02/2021 14:23:12 (UTC+02:00)
Signed by Mpho Sehloho
m.sehloho@medicalschemes.co.za

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PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONSTART	CONDITION/REMARKS SUBJECT TO PMB
D17.2	Out of hospital		
D17.2.1	Audiology	No benefit.	
D17.2.2	Chiropractics	No benefit.	
D17.2.3	Dietetics	No benefit, unless PMB.	
D17.2.4	Genetic counselling	No benefit.	
D17.2.5	Hearing aid acoustics	No benefit.	
D17.2.6	Occupational therapy	No benefit, unless PMB.	
D17.2.7	Orthoptics	No benefit.	
D17.2.8	Orthotists and Prosthetists	No benefit, unless PMB.	
D17.2.9	Private nurse Practitioners Virtual consultations	<ul style="list-style-type: none"> • Unlimited virtual consultations per beneficiary. • Subject to the Virtual Care network. • No benefit for face-to-face consultations. 	Nursing services are included in the Alternatives to Hospitalisation benefit (D7) if pre-authorized by the relevant managed healthcare programme.
D17.2.10	Speech therapy	No benefit, unless PMB.	
D17.2.11	Social workers	No benefit, unless PMB.	
D18	PATHOLOGY AND MEDICAL TECHNOLOGY (See B1)		Subject to the relevant managed healthcare programme.
D18.1	In hospital	<ul style="list-style-type: none"> • R25 950 per family, except for PMBs. • Subject to the DSP for pathology at negotiated rates. • 100% of the Bonitas Tariff for services rendered by non-DSP providers. 	

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Mpho Sehloho
 25/02/2024 14:23:17 (UTC+02:00).....
 Signed by Mpho Sehloho
 m.sehloho@medicalschemes.co.za

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PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONSTART	CONDITION/REMARKS SUBJECT TO PMB
D18.2	Out of hospital	<ul style="list-style-type: none"> Limited to and included in D5.1.3. Subject to the pathology formulary. Subject to the DSP for pathology, at negotiated rates. 100% of the Bonitas Tariff for services rendered by non-DSP providers. 	Subject to the Pathology Management Program. This benefit excludes the specified list of pathology tariff codes included in the: <ul style="list-style-type: none"> maternity benefit, (D10), the oncology benefit during the active and/or post active treatment period, (D14); organ and haemopoietic stem cell transplantation benefit, (D16) and the renal dialysis chronic benefit, (D22).
D19	PHYSICAL THERAPY (See B1)		
D18.1	In hospital Physiotherapy Biokinetics	<ul style="list-style-type: none"> No benefit, unless PMB. 100% of Bonitas Tariff. 	<ul style="list-style-type: none"> Subject to referral by the treating practitioner. Physiotherapy is not covered for mental health admissions. See D12.
D18.2	Out of hospital physiotherapy Biokinetics Podiatry	<ul style="list-style-type: none"> Limited to two consultations with a physiotherapist per beneficiary for sports-related injuries. No benefit for biokinetics and podiatry, except for PMB. R110 co-payment applies. 	<ul style="list-style-type: none"> Subject to referral by the network GP or medical specialist.
D20	PROSTHESES AND DEVICES INTERNAL AND EXTERNAL (See B1)		
D20.1	Prostheses and devices internal (surgically implanted), including all temporary prostheses, or/and all accompanying temporary or permanent devices used to assist with the guidance, alignment or delivery of these internal prostheses and devices. This includes bone cement, bone graft substitutes, screws, pins and bone anchors.	<ul style="list-style-type: none"> No benefit, except for PMBs. Subject to preferred supplier agreements and Regulation 8 (3). 	Subject to the relevant managed healthcare programme and to its prior authorisation.

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Mpho Sehloho
 25/02/2021 14:23:24 (UTC+02:00)
 Signed by Mpho Sehloho
 REGISTRAR OF MEDICAL SCHEMES
 m.sehloho@medicalschemes.co.za




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PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONSTART	CONDITION/REMARKS SUBJECT TO PMB
D20.1.1	Cochlear implants	No benefit.	
D20.1.2	Internal Nerve stimulators	No benefit.	
D20.2	Prostheses external	<ul style="list-style-type: none"> No benefit, except for PMBs. Subject to preferred supplier agreements and Regulation 8 (3). 	Subject to the relevant managed healthcare programme and to its prior authorisation.
D21	RADIOLOGY (See B1)		
D21.1	General radiology		
D21.1.1	In hospital	<ul style="list-style-type: none"> No limit. 100% of the Bonitas Tariff. 	For diagnostic radiology tests and ultrasound scans. Authorisation is not required for MRI scans for low field peripheral joint examination of dedicated limb units.
D21.1.2	Out of hospital	<ul style="list-style-type: none"> Limited to and included in D5.1.3. Subject to a list of approved services. 	<p>This benefit excludes: specified list of radiology tariff codes included in the</p> <ul style="list-style-type: none"> maternity benefit, (D10), the oncology benefit during the active treatment and/or post active treatment period, (D14); the organ and haemopoietic stem cell transplantation benefit, (D16), renal dialysis chronic benefit, (D22). <p>Authorisation is not required for MRI scans for low field peripheral joint examination of dedicated limb units.</p>
D21.2	Specialised radiology (MRI & CT Scans)		

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Mpho Sehloho
 25/02/2021 14:23:30 (UTC+02:00)
 Signed by Mpho Sehloho
 REGISTRAR OF MEDICAL SCHEMES
 m.sehloho@medicalschemes.co.za



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PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONSTART	CONDITION/REMARKS SUBJECT TO PMB
D21.2.1	In hospital	<ul style="list-style-type: none"> R11 840 per family. Subject to R2 500 co-payment per scan event, unless PMB or nuclear radio-isotope studies. The co-payment to be waived if the cost of the service falls within the co-payment amount. 	Subject to the relevant managed healthcare programme and to its prior authorisation for MRI and CT scans only.
D21.2.2	Out of hospital	No benefit, unless PMB.	See D21.2.1.
D21.3	PET and PET – CT	See D14.1.2.1.	
D22	RENAL DIALYSIS CHRONIC (See B1)		
D22.1	Haemodialysis and peritoneal dialysis	<ul style="list-style-type: none"> Prescribed Minimum Benefits only at a DSP. 100% of the lower of the cost or Bonitas Tariff for all services, medicines and materials associated with the cost of renal dialysis, subject to the DSP network and Regulation 8 (3). 100% of the Bonitas Tariff for the services rendered by a medical specialist. Related medicine are subject to the DSP and Regulation 8 (3). 30% co-payment applies for the voluntary use of a non-DSP. 	<ul style="list-style-type: none"> Subject to the relevant managed healthcare programme and to its prior authorisation Authorised erythropoietin is included in (D4). Acute renal dialysis is included in hospitalisation costs. See D7.

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Mpho Sehloho
 25/02/2021 14:23:35 (UTC+02:00)
 Signed by Mpho Sehloho
 REGISTRAR OF MEDICAL SCHEMES
 m.sehloho@medicalschemes.co.za

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PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONSTART	CONDITION/REMARKS SUBJECT TO PMB
D22.2	Radiology and pathology (See B1)	Limited to and included in D22.1.	Subject to the relevant managed healthcare programme and to its prior authorisation.
D23	SURGICAL PROCEDURES (See B1)		Subject to the relevant managed healthcare programme and to its prior authorisation.
D23.1	In hospital and unattached operating theatres and other minor surgical procedures that can be authorised in hospital	<p>No limit, except for the following exclusions:</p> <ul style="list-style-type: none"> • Back and neck treatment or surgery • Caesarean sections done for non-medical reasons • Correction of Hallux Valgus • Dentistry • Functional nasal surgery • Investigations and diagnostic work-ups • Healthcare services that should be done out of hospital and for which an admission to hospital is not necessary. • Joint replacement surgery • Knee & shoulder surgery • Nail disorders • Non-cancerous breast conditions • Skin disorders, including benign growths and lipomas • Surgery for oesophageal reflux and hiatus hernia • Varicose vein surgery 	<ul style="list-style-type: none"> • Limited to and included in D7.1.1 and D7.2.1. • 100% of the Bonitas Tariff for the medical practitioner. • Subject to the BonStart Hospital Network. • R10 650 co-payment applies to all non-network admissions, subject to Regulation 8 (3). • Day surgery network applies for defined list of procedures. See D23.3.2. • Co-payments apply – See paragraph D23.3.1. <p>This benefit excludes:</p> <ul style="list-style-type: none"> • Osseo-integrated implants (D6); • Orthognathic and oral surgery (D6); • Maternity (D10); • Organ and haemopoietic stem cell (bone marrow) transplantation and immunosuppressive medication (D16).

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[Signature] 2021/02/25

Mpho Sehloho
 25/02/2021 14:23:40 (UTC+02:00)
 Signed by Mpho Sehloho
 REGISTRAR OF MEDICAL SCHEMES
 m.sehloho@medicalschemes.co.za

[Signature]

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

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Mpho Sehloho
 25/02/2021 14:23:45 (UTC+02:00)
 Signed by Mpho Sehloho
 REGISTRAR OF MEDICAL SCHEMES
 m.sehloho@medicalschemes.co.za




PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONSTART	CONDITION/REMARKS SUBJECT TO PMB
D23.3.2	Day Surgery Procedures	<ul style="list-style-type: none"> Subject to the Day Surgery Network. R10 650 co-payment to apply to all non-network admissions and subject to Regulation 8 (3). 	Subject to the relevant managed healthcare programme and to its prior authorisation and subject to a defined list of procedures. The co-payment to be waived if the cost of the service falls within the co-payment amount.
D24	PREVENTATIVE CARE BENEFIT (See B1)		
D24.1	Women's Health Cervical Cancer Screening	<ul style="list-style-type: none"> Pap Smear Females 21-65 years Once every 3 years. 	
D24.2	Mens Health PSA test	<ul style="list-style-type: none"> No benefit. 	
D24.3	General Health	<ul style="list-style-type: none"> HIV test annually. Flu vaccine annually. 	
D24.4	Cardiac health	No benefit.	
D24.5	Elderly Health	No benefit.	
D24.6	Children's health Hypothyroidism	<ul style="list-style-type: none"> No benefit 	
	Infant Hearing Screening	<ul style="list-style-type: none"> No benefit 	
	Extended Program on Immunisation (EPI)	No benefit.	

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Mpho Sehloho
25/02/2021 14:23:49 (UTC+02:00)
Signed by Mpho Sehloho
REGISTRAR OF MEDICAL SCHEMES
m.sehloho@medicalschemes.co.za



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PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONSTART	CONDITION/REMARKS SUBJECT TO PMB
D26	AFRICA BENEFIT	<ul style="list-style-type: none"> 100% of the usual, reasonable cost for in- and out-of-hospital treatment routinely available in South Africa received in Africa. Subject to authorisation. 	The Fund's liability will not exceed the global amount the Fund would in the ordinary course pay for such healthcare services given the Fund's claims experience in South Africa, subject to the benefits as per benefit plan.
D27	WELLNESS BENEFIT (See B1)		
D27.1	Health Risk Assessment (HRA) which includes Lifestyle questionnaire Wellness screening	Wellness screening. One assessment per beneficiary per annum by a registered provider, (wellness day, participating pharmacy or biokineticists). Payable from OAL. Limited to: <ul style="list-style-type: none"> blood pressure test glucose test cholesterol test body mass index hip to waist ratio. 	
D27.2	Wellness extender	No benefit.	

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2021/02/25

Mpho Sehloho
 25/02/2021 14:23:58 (UTC+02:00)
 Signed by Mpho Sehloho
 m.sehloho@medicalschemes.co.za

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