

PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	HOSPITAL STANDARD	BONESSENTIAL	BONESSENTIAL SELECT	CONDITION/REMARKS SUBJECT TO PMB
D14	ONCOLOGY (See A4 & B1)	<div style="border: 2px solid red; padding: 5px; margin-bottom: 5px;">REGISTERED BY ME ON</div> <div style="border: 1px solid black; padding: 10px; margin-bottom: 5px;">2024/04/22</div> <div style="border: 1px dashed red; padding: 2px; margin-bottom: 5px;">REGISTRAR OF MEDICAL SCHEMES</div>			Where more than one co-payment apply, the lower of the co-payments will be waived and the highest will be the member's liability.
D14.1	Pre active, active & post active treatment period	<ul style="list-style-type: none"> R159 800 per family for oncology. Unlimited for PMB oncology. Above benefit limit, non-PMB oncology is unlimited at a network provider, subject to a 20% co-payment. The Bonitas Oncology Network is the DSP for oncology services at the contracted network rate. 100% of the Bonitas tariff for services rendered by non-network oncology providers. 30% copay for the voluntary use of services rendered by non-network oncology providers, subject to Regulation 8 (3). 	<ul style="list-style-type: none"> Limited to PMBs, except for specific non-PMB indicated services (brachytherapy and oncology social worker). Subject to the DSP. The Bonitas Oncology Network is the DSP for oncology services at the contracted network rate. 100% of the Bonitas tariff for services rendered by non-network providers 30% copay for the voluntary use of services rendered by non-network oncology providers, subject to Regulation 8 (3). 	<ul style="list-style-type: none"> Limited to PMBs, except for specific non-PMB indicated services (brachytherapy and oncology social worker). Subject to the DSP. The Bonitas Oncology Network is the DSP for oncology services at the contracted network rate. 100% of the Bonitas tariff for services rendered by non-network oncology providers. 30% copay for the voluntary use of services rendered by non-network oncology providers, subject to Regulation 8 (3). 	<ul style="list-style-type: none"> Subject to the relevant managed healthcare programme and to its prior authorisation. For Hospital Standard all costs related to approved cancer treatment, including PMB treatment, will add up to the oncology benefit limit. 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- 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.

PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	HOSPITAL STANDARD	BONESSENTIAL	BONESSENTIAL SELECT	CONDITION/REMARKS SUBJECT TO PMB
	Human Papilloma Virus (HPV) Vaccine	<p>1 basic cytology test per annum or the HPV PCR once every 5 years.</p> <ul style="list-style-type: none"> Limited to 3 doses for females between 15 – 26 years. One course per lifetime. 	<p>1 basic cytology test per annum or the HPV PCR once every 5 years.</p> <ul style="list-style-type: none"> Limited to 3 doses for females between 15 – 26 years. One course per lifetime. 	<p>1 basic cytology test per annum or the HPV PCR once every 5 years.</p> <ul style="list-style-type: none"> Limited to 3 doses for females between 15 – 26 years. One course per lifetime. 	<div style="border: 2px solid red; padding: 5px; width: fit-content; margin: 0 auto;"> <p style="color: red; margin: 0;">REGISTERED BY ME ON</p> <p style="margin: 5px 0 0 0;">2024/04/22</p> <p style="color: red; margin: 0;">REGISTRAR OF MEDICAL SCHEMES</p> </div>
D24.2	Men's Health PSA test	<ul style="list-style-type: none"> Men 55-69 years, 1 per annum 	<ul style="list-style-type: none"> Men 55-69 years, 1 per annum 	<ul style="list-style-type: none"> Men 55-69 years, 1 per annum 	
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 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	Elderly Health	<ul style="list-style-type: none"> Pneumococcal Vaccination, including the administration fee of the nurse practitioner Age >65 Once every 5 years Faecal Occult Blood Test Ages 45-75 annually. 	<ul style="list-style-type: none"> Pneumococcal Vaccination, including the administration fee of the nurse practitioner Age >65 Once every 5 years Faecal Occult Blood Test Ages 45-75 annually. 	<ul style="list-style-type: none"> Pneumococcal Vaccination, including the administration fee of the nurse practitioner Age >65 Once every 5 years Faecal Occult Blood Test Ages 45-75 annually. 	
D24.5	Extended Program on Immunisation (EPI)	No benefit.	No benefit.	No benefit.	

PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	HOSPITAL STANDARD	BONESSENTIAL	BONESSENTIAL SELECT	CONDITION/REMARKS SUBJECT TO PMB
D27	WELLNESS BENEFIT				
D27.1	<p>Health Risk Assessment (HRA) which includes Lifestyle questionnaire Wellness screening</p> <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;">2024/04/22</p> <p style="text-align: center; border-top: 1px dashed red; color: red; font-weight: bold;">REGISTRAR OF MEDICAL SCHEMES</p> </div>	<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.</p> <p>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.</p> <p>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.</p> <p>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. 	<ul style="list-style-type: none"> • HIV test, either as part of Preventative Care or Health Risk Assessment. See D24.3. • Upon a positive diagnosis, the HIV basket of care applies, subject to registration on the relevant managed healthcare programme.
D27.2	<p>Benefit Booster (including out of hospital non-PMB day-to-day services as mentioned in D1, D5.1.3, D5.2, D11.1, D11.2, D13.2, D17.2, D18.2, D19.2, D21.1.2 and virtual consultations).</p>	<p>No benefit.</p>	<p>Subject to completion of a Health Risk Assessment or the completion of an online wellness questionnaire per beneficiary.</p> <p>Limited to R1 100 per family.</p> <ul style="list-style-type: none"> • Alternative Health: D1 • GP consultations: D5.1.3 • Medical specialists: D5.2 • Acute medication: D11.1 • Pharmacy advised therapy: D11.2 • Non-surgical procedures: D13.2 • Paramedical services : D17.2 • Pathology: D18.2 	<p>Subject to completion of a Health Risk Assessment or the completion of an online wellness questionnaire per beneficiary.</p> <p>Limited to R1 100 per family.</p> <ul style="list-style-type: none"> • Alternative Health: D1 • GP consultations: D5.1.3 • Medical specialists: D5.2 • Acute medication: D11.1 • Pharmacy advised therapy: D11.2 • Non-surgical procedures: D13.2 • Paramedical services : D17.2 • Pathology: D18.2 	<ul style="list-style-type: none"> • Child dependants will qualify for the Benefit Booster once the main member or an adult beneficiary has completed a Health Risk Assessment or an online wellness questionnaire. • Valid qualifying claims will pay first from the benefit booster and thereafter from the relevant benefits as described in D1 – D24.