

*Bonitas*

# BONITAS MEDICAL FUND ANNEXURE B

OPTIONS:  
BONSTART  
BONSTART PLUS

2025



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REGISTERED BY ME ON

2024/12/17

REGISTRAR OF MEDICAL SCHEMES



**A ENTITLEMENT OF BENEFITS**

- A1 The Bonitas Fund Tariff is defined as the Bonitas 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 Benefits Table in paragraph D below.
- A3 The Oncology Network is the DSP for the provision of oncology treatment for both in-and-out of hospital care for members enrolled on the programme.
- A4 The Scheme has appointed a PET scan network for the provision of PET scan services in and out of hospital, for members enrolled on the Oncology Programme.

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

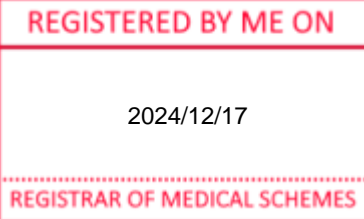
- B1 Valid claims will be paid at 100% of the negotiated fee, or in the absence of such fee, 100% of the lower cost or Bonitas Tariff, or Uniform Patient Fee Schedule for Public hospitals, or 100% of the Bonitas Dental Tariff as prescribed or rendered by a medical dental and alternative healthcare practitioner 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) if a non-contracted pharmacy is used. Both subject to the reimbursement limit, i.e. Medicine Price List and applicable formularies. 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	

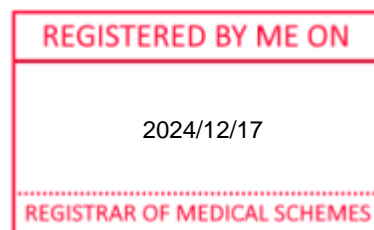
- B6 On the BonStart and BonStart Plus Options, a member or beneficiary will be required to obtain a referral from a registered general practitioner for a specialist consultation. Should a member/beneficiary not have a referral, the claim will not be covered.

### 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.

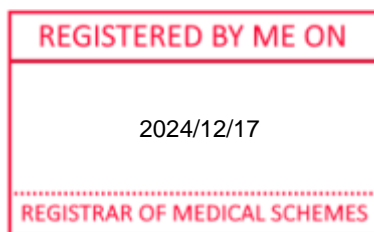
The Prescribed Minimum Benefits are available in conjunction with the Fund's contracted managed care programmes, which include the application of treatment protocols, medicine formularies, pre-authorisation and case management. These measures have been implemented to ensure appropriate and effective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

See Annexure D – Paragraph 7 for a full explanation



**D ANNUAL BENEFITS AND LIMITS.**

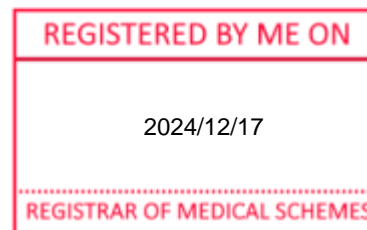
PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONSTART	BONSTART PLUS	CONDITION/REMARKS SUBJECT TO PMB
	<b>OVERALL ANNUAL LIMIT</b>	No limit.	No limit.	
	<b>PERSONAL MEMBER SAVINGS ACCOUNT</b>	Not applicable.	Not applicable.	
	<b>GENERAL PRACTITIONER NETWORK</b>	Applicable.	Applicable.	
<b>D1</b>	<b>ALTERNATIVE HEALTHCARE</b>			
<b>D1.1</b>	<b>Homoeopathic Consultations and/or Treatment (See B1)</b>	No benefit, except as part of the Benefit Booster benefit in D27.2.	No benefit, except as part of the Benefit Booster benefit in D27.2.	
<b>D1.2</b>	<b>Homoeopathic Medicines</b>	No benefit, except as part of the Benefit Booster benefit in D27.2.	No benefit, except as part of the Benefit Booster benefit in D27.2.	
<b>D1.3</b>	<b>Acupuncture (See B1)</b>	No benefit, except as part of the Benefit Booster benefit in D27.2.	No benefit, except as part of the Benefit Booster benefit in D27.2.	
<b>D1.4</b>	<b>Naturopathy Consultations and/or Treatment and Medicines. (See B1)</b>	No benefit, except as part of the Benefit Booster benefit in D27.2.	No benefit, except as part of the Benefit Booster benefit in D27.2.	
<b>D1.5</b>	<b>Phytotherapy (See B1)</b>	No benefit, except as part of the Benefit Booster benefit in D27.2.	No benefit, except as part of the Benefit Booster benefit in D27.2.	
<b>D1.6</b>	<b>Osteopathy (See B1)</b>	No benefit, except as part of the Benefit Booster benefit in D27.2.	No benefit, except as part of the Benefit Booster benefit in D27.2.	




PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONSTART	BONSTART PLUS	CONDITION/REMARKS SUBJECT TO PMB
<b>D2</b>	<b>AMBULANCE SERVICES</b>			
<b>D2.1</b>	<b>Emergency Medical Transport (See B1)</b>	100% of cost if authorised by the preferred provider.	100% of cost if authorised by the preferred provider.	Subject to the contracted provider. Non-authorisation will result in non-payment except for PMBs.
<b>D3</b>	<b>APPLIANCES, EXTERNAL ACCESSORIES AND ORTHOTICS</b>			
<b>D3.1</b>	<b>In and Out of Hospital (See B1)</b>			Diabetic accessories and appliances - (with the exception of glucometers) to be pre-authorised and claimed from the chronic medicine benefits D11.3. The benefit excludes consultations/fittings, which are subject to D17.2.
<b>D3.1.1</b>	<b>General Medical and Surgical Appliances, including Wheelchairs and Repairs, and Large Orthopaedic Appliances</b>	No benefit, except for PMBs.	R6 600 per family.	
<b>D3.1.2</b>	<b>Hearing Aids and Repairs</b>	No benefit.	No benefit.	<div style="border: 2px solid red; padding: 5px; text-align: center;"> <p><b>REGISTERED BY ME ON</b></p> <p>2024/12/17</p> <p>.....</p> <p><b>REGISTRAR OF MEDICAL SCHEMES</b></p> </div>
<b>D3.1.3</b>	<b>CPAP Apparatus for Sleep Apnoea</b>	No benefit.	No benefit.	
<b>D3.1.4</b>	<b>Stoma Products</b>	No benefit, except for PMBs.	Limited to and included in D3.1.1 unless PMB.	
<b>D3.1.5</b>	<b>Specific Appliances and Accessories</b>			Subject to the relevant managed healthcare programme and to its prior authorisation and if the treatment forms part of the relevant



PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONSTART	BONSTART PLUS	CONDITION/REMARKS SUBJECT TO PMB
				managed healthcare programme, out of hospital.
D3.1.5.1	Oxygen Therapy, Equipment (not including Hyperbaric Oxygen Treatment)	Limited to PMBs.	Limited to PMBs.	Portable cylinders/concentrators are excluded.
D3.1.5.2	Home Ventilators	Limited to PMBs.	Limited to PMBs.	
D3.1.5.3	Long Leg Callipers	No benefit.	No benefit.	
D3.1.5.4	Foot Orthotics	No benefit.	No benefit.	
<b>D4</b>	<b>BLOOD, BLOOD EQUIVALENTS AND BLOOD PRODUCTS</b>			
D4.1	In and out of Hospital (See B1)	Limited to R22 430 per family.	No limit if specifically authorised.	Subject to the relevant managed healthcare programme and to its prior authorisation.




PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONSTART	BONSTART PLUS	CONDITION/REMARKS SUBJECT TO PMB
<b>D5</b>	<b>CONSULTATIONS AND VISITS BY MEDICAL PRACTITIONERS</b>			
<b>D5.1</b>	<b>General Practitioners including Virtual Care Consultations (See B1)</b>			This benefit excludes the following as they are covered under services mentioned elsewhere in this Annexure: <ul style="list-style-type: none"> <li>• Dental Practitioners and Therapists (D6),</li> <li>• Ante-natal visits and consultations (D10);</li> <li>• Psychiatrists, Psychologists, Psychometrists and Registered Counsellors (D12);</li> <li>• Oncologists, Haematologists and Approved Medical Practitioners during active and post-active treatment periods (D14);</li> <li>• Paramedical Services (D17);</li> <li>• Physiotherapists and Biokineticists in hospital (D19.1).</li> </ul>
<b>D5.1.1</b>	<b>In Hospital</b>	No limit. 100% of Bonitas Tariff for general practitioners.	No limit. 100% of Bonitas Tariff for general practitioners.	
<b>D5.1.2</b>	<b>Out of Hospital Network General Practitioners including Virtual Consultations</b>	<ul style="list-style-type: none"> <li>• Unlimited Virtual Care consultations per beneficiary.</li> <li>• Unlimited face-to-face network GP visits.</li> <li>• R125 co-payment applies per visit.</li> <li>• Authorisation is required after the 6th visit.</li> <li>• Non-network GP visits are limited to 2 emergency out of area visits per family. R125 co-payment applies</li> </ul>	<ul style="list-style-type: none"> <li>• Unlimited Virtual Care consultations per beneficiary.</li> <li>• Unlimited face-to-face network GP visits.</li> <li>• R70 co-payment applies per visit.</li> <li>• Authorisation is required after the 10th visit.</li> <li>• Non-network GP visits are limited to 2 emergency out of area visits per family. R70 co-payment applies.</li> </ul>	<div style="border: 2px solid red; padding: 10px; text-align: center;"> <p><b>REGISTERED BY ME ON</b></p> <p>2024/12/17</p> <p>-----</p> <p><b>REGISTRAR OF MEDICAL SCHEMES</b></p> </div>
<b>D5.1.3</b>	<b>GP – Radiology, Pathology and Acute Medication.</b>	Limited to R1 780 per family.	Limited to R3 320 per family.	Subject to the radiology and pathology formulary.





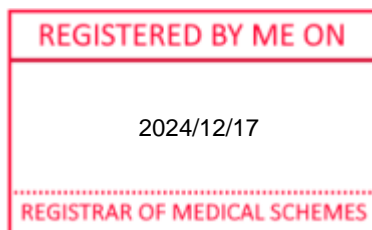
PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONSTART	BONSTART PLUS	CONDITION/REMARKS SUBJECT TO PMB
D5.2	Medical Specialists (See B1 and B6)	<div style="border: 2px solid red; padding: 5px; width: fit-content; margin: 0 auto;"> <p style="color: red; margin: 0;">REGISTERED BY ME ON</p> <p style="margin: 0;">2024/12/17</p> <p style="color: red; margin: 0;">REGISTRAR OF MEDICAL SCHEMES</p> </div>		<p>This benefit excludes the following as they are covered under services mentioned elsewhere in this Annexure:</p> <ul style="list-style-type: none"> <li>• Dental Practitioners and Therapists (D6),</li> <li>• Ante-natal visits and consultations (D10);</li> <li>• Psychiatrists, Psychologists, Psychometrists and Registered Counsellors (D12);</li> <li>• Oncologists, Haematologists and Approved Medical Practitioners during active and post-active treatment periods (D14);</li> <li>• Paramedical Services (D17);</li> <li>• Physiotherapists and Biokineticists in hospital (D19.1).</li> </ul>
D5.2.1	In Hospital	No limit. 100% of Bonitas Tariff.	No limit. 100% of Bonitas Tariff.	
D5.2.2	Out of Hospital (See B1 and B6)	<ul style="list-style-type: none"> <li>• Limited to 1 specialist visit per family to a maximum of R1 320, subject to GP referral.</li> <li>• 100% of Bonitas Tariff.</li> <li>• R265 co-payment applies per visit.</li> </ul> <p>Includes all</p> <ul style="list-style-type: none"> <li>• acute medication,</li> <li>• basic radiology,</li> <li>• specialised radiology and,</li> <li>• pathology prescribed by a specialist.</li> </ul>	<ul style="list-style-type: none"> <li>• Limited to 2 specialist visits per family to a maximum of R2 380, subject to GP referral.</li> <li>• 100% of Bonitas Tariff.</li> <li>• R125 co-payment applies per visit.</li> </ul> <p>Includes all</p> <ul style="list-style-type: none"> <li>• acute medication,</li> <li>• basic radiology,</li> <li>• specialised radiology and,</li> <li>• pathology prescribed by a specialist.</li> </ul>	Subject to the radiology and pathology formulary.
D6	<b>DENTISTRY</b>			
D6.1	<b>BASIC DENTISTRY (See B1)</b>			Subject to the Dental Management Programme.
D6.1.1	<b>Consultations</b>	<ul style="list-style-type: none"> <li>• Limited to one general check-up (not within 6 months from</li> </ul>	<ul style="list-style-type: none"> <li>• Limited to one general check-up (not within 6 months from</li> </ul>	Subject to managed care protocols.



PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONSTART	BONSTART PLUS	CONDITION/REMARKS SUBJECT TO PMB
		<p>the previous year's check-up) per beneficiary per year.</p> <ul style="list-style-type: none"> <li>Covered at the BDT.</li> <li>R125 co-payment applies to the charged code 8101 per annual check-up per beneficiary.</li> </ul>	<p>the previous year's check-up) per beneficiary per year.</p> <ul style="list-style-type: none"> <li>Covered at the BDT.</li> <li>A R70 co-payment applies to the charged code 8101 per annual check-up per beneficiary.</li> </ul>	<div style="border: 2px solid red; padding: 5px;"> <p style="color: red; font-weight: bold; margin: 0;">REGISTERED BY ME ON</p> <p style="margin: 5px 0 0 20px;">2024/12/17</p> <p style="color: red; font-weight: bold; margin: 0; border-top: 1px dashed red;">REGISTRAR OF MEDICAL SCHEMES</p> </div>
D6.1.2	<b>Fillings</b>	No benefit.	No benefit.	
D6.1.3	<b>Plastic Dentures and Associated Laboratory Costs</b>	No benefit.	No benefit.	
D6.1.4	<b>Extractions</b>	No benefit.	No benefit.	
D6.1.5	<b>Root Canal Therapy</b>	No benefit.	No benefit.	
D6.1.6	<b>Preventative Care</b>	<ul style="list-style-type: none"> <li>Limited to one annual scale and polish treatment per beneficiary (not within 6 months from the previous year's scale and polish)</li> <li>Covered at the BDT.</li> </ul>	<ul style="list-style-type: none"> <li>Limited to one annual scale and polish treatment per beneficiary (not within 6 months from the previous year's scale and polish.</li> <li>Covered at the BDT.</li> </ul>	<ul style="list-style-type: none"> <li>No benefit for oral hygiene instructions.</li> <li>Benefit for fluoride is limited to 1 treatment per year for beneficiaries from age 5 and younger than 16 years of age.</li> <li>Benefit for fissure sealants is limited to 1 per tooth in a 3 year period for beneficiaries younger than 16 years of age.</li> </ul>
D6.1.7	<b>Hospitalisation (general anaesthetic) and Moderate/Deep Sedation in the Rooms</b>	<ul style="list-style-type: none"> <li>No benefit for in hospital (general anaesthetic or moderate/deep sedation in the rooms) dentistry, except for PMBs.</li> <li>Subject to pre-authorisation.</li> <li>Subject to the BonStart Hospital Network.</li> <li>R12 680 co-payment to apply to all non-network admissions, subject to Regulation 8 (3).</li> </ul>	<ul style="list-style-type: none"> <li>No benefit for in hospital (general anaesthetic or moderate/deep sedation in the rooms) dentistry, except for PMBs.</li> <li>Subject to pre-authorisation.</li> <li>Subject to the BonStart Hospital Network.</li> <li>R12 680 co-payment to apply to all non-network admissions, subject to Regulation 8 (3).</li> </ul>	<ul style="list-style-type: none"> <li>Hospitalisation is only covered for PMB cases.</li> <li>Subject to pre-authorisation by the relevant managed healthcare programme.</li> </ul>
D6.1.8	<b>Inhalation Sedation in Dental Rooms</b>	No benefit.	No benefit	



PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONSTART	BONSTART PLUS	CONDITION/REMARKS SUBJECT TO PMB
D6.1.9	X-rays	No benefit.	No benefit	
D6.2	<b>SPECIALISED DENTISTRY (See B1)</b>			
D6.2.1	Crowns	No benefit.	No benefit	
D6.2.2	Partial Chrome Cobalt Frame Dentures	No benefit.	No benefit	
D6.2.3	Osseo-integrated Implants and Orthognathic Surgery (functional correction of malocclusion)	No benefit.	No benefit	
D6.2.4	Oral Surgery	No benefit.	No benefit	
D6.2.5	Orthodontic Treatment	No benefit.	No benefit	
D6.2.6	Maxillo-facial Surgery	See D23.	See D23.	
D6.2.7	Periodontal Treatment	No benefit.	No benefit.	
<b>D7</b>	<b>HOSPITALISATION</b>			
D7.1	Private Hospitals and Unattached Operating Theatres (See B1)			Subject to the relevant managed healthcare programme and its prior authorisation.




PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONSTART	BONSTART PLUS	CONDITION/REMARKS SUBJECT TO PMB
D7.1.1	<b>In Hospital</b>  <div style="border: 1px solid red; padding: 5px; text-align: center;"> <p>REGISTERED BY ME ON</p> <p>2024/12/17</p> <p>REGISTRAR OF MEDICAL SCHEMES</p> </div>	<ul style="list-style-type: none"> <li>No limit, subject to a R1 780 co-payment per admission, except for PMB emergencies.</li> <li>Subject to the BonStart Hospital Network.</li> <li>R12 680 co-payment to apply to all non-network admissions, subject to Regulation 8 (3).</li> <li>No benefit for Deep Brain Stimulation Implantation.</li> <li>Day Surgery Network applies for defined procedures.</li> <li>(See paragraph D23.3.2)</li> </ul>	<ul style="list-style-type: none"> <li>No limit, subject to a R1 190 co-payment per admission, except for PMB emergencies.</li> <li>Subject to the BonStart Hospital Network.</li> <li>R12 680 co-payment to apply to all non-network admissions, subject to Regulation 8 (3).</li> <li>No benefit for Deep Brain Stimulation Implantation.</li> <li>Day Surgery Network applies for defined procedures.</li> <li>(See paragraph D23.3.2)</li> </ul>	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. This benefit excludes hospitalisation for: <ul style="list-style-type: none"> <li>Osseo-integrated implants</li> <li>Orthognathic surgery (D6);</li> <li>Maternity (D10);</li> <li>Mental Health (D12);</li> <li>Organ and haemopoietic stem cell (bone marrow) transplantation immunosuppressive medication (D16);</li> <li>Renal Dialysis chronic (D22);</li> <li>Refractive surgery (D23.1.1).</li> </ul>
D7.1.2	<b>Medicine on discharge from Hospital (TTO) (See B2)</b>	<ul style="list-style-type: none"> <li>Limited to and included in the OAL.</li> <li>Up to 7 days' supply, to a maximum of R465 per beneficiary, per admission, subject to the BonStart medicine formulary, except anticoagulants post-surgery.</li> </ul>	<ul style="list-style-type: none"> <li>Limited to and included in the OAL.</li> <li>Up to 7 days' supply, to a maximum of R465 per beneficiary, per admission, subject to the BonStart medicine formulary, except anticoagulants post-surgery.</li> </ul>	
D7.1.3	<b>Casualty/Emergency Room Visits</b>			The risk benefit is maximum 2 visits per family either in a private or public hospital setting.
D7.1.3.1	<b>Facility Fee</b>	<ul style="list-style-type: none"> <li>Limited to bona fide emergencies.</li> <li>Limited to 2 emergency rooms visits per family, included in the OAL.</li> <li>Subsequent emergency rooms visits are subject to bona fide emergencies and pre-authorisation by the relevant managed healthcare programme, or limited to and included in D27.2.</li> </ul>	<ul style="list-style-type: none"> <li>Limited to bona fide emergencies.</li> <li>Limited to 2 emergency rooms visits per family, included in the OAL.</li> <li>Subsequent emergency rooms visits are subject to bona fide emergencies and pre-authorisation by the relevant managed healthcare programme, or limited to and included in D27.2.</li> </ul>	Will be included in the hospital benefit if a retrospective authorisation is given by the relevant managed healthcare programme for bona fide emergencies.



PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONSTART	BONSTART PLUS	CONDITION/REMARKS SUBJECT TO PMB
D7.1.3.2	<b>Consultations</b>	<ul style="list-style-type: none"> <li>Limited to 2 consultations per family, limited to and included in the OAL for bona fide emergencies.</li> <li>Subsequent emergency consultations without pre-authorization or non-emergency consultations are limited to and included in D5.1.2 and D5.2.2.</li> </ul>	<ul style="list-style-type: none"> <li>Limited to 2 consultations per family, limited to and included in the OAL for bona fide emergencies.</li> <li>Subsequent emergency consultations without pre-authorization or non-emergency consultations are limited to and included in D5.1.2 and D5.2.2.</li> </ul>	<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: 0;">2024/12/17</p> <p style="color: red; margin: 0;">REGISTRAR OF MEDICAL SCHEMES</p> </div>
D7.1.3.3	<b>Medicine</b>	See D11.1.	See D11.1.	
D7.2	<b>Public Hospitals (See B1)</b>			
D7.2.1	<b>In Hospital</b>	<ul style="list-style-type: none"> <li>No limit.</li> <li>No benefit for Deep Brain Stimulation Implantation.</li> </ul>	<ul style="list-style-type: none"> <li>No limit.</li> <li>No benefit for Deep Brain Stimulation Implantation.</li> </ul>	<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"> <li>Osseo-integrated implants and orthognathic surgery (D6);</li> <li>Maternity (D10);</li> <li>Mental Health (D12);</li> <li>Organ and haemopoietic stem cell (bone marrow) transplantation and immunosuppressive medication (D16);</li> <li>Renal dialysis chronic (D22);</li> <li>Refractive surgery (D23).</li> </ul>
D7.2.2	<b>Medicine on discharge from Hospital (TTO) (See B2)</b>	Limited to and included in the OAL. Up to 7 days' supply, to a maximum of R465 per beneficiary, per admission,	Limited to and included in the OAL. Up to 7 days' supply, to a maximum of R465 per beneficiary, per admission,	



PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONSTART	BONSTART PLUS	CONDITION/REMARKS SUBJECT TO PMB
		subject to the BonStart medicine formulary, except anticoagulants post-surgery.	subject to the BonStart medicine formulary, except anticoagulants post-surgery.	
<b>D7.2.3</b>	<b>Casualty/Emergency Room Visits</b>			The risk benefit is maximum 2 visits per family either in a private or public hospital setting.
<b>D7.2.3.1</b>	<b>Facility Fee</b>	<ul style="list-style-type: none"> <li>Limited to bona fide emergencies.</li> <li>Limited to 2 emergency rooms visits per family, limited to and included in the OAL.</li> <li>Subsequent emergency rooms visits are subject to bona fide emergencies and pre-authorisation by the relevant managed healthcare programme, or limited to and included in D27.2.</li> </ul>	<ul style="list-style-type: none"> <li>Limited to bona fide emergencies</li> <li>Limited to 2 emergency rooms visits per family, limited to and included in the OAL.</li> <li>Subsequent emergency rooms visits are subject to bona fide emergencies and pre-authorisation by the relevant managed healthcare programme, or limited to and included in D27.2.</li> </ul>	<p>Will be included in the hospital benefit if retrospective authorisation is given by the relevant managed healthcare programme for bona fide emergencies.</p> <div style="border: 2px solid red; padding: 5px; text-align: center;"> <p><b>REGISTERED BY ME ON</b></p> <p>2024/12/17</p> <p>.....</p> <p><b>REGISTRAR OF MEDICAL SCHEMES</b></p> </div>
<b>D7.2.3.2</b>	<b>Consultations</b>	<ul style="list-style-type: none"> <li>Limited to 2 consultations per family, limited to and included in the OAL for bona fide emergencies.</li> <li>Subsequent visits are limited to and included in D5.1.2 and D5.2.2.</li> </ul>	<ul style="list-style-type: none"> <li>Limited to 2 consultations per family, limited to and included in the OAL for bona fide emergencies.</li> <li>Subsequent visits are limited to and included in D5.1.2 and D5.2.2.</li> </ul>	
<b>D7.2.3.3</b>	<b>Medicine</b>	See D11.1.	See D11.1.	
<b>D7.2.4</b>	<b>Outpatient sServices</b>			
<b>D7.2.4.1</b>	<b>Consultations</b>	See D5.1.2 and D5.2.2.	See D5.1.2 and D5.2.2.	



PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONSTART	BONSTART PLUS	CONDITION/REMARKS SUBJECT TO PMB
D7.2.4.2	Medicine	See D11.1.	See D11.1.	
D7.3	Alternative to Hospitalisation (See B1)	<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 20px;">2024/12/17</p> <p style="color: red; margin: 0;">REGISTRAR OF MEDICAL SCHEMES</p> </div>		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	R60 210 per family for all services.	R60 210 per family for all services.	See D7.3.
D7.3.2	Sub-acute Facilities including Hospice	R17 340 per family.	R20 090 per family.	This benefit includes psychiatric nursing but excludes midwifery services. See D7.3.
D7.3.3	Homebased Care including Private Nursing and Outpatient Antibiotic Therapy in lieu of Hospitalisation	<ul style="list-style-type: none"> <li>No limit.</li> <li>Subject to pre-authorisation.</li> <li>Subject to the Virtual based Home Care Programme.</li> </ul>	<ul style="list-style-type: none"> <li>No limit.</li> <li>Subject to pre-authorisation.</li> <li>Subject to the Virtual based Home Care Programme.</li> </ul>	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.	Limited to and included in D7.3.2 and above limits, subject to pre-authorisation.	Subject to the relevant managed healthcare programme.
<b>D8</b>	<b>IMMUNE DEFICIENCY SYNDROME RELATED TO HIV INFECTION</b>			
D8.1	Anti-retroviral Medicine (See B1)	<ul style="list-style-type: none"> <li>No limit.</li> <li>Subject to PMBs.</li> <li>30% co-payment for the voluntary use of a non-DSP.</li> <li>Limited to and included in D8 and subject to the DSP.</li> </ul>	<ul style="list-style-type: none"> <li>No limit.</li> <li>Subject to PMBs.</li> <li>30% co-payment for the voluntary use of a non-DSP.</li> <li>Limited to and included in D8 and subject to the DSP.</li> </ul>	Subject to registration on the relevant managed healthcare programme. Subject to clinical protocols
D8.2	Related Medicine	Limited to and included in D8 and subject to the DSP.	Limited to and included in D8 and subject to the DSP.	
D8.3	Related Pathology	Limited to and included in D8.	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.	Limited to and included in D8.	



PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONSTART	BONSTART PLUS	CONDITION/REMARKS SUBJECT TO PMB
D8.5	All Other Services	Limited to and included in D1 - D7 and D9 – D27.	Limited to and included in D1 - D7 and D9 - D27.	
D9	<b>INFERTILITY</b>			
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.	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	<b>MATERNITY</b>			
D10.1	<b>Confinement in Hospital (See B1)</b>  <div style="border: 1px solid red; padding: 5px; text-align: center; margin: 10px 0;"> <b>REGISTERED BY ME ON</b>   2024/12/17   <b>REGISTRAR OF MEDICAL SCHEMES</b> </div>	<ul style="list-style-type: none"> <li>No limit.</li> <li>Caesarean sections are limited to emergency procedures and for other valid clinical indications.</li> <li>100% of the Bonitas Tariff for the general practitioner or medical specialist.</li> <li>Neonatal care is limited to R55 080 per family, except for PMBs.</li> <li>Subject to the BonStart Hospital Network.</li> <li>R12 680 co-payment to apply to all non-network admissions, subject to Regulation 8 (3).</li> </ul>	<ul style="list-style-type: none"> <li>No limit.</li> <li>Caesarean sections are limited to emergency procedures and for other valid clinical indications.</li> <li>100% of the Bonitas Tariff for the general practitioner or medical specialist.</li> <li>Neonatal care is limited to R55 080 per family, except for PMBs.</li> <li>Subject to the BonStart Hospital Network.</li> <li>R12 680 co-payment to apply to all non-network admissions, subject to Regulation 8 (3).</li> </ul>	Subject to the relevant managed healthcare programme and to its prior authorisation. Subject to registration on the Bonitas Maternity Programme. 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.	Limited to and included in D7.1.2.	





PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONSTART	BONSTART PLUS	CONDITION/REMARKS SUBJECT TO PMB
D10.1.2	<b>Confinement in a Registered Birthing Unit</b>	<ul style="list-style-type: none"> <li>Limited to and included in D10.1.</li> <li>Subject to the BonStart Hospital Network.</li> <li>R12 680 co-payment to apply to all non-network admissions, subject to Regulation 8 (3).</li> </ul>	<ul style="list-style-type: none"> <li>Limited to and included in D10.1.</li> <li>4 x post-natal midwife consultations per pregnancy, of which one (1) may be used for a lactation specialist consultation out of hospital.</li> <li>Subject to the BonStart Hospital Network.</li> <li>R12 680 co-payment to apply to all non-network admissions, subject to Regulation 8 (3).</li> </ul>	<ul style="list-style-type: none"> <li>Subject to the relevant managed healthcare programme and its prior authorisation.</li> <li>Delivery by a midwife.</li> <li>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.</li> <li>On BonStart Plus, one of the post-natal midwife consultations may be used for a lactation specialist consultation out of hospital.</li> </ul>
D10.2	<b>Confinement out of Hospital</b>	Limited to and included in D10.1.	<ul style="list-style-type: none"> <li>Limited to and included in D10.1.</li> <li>4 x post-natal midwife consultations per pregnancy, of which one (1) may be used for a lactation specialist consultation.</li> </ul>	<ul style="list-style-type: none"> <li>Subject to the relevant managed healthcare programme and its prior authorisation.</li> <li>Delivery by a midwife</li> <li>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.</li> <li>On BonStart Plus, one of the post-natal midwife consultations may be used for a lactation specialist consultation.</li> </ul>
D10.2.1	<b>Consumables and Pharmaceuticals</b>	Limited to and included in D10.1.	Limited to and included in D10.1.	Registered medicine, dressings and materials supplied by a midwife out of hospital.
D10.3	<b>Related Maternity Services</b>	No benefit.	Limited to and included in D10.1.	
D10.3.1	<b>Ante-natal Consultations</b>	Limited and included in D5.1.2 and D5.2.2.	<ul style="list-style-type: none"> <li>6 ante-natal consultations by a specialist, general practitioner or midwife.</li> <li>100% of the Bonitas Tariff for the network general practitioner or medical specialist.</li> </ul>	

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PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONSTART	BONSTART PLUS	CONDITION/REMARKS SUBJECT TO PMB
D10.3.2	<b>Related Tests and Procedures</b>	No benefit, unless PMB or limited to and included in the Benefit Booster benefit in D27.2.	<ul style="list-style-type: none"> <li>Subject to the BonStart Radiology and Pathology formulary and managed care protocols.</li> <li>2 x 2D pregnancy scans.</li> <li>1 x amniocentesis per pregnancy.</li> </ul>	
<b>D11</b>	<b>MEDICINE AND INJECTION MATERIAL</b>			
D11.1	<b>Routine/ (Acute) Medicine (See B1 and B2)</b>	<ul style="list-style-type: none"> <li>Limited to and included in D5.1.3 and D5.2.2.</li> <li>Script paid at 80% of tariff.</li> <li>Subject to the DSP, Regulation 8 (3) and the acute medicine formulary.</li> <li>40% co-payment applies for the voluntary use of a non-DSP.</li> </ul>	<ul style="list-style-type: none"> <li>Limited to and included in D5.1.3 and D5.2.2.</li> <li>Script paid at 80% of tariff.</li> <li>Subject to the DSP, Regulation 8 (3) and the acute medicine formulary.</li> <li>40% co-payment applies for the voluntary use of a non-DSP.</li> </ul>	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"> <li>In-hospital medicine (D7);</li> <li>Anti-retroviral medicine (D8);</li> <li>Oncology medicine (D14);</li> <li>Organ and haemopoietic stem cell (bone marrow) transplantation and immunosuppressive medication (D16).</li> </ul>
D11.1.1	<b>Medicine on discharge from Hospital (TTO)</b>	Limited to and included in D7.1.2.	Limited to and included in D7.1.2.	
D11.1.2	<b>Contraceptives</b>	<ul style="list-style-type: none"> <li>Limited to R1 270 per family.</li> <li>Limited to females up to the age of 50 years.</li> <li>Subject to the Bonitas Pharmacy Network.</li> <li>40% co-payment applies for the voluntary use of a non-network pharmacy.</li> </ul>	<ul style="list-style-type: none"> <li>Limited to R1 540 per family.</li> <li>Limited to females up to the age of 50 years.</li> <li>Subject to the Bonitas Pharmacy Network.</li> <li>40% co-payment applies for the voluntary use of a non-network pharmacy.</li> </ul>	<div style="border: 2px solid red; padding: 10px; width: fit-content; margin: 0 auto;"> <p style="color: red; font-weight: bold; margin: 0;">REGISTERED BY ME ON</p> <p style="color: red; font-weight: bold; margin: 0;">2024/12/17</p> <p style="color: red; font-weight: bold; margin: 0;">REGISTRAR OF MEDICAL SCHEMES</p> </div>
D11.1.3	<b>Registered ante-natal vitamins during pregnancy</b>	<ul style="list-style-type: none"> <li>Limited to and included in D27.2.</li> <li>Limited to R195 per beneficiary per month.</li> <li>Subject to the medicine formulary.</li> </ul>	<ul style="list-style-type: none"> <li>Limited to and included in D27.2.</li> <li>Limited to R195 per beneficiary per month.</li> <li>Subject to the medicine formulary.</li> </ul>	Subject to the medicine formulary.



PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONSTART	BONSTART PLUS	CONDITION/REMARKS SUBJECT TO PMB
D11.2	<b>Pharmacy Advised Therapy Schedules 0, 1, 2 and Medicine advised and dispensed by a Pharmacist.</b>	<ul style="list-style-type: none"> <li>Limited to R110 per event and maximum R545 per family per annum.</li> <li>Subject to the DSP, Regulation 8 (3) and the acute medicine formulary.</li> <li>20% co-payment applies for the voluntary use of a non-DSP.</li> <li>Formulary drugs to pay at 100% up to the PAT limit.</li> <li>Non-formulary drugs to pay at 80% of the benefit up to the PAT limit if the member has not done an HRA.</li> <li>Non-formulary drugs to pay at 100% up to the PAT limit, if the member has done an HRA.</li> </ul>	<ul style="list-style-type: none"> <li>Limited to R175 per event and maximum R825 per family per annum.</li> <li>Subject to the DSP, Regulation 8 (3) and the acute medicine formulary.</li> <li>20% co-payment applies for the voluntary use of a non-DSP.</li> <li>Formulary drugs to pay at 100% up to the PAT limit.</li> <li>Non-formulary drugs to pay at 80% of the benefit up to the PAT limit if the member has not done an HRA.</li> <li>Non-formulary drugs to pay at 100% up to the PAT limit, if the member has done an HRA.</li> </ul>	<div style="border: 1px solid red; padding: 10px; text-align: center;"> <p><b>REGISTERED BY ME ON</b></p> <p>2024/12/17</p> <p>REGISTRAR OF MEDICAL SCHEMES</p> </div>
D11.3	<b>Chronic Medicine (See B1 &amp; B2)</b>	<ul style="list-style-type: none"> <li>Prescribed Minimum Benefits only at the DSP.</li> <li>30% co-payment applies for non-formulary drugs used voluntarily and for the voluntary use of a non-DSP.</li> <li>R160 per beneficiary per month for Depression, subject to managed care protocols and the DSP.</li> </ul>	<ul style="list-style-type: none"> <li>Prescribed Minimum Benefits only at the DSP.</li> <li>30% co-payment applies for non-formulary drugs used voluntarily and for the voluntary use of a non-DSP.</li> <li>R160 per beneficiary per month for Depression, subject to managed care protocols and the DSP.</li> </ul>	<p>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-authorised. Includes diabetic disposables such as</p> <ul style="list-style-type: none"> <li>syringes,</li> <li>needles,</li> <li>strips</li> <li>lancets for patients not registered on the Diabetic Management Programme.</li> </ul> <p>This benefit excludes:</p> <ul style="list-style-type: none"> <li>In hospital medicine (D7);</li> <li>Anti-retroviral drugs (D8);</li> <li>Oncology medicine (D14);</li> <li>Organ and haemopoietic</li> <li>stem cell (bone marrow) transplantation immunosuppressive medication (D16).</li> </ul>



PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONSTART	BONSTART PLUS	CONDITION/REMARKS SUBJECT TO PMB
D11.3.1	MDR and XDR-TB	<ul style="list-style-type: none"> <li>No limit.</li> <li>Subject to the DSP.</li> <li>Subject to managed care protocols.</li> </ul>	<ul style="list-style-type: none"> <li>No limit.</li> <li>Subject to the DSP.</li> <li>Subject to managed care protocols.</li> </ul>	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"> <li>No benefit, unless PMB.</li> <li>Subject to the DSP.</li> </ul>	<ul style="list-style-type: none"> <li>No benefit, unless PMB.</li> <li>Subject to the DSP.</li> </ul>	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"> <li>No benefit, unless PMB.</li> <li>Subject to the DSP.</li> </ul>	<ul style="list-style-type: none"> <li>No benefit, unless PMB.</li> <li>Subject to the DSP.</li> </ul>	
D11.4.1.2	Human Immunoglobulin for Chronic Use	<ul style="list-style-type: none"> <li>No benefit, unless PMB.</li> <li>Subject to the DSP.</li> </ul>	<ul style="list-style-type: none"> <li>No benefit, unless PMB.</li> <li>Subject to the DSP.</li> </ul>	
D11.4.1.3	Non-calcium Phosphate Binders and Calcimimetics	<ul style="list-style-type: none"> <li>No benefit, unless PMB.</li> <li>Subject to the DSP.</li> </ul>	<ul style="list-style-type: none"> <li>No benefit, unless PMB.</li> <li>Subject to the DSP.</li> </ul>	
D11.4.2	Specialised Drugs for Oncology (See B1 & B2)	See D14.1.3.	See D14.1.3.	
D12	<b>MENTAL HEALTH</b>			
D12.1	Treatment and care related to Mental Health (See B1 and B4)	<ul style="list-style-type: none"> <li>Limited to PMBs and subject to the DSP.</li> <li>R12 680 co-payment applies for non-network hospital admissions except for PMB emergencies.</li> </ul>	<ul style="list-style-type: none"> <li>Limited to PMBs and subject to the DSP.</li> <li>R12 680 co-payment applies for non-network hospital admissions except for PMB emergencies.</li> </ul>	<ul style="list-style-type: none"> <li>Subject to the relevant managed healthcare programme.</li> <li>Physiotherapy is not covered for mental health admissions.</li> </ul>

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PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONSTART	BONSTART PLUS	CONDITION/REMARKS SUBJECT TO PMB
D12.1.1	In Hospital	<ul style="list-style-type: none"> <li>Limited to and included in D12.1.</li> <li>Subject to the BonStart Hospital Network.</li> <li>R12 680 co-payment to apply to all non-network admissions, subject to Regulation 8 (3).</li> <li>The co-payment to be waived if the cost of the service falls within the co-payment amount.</li> </ul>	<ul style="list-style-type: none"> <li>Limited to and included in D12.1.</li> <li>Subject to the BonStart Hospital Network.</li> <li>R12 680 co-payment to apply to all non-network admissions, subject to Regulation 8 (3).</li> <li>The co-payment to be waived if the cost of the service falls within the co-payment amount.</li> </ul>	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.)
D12.1.2	Medicine on discharge from Hospital (TTO) (See B2)	Limited to and included in D7.1.2.	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.	Limited to and included in D11.	
D12.3	Rehabilitation of Substance Abuse (See See B1 & B4)	<ul style="list-style-type: none"> <li>Limited to and included in D12.1.</li> <li>Subject to the DSP.</li> <li>30% co-payment applies for the voluntary use of a non-DSP.</li> </ul>	<ul style="list-style-type: none"> <li>Limited to and included in D12.1.</li> <li>Subject to the DSP.</li> <li>30% co-payment applies for the voluntary use of a non-DSP.</li> </ul>	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.	Limited to and included in D7.1.2.	
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"> <li>Prescribed Minimum Benefit only.</li> <li>Subject to D12.1.</li> <li>Educational psychology visits and psychometry assessments for learning and education for adult beneficiaries (&gt;21 years) are excluded from this benefit.</li> </ul>	<ul style="list-style-type: none"> <li>Prescribed Minimum Benefit only.</li> <li>Subject to D12.1.</li> <li>Educational psychology visits and psychometry assessments for learning and education for adult beneficiaries (&gt;21 years) are excluded from this benefit.</li> </ul>	<div style="border: 2px solid red; padding: 10px; text-align: center;"> <p style="color: red; font-weight: bold; margin: 0;">REGISTERED BY ME ON</p> <p style="margin: 10px 0 10px 0;">2024/12/17</p> <p style="color: red; font-weight: bold; margin: 0;">REGISTRAR OF MEDICAL SCHEMES</p> </div>



PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONSTART	BONSTART PLUS	CONDITION/REMARKS SUBJECT TO PMB
D12.5	<b>Mental Health Programme as managed via Active Disease Risk Management in Annexure D, paragraph 6.10</b>	<ul style="list-style-type: none"> <li>Limited to R13 850 per beneficiary.</li> <li>Subject to enrolment on the relevant managed healthcare programme,</li> </ul>	<ul style="list-style-type: none"> <li>Limited to R13 850 per beneficiary.</li> <li>Subject to enrolment on the relevant managed healthcare programme,</li> </ul>	<ul style="list-style-type: none"> <li>Subject to the relevant managed healthcare programme and its prior authorisation for out of hospital treatment only.</li> <li>PMB treatment and the Mental Health Programme claims will not pay concurrently.</li> </ul>
<b>D13</b>	<b>NON-SURGICAL PROCEDURES AND TESTS</b>			
D13.1	<b>In Hospital (See B1)</b>  <div style="border: 1px solid red; padding: 5px; text-align: center; color: red; font-weight: bold;">REGISTERED BY ME ON</div> <div style="text-align: center; margin-top: 10px;">2024/12/17</div> <div style="border-top: 1px dashed red; border-bottom: 1px solid red; padding: 2px; text-align: center; color: red; font-weight: bold;">REGISTRAR OF MEDICAL SCHEMES</div>	<ul style="list-style-type: none"> <li>No benefit except for PMBs.</li> <li>100% of the Bonitas Tariff for the medical specialist or general practitioner .</li> <li>Subject to the BonStart Hospital Network.</li> <li>R12 680 co-payment to apply to all non-network admissions, subject to Regulation 8 (3).</li> </ul>	<ul style="list-style-type: none"> <li>No benefit except for PMBs.</li> <li>100% of the Bonitas Tariff for the medical specialist or general practitioner .</li> <li>Subject to the BonStart Hospital Network.</li> <li>R12 680 co-payment to apply to all non-network admissions, subject to Regulation 8 (3).</li> </ul>	Subject to the relevant managed healthcare programme and its prior authorisation in hospital only. This benefit excludes: <ul style="list-style-type: none"> <li>Psychiatry and psychology (D12);</li> <li>Optometric examinations (D15);</li> <li>Pathology (D18);</li> <li>Radiology (D21).</li> </ul>
D13.2	<b>Out of Hospital (See B1)</b>	No benefit, unless PMB, or limited to and included in the Benefit Booster benefit in D27.2.	No benefit unless PMB, or limited to and included in the Benefit Booster benefit in D27.2.	
D13.3	<b>Sleep Studies (See B1)</b>			Subject to relevant managed healthcare programme and its prior authorisation.
D13.3.1	<b>Diagnostic Polysomnograms In and out of Hospital</b>	No benefit, unless PMB, or as part of the Benefit Booster benefit in D27.2.	No benefit, unless PMB, or as part of the Benefit Booster benefit in D27.2.	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	<b>CPAP Titration</b>	No benefit, unless PMB, or as part of the Benefit Booster benefit in D27.2.	No benefit, unless PMB, or as part of the Benefit Booster benefit in D27.2.	If authorised by the relevant managed healthcare programme for patents with obstructive sleep apnoea who meet the criteria



PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONSTART	BONSTART PLUS	CONDITION/REMARKS SUBJECT TO PMB
				for CPAP and where requested by the relevant specialist.
<b>D14</b>	<b>ONCOLOGY</b>			
<b>D14.1</b>	<p><b>Pre active, Active &amp; Post active Treatment Period (See B1)</b></p> <div style="border: 1px solid red; padding: 5px; margin: 5px 0;"> <p style="text-align: center; color: red; font-weight: bold;">REGISTERED BY ME ON</p> <p style="text-align: center;">2024/12/17</p> <p style="text-align: center; border-top: 1px dashed red; color: red; font-weight: bold;">REGISTRAR OF MEDICAL SCHEMES</p> </div>	<ul style="list-style-type: none"> <li>Limited to PMBs.</li> <li>Subject to the DSP.</li> <li>The Bonitas Oncology Network is the DSP for oncology services at the contracted network rate.</li> <li>30% co-pay for services rendered by non-oncology network providers, where such services are voluntarily obtained, subject to Regulation 8 (3).</li> </ul>	<ul style="list-style-type: none"> <li>Limited to PMBs.</li> <li>Subject to the DSP.</li> <li>The Bonitas Oncology Network is the DSP for oncology services at the contracted network rate.</li> <li>30% co-pay for services rendered by non-network providers, where such services are voluntarily obtained, subject to Regulation 8 (3).</li> </ul>	<ul style="list-style-type: none"> <li>Subject to registration on the oncology management programme.</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> <li>Benefit is for Oncologists, Haematologists and approved providers for consultations, visits, treatment and consumable material used in radiotherapy and chemotherapy.</li> <li>Pre-active, active and post-active consultations and investigations are subject to Cancer Care Plans.</li> <li>The Oncology Network is the DSP for related oncology services at the Oncology Network (DSP) rate.</li> <li>Where more than one co-payment applies, the lower of the co-payments will be waived and the highest will be the member's liability.</li> </ul>
<b>D14.1.1</b>	<b>Medicine (See B2)</b>	<ul style="list-style-type: none"> <li>Limited to and included in D14.1 and subject to the Oncology Medicine DSP.</li> <li>20% co-payment applies for the voluntary use of a non-DSP.</li> <li>Subject to reference pricing and preferred product list.</li> </ul>	<ul style="list-style-type: none"> <li>Limited to and included in D14.1 and subject to the Oncology Medicine DSP.</li> <li>20% co-payment applies for the voluntary use of a non-DSP.</li> <li>Subject to reference pricing and preferred product list.</li> </ul>	<ul style="list-style-type: none"> <li>Subject to the Bonitas Oncology Medicine DSP Network.</li> <li>Subject to the relevant managed healthcare programme protocols and reference pricing.</li> </ul>
<b>D14.1.2</b>	<b>Radiology and Pathology (See B1)</b>	Limited to and included in D14.1.	Limited to and included in D14.1.	<ul style="list-style-type: none"> <li>Subject to the relevant managed healthcare programme and to its prior authorisation.</li> </ul>



PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONSTART	BONSTART PLUS	CONDITION/REMARKS SUBJECT TO PMB
				<ul style="list-style-type: none"> <li>Limited to Cancer Care Plans in pre-active, active and post-active setting.</li> <li>Specific authorisations are required for advanced radiology in addition to any authorisation that may have been obtained for hospitalisation.</li> </ul>
D14.1.2.1	<b>PET and PET – CT (See B1)</b>	<ul style="list-style-type: none"> <li>PMB only, subject to the use of a provider on the PET-CT scan network at the contracted rate.</li> <li>Services rendered by a non-network provider pay at 100% of the Bonitas Tariff, subject to a 25% non-network co-payment.</li> </ul>	<ul style="list-style-type: none"> <li>PMB only, subject to the use of a provider on the PET-CT scan network at the contracted rate.</li> <li>Services rendered by a non-network provider pay at 100% of the Bonitas Tariff, subject to a 25% non-network co-payment.</li> </ul>	<ul style="list-style-type: none"> <li>Subject to the relevant managed healthcare programme and to its prior authorisation.</li> <li>Specific authorisations are required in addition to any authorisation that may have been obtained for hospitalisation.</li> </ul>
D14.1.3	<b>Specialised Drugs (See B2)</b>	No benefit, except for PMBs.	No benefit, except for PMBs.	Subject to oncology authorisation, managed care protocols and processes. The Specialised Drug List (SDL) is a list of drugs used for treatment of cancers and certain haematological conditions. It includes but is not limited to biologicals, certain enzyme inhibitors, immunomodulatory antineoplastic agents and other targeted therapies. The list is reviewed and published regularly.
D14.1.3.1	<b>Unregistered Chemotherapeutic Agents</b>	No benefit, except for PMBs.	No benefit, except for PMBs.	Subject to Section 21 approval by the South African Health Products Regulatory Authority (SAHPRA) and oncology pre-authorisation, managed care protocols and processes.
D14.1.4	<b>Flushing of a J line and/or Port (See B1)</b>	Limited to and included in D14.1.	Limited to and included in D14.1.	Subject to the relevant managed healthcare programme
D14.1.5	<b>Brachytherapy Materials (including seeds and disposables) and Equipment (See B1)</b>	Limited to and included in D14.1.	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.

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D14.2	<b>Oncology Social Worker (OSW) benefit including Virtual Consultations</b>	<ul style="list-style-type: none"> <li>Limited to R3 390 per family.</li> <li>Limited to and included in D14.1.</li> </ul>	<ul style="list-style-type: none"> <li>Limited to R3 390 per family.</li> <li>Limited to and included in D14.1.</li> </ul>	Subject to the relevant managed healthcare protocols and its prior authorisation.
D14.3	<b>Palliative Care</b>	<ul style="list-style-type: none"> <li>No limit.</li> <li>Subject to pre-authorisation.</li> <li>Managed care protocols apply.</li> </ul>	<ul style="list-style-type: none"> <li>No limit.</li> <li>Subject to pre-authorisation.</li> <li>Managed care protocols apply.</li> </ul>	Subject to the relevant managed healthcare protocols and its prior authorisation.
D15	<b>OPTOMETRY</b>			
D15.1	<b>Optometric refraction test, re-exam and/or composite exam, tonometry and visual field test (See B1)</b>	<ul style="list-style-type: none"> <li>One per beneficiary per annum, at network rates.</li> <li>R400 out of network.</li> <li>R110 co-payment applies.</li> </ul>	<ul style="list-style-type: none"> <li>One per beneficiary per annum, at network rates.</li> <li>R400 out of network.</li> <li>R110 co-payment applies.</li> </ul>	Subject to the contracted provider. Contracted Providers – 100% of cost for a Composite Consultation inclusive of refraction, glaucoma screening, visual field screening and artificial intelligence screening. Non-contracted Provider – Eye examination
D15.2	<b>Frames</b>	No benefit.	No benefit.	
D15.3	<b>Lenses</b>	No benefit.	No benefit.	
D15.4	<b>Contact Lenses</b>	No benefit.	No benefit.	
D15.5	<b>Low Vision Appliances</b>	No benefit.	No benefit.	<div style="border: 2px solid red; padding: 5px; text-align: center;"> <p><b>REGISTERED BY ME ON</b></p> <p>2024/12/17</p> <p>.....</p> <p><b>REGISTRAR OF MEDICAL SCHEMES</b></p> </div>
D15.6	<b>Ocular Prostheses</b>	No benefit.	No benefit.	
D15.7	<b>Diagnostic Procedures</b>	No benefit.	No benefit.	
D15.8	<b>Readers</b>	No benefit.	No benefit.	



PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONSTART	BONSTART PLUS	CONDITION/REMARKS SUBJECT TO PMB
<b>D16</b>	<b>ORGAN TRANSPLANTATION</b>			
<b>D16.1</b>	<b>ORGAN AND HAEMOPOIETIC STEM CELL (BONE MARROW) TRANSPLANTATION AND IMMUNO-SUPPRESSIVE MEDICATION INCLUDING CORNEAL GRAFTS (See B1)</b>	<ul style="list-style-type: none"> <li>Prescribed Minimum Benefits only at a DSP.</li> <li>No benefit for Corneal grafts unless PMB.</li> <li>30% co-payment applies for the voluntary use of a non-DSP.</li> </ul>	<ul style="list-style-type: none"> <li>Prescribed Minimum Benefits only at a DSP.</li> <li>No benefit for Corneal grafts unless PMB.</li> <li>30% co-payment applies for the voluntary use of a non-DSP.</li> </ul>	<ul style="list-style-type: none"> <li>Subject to the relevant managed healthcare programme to its prior authorisation.</li> <li>No benefits will be granted for hospitalisation, treatments and associated clinical procedures if prior authorisation is not obtained.</li> <li>Organ harvesting is limited to the Republic of South Africa excluding donor cornea and donor bone marrow.</li> </ul>
<b>D16.1.1</b>	<b>Haemopoietic Stem Cell (bone marrow) Transplantation (See B1)</b>	Limited to and included in D16.1.	Limited to and included in D16.1.	Haemopoietic stem cell (bone marrow) transplantation is limited to allogenic grafts and autologous grafts derived from Bone Marrow Registries in accordance with managed care protocols.
<b>D16.2</b>	<b>Immuno-suppressive Medication (See B2)</b>	Limited to and included in D16.1 and subject to the DSP.	Limited to and included in D16.1 and subject to the DSP.	
<b>D16.3</b>	<b>Post Transplantation Biopsies and Scans (See B1)</b>	Limited to and included in D16.1.	Limited to and included in D16.1.	
<b>D16.4</b>	<b>Radiology and Pathology (See B1)</b>	Limited to and included in D16.1.	Limited to and included in D16.1.	For specified radiology and pathology services, performed by Pathologists, Radiologists and Haematologists, associated with the transplantation treatment.
<b>D17</b>	<b>PARAMEDICAL SERVICES (ALLIED MEDICAL PROFESSIONS)</b>			
<b>D17.1</b>	<b>In Hospital (See B1)</b>	No benefit, unless PMB.	No benefit, unless PMB.	Subject to referral by the treating practitioner.
<b>D17.1.1</b>	<b>Dietetics</b>	No benefit, unless PMB.	No benefit, unless PMB.	
<b>D17.1.2</b>	<b>Occupational Therapy</b>	No benefit, unless PMB.	No benefit, unless PMB.	

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D17.1.3	Speech Therapy	No benefit, unless PMB.	No benefit, unless PMB.	
D17.2	Out of Hospital (See B1)	No benefit, unless PMB, or limited to and included in the Benefit Booster benefit in D27.2.	No benefit, unless PMB, or limited to and included in the Benefit Booster benefit in D27.2.	
D17.2.1	Audiology	No benefit or limited to and included in the Benefit Booster benefit in D27.2.	No benefit, unless PMB, or limited to and included in the Benefit Booster benefit in D27.2.	
D17.2.2	Chiropractics	No benefit, except as part of the Benefit Booster benefit in D27.2.	No benefit, except as part of the Benefit Booster benefit in D27.2.	
D17.2.3	Dietetics	No benefit, unless PMB or limited to and included in the Benefit Booster benefit in D27.2.	No benefit, unless PMB, or limited to and included in the Benefit Booster benefit in D27.2.	<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;">2024/12/17</p> <p style="color: red; font-weight: bold; margin: 0;">REGISTRAR OF MEDICAL SCHEMES</p> </div>
D17.2.4	Genetic Counselling	No benefit or limited to and included in the Benefit Booster benefit in D27.2.	No benefit, unless PMB, or limited to and included in the Benefit Booster benefit in D27.2.	
D17.2.5	Hearing Aid Acoustics	No benefit, except as part of the Benefit Booster benefit in D27.2.	No benefit, except as part of the Benefit Booster benefit in D27.2.	
D17.2.6	Occupational Therapy	No benefit, unless PMB or limited to and included in the Benefit Booster benefit in D27.2.	No benefit, unless PMB or limited to and included in the Benefit Booster benefit in D27.2.	
D17.2.7	Orthoptics	No benefit, except as part of the Benefit Booster benefit in D27.2.	No benefit, except as part of the Benefit Booster benefit in D27.2.	
D17.2.8	Orthotists and Prosthetists	No benefit, unless PMB or limited to and included in the Benefit Booster benefit in D27.2.	No benefit, unless PMB or limited to and included in the Benefit Booster benefit in D27.2.	



PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONSTART	BONSTART PLUS	CONDITION/REMARKS SUBJECT TO PMB
D17.2.9	<b>Private Nurse Practitioners Virtual Consultations</b>	<ul style="list-style-type: none"> <li>Unlimited virtual consultations per beneficiary.</li> <li>Subject to the Virtual Care network.</li> <li>No benefit for face-to-face consultations except as part of the Benefit Booster benefit in D27.2.</li> </ul>	<ul style="list-style-type: none"> <li>Unlimited virtual consultations per beneficiary.</li> <li>Subject to the Virtual Care network.</li> <li>No benefit for face-to-face consultations except as part of the Benefit Booster benefit in D27.2.</li> </ul>	Nursing services are included in the Alternatives to Hospitalisation benefit (D7) if pre-authorised by the relevant managed healthcare programme.
D17.2.10	<b>Speech Therapy</b>	No benefit, unless PMB or limited to and included in the Benefit Booster benefit in D27.2.	No benefit, unless PMB or limited to and included in the Benefit Booster benefit in D27.2.	<div style="border: 2px solid red; padding: 10px; text-align: center;"> <p><b>REGISTERED BY ME ON</b></p> <p>2024/12/17</p> <p>-----</p> <p><b>REGISTRAR OF MEDICAL SCHEMES</b></p> </div>
D17.2.11	<b>Social Workers</b>	No benefit, unless PMB or limited to and included in the Benefit Booster benefit in D27.2.	No benefit, unless PMB or limited to and included in the Benefit Booster benefit in D27.2.	
<b>D18</b>	<b>PATHOLOGY AND MEDICAL TECHNOLOGY</b>			
D18.1	<b>In Hospital (See B1)</b>	<ul style="list-style-type: none"> <li>R30 880 per family, except for PMBs.</li> <li>Subject to the DSP for pathology at negotiated rates.</li> <li>100% of the Bonitas Tariff for services rendered by non-DSP providers.</li> </ul>	<ul style="list-style-type: none"> <li>No limit.</li> <li>Subject to the DSP for pathology at negotiated rates.</li> <li>100% of the Bonitas Tariff for services rendered by non-DSP providers.</li> </ul>	Subject to the relevant managed healthcare programme.



PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONSTART	BONSTART PLUS	CONDITION/REMARKS SUBJECT TO PMB
D18.2	<b>Out of Hospital (See B1)</b>	<ul style="list-style-type: none"> <li>Limited to and included in D5.1.3, D5.2.2 and D27.2.</li> <li>Investigations referred by a specialist subject to referral of specialist visit by DSP network (See D5.2.2).</li> <li>Subject to the pathology formulary.</li> <li>Subject to the DSP for pathology, at negotiated rates.</li> <li>100% of the Bonitas Tariff for services rendered by non-DSP providers.</li> </ul>	<ul style="list-style-type: none"> <li>Limited to and included in D5.1.3, D5.2.2 and D27.2.</li> <li>Investigations referred by a specialist subject to referral of specialist visit by DSP network (See D5.2.2).</li> <li>Subject to the pathology formulary.</li> <li>Subject to the DSP for pathology, at negotiated rates.</li> <li>100% of the Bonitas Tariff for services rendered by non-DSP providers.</li> </ul>	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"> <li>Maternity benefit, (D10),</li> <li>Oncology benefit during the active and/or post active treatment period, (D14.1);</li> <li>Organ and haemopoietic stem cell transplantation benefit,(D16.1)</li> <li>and the Renal dialysis chronic benefit, (D22).</li> </ul>
D19	<b>PHYSICAL THERAPY</b>			
D19.1	<b>In Hospital Physiotherapy Biokinetics (See B1)</b>	No benefit, unless PMB. 100% of Bonitas Tariff.	No benefit, unless PMB. 100% of Bonitas Tariff.	<ul style="list-style-type: none"> <li>Subject to referral by the treating practitioner.</li> <li>Physiotherapy is not covered for mental health admissions. See D12.</li> </ul>
D19.2	<b>Out of Hospital Physiotherapy Biokinetics Podiatry (See B1)</b>	<ul style="list-style-type: none"> <li>Limited to two consultations with a physiotherapist per beneficiary for sports-related injuries.</li> <li>R125 co-payment applies.</li> <li>No benefit for biokinetics and podiatry unless PMB, or limited to and included in the Benefit Booster benefit in D27.2.</li> </ul>	<ul style="list-style-type: none"> <li>Limited to four visits per beneficiary with a physiotherapist for sports-related injuries.</li> <li>No benefit for biokinetics and podiatry, unless PMB, or limited to and included in the Benefit Booster benefit in D27.2.</li> <li>R70 co-payment applies</li> </ul>	Subject to referral by the network GP or medical specialist.

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PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONSTART	BONSTART PLUS	CONDITION/REMARKS SUBJECT TO PMB
<b>D20</b>	<b>PROSTHESES AND DEVICES INTERNAL AND EXTERNAL</b>			
<b>D20.1</b>	<b>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)</b>	<ul style="list-style-type: none"> <li>No benefit, except for PMBs.</li> <li>No benefit for joint replacements, unless PMB.</li> </ul>	<ul style="list-style-type: none"> <li>R19 130 per family.</li> <li>No benefit for joint replacements, unless PMB.</li> </ul>	Subject to the relevant managed healthcare programme and to its prior authorisation.  <div style="border: 2px solid red; padding: 5px; text-align: center;"> <p><b>REGISTERED BY ME ON</b></p> <p>2024/12/17</p> <p>-----</p> <p><b>REGISTRAR OF MEDICAL SCHEMES</b></p> </div>
<b>D20.1.1</b>	<b>Cochlear Implants</b>	No benefit.	No benefit.	
<b>D20.1.2</b>	<b>Internal Nerve Stimulators</b>	No benefit.	No benefit.	
<b>D20.2</b>	<b>Prostheses External</b>	No benefit, except for PMBs.	No benefit, except for PMBs.	Subject to the relevant managed healthcare programme and to its prior authorisation.
<b>D21</b>	<b>RADIOLOGY</b>			
<b>D21.1</b>	<b>General Radiology (See B1)</b>			
<b>D21.1.1</b>	<b>In Hospital</b>	<ul style="list-style-type: none"> <li>No limit.</li> <li>100% of the Bonitas Tariff.</li> </ul>	<ul style="list-style-type: none"> <li>No limit.</li> <li>100% of the Bonitas Tariff.</li> </ul>	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)	BONSTART	BONSTART PLUS	CONDITION/REMARKS SUBJECT TO PMB
D21.1.2	Out of Hospital	<ul style="list-style-type: none"> <li>Limited to and included in D5.1.3, D5.2.2 and D27.2.</li> <li>Subject to a list of approved services.</li> </ul>	<ul style="list-style-type: none"> <li>Limited to and included in D5.1.3, D5.2.2 and D27.2.</li> <li>Subject to a list of approved services.</li> </ul>	<p>This benefit excludes: specified list of radiology tariff codes included in the</p> <ul style="list-style-type: none"> <li>Maternity benefit, (D10),</li> <li>Oncology benefit during the active treatment and/or post active treatment period, (D14.1);</li> <li>Organ and haemopoietic stem cell transplantation benefit, (D16.1),</li> <li>Renal dialysis chronic benefit, (D22).</li> </ul> <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)			
D21.2.1	In Hospital	<ul style="list-style-type: none"> <li>R14 090 per family.</li> <li>Subject to R2 800 co-payment per scan event, unless PMB or nuclear radio-isotope studies.</li> <li>The co-payment to be waived if the cost of the service falls within the co-payment amount.</li> </ul>	<p>R19 130 per family. Subject to R2 240 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.</p>	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.	No benefit, unless PMB.	See D21.2.1.
D21.3	PET and PET – CT	See D14.1.2.1.	See D14.1.2.1.	

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D22	RENAL DIALYSIS CHRONIC			
D22.1	Haemodialysis and Peritoneal Dialysis (See B1)	<ul style="list-style-type: none"> <li>Prescribed Minimum Benefits only at a DSP.</li> <li>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).</li> <li>100% of the Bonitas Tariff for the services rendered by a medical specialist.</li> <li>Related medicine are subject to the DSP and Regulation 8 (3).</li> <li>30% co-payment applies for the voluntary use of a non-DSP.</li> </ul>	<ul style="list-style-type: none"> <li>Prescribed Minimum Benefits only at a DSP.</li> <li>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).</li> <li>100% of the Bonitas Tariff for the services rendered by a medical specialist.</li> <li>Related medicine are subject to the DSP and Regulation 8 (3).</li> <li>30% co-payment applies for the voluntary use of a non-DSP.</li> </ul>	<ul style="list-style-type: none"> <li>Subject to the relevant managed healthcare programme and to its prior authorisation</li> <li>Authorised erythropoietin is included in (D4).</li> <li>Acute renal dialysis is included in hospitalisation costs. See D7.</li> </ul> <div style="border: 2px solid red; padding: 10px; text-align: center; margin: 10px auto; width: fit-content;"> <p style="color: red; font-weight: bold; margin: 0;">REGISTERED BY ME ON</p> <p style="margin: 5px 0 0 0;">2024/12/17</p> <p style="color: red; font-weight: bold; margin: 0;">REGISTRAR OF MEDICAL SCHEMES</p> </div>
D22.2	Radiology and Pathology (See B1)	Limited to and included in D22.1.	Limited to and included in D22.1.	Subject to the relevant managed healthcare programme and to its prior authorisation.





PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONSTART	BONSTART PLUS	CONDITION/REMARKS SUBJECT TO PMB
D23	<b>SURGICAL PROCEDURES</b>			
D23.1	<p><b>In Hospital and Unattached Operating Theatres and other minor Surgical Procedures that can be authorised in Hospital (See B1)</b></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;">2024/12/17</p> <hr style="border-top: 1px dashed red;"/> <p style="text-align: center; color: red; font-weight: bold;">REGISTRAR OF MEDICAL SCHEMES</p> </div>	<p>No limit, except for the following exclusions:</p> <ul style="list-style-type: none"> <li>• Back and neck treatment or surgery</li> <li>• Correction of Hallux Valgus</li> <li>• Dentistry</li> <li>• Functional nasal surgery</li> <li>• Healthcare services that should be done out of hospital and for which an admission to hospital is not necessary.</li> <li>• Investigations and diagnostic work-ups</li> <li>• Joint replacement surgery</li> <li>• Knee &amp; shoulder surgery</li> <li>• Nail disorders</li> <li>• Non-cancerous breast conditions</li> <li>• Skin disorders, including benign growths and lipomas</li> <li>• Surgery for oesophageal reflux and hiatus hernia</li> <li>• Varicose vein surgery</li> </ul>	<p>No limit, except for the following exclusions:</p> <ul style="list-style-type: none"> <li>• Back and neck treatment or surgery</li> <li>• Correction of Hallux Valgus</li> <li>• Dentistry</li> <li>• Functional nasal surgery</li> <li>• Healthcare services that should be done out of hospital and for which an admission to hospital is not necessary.</li> <li>• Investigations and diagnostic work-ups</li> <li>• Joint replacement surgery</li> <li>• Knee &amp; shoulder surgery</li> <li>• Nail disorders</li> <li>• Non-cancerous breast conditions</li> <li>• Skin disorders, including benign growths and lipomas</li> <li>• Surgery for oesophageal reflux and hiatus hernia</li> <li>• Varicose vein surgery</li> </ul>	<ul style="list-style-type: none"> <li>• Subject to the relevant managed healthcare programme and to its prior authorisation.</li> <li>• Limited to and included in D7.1.1 and D7.2.1.</li> <li>• 100% of the Bonitas Tariff for the medical practitioner.</li> <li>• Subject to the BonStart Hospital Network.</li> <li>• R12 050 co-payment applies to all non-network admissions, subject to Regulation 8 (3).</li> <li>• Day surgery network applies for defined list of procedures. See D23.3.2.</li> </ul> <p>Co-payments apply – See paragraph D23.3.1.</p> <p>This benefit excludes:</p> <ul style="list-style-type: none"> <li>• Osseo-integrated implants (D6);</li> <li>• Orthognathic and oral surgery (D6);</li> <li>• Maternity (D10);</li> <li>• Organ and haemopoietic stem cell (bone marrow) transplantation and immunosuppressive medication (D16).</li> </ul>
D23.1.1	<b>Refractive Surgery</b>	No benefit.	No benefit.	



PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONSTART	BONSTART PLUS	CONDITION/REMARKS SUBJECT TO PMB
D23.1.2	<b>Maxillo-facial Surgery</b>	Limited to PMBs and DSP provider and Regulation 8 (3).	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 tumours, neoplasms, sepsis, trauma, congenital birth defects and other surgery not specifically mentioned in (D6). This benefit excludes: <ul style="list-style-type: none"> <li>• Osseo-integrated implantation (D6);</li> <li>• Orthognathic surgery (D6);</li> <li>• Oral surgery (D6);</li> <li>• Impacted wisdom teeth (D6).</li> </ul>
D23.2	<b>Out of Hospital procedures in Practitioner's Rooms that are not mentioned in D23.2.1 or D23.2.2.</b>	No benefit.	No benefit.	
D23.2.1	<b>General Procedures performed in Specialist Consulting Rooms</b>	Limited to and included in D7.1.1 or D7.2.1 at enhanced rates for: <ul style="list-style-type: none"> <li>• Endometrial biopsy (excluding after-care): (2434)</li> <li>• Implantation hormone pellets (excluding after-care): (2565).</li> <li>• Insertion of intra-uterine contraceptive device (IUCD) (excluding after-care): (2442)</li> <li>• Punch biopsy (excluding after-care): (2399)</li> <li>• Removal of tag or polyp: (2271)</li> <li>• Removal of small superficial benign lesions: (2272)</li> <li>• Removal of benign vulva tumour or cyst: (2277)</li> </ul>		Subject to pre-authorisation.
D23.2.2	<b>Specified Procedures done in the Specialist rooms or suitably equipped Procedure Room with correct Equipment and Monitoring Facilities</b>	Limited to and included in D7.1.1 or D7.2.1 at enhanced rates for: <ul style="list-style-type: none"> <li>• Biopsy during pregnancy (excluding after care): (2400)</li> <li>• Cervix encirclage: Removal items 2409 and 2411: without anaesthetic): (2415)</li> <li>• Colposcopy (excluding after-care): (2429)</li> <li>• Cryo- or electro-cauterisation, or Lletz of cervix (excluding cost of disposable loop electrode): In consulting room: (2392)</li> <li>• Cryo- or electro-cauterisation, or Lletz of cervix (excluding cost of disposable loop electrode): Under anaesthetic: (2395)</li> <li>• Cystoscopy: (1949)</li> <li>• Destruction of condylomata by chemo-, cryo-, or electrotherapy, or harmonic scalpel: First lesion: (2316)</li> </ul>		Subject to pre-authorisation.  <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;">2024/12/17</p> <p style="color: red; font-weight: bold; margin: 0;">REGISTRAR OF MEDICAL SCHEMES</p> </div>



PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONSTART	BONSTART PLUS	CONDITION/REMARKS SUBJECT TO PMB
		<ul style="list-style-type: none"> <li>• Destruction of condylomata by chemo-, cryo-, or electrotherapy, or harmonic scalpel: Repeat – Limited: (2317)</li> <li>• Destruction of condylomata by chemo-, cryo-, or electrotherapy, or harmonic scalpel: Widespread: (2318)</li> <li>• Evacuation of uterus: Incomplete abortion: Before 12 weeks gestation: (2445)</li> <li>• Evacuation: Missed abortion: Before 12 weeks gestation: (2449)</li> <li>• Excision of malignant lip lesion (1487)</li> <li>• Extensive resection for malignant soft tissue tumour including muscle: (0313)</li> <li>• Flap repairs (large, complicated): 0295</li> <li>• Flexible sigmoidoscopy (including rectum and anus): Hospital equipment.: (1676)</li> <li>• Full thickness skin graft repair: (0289)</li> <li>• Full thickness eyelid repair: (3189)</li> <li>• Full thickness lip repair: (1499)</li> <li>• Hymenectomy: (2283)</li> <li>• Hysterosalpingogram (excluding after-care): (2435)</li> <li>• Hysteroscopy (excluding after-care): (2436)</li> <li>• Hysteroscopy and polypectomy (excluding after-care): (2440)</li> <li>• Laser or harmonic scalpel treatment of the cervix: (2396)</li> <li>• Laser therapy of vulva and/or vagina (colposcopically directed): (2274)</li> <li>• Left-sided colonoscopy: (1656)</li> <li>• Termination of pregnancy before 12 weeks: (2448)</li> <li>• Total colonoscopy: With hospital equipment (including biopsy): (1653)</li> <li>• Upper gastro-intestinal endoscopy: Hospital equipment: (1587)</li> <li>• Vulva and introitus: drainage of abscess: (2293)</li> </ul>		<div style="border: 2px solid red; padding: 10px; text-align: center;"> <p style="color: red; font-weight: bold; margin: 0;">REGISTERED BY ME ON</p> <p style="margin: 5px 0 0 0;">2024/12/17</p> <p style="color: red; font-weight: bold; margin: 0;">REGISTRAR OF MEDICAL SCHEMES</p> </div>
D23.3	PROCEDURES THAT WILL ATTRACT A CO-PAYMENT			Subject to the relevant managed healthcare programme and to its prior authorisation.



PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONSTART	BONSTART PLUS	CONDITION/REMARKS SUBJECT TO PMB
D23.3.1	Procedures which will attract a R3 040 co-payment: <ul style="list-style-type: none"> <li>Arthroscopy (when done as part of a surgical procedure)</li> <li>Laparoscopic Hysterectomy</li> </ul>	Subject to a R3 040 co-payment per event.	Subject to a R3 040 co-payment per event.	This co-payment is in addition to the co-payment that applies to hospital admissions as per D7.1.1.
	Procedures which will attract a R7 130 co-payment: <ul style="list-style-type: none"> <li>Cataract Surgery:</li> </ul>	Subject to a R7 130 co-payment per event. <ul style="list-style-type: none"> <li>For voluntary use of a non-DSP.</li> </ul>	Subject to a R7 130 co-payment per event. <ul style="list-style-type: none"> <li>For voluntary use of a non-DSP.</li> </ul>	<ul style="list-style-type: none"> <li>Subject to the relevant managed healthcare programme and to its prior authorisation.</li> <li>The co-payment to be waived if the cost of the service falls within the co-payment amount.</li> </ul>
D23.3.2	Day Surgery Procedures	<ul style="list-style-type: none"> <li>Subject to the Day Surgery Network.</li> <li>R12 680 co-payment to apply to all non-network admissions and subject to Regulation 8 (3).</li> </ul>	<ul style="list-style-type: none"> <li>Subject to the Day Surgery Network.</li> <li>R12 680 co-payment to apply to all non-network admissions and subject to Regulation 8 (3).</li> </ul>	<ul style="list-style-type: none"> <li>Subject to the relevant managed healthcare programme and to its prior authorisation and subject to a defined list of procedures.</li> <li>The co-payment to be waived if the cost of the service falls within the co-payment amount.</li> </ul>
<b>D24 PREVENTATIVE CARE BENEFIT</b>				
D24.1	Women's Health Cervical Cancer Screening	Pap Smear <ul style="list-style-type: none"> <li>Females 21-65 years</li> <li>Once every 3 years.</li> </ul>	Pap Smear <ul style="list-style-type: none"> <li>Females 21-65 years</li> <li>Once every 3 years.</li> </ul>	Eligible beneficiaries may choose between the basic cytology test once every 3 years or HPV PCR test once every 5 years.
	Cervical Cancer Screening in HIV infection	Pap Smear <ul style="list-style-type: none"> <li>Females 21-65 years</li> <li>1 basic cytology test per annum or the HPV PCR once every 5 years.</li> </ul>	Pap Smear <ul style="list-style-type: none"> <li>Females 21-65 years</li> <li>1 basic cytology test per annum or the HPV PCR once every 5 years.</li> </ul>	
	Breast Cancer Screening	Mammogram <ul style="list-style-type: none"> <li>Females age &gt;40 years</li> <li>Once every 2 years.</li> </ul>	Mammogram <ul style="list-style-type: none"> <li>Females age &gt;40 years</li> <li>Once every 2 years.</li> </ul>	

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PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONSTART	BONSTART PLUS	CONDITION/REMARKS SUBJECT TO PMB	
	Human Papilloma Virus (HPV) Vaccine	<ul style="list-style-type: none"> <li>Limited to 3 doses for females between 15 – 26 years.</li> <li>One course per lifetime.</li> <li>Limited to R1 100 per vaccine.</li> </ul>	<ul style="list-style-type: none"> <li>Limited to 3 doses for females between 15 – 26 years.</li> <li>One course per lifetime.</li> <li>Limited to R1 100 per vaccine.</li> </ul>		
D24.2	Men's Health PSA Test	No benefit except as part of the Benefit Booster benefit in D27.2.	No benefit, except as part of the Benefit Booster benefit in D27.2.		
D24.3	General Health	<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	Cardiac Health	No benefit.	No benefit.		
D24.5	Elderly Health	Faecal Occult Blood Test <ul style="list-style-type: none"> <li>Ages 45-75 annually.</li> </ul>	Faecal Occult Blood Test <ul style="list-style-type: none"> <li>Ages 45-75 annually.</li> </ul>		
D24.6	Children's Health Hypothyroidism	No benefit.	1 TSH Test <ul style="list-style-type: none"> <li>Age &lt;1 month</li> </ul>	<div style="border: 2px solid red; padding: 5px; text-align: center;"> <p><b>REGISTERED BY ME ON</b></p> <p>2024/12/17</p> <p><b>REGISTRAR OF MEDICAL SCHEMES</b></p> </div>	
	Infant Hearing Screening	No benefit.	One infant hearing screening test for newborns up to 8 weeks, in or out of hospital, performed by an audiologist or speech therapist.		
	Neonatal Vision Screening: (For Retinopathy of prematurity (ROP) in neonates (<32 weeks gestational age and very low birth (<1500g))	<ul style="list-style-type: none"> <li>Two vision screening tests per beneficiary for newborns up to 6 weeks, in or out of hospital, performed by an ophthalmologist.</li> </ul>	<ul style="list-style-type: none"> <li>Two vision screening tests per beneficiary for newborns up to 6 weeks, in or out of hospital, performed by an ophthalmologist.</li> </ul>		Screening should be performed at 4 – 6 weeks chronological age or 31 – 33 weeks post-conceptual age (whichever comes later).
	Human Papilloma Virus (HPV) Vaccine	<ul style="list-style-type: none"> <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>Limited to two doses for girls aged between 9 – 14years.</li> <li>One course per lifetime.</li> </ul>		



PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONSTART	BONSTART PLUS	CONDITION/REMARKS SUBJECT TO PMB
		<ul style="list-style-type: none"> <li>Limited to R1 100 per vaccine.</li> </ul>	<ul style="list-style-type: none"> <li>Limited to R1 100 per vaccine.</li> </ul>	
	<b>Extended Program on Immunisation (EPI)</b>	No benefit.	Various Vaccinations, including the administration fee of the nurse practitioner. for children up to the age of 12 years.	As per State EPI protocols.
<b>D24.7</b>	<b>Smoking Cessation (GoSmokeFree)</b>	Limited to and included in the Benefit Booster in D27.2.	Limited to and included in the Benefit Booster in D27.2.	
<b>D25</b>	<b>INTERNATIONAL TRAVEL BENEFIT</b>			
<b>D25.1</b>	<b>Leisure Travel: (Travelling for recreation, a holiday or visiting family and friends)</b>	<p>For medical emergencies when travelling outside the borders of South Africa.</p> <ul style="list-style-type: none"> <li>60 days excluding USA – R2.5 million per Member, R2.5 million for Member and Dependants</li> <li>60 days including USA – Maximum cover R500,000 for Member and Dependants .</li> </ul>	<p>For medical emergencies when travelling outside the borders of South Africa.</p> <ul style="list-style-type: none"> <li>60 days excluding USA – R2.5 million per Member, R2.5 million for Member and Dependants</li> <li>60 days including USA – Maximum cover R500,000 for Member and Dependants</li> </ul>	<ul style="list-style-type: none"> <li>Subject to authorisation, prior to departure.</li> <li>Additional benefits for Covid-19: <ul style="list-style-type: none"> <li>additional costs for compulsory medical quarantine limited to R1 000 per day to a maximum of R10 000 for accommodation and PCR testing up to R1 000.</li> <li>The cover will only apply if a beneficiary tested positive.</li> </ul> </li> </ul>
<b>D25.2</b>	<p><b>Business Travel: (Primarily for attending meetings, conferences, visiting suppliers and for administrative purposes)</b></p> <div style="border: 1px solid red; padding: 5px; margin-top: 10px;"> <p style="text-align: center; color: red; font-weight: bold;">REGISTERED BY ME ON</p> <p style="text-align: center;">2024/12/17</p> <p style="text-align: center; border-top: 1px dashed red; color: red; font-weight: bold;">REGISTRAR OF MEDICAL SCHEMES</p> </div>	<p>For medical emergencies when travelling outside the borders of South Africa.</p> <ul style="list-style-type: none"> <li>30 days excluding USA – R2.5 million per Member, R2.5 million for Member and Dependants</li> <li>30 days including USA - Maximum cover R500,000 for Member and Dependants</li> <li>Subject to approval protocols prior to departure.</li> </ul>	<p>For medical emergencies when travelling outside the borders of South Africa.</p> <ul style="list-style-type: none"> <li>30 days excluding USA – R2.5 million per Member, R2.5 million for Member and Dependants</li> <li>30 days including USA - Maximum cover R500,000 for Member and Dependants</li> <li>Subject to approval protocols prior to departure.</li> </ul>	<ul style="list-style-type: none"> <li>Subject to authorisation, prior to departure.</li> <li>Additional benefits for Covid-19: <ul style="list-style-type: none"> <li>additional costs for compulsory medical quarantine limited to R1 000 per day to a maximum of R10 000 for accommodation and PCR testing up to R1 000.</li> <li>The cover will only apply if a beneficiary tested positive.</li> </ul> </li> <li>Manual labour excluded – refers to any occupation or activity involving physical labour (use of hands or machinery)</li> </ul>



PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONSTART	BONSTART PLUS	CONDITION/REMARKS SUBJECT TO PMB
D26	<b>AFRICA BENEFIT</b>			
D26.1	<b>In and Out of Hospital (See B1)</b>	<ul style="list-style-type: none"> <li>100% of the usual, reasonable cost for in- and out-of-hospital treatment routinely available in South Africa received in Africa.</li> <li>Subject to authorisation.</li> </ul>	<ul style="list-style-type: none"> <li>100% of the usual, reasonable cost for in- and out-of-hospital treatment routinely available in South Africa received in Africa.</li> <li>Subject to authorisation.</li> </ul>	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	<b>WELLNESS BENEFIT</b>			
D27.1	<b>Health Risk Assessment (HRA) which includes Lifestyle Questionnaire Wellness Screening (See B1)</b>	<p>Wellness screening.</p> <ul style="list-style-type: none"> <li>One assessment per beneficiary over the age of 21 years per annum by a registered provider, (wellness day, participating pharmacy or biokineticists).</li> <li>Payable from OAL.</li> </ul> <p>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> </ul>	<p>Wellness screening.</p> <ul style="list-style-type: none"> <li>One assessment per beneficiary over the age of 21 years per annum by a registered provider, (wellness day, participating pharmacy or biokineticists).</li> <li>Payable from OAL.</li> </ul> <p>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> </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> <div style="border: 2px solid red; padding: 10px; text-align: center; margin-top: 20px;"> <p><b>REGISTERED BY ME ON</b></p> <p>2024/12/17</p> <p><b>REGISTRAR OF MEDICAL SCHEMES</b></p> </div>



PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONSTART	BONSTART PLUS	CONDITION/REMARKS SUBJECT TO PMB
D27.2	<b>Benefit Booster (including Out of Hospital non-PMB day-to-day services as mentioned in D1, D10.3.2, D11.1.3, D13.2, D17.2, D18.2, D19.2, D21.1.2, D24.2, D24.7 and virtual consultations).</b>	<p>Subject to completion of a Health Risk Assessment or the completion of an online wellness questionnaire per beneficiary over the age of 21 years.</p> <p>Limited to R1 160 per family and limited to.</p> <ul style="list-style-type: none"> <li>• Alternative Health: D1</li> <li>• GP consultations: D5.1.3</li> <li>• Medical specialists: D5.2</li> <li>• Maternity related services: D10.3.2</li> <li>• Routine medication: D11.1</li> <li>• Registered ante-natal vitamins during pregnancy: D11.1.3</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> <li>• Smoking cessation: D24.7</li> </ul>	<p>Subject to completion of a Health Risk Assessment or the completion of an online wellness questionnaire per beneficiary over the age of 21 years.</p> <p>Limited to R1 160 per family and limited to.</p> <ul style="list-style-type: none"> <li>• Alternative Health: D1</li> <li>• GP consultations: D5.1.3</li> <li>• Medical specialists: D5.2</li> <li>• Routine medication: D11.1</li> <li>• Registered ante-natal vitamins during pregnancy: D11.1.3</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> <li>• Smoking cessation: D24.7</li> </ul>	<ul style="list-style-type: none"> <li>• Child dependants under the age of 21 years 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> </ul>

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