

PARAGRAPH	BENEFIT (EXCEPT FOR PMBs)	BONSAVE	BONFIT SELECT	CONDITION/REMARKS SUBJECT TO PMB
D21.1.1	In hospital	No limit.	No limit.	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	Subject to available savings.	Subject to available savings.	This benefit excludes: specified list of radiology tariff codes included in the <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). Authorisation is not required for MRI scans for low field peripheral joint examination of dedicated limb units.
D21.2	Specialised radiology			
D21.2.1	In hospital	<ul style="list-style-type: none"> R24 610 per family. R1 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. 	<ul style="list-style-type: none"> R16 620 per family. R1 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. Specific authorisations are required in addition to any authorisation that may have been obtained for hospitalisation, for the following: <ul style="list-style-type: none"> CT scans MUGA scans MRI scans Radio isotope studies CT colonography (virtual colonoscopy, limited to one per beneficiary per annum restricted to the evaluation of symptomatic patients only) MDCT coronary angiography, limited to one per beneficiary restricted to the evaluation of symptomatic patients only. The applicable co-payment to be paid from savings first.

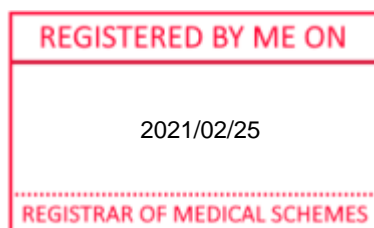
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REGISTRAR OF MEDICAL SCHEMES



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D23.3.4	Procedures which will attract a R6 000 deductible: Cataract Surgery	Subject to a R6 000 co-payment per event: <ul style="list-style-type: none"> For the voluntary use of a non-DSP. 	Subject to a R6 000 co-payment per event: <ul style="list-style-type: none"> For the 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.
D23.4	Day Surgery Procedures	<ul style="list-style-type: none"> Subject to the Day Surgery Network. R2 200 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. R4 400 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 B3)			
D24.1	Women's Health Breast Cancer Screening Cervical Cancer Screening	<ul style="list-style-type: none"> Mammogram Females age >40 years Once every 2 years. Pap Smear Females 21-65 years Once every 3 years. 	<ul style="list-style-type: none"> Mammogram Females age >40 years Once every 2 years. Pap Smear Females 21-65 years Once every 3 years. 	
D24.2	Mens Health PSA test	<ul style="list-style-type: none"> Men 45-69 years, 1 per annum. 	<ul style="list-style-type: none"> Men 45-69 years, 1 per annum. 	




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D27.1	<p>Health Risk Assessment (HRA) which includes</p> <p>Lifestyle questionnaire</p> <p>Wellness screening</p>	<p>Wellness screening.</p> <p>One assessment per beneficiary per annum by a registered provider, (wellness day, participating pharmacy or biokineticists).</p> <p>Payable from OAL. Limited to:</p> <ul style="list-style-type: none"> • blood pressure test • glucose test • cholesterol test • body mass index • hip to waist ratio. • HIV counselling and testing. 	<p>Wellness screening.</p> <p>One assessment per beneficiary per annum by a registered provider, (wellness day, participating pharmacy or biokineticists).</p> <p>Payable from OAL. Limited to:</p> <ul style="list-style-type: none"> • blood pressure test • glucose test • cholesterol test • body mass index • hip to waist ratio. • HIV counselling and testing. 	<p>HIV test is limited to one (1) per beneficiary per annum, either as part of Preventative Care or Health Risk Assessment. See D24.3.</p>
D27.2	Wellness extender	<p>Subject to completion of a Health Risk Assessment per beneficiary.</p> <p>Limited to R1 310 per family for services rendered by</p> <ul style="list-style-type: none"> • Family practitioner • Dietician • Biokineticist • Physiotherapist • Smoking cessation programme • Basic radiology and • GP referred pathology 	<p>Subject to completion of a Health Risk Assessment per beneficiary.</p> <p>Limited to R1 310 per family for services rendered by</p> <ul style="list-style-type: none"> • Family practitioner • Dietician • Biokineticist • Physiotherapist • Smoking cessation programme • Basic radiology and • GP referred pathology 	<ul style="list-style-type: none"> • Child dependants will qualify for the wellness extender benefit once the main member or an adult beneficiary has completed a Health Risk Assessment. • The benefit includes specified general radiology performed by radiologists and radiographers and GP referred pathology services, performed by pathologists.

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