

Bonitas

BONITAS MEDICAL FUND ANNEXURE B

OPTION: BONCAP
2025

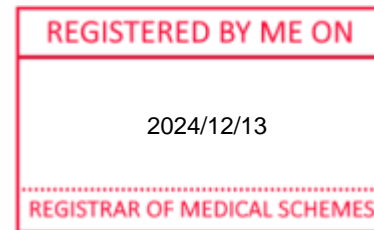


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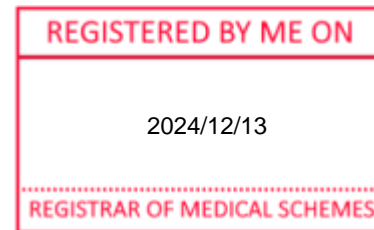
 REGISTRAR OF MEDICAL SCHEMES



A ENTITLEMENT TO BENEFITS

- A1 The BonCap Fund Tariff is defined as the BonCap monetary tariffs applicable in 2024 increased by an average of 5.2%
- 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 Benefit Table in paragraph D below.
- A3 The Specialist Network appointed as the BonCap Specialist Network DSP for PMBs (refer to Annexure D: 7.3.6), is applicable for all In and Out of hospital consultations and procedures.
- A3.1 Specialist Network
- A3.1.1 The Specialist Network includes, but is not limited to, the following specialists:

- Cardio Thoracic Surgery
- Cardiology
- Dermatology
- Maxillo-facial surgery
- Neurology
- Neurosurgery
- Obstetrics and Gynaecology
- Ophthalmology
- Orthopaedics
- Otorhinolaryngology (ENT)
- Paediatrics
- Plastic and Reconstructive Surgery
- Psychiatry
- Pulmonology
- Rheumatology
- Specialist Medicine
- Surgery
- Urology



A3.1.2 Specialist Network tariffs, in and out of hospital are at 100% of the BonCapTariff.

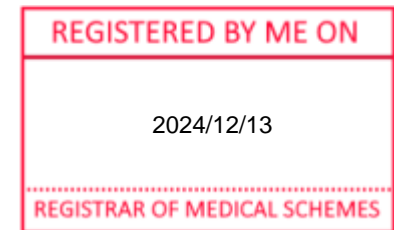
B CHARGING OF BENEFITS, LIMITS INCLUDING OAL & MEMBERSHIP CATEGORY

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 BonCap Tariff, or Uniform Patient Fee Schedule for Public hospitals, or 100% of the BonCap 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, unless there has been voluntary use of a non-DSP where the reimbursement will be 70% of the BonCap tariff.

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). Co-payments to apply where relevant.

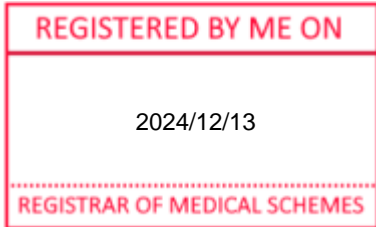
B3 MEMBERSHIP CATEGORY

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.

- 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 BonCap Option, a member or beneficiary will be required to obtain a referral from a BonCap registered general practitioner for a BonCap network 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. 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 LIMITS AND BENEFITS

PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONCAP	CONDITIONS/REMARKS SUBJECT TO PMB
	OVERALL ANNUAL LIMIT	No limit.	
D1	ALTERNATIVE HEALTHCARE		
D1.1	In and Out of Hospital (See B1)	No benefit.	
D1.1.1	Homeopathic Consultations and/or Treatment	No benefit.	
D1.1.2	Homeopathic Medicines	No benefit.	
D1.1.3	Acupuncture	No benefit.	
D1.1.4	Naturopathy	No benefit.	
D1.1.5	Osteopathy	No benefit.	
D1.1.6	Phytotherapy	No benefit.	
D2	AMBULANCE SERVICES		
D2.1	Emergency Medical Transport (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		
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 benefit (D11.3).

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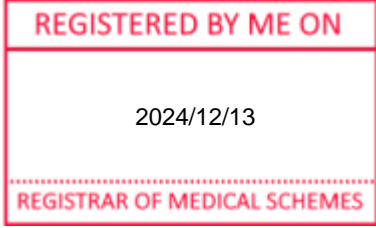
PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONCAP	CONDITIONS/REMARKS SUBJECT TO PMB
			Subject to frequency limits as per managed care protocols.
D3.1.1	General Medical and Surgical Appliances, including wheelchairs and repairs, and large orthopaedic appliances	R7 090 per family. Recommend use of preferred supplier.	Hiring or buying medical or surgical aids as prescribed by a medical practitioner. The benefit excludes consultations/fittings which are subject to D17.2.
D3.1.2	Hearing Aids and Repairs	No benefit.	
D3.1.3	CPAP Apparatus for Sleep Apnoea	No benefit.	
D3.1.4	Stoma Products	Limited to and included in the general medical and surgical appliance limit, and above limits PMB applies.	
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.
D3.1.5.1	Oxygen Therapy, and Equipment (not including Hyperbaric Oxygen Treatment)	No limit, if specifically authorised.	Portable cylinders/concentrators are excluded.
D3.1.5.2	Home Ventilators	No limit, if specifically authorised.	
D3.1.5.3	Long leg Callipers	Limited to and included in D3.1.1.	
D3.1.5.4	Foot Orthotics	No benefit.	
D4 BLOOD, BLOOD EQUIVALENTS AND BLOOD PRODUCTS			
D4.1	In and Out of Hospital (See B1)	Limited to R22 690 per family.	Subject to the relevant managed healthcare programme and to its prior authorisation.
D5 CONSULTATIONS/VISITS BY MEDICAL PRACTITIONERS			

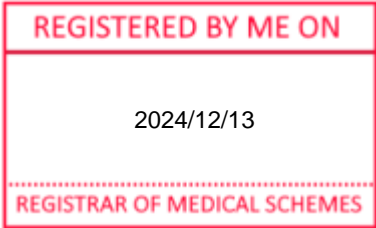
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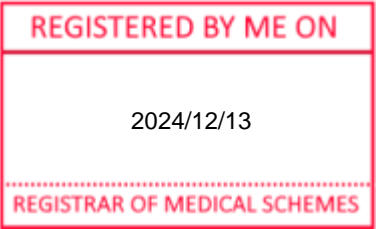
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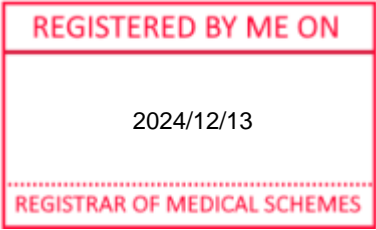


PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONCAP	CONDITIONS/REMARKS SUBJECT TO PMB										
D5.1	General Practitioners (Including Virtual Consultations with Network GPs) (see B1)		<p>This benefit excludes the following as they are covered under services mentioned elsewhere in this Annexure:</p> <ul style="list-style-type: none"> • Dental Practitioners and Therapists (D6), • 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 the BonCap Tariff for general practitioners on the BonCap Network. • 70% of the BonCap Tariff for non-network general practitioners. 	Subject to pre-authorization, the DSP network and managed care protocols.										
D5.1.2	Out of Hospital	<ul style="list-style-type: none"> • Unlimited GP/Registered Nurse visits • Authorisation is required from the 8th visit. • Subject to the beneficiary consulting with a nominated DSP provider. • Subject to the BonCap GP network. • A 30% co-payment applies to the voluntary use of a non-DSP, unless PMB. • One out of network visit per beneficiary, maximum of two visits per family, limited to R400 per visit. • A 30% co-payment applies to out-of-network visits. 	<ul style="list-style-type: none"> • Subject to the DSP network and approved list of procedures, subject to medical necessity and managed care protocols and procedures. • Subject to nomination of a GP from the BonCap GP network for the management of chronic conditions. 										
D5.1.3	GP – Radiology, Pathology and Acute Medication.	<table> <tr> <td>M</td> <td>R2 300</td> </tr> <tr> <td>M+1</td> <td>R3 840</td> </tr> <tr> <td>M+2</td> <td>R4 600</td> </tr> <tr> <td>M+3</td> <td>R5 020</td> </tr> <tr> <td>M+4+</td> <td>R5 570</td> </tr> </table>	M	R2 300	M+1	R3 840	M+2	R4 600	M+3	R5 020	M+4+	R5 570	<ul style="list-style-type: none"> • Subject to the BonCap radiology and pathology formulary. • 20% co-payment applies to medication obtained from a non-network GP and use of a non-DSP. • 20% co-payment on pathology referred by a non-DSP provider.
M	R2 300												
M+1	R3 840												
M+2	R4 600												
M+3	R5 020												
M+4+	R5 570												

PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONCAP	CONDITIONS/REMARKS SUBJECT TO PMB
			<ul style="list-style-type: none"> Managed care protocols apply.
D5.2	Medical Specialists (See B1 and B6)		
D5.2.1	In Hospital 	<ul style="list-style-type: none"> No limit. 100% of the BonCap Tariff for BonCap specialists 70% of the BonCap Tariff for non-network specialists. 	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), Oncologists, Haematologists and Credentialed Medical Practitioners during active and post-active treatment periods (D14); Paramedical Services (D17); Physiotherapists and Biokineticists in hospital (D19.1).
D5.2.2	Out of Hospital (See B6)	Network Specialist consultations are limited to: <ul style="list-style-type: none"> 5 consultations per family per year, maximum 3 per beneficiary. Limited to R3 900 per beneficiary or R5 800 per family. No benefit for out-of-network specialist visits. Voluntary use of a non-network specialist visits are limited to PMBs at 70% of the BonCap Tariff. The specialist benefit includes all <ul style="list-style-type: none"> acute medication, basic radiology, specialised radiology and, pathology prescribed by a specialist. 	<ul style="list-style-type: none"> A referral to a specialist must be done by a registered BonCap Network general practitioner and a valid referral obtained. Pre- authorisation is required for all out of hospital specialist visits subject to a BonCap GP network referral and a valid authorisation must be obtained.. Subject to the BonCap radiology and pathology formulary and DSP.
D6 DENTISTRY			
D6.1	BASIC DENTISTRY (See B1)		Benefits are subject to a DENIS DSP Network for conservative out of hospital services. The dental benefits are subject to a pre-determined published list of dental codes.

PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONCAP	CONDITIONS/REMARKS SUBJECT TO PMB
D6.1.1	Consultations	<ul style="list-style-type: none"> Limited to one general check-up per beneficiary per year. Limited to one specific (emergency) consultation for pain and sepsis per beneficiary per year. Subject to the contracted dental provider. Covered at 100% of the BDT. 	Out of network emergency dentistry is limited to one episode per beneficiary.
D6.1.2	Fillings	<ul style="list-style-type: none"> Benefits for 4 fillings per beneficiary per year. Fillings are granted once per tooth every 2 years. Benefits for re- treatment of a tooth are subject to managed care protocols. Covered at 100% of the BDT. 	<ul style="list-style-type: none"> Benefits for fillings are granted once per tooth every 2 years. Benefits for re-treatment of a tooth are subject to managed care protocols. A treatment plan and x-rays may be required for multiple fillings.
D6.1.3	Plastic Dentures	<ul style="list-style-type: none"> Pre-authorisation is required. One set of plastic dentures (an upper and a lower) per family in a 24 month cycle for patients 21 years and older only. 20% Co-payment applies. A further 20% penalty will apply if authorisation is applied for after the treatment has been done. 	Subject to managed care protocols.
D6.1.4	Extractions	<ul style="list-style-type: none"> Covered if clinically necessary. Covered at 100% of the BDT. Impacted teeth excluded (8941). 	Subject to managed care protocols.
D6.1.5	Root Canal Therapy	<ul style="list-style-type: none"> Only emergency pulp removal is covered. Covered at 100% of the BDT. Root canal therapy on wisdom teeth (3rd molar) is not covered. 	Subject to managed care protocols.
D6.1.6	Preventative Care 	<ul style="list-style-type: none"> 1 Polish or 1 scale & polish per beneficiary per year Code 8155 for polish, or code 8159 for scaling and polishing. <p>Fluoride Treatment:</p> <ul style="list-style-type: none"> Covered at 100% of the BDT. Benefit for fluoride is limited to 1 treatment per annum for beneficiaries from age 5 and younger than 16 years of age. Code 8161: for beneficiaries 5 - 12 years of age; and 	No benefit for oral hygiene instructions.

PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONCAP	CONDITIONS/REMARKS SUBJECT TO PMB
		<ul style="list-style-type: none"> Code 8162: for beneficiaries 13 - 15 years of age. Fissure Sealants: <ul style="list-style-type: none"> 1 treatment per year for beneficiaries under 16 years of age: Covered at 100% of the BDT. Code 8163: 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) dentistry, except for PMBs. Subject to pre-authorisation. 30% co-payment applies for non-network hospital admissions or late pre-authorisation requests except for PMB emergencies. 	Hospitalisation is only covered for PMB cases Subject to pre-authorisation. Pre-authorisation is required for Moderate/Deep Sedation in the rooms and is limited to extensive conservative dental treatment where managed care protocols apply.
D6.1.8	Inhalation Sedation in Dental Rooms	Benefit is subject to managed care protocols. Covered at 100% of the BDT.	Inhalation sedation limited to extensive conservative dental treatment only.
D6.1.9	X-rays	<ul style="list-style-type: none"> Covered at 100% of the BDT for 4 intra-oral x-rays per beneficiary per year. No benefit for extra-oral x-rays, except for PMB. 	<div style="border: 2px solid red; padding: 5px; text-align: center;"> <p style="color: red; font-weight: bold; margin: 0;">REGISTERED BY ME ON</p> <p style="margin: 5px 0 0 0;">2024/12/13</p> <p style="color: red; font-weight: bold; margin: 0;">REGISTRAR OF MEDICAL SCHEMES</p> </div>
D6.2	SPECIALISED 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	Subject to the contracted provider.	<ul style="list-style-type: none"> Subject to the dental managed care protocols. Surgery in the dental chair – subject to the DENIS DSP. Limited to the following two codes: 8937 and 8213. Cover for PMB Treatment.
D6.2.5	Orthodontic Treatment	No benefit.	

PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONCAP	CONDITIONS/REMARKS SUBJECT TO PMB
D6.2.6	Maxillo-facial Surgery	Limited to and included in D5.2.1.	<ul style="list-style-type: none"> Surgery in the dental chair – subject to Denis DSP. Limited to the following two codes: 8937 and 8213. Cover for PMB Treatment.
D6.2.7	Periodontal Treatment	No benefit.	
D7 HOSPITALISATION			
D7.1	Private Hospitals and unattached Operating Theatres (See B1)		
D7.1.1	In Hospital 	<ul style="list-style-type: none"> No limit. Subject to the BonCap hospital Network and Regulation 8 (3). 30% co-payment applies for non-network hospital admissions or late pre-authorisation requests except for PMB emergencies. No benefit for Deep Brain Stimulation Implantation. The BonCap Day Surgery Network applies for defined procedures. (See paragraph D23.4) 	<ul style="list-style-type: none"> 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, except for late authorisation requests where the penalty as per Annexure D 4.5.6 will apply. <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).
D7.1.2	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, except anticoagulants post-surgery, which will be subject to the relevant managed healthcare programme. 	

PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONCAP	CONDITIONS/REMARKS SUBJECT TO PMB
D7.1.3	Casualty / Emergency Room Visits		Will be included in the hospital benefit if a retrospective authorisation is given by the relevant managed healthcare programme for bona fide emergencies. The risk benefit is maximum 2 emergency room visits per family either in a private or public hospital setting.
D7.1.3.1	Facility Fee	<ul style="list-style-type: none"> Limited to life and limb threatening emergencies. Limited to 2 emergency room visits per family, included in the OAL. Subsequent emergency rooms visits are subject to life and limb threatening emergencies and pre-authorisation by the relevant managed healthcare programme. 	<div style="border: 2px solid red; padding: 5px; text-align: center;"> <p style="color: red; font-weight: bold; margin: 0;">REGISTERED BY ME ON</p> <p style="margin: 5px 0 0 0;">2024/12/13</p> <p style="color: red; font-weight: bold; margin: 0;">REGISTRAR OF MEDICAL SCHEMES</p> </div>
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 life and limb threatening emergencies. Subsequent visits are limited to and included in D5.2.2. 	
D7.1.3.3	Medicine	Subject to the bona fide emergency treatment protocols.	Subject to the relevant managed healthcare programme and its prior authorisation.
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>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);

PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONCAP	CONDITIONS/REMARKS SUBJECT TO PMB
			<ul style="list-style-type: none"> 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, except anticoagulants post-surgery. See D7.1.2.	
D7.2.3	Casualty / Emergency Room Visits		Will be included in the hospital benefit if retrospective authorisation is given by the relevant managed healthcare programme for life and limb threatening emergencies.
D7.2.3.1	Facility Fee	<ul style="list-style-type: none"> Limited to life and limb threatening emergencies. Limited to 2 emergency room visits per family, included in the OAL. Subsequent emergency rooms visits are subject to life and limb threatening emergencies and pre-authorisation by the relevant managed healthcare programme. 	<div style="border: 2px solid red; padding: 5px; text-align: center;"> <p style="color: red; font-weight: bold; margin: 0;">REGISTERED BY ME ON</p> <p style="margin: 5px 0 0 0;">2024/12/13</p> <p style="color: red; font-weight: bold; margin: 0;">REGISTRAR OF MEDICAL SCHEMES</p> </div>
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 life and limb threatening emergencies. Subsequent visits are limited to and included in D5.2.2. 	
D7.2.3.3	Medicine	Subject to the bona fide emergency treatment protocols.	
D7.2.4	Outpatient Services		
D7.2.4.1	Facility Fee	Limited to pre-authorisation of bona fide emergencies.	
D7.2.4.2	Consultations	See D5.2.2.	
D7.2.4.3	Medicine	See D11.1.	
D7.3	Alternatives to Hospitalisation (See B1)		

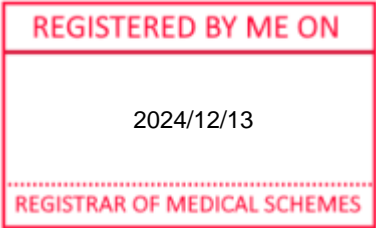
PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONCAP	CONDITIONS/REMARKS SUBJECT TO PMB
D7.3.1	Physical Rehabilitation Hospitals	Limited to R60 900 per family.	Subject to the relevant managed healthcare programme and to its prior authorisation. Benefits for clinical procedures and treatment during stay in an alternative facility will be subject to the same benefits that apply to hospitalisation.
D7.3.2	Sub-acute Facilities including Hospice	R17 550 per family.	
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 relevant managed healthcare programme and use of the BonCap DSP.
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			
D8.1	In and Out of Hospital (See B2)	Prescribed Minimum Benefits only, as per state protocols.	<ul style="list-style-type: none"> Subject to the Prescribed Minimum Benefits. Subject to registration on the relevant managed healthcare programme.
D8.1.1	Anti-retroviral Medicine	Limited to and included in D8.1 and subject to the DSP.	
D8.1.2	Related Medicine	Limited to and included in D8.1 and subject to the DSP.	
D8.1.3	Related Pathology	Limited to and included in D8.1.	
D8.1.4	Related Consultations	Limited to and included in D8.1.	
D8.1.5	All Other Services	Limited to and included in D1 - D7 and D9 – D27.	

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PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONCAP	CONDITIONS/REMARKS SUBJECT TO PMB
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.	Subject to the relevant managed healthcare programme and to its prior authorisation
D10	MATERNITY		
D10.1	Confinement in Hospital (See B1)	<ul style="list-style-type: none"> No limit, at 100% of the BonCap Tariff for the general practitioner or medical specialist. Neonatal care is limited to R55 710 per family, except for PMBs. 30% co-payment applies for non-network hospital admissions or late pre-authorisation requests except for PMB emergencies. 	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.	
D10.1.2	Confinement in a Registered Birthing Unit <div style="border: 1px solid red; padding: 5px; margin: 10px 0; text-align: center;"> <p style="color: red; font-weight: bold; margin: 0;">REGISTERED BY ME ON</p> <p style="margin: 0;">2024/12/13</p> <p style="color: red; font-weight: bold; margin: 0;">REGISTRAR OF MEDICAL SCHEMES</p> </div>	<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) may be used for a lactation specialist consultation, out of hospital. 30% co-payment applies for non-network hospital admissions or late pre-authorisation requests except for PMB emergencies. 	<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. 4 x post-natal midwife consultations per pregnancy, of which one (1) may be used for a lactation specialist consultation. 	<ul style="list-style-type: none"> Registered medicine, dressings and materials supplied by a midwife out of hospital. One of the post-natal midwife consultations may be used for a lactation specialist consultation.

PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONCAP	CONDITIONS/REMARKS SUBJECT TO PMB
D10.2.1	Consumables and Pharmaceuticals	Limited to and included in D10.1.	
D10.3	Related Maternity Services	Limited to and included in D10.1.	
D10.3.1	Ante-natal Consultations	<ul style="list-style-type: none"> Limited and included in D5.1.2. Pre-authorisation required for all out of hospital specialist visits. Subject to the BonCap DSP network referral and managed care visits by the BonCap DSP network and rand limits in D5.2.2. Subject to a list of approved services. 	Subject to the relevant managed healthcare programme and to its prior authorisation.
D10.3.2	Related Tests and Procedures	<ul style="list-style-type: none"> Subject to the BonCap Radiology and Pathology formulary and managed care protocols. 2x2D scans per pregnancy, subject to D5.1.3 or D5.2.2. No benefit for amniocentesis 	Subject to the relevant managed healthcare programme and to its prior authorisation.
D11 MEDICINE AND INJECTION MATERIAL			
D11.1	Routine /(Acute) Medicine (See B1 and B2) 	<ul style="list-style-type: none"> Subject to the BonCap DSP network, Regulation 8 (3) and the BonCap medicine formulary. Included in D5.1.3 and D5.2.2. Medicine prescribed by specialist, subject to referral from the BonCap DSP network and authorisation of the visit. Medicine prescribed by non-DSP subject to out of network visit limit of R1 250, 20% co-pay and Regulation 8 (3). 	Subject to the relevant managed healthcare programme. Subject to the BonCap Pharmacy Network. 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.	

PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONCAP	CONDITIONS/REMARKS SUBJECT TO PMB
D11.1.2	Contraceptives	<ul style="list-style-type: none"> Limited to R1 330 per family. Limited to females up to the age of 50 years. Subject to the BonCap DSP network. 40% co-payment applies for the voluntary use of a non-DSP pharmacy. 	
D11.2	Pharmacy Advised Therapy Schedules 0, 1 and 2 medicine advised and dispensed by a pharmacist	<ul style="list-style-type: none"> Limited to R115 per event and maximum R330 per beneficiary per annum. 	Subject to the BonCap Pharmacy Network and formulary.
D11.3	Chronic Medicine (See B2) <div style="border: 1px solid red; padding: 5px; margin: 10px 0; text-align: center;"> REGISTERED BY ME ON 2024/12/13 ----- REGISTRAR OF MEDICAL SCHEMES </div>	<ul style="list-style-type: none"> Prescribed Minimum Benefits only at contracted provider and subject to the formulary. 30% co-payment applies for non-formulary drugs used voluntarily and for the voluntary use of a non-DSP. R160 per beneficiary per month for Depression, subject to managed care protocols and the DSP 	<ul style="list-style-type: none"> Subject to registration on the relevant managed healthcare programme and to its prior authorisation and applicable formularies. Subject to nomination of a GP from the BonCap GP Network for the management of chronic conditions. Restricted to a maximum of one month's supply unless pre-authorized. [Includes diabetic disposables such as syringes, needles, strips and lancets] 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 and immuno-suppressive medication (D16).
D11.3.1	MDR and XDR-TB	No limit, subject to managed care protocols and the DSP.	Subject to the relevant managed healthcare programme and its prior authorisation.
D11.4	Specialised Drugs (See B2)	No benefit, except for PMBs.	
D11.4.1	Non Oncology Biological Drugs applicable to Monoclonal Antibodies Interleukins	No benefit, except for PMBs.	
D11.4.1.1	Iron chelating agents for chronic use	No benefit, except for PMBs.	

PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONCAP	CONDITIONS/REMARKS SUBJECT TO PMB
D11.4.1.2	Human Immunoglobulin for Chronic use	No benefit except for PMBs.	<div style="border: 2px solid red; padding: 5px; display: inline-block;"> <p style="color: red; margin: 0;">REGISTERED BY ME ON</p> <p style="margin: 5px 0 0 0;">2024/12/13</p> <p style="color: red; margin: 0;">REGISTRAR OF MEDICAL SCHEMES</p> </div>
D11.4.1.3	Non calcium Phosphate Binders and Calcimimetics	No benefit, except for PMBs.	
D11.4.2	Specialised Drugs for Oncology (See B2)	No benefit, except for PMBs.	
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 BonCap DSP. 30% co-payment applies to the voluntary use of a non-DSP. 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.) Physiotherapy is not covered for mental health admissions.
D12.1	In Hospital	Limited to and included in D12.1.	
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 for Substance Abuse (See B1)	<ul style="list-style-type: none"> Limited to and included in D12.1. Subject to the BonCap DSP. 30% co-payment applies to the voluntary use of a non-DSP. 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. (See B4.)
D12.3.1	Medicine on discharge from Hospital (TTO)	Limited to and included in D7.1.2.	

PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONCAP	CONDITIONS/REMARKS SUBJECT TO PMB
	(See B2)		
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"> Limited to and inclusive of D5.2.2. GP referral required for all out of hospital specialist visits. Psychology visits are limited to PMB only. 	<ul style="list-style-type: none"> Subject to the relevant managed healthcare programme and to its prior authorisation. Subject to the BonCap DSP.
D13 NON-SURGICAL PROCEDURES AND TESTS			
D13.1	In Hospital (See B1)	<ul style="list-style-type: none"> No benefit except for PMBs. 30% co-payment applies for non-network hospital admissions or late pre-authorisation requests except for PMB emergencies. 	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)	<ul style="list-style-type: none"> Subject to the BonCap DSP network, Pre-authorisation is required for all out of hospital specialist visits by a BonCap DSP network. Subject to managed care protocols and processes. Subject to GP formulary and specialist benefit limit, except for PMBs 	Includes related consultation, materials, pathology and radiology if done in the rooms on the same day.
D13.2.1	<ul style="list-style-type: none"> 24 hr oesophageal PH studies Breast fine needle biopsy Cystoscopy Oesophageal motility studies Prostate Needle biopsy (See B1)	No limit. See D23.	Includes related consultation, materials, pathology and radiology if done in the rooms on the same day. Subject to pre-authorisation.
D13.3	Sleep studies (See B1)	No benefit, unless PMB.	Subject to the relevant managed healthcare programme and its prior authorisation.
D13.3.1	Diagnostic Polysomnograms In and out of hospital	No benefit, unless PMB.	If authorised by the relevant managed healthcare programme for dyssomnias e.g.

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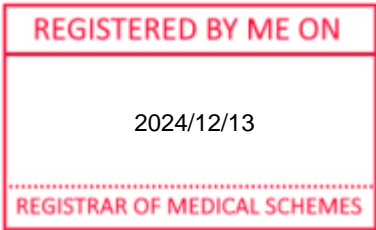
2024/12/13

REGISTRAR OF MEDICAL SCHEMES



PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONCAP	CONDITIONS/REMARKS SUBJECT TO PMB
			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. <div style="border: 2px solid red; padding: 5px; text-align: center; width: fit-content; margin: auto;"> <p>REGISTERED BY ME ON</p> <p>2024/12/13</p> <p>REGISTRAR OF MEDICAL SCHEMES</p> </div>	If authorised by the relevant managed healthcare programme for patents 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)	<ul style="list-style-type: none"> Limited to PMBs. Subject to DSP The BonCap Oncology Network provider is the DSP for oncology services at the contracted 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"> Subject to the relevant managed healthcare programme and its prior authorisation. Treatment for long term conditions that may develop as a result of chemotherapy and radiotherapy is not included in this benefit. Oncologists, Haematologists and approved providers 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 the formulary and subject to the BonCap DSP. 20% co-payment applies for the voluntary use of a non-DSP. Subject to the preferred product list. 	Subject to the BonCap Oncology Medicine Network.
D14.1.2	Radiology and Pathology (See B1)	<ul style="list-style-type: none"> Limited to and included in D14.1. Subject to the BonCap DSP. 	<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

PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)		BONCAP REGISTERED BY ME ON 2024/12/13 REGISTRAR OF MEDICAL SCHEMES	CONDITIONS/REMARKS SUBJECT TO PMB
				have been obtained for hospitalisation.
D14.1.2.1	PET and PET-CT (See B1)	No benefit.		
D14.1.3	Specialised Drugs (See B2)			
D14.1.3.1	Biological drugs	No benefit, except for PMBs.		
D14.1.3.3	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.
D14.1.3.4	Proteasome Inhibitors	No benefit, except for PMBs.		
D14.1.3.5	Certain Pyrimidine Analogues	No benefit, except for PMBs.		Subject to the relevant managed healthcare programme.
D14.1.4	Flushing of J Line and/or Port (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.
D14.1.5	Brachytherapy materials (including seeds and disposables) and equipment (See B1)	Limited to and included in D14.1.		
D14.2	Oncology Social worker (OSW) benefit	<ul style="list-style-type: none"> Limited to R3 390 per family, subject to the BonCap Oncology (OSW) network. Limited to and included in D14.1. 		
D14.3	Palliative Care	<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				

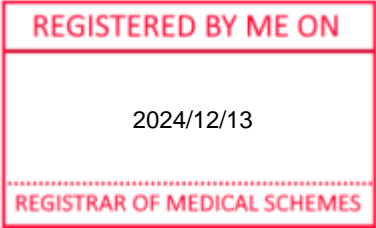
PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONCAP	CONDITIONS/REMARKS SUBJECT TO PMB
D15.1	In and Out of Network (See B1) 	<ul style="list-style-type: none"> Benefit availability is subject to a 24 month cycle from last date of service. Subject to the contracted provider. 	<ul style="list-style-type: none"> Subject to clinical protocols. Out-of-network benefits are available as an alternative to network benefits and not an additional benefit. Frames and/or lenses are mutually exclusive to contact lenses.
D15.1.1	Optometric refraction test, re-exam and/or composite exam, including tonometry and visual field test	<ul style="list-style-type: none"> One per beneficiary, per benefit cycle, at network rates. R400 out of network. Limited to and included in D15.1. 	<ul style="list-style-type: none"> Contracted providers – 100% of cost for a Composite Consultation inclusive of the refraction, a glaucoma screening, visual field screening and artificial intelligence screening Non-contracted providers – Eye examination.
D15.2	Frames	<ul style="list-style-type: none"> R275 per beneficiary in network. R206 per beneficiary out of network Limited to and included in D15.1. 	The frame value may be used towards frames and/or lens enhancements.
D15.3	Lenses		Subject to contracted providers protocols.
D15.3.1	Single Vision Lenses	<ul style="list-style-type: none"> 100% towards the cost of clear lenses at network rates. Limited to R215 per lens per beneficiary out of network. Limited to and included in D15.1; or 	
D15.3.2	Bifocal Lenses	<ul style="list-style-type: none"> 100% towards the cost of clear lenses at network rates. Limited to R460 per lens per beneficiary out of network. Limited to and included in D15.1; or 	
D15.3.3	Multifocal Lenses	<ul style="list-style-type: none"> 100% towards the cost of base lenses plus group 1 branded lens add-ons at network rates. 	

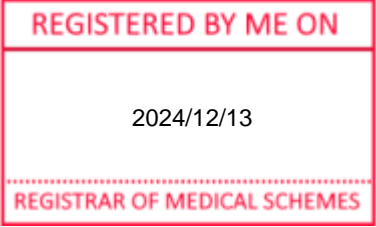
PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONCAP	CONDITIONS/REMARKS SUBJECT TO PMB
		<ul style="list-style-type: none"> Limited to R810 per base lens and R50 per branded lens add-on per beneficiary out of network. Limited to and included in D15.1. 	<div style="border: 2px solid red; padding: 5px; text-align: center;"> <p>REGISTERED BY ME ON</p> <p>2024/12/13</p> <p>REGISTRAR OF MEDICAL SCHEMES</p> </div>
D15.3.4	Contact Lenses	<ul style="list-style-type: none"> Limited to R1 295 per beneficiary. Limited to and included in D15.1. 	
D15.4	Low vision Appliances	No benefit.	
D15.5	Ocular Prostheses	Limited to and included in D20.	
D15.6	Diagnostic Procedures	Subject to the contracted provider.	
D15.7	Readers	No benefit.	
D16 ORGAN TRANSPLANTATION			
D16.1	ORGAN AND HAEMOPOIETIC STEM CELL (BONE MARROW) TRANSPLANTATION AND IMMUNO-SUPPRESSIVE MEDICATION (INCLUDING CORNEAL GRAFTS)	<ul style="list-style-type: none"> Prescribed Minimum Benefits only at a BonCap DSP. No benefit for Corneal grafts unless PMB. 30% co-payment applies for non-network hospital admissions or late pre-authorisation requests except for PMB emergencies. 	<ul style="list-style-type: none"> Subject to the relevant managed healthcare programme to its prior authorisation, as well as approval by the Scheme prior to commencing the work-up for transplantation. No benefits will be granted for hospitalisation, treatments and associated clinical procedures if prior authorization is not obtained.

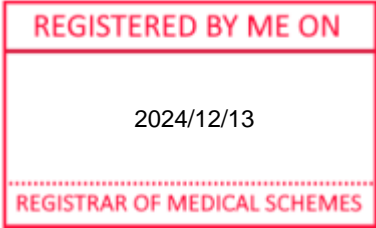
PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONCAP	CONDITIONS/REMARKS SUBJECT TO PMB
			<ul style="list-style-type: none"> Organ harvesting is limited to the Republic of South Africa excluding donor cornea.
D16.1.1	Haemopoietic Stem Cell (Bone Marrow) Transplantation (See B1)	Limited to and included in D16.1. <div style="border: 2px solid red; padding: 5px; text-align: center;"> <p>REGISTERED BY ME ON</p> <p>2024/12/13</p> <p>-----</p> <p>REGISTRAR OF MEDICAL SCHEMES</p> </div>	<ul style="list-style-type: none"> Subject to the relevant managed healthcare programme 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. 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 D16.1 and subject to the DSP.	
D16.3	Post Transplantation Biopsies and Scans (See B1)	Limited to and included in D16.1.	
D16.4	Radiology and Pathology (See B1)	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)			

PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONCAP	CONDITIONS/REMARKS SUBJECT TO PMB
D17.1	In Hospital (See B1)	<ul style="list-style-type: none"> No benefit, unless PMB. 100% of the BonCap Tarriff at the BonCap DSP. 70% of the BonCap Tariff at a non-DSP. 	Subject to referral by the treating practitioner.
D17.1.2	Dietetics	No benefit, unless PMB.	<div style="border: 2px solid red; padding: 5px; text-align: center;"> <p style="color: red; font-weight: bold; margin: 0;">REGISTERED BY ME ON</p> <p style="margin: 5px 0 0 0;">2024/12/13</p> <p style="color: red; font-weight: bold; margin: 0;">REGISTRAR OF MEDICAL SCHEMES</p> </div>
D17.1.2	Occupational Therapy	No benefit, unless PMB.	
D17.1.3	Speech Therapy	No benefit, unless PMB	
D17.2	Out of Hospital	<ul style="list-style-type: none"> No benefit, except for PMBs. 100% of the BonCap Tarriff at the BonCap DSP 70% of the BonCap Tariff at a non-DSP. 	
D17.2.1	Audiology	No benefit, except for PMB.	
D17.2.2	Chiropractics	No benefit.	
D17.2.3	Dietetics	No benefit, except for PMB.	
D17.2.4	Genetic Counselling	No benefit, except for PMB.	
D17.2.5	Hearing Aid Acoustics	No benefit.	
D17.2.6	Occupational Therapy	No benefit, except for PMB.	
D17.2.7	Orthoptics	No benefit.	
D17.2.8	Orthotists and Prosthetists	No benefit, except for PMB.	
D17.2.9	Private Nurse Practitioners	No benefit, except for PMB.	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, except for PMB.	
D17.2.11	Social Workers	No benefit, except for PMB.	

PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONCAP	CONDITIONS/REMARKS SUBJECT TO PMB
D18 PATHOLOGY AND MEDICAL TECHNOLOGY			
D18.1	In Hospital (See B1)	<ul style="list-style-type: none"> R31 230 per family, except for PMBs. Subject to the BonCap DSP for pathology at negotiated rates. 100% of the BonCap Tariff for services rendered by non-DSP providers. 	<div style="border: 2px solid red; padding: 5px; text-align: center;"> <p>REGISTERED BY ME ON</p> <p>2024/12/13</p> <p>-----</p> <p>REGISTRAR OF MEDICAL SCHEMES</p> </div>
D18.2	Out of Hospital (See B1)	<ul style="list-style-type: none"> Limited and included in D5.1.3 and D5.2.2. Subject to BonCap DSP network referral, and managed care protocols. Investigations referred by a specialist subject to referral of specialist visit by a BonCap DSP . (See D5.2.2). Subject to the BonCap formulary. Subject to the BonCap DSP for pathology at negotiated rates. 70% of the BonCap Tariff for services rendered by non-DSP providers. 	
D19 PHYSICAL THERAPY			
D19.1	In Hospital Physiotherapy Biokinetics (See B1)	No benefit, unless PMB.	Subject to referral by the treating practitioner. Physiotherapy is not covered for mental health admissions. (See D12).
D19.2	Out of Hospital Physiotherapy Biokinetics	No benefit, unless PMB.	

PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONCAP	CONDITIONS/REMARKS SUBJECT TO PMB
	Podiatry (See B1)		
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 substitutes, screws, pins and bone anchors. (See B1)	<ul style="list-style-type: none"> No benefit, except for PMBs. 	<ul style="list-style-type: none"> Subject to the relevant managed healthcare programme and to its prior authorisation. This benefit excludes Osseo-integrated implants for the purpose of replacing a missing tooth or teeth. No benefit for implantable defibrillators & total ankle replacements unless PMB.
D20.1.1	Cochlear Implants	No benefit.	
D20.1.2	Internal Nerve Stimulator	No benefit.	
D20.2	Prostheses External	No benefit, except for PMBs.	
D21 RADIOLOGY			
D21.1	General Radiology (See B1)	<ul style="list-style-type: none"> 	<ul style="list-style-type: none"> Subject to BonCap DSP network provider referral, and managed care protocols. For diagnostic radiology tests and ultrasound scans. Authorisation is not required for MRI scans for low field peripheral joint examination of dedicated limb units.

PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONCAP	CONDITIONS/REMARKS SUBJECT TO PMB
D21.1.1	In Hospital 	<ul style="list-style-type: none"> No limit. 100% of the BonCap Tariff. 	This benefit excludes: specified list of radiology tariff codes included in the <ul style="list-style-type: none"> Maternity benefit, (D10), Oncology benefit during the active treatment and/or post active treatment period, (D14); 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.
D21.1.2	Out of Hospital	<ul style="list-style-type: none"> Limited to and included in D5.1.3 and D5.2.2. Subject to BonCap DSP network referral, and managed care protocols. Investigations referred by a specialist subject to authorisation of specialist visits by a BonCap DSP. (See D5.2.2). Subject to the BonCap formulary and a list of approved services from the BonCap DSP. 	
D21.2	Specialised Radiology		
D21.2.1	In Hospital	<ul style="list-style-type: none"> R14 250 per family. R1 230 co-payment per scan event, unless PMB. 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	Limited and included in D5.2.2.	
D21.3	PET and PET-CT	See D14.1.2.1.	
D22 RENAL DIALYSIS CHRONIC			

PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONCAP	CONDITIONS/REMARKS SUBJECT TO PMB
D22.1	Haemodialysis and Peritoneal Dialysis (See B1) 	<ul style="list-style-type: none"> No limit. 100% of the lower of the cost or BonCap Tariff for all services, medicines and materials associated with the cost of renal dialysis, subject to the BonCap DSP. 100% of the BonCap Tariff for the services rendered by the medical practitioner. Related medicines are subject to the BonCap DSP. 20% 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. As specified by the relevant managed healthcare programme.
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			
D23.1	In Hospital and Unattached Operating Theatres and other Minor Surgical Procedures that can be authorised in Hospital (See B1)	No limit, except for the following exclusions: <ul style="list-style-type: none"> Back and neck surgery Caesarean sections done for non-medical reasons Correction of Hallux Valgus Endoscopic surgery Functional nasal and sinus surgery Hernia Repair In hospital dental benefits Joint replacement surgery Laparoscopic surgery except for laparoscopic sterilization Varicose vein surgery 	<ul style="list-style-type: none"> Subject to the relevant managed healthcare programme and to its prior authorisation. Day Surgery Network applies for defined procedures. (See paragraph D23.4)
D23.1.1	Refractive Surgery	No benefit	
D23.1.2	Maxillo-facial Surgery	<ul style="list-style-type: none"> Limited to and included in D5.2.2. Limited to PMBs and BonCap 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

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	<div style="border: 2px solid red; padding: 5px; text-align: center;"> <p>REGISTERED BY ME ON</p> <p>2024/12/13</p> <p>REGISTRAR OF MEDICAL SCHEMES</p> </div>		<ul style="list-style-type: none"> • sepsis, • trauma, • congenital birth defects and other surgery not specifically mentioned in (D6). <p>This benefit excludes:</p> <ul style="list-style-type: none"> • Osseo-integrated implantation (D6); • Orthognathic surgery (D6); • Oral surgery (D6); • Impacted teeth (D6).
D23.2	Out of Hospital in Practitioner's Rooms	<ul style="list-style-type: none"> • Limited and included in D5.2.1 • Subject to the BonCap network. • Pre-authorisation required for all out of hospital specialist visits by the BonCap network. • Subject to managed care protocols and processes. 	
D23.3	Procedures that attract a co-payment: Cataract Surgery	<p>Subject to a R7 420 co-payment:</p> <ul style="list-style-type: none"> • For the voluntary use of a non-DSP. 	<ul style="list-style-type: none"> • Subject to the relevant managed healthcare programme, evaluation by a DSP optometrist and to its prior authorization. • 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 BonCap Day Surgery Network. • 30% co-payment to apply to all non-network admissions and subject to Regulation 8 (3). 	The co-payment to be waived if the cost of the service falls within the co-payment amount.
D24 PREVENTATIVE CARE BENEFIT			
D24.1	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, 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

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			registration on the relevant managed healthcare programme.
D24.2	Elderly Health	1 Faecal Occult Blood Test per beneficiary <ul style="list-style-type: none"> Ages 45-75 annually. Pneumococcal Vaccination, including the administration fee of the nurse practitioner. <ul style="list-style-type: none"> Age >65 Once every 5 years 	Subject to the applicable formulary. <div style="border: 1px solid red; padding: 5px; text-align: center;"> <p style="color: red; font-weight: bold; margin: 0;">REGISTERED BY ME ON</p> <p style="margin: 0;">2024/12/13</p> <p style="color: red; font-weight: bold; margin: 0;">REGISTRAR OF MEDICAL SCHEMES</p> </div>
D24.3	Women's Health	Mammogram and ultrasound	<div style="border: 1px solid red; padding: 5px; text-align: center;"> <p style="color: red; font-weight: bold; margin: 0;">REGISTERED BY ME ON</p> <p style="margin: 0;">2024/12/13</p> <p style="color: red; font-weight: bold; margin: 0;">REGISTRAR OF MEDICAL SCHEMES</p> </div>
	Breast Cancer Screening	<ul style="list-style-type: none"> Females age >40 years Once every 2 years. 	
	Cervical Cancer Screening	Pap Smear <ul style="list-style-type: none"> Females 21-65 years Once every 3 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 	
	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. 	
D24.4	Men's Health PSA test	Men 55-69 years, 1 per annum.	
D24.5	Children's health Hypothyroidism	1 TSH Test <ul style="list-style-type: none"> Age <1 month 	

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	Infant Hearing Screening	<ul style="list-style-type: none"> One infant hearing screening test for newborns up to 8 weeks, in or out of hospital, performed by an audiologist or speech therapist. 	<div style="border: 2px solid red; padding: 5px; text-align: center;"> <p style="color: red; font-weight: bold; margin: 0;">REGISTERED BY ME ON</p> <p style="margin: 0;">2024/12/13</p> <p style="color: red; font-weight: bold; margin: 0;">REGISTRAR OF MEDICAL SCHEMES</p> </div>
	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. 	
	Extended Program on Immunisation (EPI)	Various Vaccinations for children up to the age of 12 years.	
D25 INTERNATIONAL TRAVEL BENEFIT			
D25.1	Cover for treatment received outside the borders of Africa.	No benefit.	
D26 AFRICA BENEFIT			
D26.1	In and Out of Hospital	<p>100% of the usual, reasonable cost for in- and out-of-hospital treatment routinely available in South Africa received in Africa.</p> <p>Subject to authorisation.</p>	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 and Wellness screening	<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 (participating pharmacy, corporate wellness day or participating biokineticists). Payable from OAL. 	<ul style="list-style-type: none"> HIV test, either as part of Preventative Care or Health Risk Assessment. See D24.1. Upon a positive diagnosis, the HIV basket of care applies, subject to registration on the relevant managed healthcare programme.

PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONCAP	CONDITIONS/REMARKS SUBJECT TO PMB
		Limited to: <ul style="list-style-type: none"> • blood pressure test • glucose test • cholesterol test • body mass index • hip to waist ratio • HIV counselling and testing 	<div style="border: 2px solid red; padding: 5px; text-align: center;"> <p style="color: red; font-weight: bold; margin: 0;">REGISTERED BY ME ON</p> <p style="margin: 5px 0 0 0;">2024/12/13</p> <p style="color: red; font-weight: bold; margin: 0;">REGISTRAR OF MEDICAL SCHEMES</p> </div>
D27.2	Benefit Booster	No benefit.	
D27.3	Pre-diabetic lifestyle management programme	Wellness Screening Pre-Diabetic Lifestyle programme registrations enables: <ul style="list-style-type: none"> • 1 Dietician visit in a 6 month period • 1 Biokinetics assessment in a 6 month period • 2 GP visits 	<ul style="list-style-type: none"> • Health Risk Assessment to be completed by General Practitioner and submitted for registration on the Pre-Diabetic Lifestyle programme. • Subject to the relevant managed healthcare programme and to its prior authorisation.
D27.4	Back and Neck Pain Management Programme	The Back and Neck Pain Management Programme registrations enables: <ul style="list-style-type: none"> • 3 Phase benefit entitlement according to managed health care protocols. 	<ul style="list-style-type: none"> • Health Risk Assessment to be completed by General Practitioner and submitted for registration on the Back and Neck Pain Management Programme. • Subject to the relevant managed healthcare programme and to its prior authorisation.