

PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	STANDARD	STANDARD SELECT	CONDITIONS/REMARKS SUBJECT TO PMB
	<ul style="list-style-type: none"> <li>• Laser tonsillectomy</li> <li>• Oesophageal motility studies</li> <li>• Vasectomy</li> <li>• Prostate Needle biopsy (See B3)</li> </ul>	<ul style="list-style-type: none"> <li>• The contracted rate applies for network specialists.</li> <li>• 100% of the Bonitas Tariff for non-network specialists or general practitioners.</li> </ul>	<ul style="list-style-type: none"> <li>• The contracted rate applies for network specialists.</li> <li>• 100% of the Bonitas Tariff for non-network specialists or general practitioners.</li> </ul>	<ul style="list-style-type: none"> <li>• Co-payments will not apply if procedure is done in the doctors rooms.</li> <li>• Includes related consultation, materials, pathology and radiology if done in the rooms on the same day.</li> </ul>
D13.3	Sleep studies (See B3)			Subject to the relevant managed healthcare programme and its prior authorisation.
D13.3.1	Diagnostic Polysomnograms In and out of hospital	<ul style="list-style-type: none"> <li>• No limit.</li> <li>• The contracted rate applies for network specialists.</li> <li>• 100% of the Bonitas Tariff for non-network specialists or general practitioners.</li> </ul>	<ul style="list-style-type: none"> <li>• No limit.</li> <li>• The contracted rate applies for network specialists.</li> <li>• 100% of the Bonitas Tariff for non-network specialists or general practitioners.</li> </ul>	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	<ul style="list-style-type: none"> <li>• No limit.</li> <li>• The contracted rate applies for network specialists.</li> <li>• 100% of the Bonitas Tariff for non-network specialists or general practitioners.</li> </ul>	<ul style="list-style-type: none"> <li>• No limit.</li> <li>• The contracted rate applies for network specialists.</li> <li>• 100% of the Bonitas Tariff for non-network specialists or general practitioners.</li> </ul>	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 (See A4 & B3)			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	<p>PRE ACTIVE, ACTIVE &amp; POST ACTIVE TREATMENT PERIOD</p> <div style="border: 2px solid red; padding: 5px; text-align: center;"> <p><b>REGISTERED BY ME ON</b></p> <p>2024/04/22</p> <p>REGISTRAR OF MEDICAL SCHEMES</p> </div>	<ul style="list-style-type: none"> <li>• R266 300 per family for oncology.</li> <li>• Unlimited for PMB oncology.</li> <li>• Above benefit limit, non-PMB oncology, excluding specialised drugs, is unlimited at a network provider, subject to a 20% co-payment.</li> <li>• The Bonitas Oncology Network is the DSP for</li> </ul>	<ul style="list-style-type: none"> <li>• R266 300 per family for oncology.</li> <li>• Unlimited for PMB oncology.</li> <li>• Above benefit limit, non-PMB oncology, excluding specialised drugs, is unlimited at a network provider subject to a 20% co-payment.</li> <li>• The Bonitas Oncology Network is the DSP for</li> </ul>	<ul style="list-style-type: none"> <li>• Subject to the relevant managed healthcare programme and to its prior authorisation.</li> <li>• All costs related to approved cancer treatment, including PMB treatment, will add up to the oncology benefit limit.</li> <li>• Treatment for long-term chronic conditions that may develop as a result of chemotherapy and radiotherapy is not included in this benefit.</li> </ul>

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D24.3	<p><b>General Health</b></p> <div style="border: 2px solid red; padding: 5px; text-align: center;"> <p><b>REGISTERED BY ME ON</b></p> <p>2024/04/22</p> <p>REGISTRAR OF MEDICAL SCHEMES</p> </div>	<ul style="list-style-type: none"> <li>HIV test annually</li> <li>Flu vaccine annually, including the administration fee of the nurse practitioner.</li> </ul>	<ul style="list-style-type: none"> <li>HIV test annually</li> <li>Flu vaccine annually including the administration fee of the nurse practitioner.</li> </ul>	<ul style="list-style-type: none"> <li>HIV test, either as part of Preventative Care or Health Risk Assessment. See D27.1.</li> <li>Upon a positive diagnosis, the HIV basket of care applies, subject to registration on the relevant managed healthcare programme.</li> </ul>
D24.4	<b>Cardiac Health</b>	<p>Full Lipogram From age 20 years Once every 5 years</p>	<p>Full Lipogram From age 20 years Every 5 years</p>	
D24.5	<b>Elderly Health</b>	<ul style="list-style-type: none"> <li>Pneumococcal Vaccination including the administration fee of the nurse practitioner. Age &gt;65 once every 5 years.</li> <li>Faecal Occult Blood Test Ages 45-75 annually.</li> </ul>	<ul style="list-style-type: none"> <li>Pneumococcal Vaccination including the administration fee of the nurse practitioner. Age &gt;65 once every 5 years.</li> <li>Faecal Occult Blood Test Ages 45-75 annually.</li> </ul>	
D24.6	<p><b>Children's health Hypothyroidism</b></p> <p><b>Infant Hearing Screening</b></p> <p><b>Human Papilloma Virus (HPV) Vaccine</b></p>	<ul style="list-style-type: none"> <li>1 TSH Test Age &lt;1 month</li> <li>One infant hearing screening test for newborns up to 8 weeks, in or out of hospital, performed by an audiologist or speech therapist.</li> <li>Limited to two doses for girls aged between 9 – 14years.</li> <li>One course per lifetime.</li> </ul>	<ul style="list-style-type: none"> <li>1 TSH Test Age &lt;1 month</li> <li>One infant hearing screening test for newborns up to 8 weeks, in or out of hospital, performed by an audiologist or speech therapist.</li> <li>Limited to two doses for girls aged between 9 – 14years.</li> <li>One course per lifetime.</li> </ul>	
	<b>Extended Program on Immunisation (EPI)</b>	<ul style="list-style-type: none"> <li>Various Vaccinations including the administration fee of the nurse practitioner for children up to the age of 12 years.</li> </ul>	<ul style="list-style-type: none"> <li>Various Vaccinations including the administration fee of the nurse practitioner for children up to the age of 12 years.</li> </ul>	

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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; text-align: center; color: red; font-weight: bold;">           REGISTERED BY ME ON             2024/04/22             REGISTRAR OF MEDICAL SCHEMES         </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. Limited to</p> <ul style="list-style-type: none"> <li>• blood pressure test</li> <li>• glucose test</li> <li>• cholesterol test</li> <li>• body mass index.</li> <li>• hip to waist ratio</li> <li>• HIV counselling and testing.</li> </ul>	<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"> <li>• blood pressure test</li> <li>• glucose test</li> <li>• cholesterol test</li> <li>• body mass index</li> <li>• hip to waist ratio</li> <li>• HIV counselling and testing.</li> </ul>	<ul style="list-style-type: none"> <li>• HIV test, either as part of Preventative Care or Health Risk Assessment. See D24.3.</li> <li>• Upon a positive diagnosis, the HIV basket of care applies, subject to registration on the relevant managed healthcare programme.</li> </ul>
D27.2	<p><b>Benefit Booster (including out of hospital non-PMB day-to-day services as mentioned in D1, D5.1.3, D5.1.4, D5.2, D11.1, D11.2, D13.2, D17.2, D18.2, D19.2, D21.1.2 and virtual consultations)</b></p>	<p>Subject to completion of a Health Risk Assessment or the completion of an online wellness questionnaire per beneficiary.</p> <p>First level Benefit Booster, Limited to R1 000 per family, activated by completion of an online questionnaire.</p> <p>Limited to:</p> <ul style="list-style-type: none"> <li>• Alternative Health: D1</li> <li>• GP consultations: D5.1.3 &amp; 4</li> <li>• Medical specialists: D5.2</li> <li>• Acute medication: D11.1</li> <li>• Pharmacy advised therapy: D11.2</li> <li>• Non-surgical procedures: D13.2</li> <li>• Paramedical services : D17.2</li> <li>• Pathology: D18.2</li> <li>• Physical therapy: D19.2</li> <li>• General radiology: D21.1.2</li> </ul>	<p>Subject to completion of a Health Risk Assessment or the completion of an online wellness questionnaire per beneficiary.</p> <p>First level Benefit Booster, Limited to R1 000 per family, activated by completion of an online questionnaire:</p> <p>Limited to:</p> <ul style="list-style-type: none"> <li>• Alternative Health: D1</li> <li>• GP consultations: D5.1.3 &amp; 4</li> <li>• Medical specialists: D5.2</li> <li>• Acute medication: D11.1</li> <li>• Pharmacy advised therapy: D11.2</li> <li>• Non-surgical procedures: D13.2</li> <li>• Paramedical services : D17.2</li> <li>• Pathology: D18.2</li> <li>• Physical therapy: D19.2</li> <li>• General radiology: D21.1.2</li> </ul>	<ul style="list-style-type: none"> <li>• 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.</li> <li>• Valid qualifying claims will pay first from the Benefit Booster and thereafter from the relevant benefits as described in D1 – D24.</li> <li>• The first level Benefit Booster will become available when an online wellness questionnaire is completed by the main member or adult beneficiary.</li> <li>• When a main member or adult beneficiary completes the health risk assessment (HRA), the first and second level Benefit Booster will become available.</li> </ul>