Bonitas

BONITAS MEDICAL FUND

ANNEXURE B

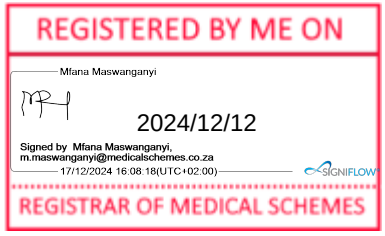
OPTIONS:

HOSPITAL STANDARD

BONESSENTIAL

BONESSENTIAL SELECT

2025



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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 Specialist Network appointed as the Scheme's 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
- Gastroenterology
- Neurology
- Neurosurgery
- Obstetrics and Gynaecology
- Ophthalmology
- Orthopaedics
- Otorhinolaryngology (ENT)
- Paediatrics
- Plastic and Reconstructive Surgery
- Psychiatry
- Pulmonology
- Rheumatology
- Specialist Medicine
- Surgery
- Urology

A3.1.2 In-Specialist Network, in hospital rates are applicable as follows:

- The contracted rate for the Hospital Standard, BonEssential and BonEssential Select Options.

A3.1.3 In-Specialist Network, out of hospital Tariffs are applicable as follows:

- The contracted rate for the Hospital Standard, BonEssential and BonEssential Select Options.

A4 In addition to the Specialist Network, the Scheme appointed the Oncology Network for the provision of oncology treatment for both in-and-out of hospital care for members enrolled on the Oncology programme.

A5 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 or 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 3 and 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 A member or beneficiary will be required to obtain a referral from a registered general practitioner for a specialist consultation. However should a member/beneficiary not have a referral, the claim will not be covered.
The following exceptions are applicable:

- 2 (two) Gynaecologist consultations or visits per annum for female beneficiaries;
- Maternity
- Children under the age of 2 (two) years, for Paediatrician visits or consultations.
- Consultations with Oncologists and Haematologists
- Consultations with Ophthalmologists
- Specialist to specialist referral
- Psychologist to Psychiatrist referral
- Follow-up visits with one of the treating specialists within 8 weeks of discharge from hospital for the same condition.

On depletion of benefits, PMB above limits will only be applicable via the contracted Designated Service Providers of the Fund, (where relevant), subject to Regulation 8.

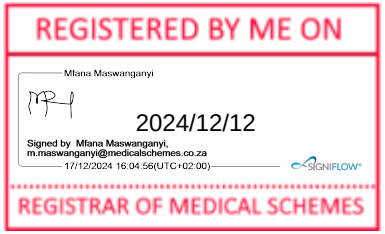
C PRESCRIBED MINIMUM BENEFITS (PMBs)

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)	HOSPITAL STANDARD	BONESSENTIAL	BONESSENTIAL SELECT	CONDITION/REMARKS SUBJECT TO PMB
	OVERALL ANNUAL LIMIT	No limit.	No limit.	No limit.	
	PERSONAL MEMBER SAVINGS ACCOUNT	Not applicable.	Not applicable.	Not applicable.	
	General Practitioner Network				
D1	**ALTERNATIVE HEALTHCARE**				
D1.1	**In and Out of Hospital (See B1)**	No benefit.	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.	
D1.1.1	**Homoeopathic Consultations and/or treatment**	No benefit.	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.	
D1.1.2	**Homoeopathic Medicines**	No benefit.	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.	
D1.1.3	**Acupuncture**	No benefit.	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.	
D1.1.4	**Naturopathy Consultations and/or treatment and medicines.**	No benefit.	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.	
D1.1.5	**Phytotherapy**	No benefit.	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.	
D1.1.6	**Osteopathy**	No benefit.	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.	

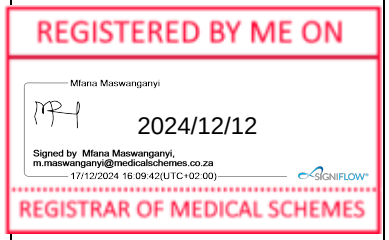


PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	HOSPITAL STANDARD	BONESSENTIAL	BONESSENTIAL SELECT	CONDITION/REMARKS SUBJECT TO PMB
D2	**AMBULANCE SERVICES**				
D2.1	**Emergency Medical Transport (See B1)**	100% of cost if authorised by the preferred provider.	100% of cost if authorised by the preferred provider.	100% of cost if authorised by the preferred provider.	Subject to the contracted provider. Non-authorisation will result in non-payment except for PMBs.
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 benefits D11.3. .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**	No benefit, unless PMB.	No benefit, unless PMB.	No benefit, unless PMB.	Hiring or buying medical or surgical aids as prescribed by a medical practitioner.
D3.1.2	**Hearing Aids and repairs**	No benefit.	No benefit.	No benefit.	
D3.1.3	**CPAP Apparatus for sleep apnoea**	No benefit.	No benefit.	No benefit.	CPAP Machines are subject to the relevant managed healthcare programme and to its prior authorisation.
D3.1.4	**Stoma Products**	No benefit, except for PMBs.	No benefit, except for PMBs.	No benefit, except for PMBs.	
D3.1.5	**Specific appliances, accessories**				Subject to the relevant managed healthcare programme and to its prior authorisation and if the

PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	HOSPITAL STANDARD	BONESSENTIAL	BONESSENTIAL SELECT	CONDITION/REMARKS SUBJECT TO PMB
					treatment forms part of the relevant managed healthcare programme, out of hospital.
D3.1.5.1	**Oxygen therapy, equipment (not including hyperbaric oxygen treatment)**	No limit if specifically authorised.	No limit if specifically authorised.	No limit if specifically authorised.	
D3.1.5.2	**Home Ventilators**	No limit if specifically authorised.	No limit if specifically authorised.	No limit if specifically authorised.	
D3.1.5.3	**Long leg callipers**	Limited to and included in D20.2.	Limited to and included in D20.2.	Limited to and included in D20.2.	
D3.1.5.4	**Foot orthotics**	No benefit.	No benefit.	No benefit.	
D4	**BLOOD, BLOOD EQUIVALENTS AND BLOOD PRODUCTS**				
D4.1	**In and Out of Hospital (See B1)**	No limit if specifically authorised.	No limit if specifically authorised.	No limit if specifically authorised.	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.

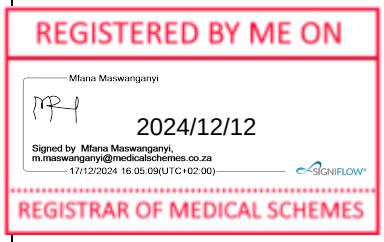
PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	HOSPITAL STANDARD	BONESSENTIAL	BONESSENTIAL SELECT	CONDITION/REMARKS SUBJECT TO PMB
D5	**CONSULTATIONS AND VISITS BY MEDICAL PRACTITIONERS**				
D5.1	**General Practitioners (Including Virtual Consultations with network GPs) (See B1)**				This benefit excludes • Dental Practitioners and Therapists (D6), • Ante-natal visits and consultations (D10); • Psychiatrists, Psychologists, Psychometrists and Registered Counsellors (D12); • 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**	• No limit. • 100% of Bonitas Tariff for general practitioners.	• No limit. • 100% of Bonitas Tariff for general practitioners.	• No limit. • 100% of Bonitas Tariff for general practitioners.	
D5.1.2	**Out of Hospital**	No benefit, unless PMB at a network GP.	No benefit, unless PMB at a network GP, or limited to and included in the Benefit Booster benefit in D27.2.	No benefit, unless PMB, at a network GP, or limited to and included in the Benefit Booster benefit in D27.2.	See D27.2
D5.1.3	**Childhood illness benefit**	1 GP consultation per beneficiary between the ages of 2 and 12 years paid from OAL.	1 GP consultation per beneficiary between the ages of 2 and 12 years paid from OAL.	1 GP consultation per beneficiary between the ages of 2 and 12 years paid from OAL.	
D5.2	**Medical Specialist (See A3 and B1)**				

PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	HOSPITAL STANDARD	BONESSENTIAL	BONESSENTIAL SELECT	CONDITION/REMARKS SUBJECT TO PMB
D5.2.1	**In Hospital**	• No limit • 100% of the Bonitas Tariff for non-network specialists. • The contracted rate applies for network specialists. • (See Annexure D: 7.3.6).	• No limit. • 100% of the Bonitas Tariff for non-network specialists. • The contracted rate appliesfor network specialists. • (See Annexure D: 7.3.6). REGISTERED BY ME ON Mfana Maswanganyi 2024/12/12 Signed by Mfana Maswanganyi, m.maswanganyi@medicalschemes.co.za 17/12/2024 16:10:43(UTC+02:00) SIGNIFLOW REGISTRAR OF MEDICAL SCHEMES	• No limit. • 100% of the Bonitas Tariff for non-network specialists. • The contracted rate appliesfor network specialists. • (See Annexure D: 7.3.6).	This benefit excludes • Dental Practitioners and Therapists (D6), • Ante-natal visits and consultations (D10); • Psychiatrists, Psychologists, Psychometrists and Registered Counsellors (D12); • Oncologists, Haematologists and Credentialed Medical Practitioners during active and post-active treatment periods (D14); • Paramedical Services (D17); Physiotherapists and Biokineticists in hospital (D19.1) • All consultations and procedures within the Specialist Network will be paid at the contracted rate, with no co-payment applicable.
D5.2.2	**Out of Hospital (See A3 and B6)**	No benefit, unless PMB.	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.	Referral to a specialist must be done by a registered general practitioner and a valid referral obtained. The following exceptions are applicable as per B6: • Two (2) Gynaecologist visits/consultations per annum for female beneficiaries; • Consultations and visits related to maternity;

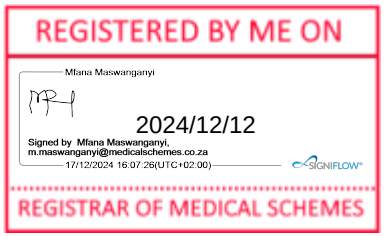
PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	HOSPITAL STANDARD	BONESSENTIAL	BONESSENTIAL SELECT	CONDITION/REMARKS SUBJECT TO PMB
					• Children under the age of two (2) years for Paediatrician visits/consultations; • Visits with Ophthalmologists, Haematologists and Oncologists; • Specialist to specialist referral • Psychologist to Psychiatrist referral • Follow-up visits with one of the treating specialists, within 8 weeks of discharge from hospital, for the same condition.
D5.2.3	**Infant Paediatric Benefit (Consultation with a GP or Paediatrician)**	• 2 Paediatric consultations per beneficiary for children aged 0 - 12 months within the age bracket. • 1 Paediatric consultation per beneficiary for children aged 13 - 24 months within the age bracket, included in the OAL.	• No benefit.	• No benefit.	
D6	**DENTISTRY**				
D6.1	**BASIC DENTISTRY (SEE B1)**	Fissure sealants are available for beneficiaries younger than 16 years of age and limited to one per tooth in 3 years.	Fissure sealants are available for beneficiaries younger than 16 years of age and limited to one per tooth in 3 years	Fissure sealants are available for beneficiaries younger than 16 years of age and limited to one per tooth in 3 years	Subject to the Dental Management Programme and Dental Managed Care Protocols

PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	HOSPITAL STANDARD	BONESSENTIAL	BONESSENTIAL SELECT	CONDITION/REMARKS SUBJECT TO PMB
D6.1.1	**Hospitalisation (general anaesthetic) Moderate/Deep Sedation in the rooms**	• Certain maxillo-facial procedures are covered in hospital. • General anaesthetic benefits are available for children under the age of 5 years for extensive dental treatment. ○ A co-payment of R3 500 aplies per hospital admission or R2 500 if treatment is done in a Day Clinic. • General anaesthetic benefits are available for the removal of impacted teeth subject to managed care protocols. • Subject to the Hospital Standard Hospital Network. • 30% co-payment to apply to all voluntary non-network admissions. ○ A co-payment of R5 000 applies per hospital admission or R2 500 if treatment is done in a Day Clinic.	• General anaesthetic benefits are available for the removal of impacted teeth only. • Benefit is subject to managed care protocols. • A co-payment of R5 000 applies per hospital admission or R2 500 if treatment is done in a Day Clinic.	• General anaesthetic benefits are available for the removal of impacted teeth only. • Benefit is subject to managed care protocols. • Subject to the BonEssential Select Hospital Network. • 30% co-payment to apply to all voluntary non-network admissions. • A co-payment of R5 000 applies per hospital admission or R2 500 if treatment is done in a Day Clinic.	• Subject to pre-authorisation. • Subject to managed care protocols for removal of impacted teeth, and for extensive dental treatment for children under the age of 5 (limited to one admission per lifetime.)The co-payment to be waived if the cost of the service falls within the co-payment amount. • Admission protocols apply. • Multiple hospital admissions are not covered.
D6.2	**ADVANCED DENTISTRY (See B1)**	No benefit.	No benefit.	No benefit.	
D6.2.1	**Crowns**	No benefit.	No benefit.	No benefit.	
D6.2.2	**Partial Chrome Cobalt Frame Dentures**	No benefit.	No benefit.	No benefit.	

PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	HOSPITAL STANDARD	BONESSENTIAL	BONESSENTIAL SELECT	CONDITION/REMARKS SUBJECT TO PMB
D6.2.3	**Osseo-integrated Implants and orthognathic surgery (functional correction of malocclusion)**	No benefit.	No benefit.	No benefit.	
D6.2.4	**Oral Surgery**	No benefit.	No benefit.	No benefit.	
D6.2.5	**Orthodontic Treatment**	No benefit.	No benefit.	No benefit.	
D6.2.6	**Maxillo-facial surgery**	See D23.1.2.	See D23.1.2.	See D23.1.2.	
D6.2.7	**Periodontal treatment**	No benefit.	No benefit.	No benefit.	
D7	**HOSPITALISATION**				
D7.1	**Private Hospitals and unattached operating theatres (See B1)**				Subject to the relevant managed healthcare programme and its prior authorisation.
D7.1.1	**In Hospital**	• No limit. • No benefit for Deep Brain Stimulation Implantation. • No benefit for Joint Replacements, unless PMB. • No benefit for back and neck surgery, unless PMB. • Subject to the Hospital Standard Hospital Network. • 30% co-payment to apply to all voluntary non-network admissions. • Day Surgery Network applies for defined	• No limit. • No benefit for Deep Brain Stimulation Implantation. • No benefit for Joint Replacements, unless PMB. • No benefit for back and neck surgery, unless PMB. • Day Surgery Network applies for defined procedures. (See paragraph D23.4)	• No limit. • No benefit for Deep Brain Stimulation Implantation. • Subject to the BonEssential Select Hospital Network. • No benefit for Joint Replacements, unless PMB. • No benefit for back and neck surgery, unless PMB. • 30% co-payment to apply to all voluntary non-network admissions. • Day Surgery Network applies for defined	Subject to the managed health care programme and prior authorisation. Accommodation, use of operating theatres and hospital equipment, medicine, pharmaceuticals and surgical items. This benefit excludes: hospitalisation for: • Osseo-integrated implants • Orthognathic surgery (D6); • Maternity (D10); • Mental Health (D12); • Organ and haemopoietic stem cell (bone marrow) transplantation

PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	HOSPITAL STANDARD	BONESSENTIAL	BONESSENTIAL SELECT	CONDITION/REMARKS SUBJECT TO PMB
		procedures. (See paragraph D23.4)		procedures. (See paragraph D23.4)	immunosuppressive medication (D16); • Renal Dialysis chronic (D22); • Refractive surgery (D23.1.1).
D7.1.2	**Medicine on discharge from hospital (TTO) (See B2)**	• Limited to and included in the OAL. • Up to 7 days' supply, to a maximum of R575 per beneficiary per admission, except anticoagulants post surgery which will be subject to the relevant managed healthcare programme.	• 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.	• 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.	
D7.1.3	**Casualty/emergency room visits**				The risk benefit is maximum 2 visits per family either in a private or public hospital setting.
D7.1.3.1	**Facility fee**	• Subject to bona fide emergencies. • Limited to 2 emergency rooms visits per family, included in the OAL. • Subsequent emergency rooms visits are subject to bona fide emergencies and pre-authorisation by the relevant managed healthcare programme.	• Subject to bona fide emergencies. • Limited to 2 emergency rooms visits per family, included in the OAL. • 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.	• Subject to bona fide emergencies. • Limited to 2 emergency rooms visits per family, included in the OAL. • 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.	Will be included in the hospital benefit if a retrospective authorisation is given by the relevant managed healthcare programme for bona fide emergencies.
D7.1.3.2	**Consultations**	• Limited to 2 consultations per family, limited to and	• Limited to 2 consultations per family, limited to and	• Limited to 2 consultations per family, limited to and	

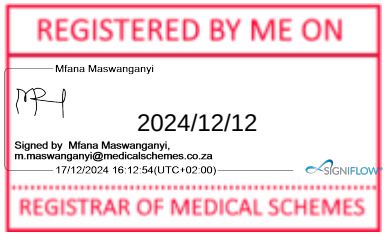
PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	HOSPITAL STANDARD	BONESSENTIAL	BONESSENTIAL SELECT	CONDITION/REMARKS SUBJECT TO PMB
		included in the OAL for bona fide emergencies. • Subsequent emergency consultations are subject to bona fide emergencies and pre-authorisation by the relevant managed healthcare programme.	included in the OAL for bona fide emergencies. • Subsequent emergency consultations are subject to bona fide emergencies and pre-authorisation by the relevant managed healthcare programme, or limited to and included in D27.2.	included in the OAL for bona fide emergencies. • Subsequent emergency consultations are subject to bona fide emergencies and pre-authorisation by the relevant managed healthcare programme, or limited to and included in D27.2.	
D7.1.3.3	**Medicine**	No benefit.	No benefit.	No benefit.	
D7.2	**Public hospitals (See B1)**				
D7.2.1	**In hospital**	No limit.	No limit.	No limit.	Subject to managed health care programme and prior authorisation. Accommodation, use of operating theatres and hospital equipment, medicine, pharmaceuticals and surgical items. This benefit excludes hospitalisation for: • 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 (D23.1.1).
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 R575 per beneficiary per	• Limited to and included in the OAL. • Up to 7 days' supply, to a maximum of R470 per beneficiary per	• Limited to and included in the OAL. • Up to 7 days' supply, to a maximum of R470 per beneficiary per	

PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	HOSPITAL STANDARD	BONESSENTIAL	BONESSENTIAL SELECT	CONDITION/REMARKS SUBJECT TO PMB
		admission, except anticoagulants post surgery which will be subject to the relevant managed healthcare programme.	admission, except anticoagulants post surgery which will be subject to the relevant managed healthcare programme.	admission, except anticoagulants post surgery which will be subject to the relevant managed healthcare programme.	
D7.2.3	**Casualty/emergency room visits**				The risk benefit is maximum 2 visits per family either in a private or public hospital setting.
D7.2.3.1	**Facility Fee**	• Subject to bona fide emergencies. • Limited to 2 emergency rooms visits per family, included in the OAL. • 100% of the Bonitas Tariff. • Subsequent emergency rooms visits are subject to bona fide emergencies and pre-authorisation by the relevant managed healthcare programme.	• Subject to bona fide emergencies. • Limited to 2 emergency rooms visits per family, included in the OAL. • 100% of the Bonitas Tariff. • 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.	• Subject to bona fide emergencies. • Limited to 2 emergency visits per family, included in the OAL. • 100% of the Bonitas Tariff. • 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.	Will be included in the hospital benefit if retrospective authorisation is given by the relevant managed healthcare programme for bona fide emergencies.
D7.2.3.2	**Consultations**	• Limited to 2 consultations per family, limited to and included in the OAL for bona fide emergencies. • Subsequent emergency consultations are subject to bona fide emergencies and pre-authorisation by the relevant managed healthcare programme.	• Limited to 2 consultations per family, limited to and included in the OAL for bona fide emergencies. • Subsequent emergency consultations are subject to bona fide emergencies and pre-authorisation by the relevant managed healthcare programme, or limited to and included in D27.2.	• Limited to 2 consultations per family, limited to and included in the OAL for bona fide emergencies. • Subsequent emergency consultations visits are subject to bona fide emergencies and pre-authorisation by the relevant managed healthcare programme, or limited to and included in D27.2.	

PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	HOSPITAL STANDARD	BONESSENTIAL	BONESSENTIAL SELECT	CONDITION/REMARKS SUBJECT TO PMB
D7.2.3.3	**Medicine**	No benefit.	No benefit.	No benefit.	
D7.2.4	**Outpatient services**				
D7.2.4.1	**Consultations**	No benefit.	No benefit.	No benefit.	
D7.2.4.2	**Medicine**	No benefit.	No benefit.	No benefit.	
D7.3	**Alternative to hospitalisation (See B1)**				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 900 per family, for all services.	R60 900 per family, for all services.	R60 900 per family, for all services.	See D7.3.
D7.3.2	**Sub-acute facilities, including Hospice**	R20 310 per family.	R20 310 per family.	R20 310 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**	• No limit. • Subject to pre-authorisation.	• No limit. • Subject to pre-authorisation.	• No limit. • Subject to pre-authorisation.	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.	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	**Treatment for Immune Deficiency Syndrome related to HIV (See B1)**	• No limit. • Subject to PMBs.	• No limit. • Subject to PMBs.	• No limit. • Subject to PMBs.	• Subject to registration on the relevant managed healthcare programme.

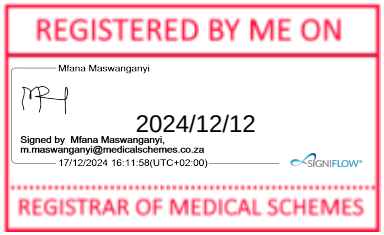
PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	HOSPITAL STANDARD	BONESSENTIAL	BONESSENTIAL SELECT	CONDITION/REMARKS SUBJECT TO PMB
					• Subject to clinical protocols.
D8.1.1	**Anti-retroviral medicine**	Limited to and included in D8.1 and subject to the DSP.	Limited to and included in D8.1 and subject to the DSP.	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.	Limited to and included in D8.1 and subject to the DSP.	Limited to and included in D8.1 and subject to the DSP.	
D8.1.3	**Related pathology**	Limited to and included in D8.1.	Limited to and included in D8.1.	Limited to and included in D8.1.	Pathology as specified by the relevant managed healthcare programme, out of hospital.
D8.1.4	**Related consultations**	Limited to and included in D8.1.	Limited to and included in D8.1.	Limited to and included in D8.1.	
D8.1.5	**All other services**	Limited to and included in D1 - D7 and D9 – D27.	Limited to and included in D1 - D7 and D9 – D27.	Limited to and included in D1 - D7 and D9 – D27.	
D9	**INFERTILITY**				
D9.1	**Treatment related to Infertility (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.	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	**MATERNITY**				
D10.1	**Confinement in hospital (See A3 & B1)**	• No limit • 100% of Bonitas Tariff for non-network specialists. • The contracted rate appliesfor network specialists.	• No limit • 100% of Bonitas Tariff for non-network specialists. • The contracted rate appliesfor network specialists.	• No limit. • The contracted rate appliesfor network specialists. • 100% of the Bonitas Tariff for the general	• Subject to the relevant managed healthcare programme and to its prior authorisation. • Delivery by a general practitioner or medical

PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	HOSPITAL STANDARD	BONESSENTIAL	BONESSENTIAL SELECT	CONDITION/REMARKS SUBJECT TO PMB
		• Subject to the Hospital Standard Hospital Network. • 30% co-payment to apply to all voluntary non-network admissions		practitioner or non-network specialist. • Subject to the BonEssential Select Hospital Network. • 30% co-payment to apply to all voluntary non-network admissions.	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.	Limited to and included in D7.1.2.	
D10.1.2	**Confinement in a registered birthing unit**	• Limited to and included in D10.1.1. • 4 x post-natal midwife consultations per pregnancy, of which one (1) may be used by a lactation specialist out of hospital. • Subject to the Hospital Standard Hospital Network. • 30% co-payment to apply to all voluntary non-network admissions.	• Limited to and included in D10.1.1. • 4 x post-natal midwife consultations per pregnancy, of which one (1) may be used by a lactation specialist out of hospital.	• Limited to and included in D10.1.1. • 4 x post-natal midwife consultations per pregnancy, of which one (1) may be used by a lactation specialist out of hospital. • Subject to the BonEssential Select Hospital Network. • 30% co-payment to apply to all voluntary non-network admissions.	• 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**	• Limited to and included in D10.1.1. • 4 x post-natal midwife consultations per pregnancy, of which one (1) may be used by a lactation specialist.	• Limited to and included in D10.1.1. • 4 x post-natal midwife consultations per pregnancy, of which one (1) may be used by a lactation specialist.	• Limited to and included in D10.1.1. • 4 x post-natal midwife consultations per pregnancy, of which one (1) may be used by a lactation specialist.	• 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.

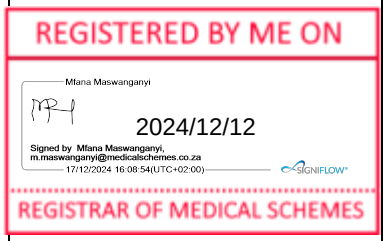
PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	HOSPITAL STANDARD	BONESSENTIAL	BONESSENTIAL SELECT	CONDITION/REMARKS SUBJECT TO PMB
D10.2.1	**Consumables and pharmaceuticals**	Limited to and included in D10.1.1.	Limited to and included in D10.1.1.	Limited to and included in D10.1.1.	Registered medicine, dressings and materials supplied by a midwife out of hospital.
D10.3	**Related maternity services**	Limited to and included in D10.1.1.	Limited to and included in D10.1.1.	Limited to and included in D10.1.1.	
D10.3.1	**Ante-natal consultations**	• 6 ante-natal consultations by a specialist, general practitioner or midwife per pregnancy.	• 6 ante-natal consultations by a specialist, general practitioner or midwife per pregnancy.	• 6 ante-natal consultations by a specialist, general practitioner or midwife per pregnancy.	
D10.3.2	**Related tests and procedures**	• Pregnancy related tests and procedures. • 2 x 2D pregnancy scans. • 1 x amniocentesis per pregnancy.	• Pregnancy related tests and procedures. • 2 x 2D pregnancy scans. • 1 x amniocentesis per pregnancy.	• Pregnancy related tests and procedures. • 2 x 2D pregnancy scans. • 1 x amniocentesis per pregnancy.	
D11	**MEDICINE AND INJECTIONS MATERIAL**				
D11.1	**Routine/ (acute) medicine (See B1 and B2)**	No benefit, unless PMB.	No benefit, unless PMB.	No benefit, unless PMB.	
D11.1.1	**Medicine on discharge from hospital (TTO)**	Limited to and included in D7.1.2.	Limited to and included in D7.1.2.	Limited to and included in D7.1.2.	
D11.1.2	**Contraceptives**	• Limited to R2 050 per family. • Limited to females up to the age of 50 years. • Subject to the DSP pharmacy. • 40% co-payment applies for the voluntary use of a non-DSP pharmacy.	• Limited to R1 580 per family. • Limited to females up to the age of 50 years. • Subject to the DSP pharmacy. • 40% co-payment applies for the voluntary use of a non-DSP pharmacy.	• Limited to R1 580 per family. • Limited to up to the age of 50 years. • Subject to the DSP pharmacy. • 40% co-payment applies for the voluntary use of a non-DSP pharmacy.	

PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	HOSPITAL STANDARD	BONESSENTIAL	BONESSENTIAL SELECT	CONDITION/REMARKS SUBJECT TO PMB
D11.1.3	**Registered ante-natal vitamins during pregnancy**	No benefit.	• Limited to and included in D27.2. • Limited to R195 per beneficiary per month. • Subject to the medicine formulary.	• Limited to and included in D27.2. • Limited to R195 per beneficiary per month. • Subject to the medicine formulary	
D11.2	**Pharmacy Advised therapy Schedules 0, 1, 2 and medicine advised and dispensed by a pharmacist.**	No benefit.	No benefit.	No benefit.	
D11.3	**Chronic medicine (See B1 & B2)**	• Prescribed Minimum Benefits only.30% co-payment applies for non formulary drugs and for the voluntary use of a non-DSP. • R160 per beneficiary per month for Depression, subject to managed care protocols and the DSP.	• Prescribed Minimum Benefits only. • 30% co-payment applies for non-formulary drugs and for the voluntary use of a non-DSP. • R160 per beneficiary per month for Depression, subject to managed care protocols and the DSP.	• Prescribed Minimum Benefits only. • 30% co-payment applies for non-formulary drugs and for the voluntary use of a non-DSP. • R160 per beneficiary per month for Depression, subject to managed care protocols and the DSP.	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 • syringes, • needles, • strips • lancets. This benefit excludes: • In hospital medicine (D7); • Anti-retroviral drugs (D8); • Oncology medicine (D14); • Organ and haemopoietic stem cell (bone marrow) transplantation immunosuppressive medication (D16).
D11.3.1	**MDR and XDR-TB**	No limit, subject to managed care protocols and the DSP.	No limit, subject to managed care protocols and the DSP.	No limit, subject to managed care protocols and the DSP.	
D11.4	**Specialised Drugs**				

PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	HOSPITAL STANDARD	BONESSENTIAL	BONESSENTIAL SELECT	CONDITION/REMARKS SUBJECT TO PMB
	(See B1 & B2)				
D11.4.1	**Non Oncology Biological Drugs applicable to monoclonal antibodies interleukins**	No benefit, unless PMB.	No benefit, unless PMB	No benefit, unless PMB	Subject to the relevant managed healthcare programme and to its prior authorisation.
D11.4.1.1	**Iron chelating agents for chronic use**	No benefit, unless PMB.	No benefit, unless PMB.	No benefit, unless PMB.	
D11.4.1.2	**Human Immunoglobulin for chronic use**	No benefit, unless PMB.	No benefit, unless PMB.	No benefit, unless PMB.	
D11.4.1.3	**Non calcium phosphate binders and calcimimetics**	No benefit, unless PMB.	No benefit, unless PMB.	No benefit, unless PMB.	
D11.4	**Specialised Drugs for Oncology (See B1 & B2)**	See D14.1.3	See D14.1.3	See D14.1.3	
D12	**MENTAL HEALTH**				
D12.1	**Treatment and care related to Mental Health (See B1 and B4)**	• R38 780 per family, unless PMB.	• R38 780 per family, unless PMB.	• R38 780 per family, unless PMB. • Subject to the DSP and Regulation 8 (3). • 30% co-payment applies to the voluntary use of a non-DSP.	• Subject to the relevant managed healthcare programme. • Physiotherapy is excluded for mental health admissions.
D12.1.1	**In Hospital**	• Limited to and included in D12.1. • Subject to the Hospital Standard Hospital Network. • 30% co-payment to apply to all voluntary non-network admissions.	• Limited to and included in D12.1.	• Limited to and included in D12.1.	• 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.)

PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	HOSPITAL STANDARD	BONESSENTIAL	BONESSENTIAL SELECT	CONDITION/REMARKS SUBJECT TO PMB
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.	Limited to and included in D7.1.2.	
D12.2	**Out of Hospital**				
D12.2.1	**Consultations and visits, procedures, assessments, therapy, treatment and/or counselling, out of hospital. (See B1)**	• Prescribed Minimum Benefit only. Subject to D12.1. • Educational psychology visits and psychometry assessments for learning and education for adult beneficiaries (>21 years) are excluded from this benefit.	• Prescribed Minimum Benefit only. Subject to D12.1. • Educational psychology visits and psychometry assessments for learning and education for adult beneficiaries (>21 years) are excluded from this benefit.	• Prescribed Minimum Benefit only. Subject to D12.1. • Educational psychology visits and psychometry assessments for learning and education for adult beneficiaries (>21 years) are excluded from this benefit.	
D12.2.2	**Medicine (See B2)**	Limited to and included in D11.	Limited to and included in D11.	Limited to and included in D11.	
D12.3	**Rehabilitation of substance abuse (See B1 & B4)**	• Limited to and included in D12.1. • Subject to the DSP • 30% co-payment applies to the voluntary use of a non-DSP	• Limited to and included in D12.1. • Subject to the DSP. • 30% co-payment applies to the voluntary use of a non-DSP.	• Limited to and included in D12.1. • Subject to the DSP. • 30% co-payment applies to the voluntary use of a non-DSP.	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.	Limited to and included in D7.1.2.	
D12.4	**Mental Health Programme as managed via Active Disease Risk Management in Annexure D, paragraph 6.10**	• Limited to R13 850 per beneficiary. • Subject to enrolment on the relevant managed healthcare programme.	• Limited to R13 850 per beneficiary. • Subject to enrolment on the relevant manged healthcare programme.	• Limited to R13 850 per beneficiary. • Subject to enrolment on the relevant managed healthcare programme.	• Subject to the relevant managed healthcare programme and its prior authorisation for out of hospital treatment only. • PMB treatment and the Mental Health Programme claims will not pay concurrently.

PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	HOSPITAL STANDARD	BONESSENTIAL	BONESSENTIAL SELECT	CONDITION/REMARKS SUBJECT TO PMB
D13	**NON-SURGICAL PROCEDURES AND TESTS**				
D13.1	**In Hospital (See B1)**	• No limit. • The contracted rate applies for network specialists. • 100% of the Bonitas Tariff for the non-network specialist or general practitioner. • Subject to the Hospital Standard Hospital Network. • 30% co-payment to apply to all voluntary non-network admissions.	• No limit. • The contracted rate applies for network specialists. • 100% of the Bonitas Tariff for the non-network specialist or general practitioner.	• No limit. • The contracted rate applies for network specialists. • 100% of the Bonitas Tariff for the non-network specialist or general practitioner. • Subject to the BonEssential Select Hospital Network. • 30% co-payment to apply to all voluntary non-network admissions.	• Subject to the relevant managed healthcare programme and its prior authorisation in hospital only. This benefit excludes: • Psychiatry and psychology (D12); • Optometric examinations (D15); • Pathology (D18); • Radiology (D21).
D13.2	**Out of hospital**	No benefit, except D13.2.1.	No benefit, except D13.2.1.	No benefit, except D13.2.1.	Subject to relevant managed healthcare programme. Refer to D23.3.1
D13.2.1	• **24 hr oesophageal PH studies** • **Breast fine needle biopsy** • **Circumcision** • **Laser tonsillectomy** • **Oesophageal motility studies** • **Vasectomy** • **Prostate needle biopsy** **(See B1)**	• No limit. • The contracted rate applies for network specialists. • 100% of the Bonitas Tariff for the non-network specialist or general practitioner.	• No limit. • The contracted rate appliesfor network specialists. • 100% of the Bonitas Tariff for the non-network specialist or general practitioner.	• No limit. • The contracted rate appliesfor network specialists. • 100% of the Bonitas Tariff for the non-network specialist or general practitioner.	Co-payments will not apply if procedure is done in the doctors rooms.
D13.3	**Sleep studies (See B1)**				Subject to relevant managed healthcare programme and its prior authorisation.

PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	HOSPITAL STANDARD	BONESSENTIAL	BONESSENTIAL SELECT	CONDITION/REMARKS SUBJECT TO PMB
D13.3.1	**Diagnostic Polysomnograms In and out of hospital**	No benefit, unless PMB.	• No limit. • The contracted rate applies for network specialists. • 100% of the Bonitas Tariff for the non-network specialist or general practitioner.	• No limit. • The contracted rate appliesfor network specialists. • 100% of the Bonitas Tariff for the non-network specialist or general practitioner.	If authorised by the relevant managed healthcare programme for dyssomnias e.g. central sleep apnoea, obstructive sleep apnoea, parasomnias or medical or psychiatric sleep disorders as part of neurological investigations by a relevant specialist.
D13.3.2	**CPAP Titration**	No benefit, unless PMB. 	• No limit. • The contracted rate appliesfor network specialists. • 100% of the Bonitas Tariff for the non-network specialist or general practitioner.	• No limit. • The contracted rate applies for network specialists. • 100% of the Bonitas Tariff for the non-network specialist or general practitioner.	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 A4 & B1)**	• R168 100 per family for oncology. • Unlimited for PMB oncology. • Above benefit limit, non-PMB oncology is unlimited at a network provider, subject to a 20% co-payment. • The Bonitas Oncology Network is the DSP for	• Limited to PMBs, except for specific non-PMB indicated services (brachytherapy and oncology social worker). • Subject to the DSP. • The Bonitas Oncology Network is the DSP for oncology services at the contracted network rate.	• Limited to PMBs, except for specific non-PMB indicated services (brachytherapy and oncology social worker). • Subject to the DSP. • The Bonitas Oncology Network is the DSP for oncology services at the contracted network rate.	• Subject to registration on the oncology management programme. For Hospital Standard all costs related to approved cancer treatment, including PMB treatment, will add up to the oncology benefit limit. • Treatment for long-term chronic conditions that may develop as a result of

PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	HOSPITAL STANDARD	BONESSENTIAL	BONESSENTIAL SELECT	CONDITION/REMARKS SUBJECT TO PMB
		oncology services at the contracted network rate. • 100% of the Bonitas tariff for services rendered by non-network oncology providers. • 30% copay for the voluntary use of services rendered by non-network oncology providers, subject to Regulation 8 (3).	• 100% of the Bonitas tariff for services rendered by non-network providers • 30% copay for the voluntary use of services rendered by non-network oncology providers, subject to Regulation 8 (3).	• 100% of the Bonitas tariff for services rendered by non-network oncology providers. • 30% copay for the voluntary use of services rendered by non-network oncology providers, subject to Regulation 8 (3).	chemotherapy and radiotherapy is not included in this benefit. • Benefit is for Oncologists, Haematologists and approved providers for consultations, visits, treatment and consumable material used in radiotherapy and chemotherapy. • Pre-active, active and post-active consultations and investigations are subject to Cancer Care Plans. • The Oncology Network is the DSP for related oncology services at the Oncology Network (DSP) rate. • 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.
D14.1.1	**Medicine (excluding Specialised Drugs See D14.1.3)** **(See B2)**	• Limited to and included in D14.1 and subject to the Oncology Medicine DSP Network. • 20% co-payment applies for the voluntary use of a non-DSP.	• Limited to and included in D14.1 and subject to the Oncology Medicine DSP Network. • 20% co-payment applies for the voluntary use of a non-DSP.	• Limited to and included in D14.1 and subject to the Oncology Medicine DSP Network. • 20% co-payment applies for the voluntary use of a non-DSP.	• Subject to the Bonitas Oncology Medicine DSP Network. • Subject to reference pricing and preferred product list.
D14.1.2	**Radiology and pathology (See B1)**	Limited to and included in D14.1.	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. • Limited to Cancer Care Plans in pre-active, active and post-active setting.

PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	HOSPITAL STANDARD	BONESSENTIAL	BONESSENTIAL SELECT	CONDITION/REMARKS SUBJECT TO PMB
					• Specific authorisations are required for advanced radiology in addition to any authorisation that may have been obtained for hospitalisation.
D14.1.2.1	**PET and PET – CT (See B1)**	• PMB only, subject to the use of a provider on the PET-CT scan network at the contracted rate. • Services rendered by a non-network provider pay at 100% of the Bonitas Tariff, subject to a 25% non-network co-payment.	• PMB only, subject to the use of a provider on the PET-CT scan network at the contracted rate. • Services rendered by a non-network provider pay at 100% of the Bonitas Tariff, subject to a 25% non-network co-payment.	• PMB only, subject to the use of a provider on the PET-CT scan network at the contracted rate. • Services rendered by a non-network provider pay at 100% of the Bonitas Tariff, subject to a 25% non-network co-payment.	• Subject to the relevant managed healthcare programme and to its prior authorisation. • Specific authorisations are required in addition to any authorisation that may have been obtained for hospitalisation.
D14.1.3	**Specialised Drugs (See B2)**	No benefit, except for PMBs.	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	**Unregistered chemotherapeutic agents**	No benefit, except for PMBs.	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.

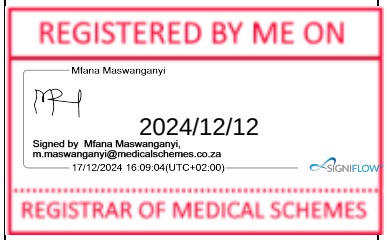
PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	HOSPITAL STANDARD	BONESSENTIAL	BONESSENTIAL SELECT	CONDITION/REMARKS SUBJECT TO PMB
D14.1.4	**Flushing of a J line and/or Port (See B1)**	Limited to and included in D14.1.	Limited to and included in D14.1.	Limited to and included in D14.1.	Subject to the relevant managed healthcare programme
D14.1.5	**Brachytherapy materials (including seeds and disposables) and equipment (See B1)**	Limited to R60 680 per beneficiary and included in D14.1.	Limited to R60 680 per beneficiary and included in D14.1.	Limited to R60 680 per beneficiary 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.The Oncology Network is the DSP for oncology related services at the Oncology Network (DSP) rate.
D14.2	**Oncology Social Worker (OSW) benefit**	• Limited to R3 500 per family. • Limited to and included in D14.1.	• Limited to R3 500 per family. • Limited to and included in D14.1.	• Limited to R3 500 per family. • Limited to and included in D14.1.	
D14.3	**Palliative Care**	• No limit. • Subject to pre-authorisation. • Managed care protocols apply.	• No limit. • Subject to pre-authorisation. • Managed care protocols apply.	• No limit. • Subject to pre-authorisation. • Managed care protocols apply.	Subject to the relevant managed healthcare protocols and its prior authorisation.
D15	**OPTOMETRY**				
D15.1	**(In and Out of Network) (See B1)**	No benefit.	No benefit.	No benefit.	
D15.1.1	**Low vision appliances**	No benefit.	No benefit.	No benefit.	
D15.2	**Ocular prostheses**	No benefit.	No benefit.	No benefit.	

PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	HOSPITAL STANDARD	BONESSENTIAL	BONESSENTIAL SELECT	CONDITION/REMARKS SUBJECT TO PMB
D16	**ORGAN TRANSPLANTATION**			REGISTERED BY ME ON Mfana Maswanganyi 2024/12/12 Signed by Mfana Maswanganyi, m.maswanganyi@medicalschemes.co.za 17/12/2024 16:06:19(UTC+02:00) SIGNIFLOW REGISTRAR OF MEDICAL SCHEMES	
D16.1	**ORGAN AND HAEMOPOIETIC STEM CELL (BONE MARROW) TRANSPLANTATION AND IMMUNO-SUPPRESIVE MEDICATION INCLUDING CORNEAL GRAFTS) (See B1)**	• No limit. • The contracted rate applies for network specialists. • 100% of the Bonitas Tariff for the general practitioner or non-network specialists. • Corneal grafts are limited to R38 670 per beneficiary for local or imported grafts. • Subject to the Hospital Standard Hospital Network. • 30% co-payment to apply to all voluntary non-network admissions.	• Prescribed Minimum Benefits only. • The contracted rate appliesfor network specialists. • 100% of the Bonitas Tariff for the non-network medical specialist or general practitioner. • No benefit for Corneal grafts unless PMB.	• Prescribed Minimum Benefits only. • The contracted rate appliesfor network specialists. • 100% of the Bonitas Tariff for the non-network medical specialist or general practitioner. • No benefit for Corneal grafts unless PMB. • Subject to the BonEssential Select Hospital Network. • 30% co-payment to apply to all voluntary non-network admissions.	• Subject to the relevant managed healthcare programme to its prior authorisation. • No benefits will be granted for hospitalisation, treatments and associated clinical procedures if prior authorisation is not obtained. • Organ harvesting is limited to the Republic of South Africa excluding donor cornea and donor bone marrow.
D16.1	**Haemopoietic stem cell (bone marrow transplantation (See B1)**	Limited to and included in D16.1.	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.
D16.2	**Immuno-suppressive medication (See B2)**	Limited to and included in D16.1 and subject to the DSP.	Limited to and included in D16.1 and subject to the DSP.	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.	Limited to and included in D16.1.	Limited to and included in D16.1.	

PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	HOSPITAL STANDARD	BONESSENTIAL	BONESSENTIAL SELECT	CONDITION/REMARKS SUBJECT TO PMB
D16.4	**Radiology and pathology (See B1)**	Limited to and included in D16.1.	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.
D17	**PARAMEDICAL SERVICES (ALLIED MEDICAL PROFESSIONS)**				
D17.1	**In hospital (See B1)**	No benefit, unless PMB.	No benefit, unless PMB.	No benefit, unless PMB.	Subject to referral by the treating practitioner.
D17.1.1	**Dietetics**	No benefit, unless PMB.	No benefit, unless PMB.	No benefit, unless PMB.	
D17.1.2	**Occupational Therapy**	No benefit, unless PMB.	No benefit, unless PMB.	No benefit, unless PMB.	
D17.1.3	**Speech Therapy**	No benefit, unless PMB.	No benefit, unless PMB.	No benefit, unless PMB.	
D17.2	**Out of hospital**	No benefit, unless PMB.	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, unless PMB.	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.	
D17.2.2	**Chiropractics**	No benefit, unless PMB.	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.	
D17.2.3	**Dietetics**	No benefit, unless PMB.	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.	See D27.2
D17.2.4	**Genetic counselling**	No benefit, unless PMB.	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.	
D17.2.5	**Hearing aid acoustics**	No benefit, unless PMB..	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.	
D17.2.6	**Occupational therapy**	No benefit, unless PMB.	No benefit, unless PMB, or limited to and included in the	No benefit, unless PMB, or limited to and included in the	

PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	HOSPITAL STANDARD	BONESSENTIAL	BONESSENTIAL SELECT	CONDITION/REMARKS SUBJECT TO PMB
			Benefit Booster benefit in D27.2.	Benefit Booster benefit in D27.2..	
D17.2.7	**Orthoptics**	No benefit.	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	**Private nurse practitioners**	No benefit, unless PMB.	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.	
D17.2.9	**Speech therapy**	No benefit, unless PMB.	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.	
D17.2.10	**Social workers**	No benefit, unless PMB.	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	
D18	**PATHOLOGY AND MEDICAL TECHNOLOGY**				
D18.1	**In hospital (See B1)**	• No limit. • Subject to the DSP for pathology at negotiated rates. • 100% of the Bonitas Tariff for services rendered by non-DSP providers.	• No limit. • Subject to the DSP for pathology at negotiated rates. • 100% of the Bonitas Tariff for services rendered by non-DSP providers.	• No limit. • Subject to the DSP for pathology at negotiated rates. • 100% of the Bonitas Tariff for services rendered by non-DSP providers.	Subject to the relevant managed healthcare programme.
D18.2	**Out of hospital**	No benefit, unless PMB.	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.	See D27.2
D19	**PHYSICAL THERAPY**				
D19.1	**In hospital Physiotherapy Biokinetics (See B1)**	• No benefit, unless PMB • 100% of Bonitas Tariff.	• No benefit, unless PMB. • 100% of Bonitas Tariff.	• No benefit unless PMB. • 100% of Bonitas Tariff.	Subject to referral by the treating practitioner. Physiotherapy is excluded for mental health admissions.

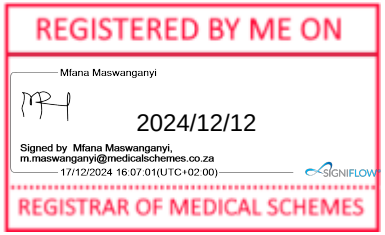
PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	HOSPITAL STANDARD	BONESSENTIAL	BONESSENTIAL SELECT	CONDITION/REMARKS SUBJECT TO PMB
D19.2	**Out of hospital Physiotherapy Biokinetics Podiatry**	No benefit, unless PMB.	No benefit, unless PMB, or limited to and included in the Benefit Booster benefit in D27.2.	No benefit, unless PMB, or limited to and included in the Benefit Booster benefit in D27.2.	See D27.2
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)**	• R54 270 per family, unless PMB. • Sub-limit of R4 170 for a single intra-ocular lens. • R8 330 for bilateral lenses per beneficiary. • No benefit for joint replacements, unless PMB. • No benefit for back and neck surgery unless PMB.	• No benefit, except for PMB. • No benefit for joint replacements, unless PMB. • No benefit for back and neck surgery unless PMB.	• No benefit, except for PMB. • No benefit for joint replacements, unless PMB. • No benefit for back and neck surgery unless PMB.	• 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.	No benefit.	No benefit.	
D20.1.2	**Internal Nerve stimulator**	No benefit.	No benefit.	No benefit.	
D20.2	**Prostheses external**	• No benefit, except for PMBs.	• No benefit, except for PMBs.	• No benefit, except for PMBs.	
D21	**RADIOLOGY**				
D21.1	**General radiology (See B1)**				
D21.1.1	**In hospital**	• No limit. • 100% of the Bonitas Tariff.	• No limit. • 100% of the Bonitas Tariff.	• No limit. • 100% of the Bonitas Tariff.	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)	HOSPITAL STANDARD	BONESSENTIAL	BONESSENTIAL SELECT	CONDITION/REMARKS SUBJECT TO PMB
D21.1.2	**Out of hospital**	No benefit, unless PMB. 	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.	This benefit excludes: specified list of radiology tariff codes included in the • Maternity benefit, (D10), • Oncology benefit during the active treatment and/or post active treatment period, (D14.1); • Organ and haemopoietic stem cell transplantation benefit, (D16.1), • Renal dialysis chronic benefit, (D22). Authorisation is not required for MRI scans for low field peripheral joint examination of dedicated limb units. See D27.2.
D21.2	**Specialised radiology**				
D21.2.1	**In hospital**	• R32 040 per family. • 100% of the Bonitas Tariff • R2 800 co-payment per scan event, unless PMB or nuclear radio-istope studies. • The co-payment to be waived if the cost of the service falls within the co-payment amount.	• R15 960 per family. • 100% of the Bonitas Tariff • R2 800 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.	• R15 960 per family. • 100% of the Bonitas Tariff • R2 800 co-payment per scan event, unless PMB or nuclear radio-isotope studies. • The co-payment to be waived if the cost of the service falls within the co-payment amount.	Subject to the relevant managed healthcare programme and to its prior authorisation. Specific authorisations are required in addition to any authorisation that may have been obtained for hospitalisation, for the following: • CT scans • MUGA scans • MRI scans • Radio isotope studies • CT colonography (virtual colonoscopy, limited to one per beneficiary per annum restricted to the evaluation of symptomatic patients only) • MDCT coronary angiography, limited to one per beneficiary restricted to

PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	HOSPITAL STANDARD	BONESSENTIAL	BONESSENTIAL SELECT	CONDITION/REMARKS SUBJECT TO PMB
					then evaluation of symptomatic patients only.
D21.2.2	**Out of hospital**	Limited to and included in D21.2.1.	Limited to and included in D21.2.1.	Limited to and included in D21.2.1.	See D21.2.1.
D21.3	**PET and PET – CT**	No benefit.	No benefit.	No benefit.	
D22	**RENAL DIALYSIS CHRONIC**				
D22.1	**Haemodialysis and peritoneal dialysis (See B1)**	• No limit. • 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). • The contracted rate appliesfor the services rendered by a network specialist. • 100% of the Bonitas Tariff for the services rendered by a non-network specialist. • Related medicine are subject to the DSP and Regulation 8 (3). • 20% co-payment applies for the voluntary use of a non-DSP.	• No limit. • 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). • The contracted rate applies for the services rendered by a network specialist. • 100% of the Bonitas Tariff for the services rendered by a non-network specialist. • Related medicine are subject to the DSP and Regulation 8 (3). • 20% co-payment applies for the voluntary use of a non-DSP.	• No limit. • 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). • The contracted rate applies for the services rendered by a network specialist. • 100% of the Bonitas Tariff for the services rendered by a non-network specialist. • Related medicine are subject to the DSP and Regulation 8 (3). • 20% co-payment applies for the voluntary use of a non-DSP.	• Subject to the relevant managed healthcare programme and to its prior authorisation • Authorised erythropoietin is included in (D4.1). • Acute renal dialysis is included in hospitalisation costs. • See D7.

PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	HOSPITAL STANDARD	BONESSENTIAL	BONESSENTIAL SELECT	CONDITION/REMARKS SUBJECT TO PMB
D22.2	**Radiology and pathology (See B1)**	Limited to and included in D22.1.	Limited to and included in D22.1.	Limited to and included in D22.1.	As specified by the relevant managed healthcare programme.
D23	**SURGICAL ROCEDURES**				
D23.1	**In hospital and unattached operating theatres and other minor surgical procedures that can be authorised in hospital (See B1)**	• Limited to and included in D7.1.1 or D7.2.1. • 100% of the Bonitas Tariff for the general practitioner or medical specialist. • The contracted rate appliesfor the network specialist. • Subject to the Hospital Standard Hospital Network. • 30% co-payment to apply to all voluntary non-network admissions. • (Co-payments apply – See paragraph D23.3 below.). • Day Surgery Network applies for defined procedures. (See paragraph D23.4)	• Limited to and included in D7.1.1 or D7.2.1. • 100% of the Bonitas Tariff for the general practitioner or medical specialist. • The contracted rate appliesfor the network specialist. • (Co-payments apply – See paragraph D23.3 below.). • Day Surgery Network applies for defined procedures. (See paragraph D23.4)	• Limited to and included in D7.1.1 or D7.2.1. • 100% of the Bonitas Tariff for the general practitioner or medical specialist. • The contracted rate appliesfor the network specialist. • Subject to the BonEssential Select Hospital Network. • 30% co-payment to apply to all voluntary non-network admissions. • (Co-payments apply – See paragraph D23.3 below.). • Day Surgery Network applies for defined procedures. (See paragraph D23.4)	This benefit excludes: • Osseo-integrated implants (D6); • Orthognathic and oral surgery (D6); • Maternity (D10); • Organ and haemopoietic stem cell (bone marrow) transplantation and immunosuppressive medication (D16). REGISTERED BY ME ON Mfana Maswanganyi 2024/12/12 Signed by Mfana Maswanganyi, m.maswanganyi@medicalschemes.co.za 17/12/2024 16:10:11(UTC+02:00) SIGNIFLOW REGISTRAR OF MEDICAL SCHEMES
D23.1.1	**Refractive surgery**	No benefit.	No benefit.	No benefit.	

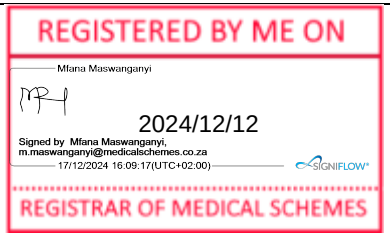
PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	HOSPITAL STANDARD	BONESSENTIAL	BONESSENTIAL SELECT	CONDITION/REMARKS SUBJECT TO PMB
D23.1.2	**Maxillo-facial surgery**	• Limited to and included in D7.1.1 or D7.2.1. • 100% of the Bonitas Tariff for services rendered by the medical specialist.	• Limited to and included in D7.1.1 or D7.2.1. • 100% of the Bonitas Tariff for services rendered by the medical specialist.	• Limited to and included in D7.1.1 or D7.2.1. • 100% of the Bonitas Tariff for services rendered by the medical specialist.	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: • Osseo-integrated implantation (D6); • Orthognathic surgery (D6); • Oral surgery (D6); • Impacted teeth (D6).
D23.2	**Out of hospital procedures in practitioner's rooms that are not mentioned in D23.2.1 or D23.2.2**	No benefit.	No benefit.	No benefit.	
D23.2.1	**General procedures performed in specialist consulting rooms**	Limited to and included in D7.1.1 or D7.2.1 at enhanced rates for: • Endometrial biopsy (excluding after-care): (2434) • Implantation hormone pellets (excluding after-care): (2565). • Insertion of intra-uterine contraceptive device (IUCD) (excluding after-care): (2442) • Punch biopsy (excluding after-care): (2399) • Removal of tag or polyp: (2271) • Removal of small superficial benign lesions: (2272) • Removal of benign vulva tumour or cyst: (2277)			Subject to pre-authorisation.
D23.2.2	**Specified procedures done in the specialist rooms or suitably equipped procedure room with correct equipment and monitoring facilities**	Limited to and included in D7.1.1 or D7.2.1 at enhanced rates for: • Biopsy during pregnancy (excluding after care): (2400) • Cervix encirclage: Removal items 2409 and 2411: without anaesthetic): (2415) • Colposcopy (excluding after-care): (2429) • Cryo- or electro-cauterisation, or Lletz of cervix (excluding cost of disposable loop electrode): In consulting room: (2392) • Cryo- or electro-cauterisation, or Lletz of cervix (excluding cost of disposable loop electrode): Under anaesthetic: (2395) • Cystoscopy: (1949)			Subject to pre-authorisation.

PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	HOSPITAL STANDARD	BONESSENTIAL	BONESSENTIAL SELECT	CONDITION/REMARKS SUBJECT TO PMB
		• Destruction of condylomata by chemo-, cryo-, or electrotherapy, or harmonic scalpel: First lesion: (2316) • Destruction of condylomata by chemo-, cryo-, or electrotherapy, or harmonic scalpel: Repeat – Limited: (2317) • Destruction of condylomata by chemo-, cryo-, or electrotherapy, or harmonic scalpel: Widespread: (2318) • Evacuation of uterus: Incomplete abortion: Before 12 weeks gestation: (2445) • Evacuation: Missed abortion: Before 12 weeks gestation: (2449) • Excision of benign lip lesion: (1485) • Excision of malignant lip lesion (1487) • Excision of superficial eyelid tumour: (3163) • Extensive resection for malignant soft tissue tumour including muscle: (0313) • Flap repairs (large, complicated): 0295 • Flexible sigmoidoscopy (including rectum and anus): Hospital equipment.: (1676) • Full thickness skingraft repair: (0289) • Full thickness eyelid repair: (3189) • Full thickness lip repair: (1499) • Hymenectomy: (2283) • Hysterosalpingogram (excluding after-care): (2435) • Hysteroscopy (excluding after-care): (2436) • Hysteroscopy and polypectomy (excluding after-care): (2440) • Laser or harmonic scalpel treatment of the cervix: (2396) • Laser therapy of vulva and/or vagina (colposcopically directed): (2274) • Left-sided colonoscopy: (1656) • Termination of pregnancy before 12 weeks: (2448) • Total colonoscopy: With hospital equipment (including biopsy): (1653) • Upper gastro-intestinal endoscopy: Hospital equipment: (1587) • Vulva and introitus: drainage of abscess: (2293)			
D23.3	**PROCEDURES THAT WILL ATTRACT A CO-PAYMENT**				Where more than one co-payment applies to an admission/event, the lower of the co-payments will be waived and the highest will be the member's liability.

PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	HOSPITAL STANDARD	BONESSENTIAL	BONESSENTIAL SELECT	CONDITION/REMARKS SUBJECT TO PMB
D23.3.1	**Procedures which will attract a R1 940 co-payment when done in a hospital or day clinic:** • **Colonoscopy** • **Conservative back treatment** • **Cystoscopy** • **Facet Joint Injections** • **Flexible sigmoidoscopy** • **Functional nasal surgery** • **Gastroscopy** • **Hysteroscopy, but not endometrial ablation** • **Myringotomy** • **Tonsillectomy and adenoidectomy** • **Umbilical Hernia repairs** • **Varicose vein surgery**	Subject to aR1 940 co-payment per event.	Subject to a R1 940 co-payment per event.	Subject to a R1 940 co-payment per event.	Subject to the relevant managed healthcare programme and to its prior authorisation.
D23.3.2	**Procedures which will attract a R4 930 co-payment:** • **Arthroscopy** • **Diagnostic Laparoscopy** • **Laparoscopic Hysterectomy** • **Percutaneous Radiofrequency Ablations (percutaneous rhizotomies)**	Subject to aR4 930 co-payment.	Subject to a R4 930 co-payment.	Subject to a R4 930 co-payment.	Subject to the relevant managed healthcare programme and to its prior authorisation.

PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	HOSPITAL STANDARD	BONESSENTIAL	BONESSENTIAL SELECT	CONDITION/REMARKS SUBJECT TO PMB
D23.3.3	**Procedures which will attract a R9 130 co-payment:** • **Nissen Fundoplication (Reflux surgery)** • **Laparoscopic Pyeloplasty** • **Laparoscopic Radical Prostatectomy**	Subject to a R9 130 co-payment.	Subject to a R9 130 co-payment. REGISTERED BY ME ON Mfana Maswanganyi 2024/12/12 Signed by Mfana Maswanganyi, m.maswanganyi@medicalschemes.co.za 17/12/2024 16:12:20(UTC+02:00) SIGNIFLOW REGISTRAR OF MEDICAL SCHEMES	Subject to a R9 130 co-payment.	Subject to the relevant managed healthcare programme and to its prior authorisation.
D23.3.4	**Procedures which will attract a R7 420 co-payment:** **Cataract Surgery**	Subject to a R7 420 co-payment per event: • For the voluntary use of a non-DSP.	Subject to a R7 420 co-payment per event: • For the voluntary use of a non-DSP.	Subject to a R7 420 co-payment per event: • For the voluntary use of a non-DSP.	• Subject to the relevant managed healthcare programme and to its prior authorisation. • The co-payment to be waived if the cost of the service falls within the co-payment amount.
D23.4	**Day Surgery Procedures**	• Subject to the Day Surgery Network. • R2 720 co-payment to apply to all non-network admissions and subject to Regulation 8 (3).	• Subject to the Day Surgery Network. • R2 720 co-payment to apply to all non-network admissions and subject to Regulation 8 (3).	• Subject to the Day Surgery Network. • R5 440 co-payment to apply to all non-network admissions and subject to Regulation 8 (3).	• Subject to the relevant managed healthcare programme and to its prior authorisation and subject to a defined list of procedures. • The co-payment to be waived if the cost of the service falls within the co-payment amount.
D24	**PREVENTATIVE CARE BENEFIT**				
D24.1	**Women's Health** **Breast Cancer Screening**	Mammogram • Females age >40 years • Once every 2 years.	Mammogram • Females age >40 years • Once every 2 years.	Mammogram • Females age >40 years • Once every 2 years.	

PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	HOSPITAL STANDARD	BONESSENTIAL	BONESSENTIAL SELECT	CONDITION/REMARKS SUBJECT TO PMB
	Cervical Cancer Screening	Pap Smear • Females 21-65 years • Once every 3 years. • 1 basic cytology test per annum or the HPV PCR once every 5 years.	Pap Smear • Females 21-65 years • 1 basic cytology test per annum or the HPV PCR once every 5 years.	Pap Smear • Females 21-65 years • 1 basic cytology test per annum or the HPV PCR once every 5 years.	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 • Females 21-65 years • 1 basic cytology test per annum or the HPV PCR once every 5 years.	Pap Smear • Females 21-65 years • 1 basic cytology test per annum or the HPV PCR once every 5 years.	Pap Smear • Females 21-65 years • 1 basic cytology test per annum or the HPV PCR once every 5 years.	
	Human Papilloma Virus (HPV) Vaccine	Limited to 3 doses for females between 15 – 26 years. • One course per lifetime. • Limited to R1 100 per vaccine.	Limited to 3 doses for females between 15 – 26 years. • One course per lifetime. • Limited to R1 100 per vaccine.	Limited to 3 doses for females between 15 – 26 years. • One course per lifetime. • Limited to R1 100 per vaccine.	REGISTERED BY ME ON Mfana Maswanganyi 2024/12/12 Signed by Mfana Maswanganyi, m.maswanganyi@medicalschemes.co.za 17/12/2024 16:08:04(UTC+02:00) SIGNIFLOW REGISTRAR OF MEDICAL SCHEMES
D24.2	**Men's Health PSA test**	• Men 55-69 years, 1 per annum.	• Men 55-69 years, 1 per annum	• Men 55-69 years, 1 per annum.	
D24.3	**General Health**	• HIV test annually. • Flu vaccine annually, including the administration fee of the nurse practitioner.	• HIV test annually. • Flu vaccine annually, including the administration fee of the nurse practitioner.	• HIV test annually. • Flu vaccine annually, including the administration fee of the nurse practitioner.	• HIV test, either as part of Preventative Care or Health Risk Assessment. See D27.1. • Upon a positive diagnosis, the HIV basket of care applies, subject to registration on the relevant managed healthcare programme.
D24.4	**Elderly Health**	• Pneumococcal Vaccination, including the administration fee of the nurse practitioner Age >65 Once every 5 years • Faecal Occult Blood Test	• Pneumococcal Vaccination, including the administration fee of the nurse practitioner Age >65 Once every 5 years • Faecal Occult Blood Test	• Pneumococcal Vaccination, including the administration fee of the nurse practitioner Age >65 Once every 5 years • Faecal Occult Blood Test	

PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	HOSPITAL STANDARD	BONESSENTIAL	BONESSENTIAL SELECT	CONDITION/REMARKS SUBJECT TO PMB
		Ages 45-75 annually.	Ages 45-75 annually.	Ages 45-75 annually.	
D24.5	**Children's health Hypothyroidism**	• 1 TSH Test Age <1 month	• 1 TSH Test Age <1 month	• 1 TSH Test Age <1 month	
	Infant Hearing Screening	• One infant hearing screening test for newborns up to 8 weeks, in or out of hospital, performed by an audiologist or speech therapist.	• One infant hearing screening test for newborns up to 8 weeks, in or out of hospital, performed by an audiologist or speech therapist.	• 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))	• Two vision screening tests per beneficiary for newborns up to 6 weeks, in or out of hospital, performed by an ophthalmologist.	• Two vision screening tests per beneficiary for newborns up to 6 weeks, in or out of hospital, performed by an ophthalmologist.	• Two vision screening tests per beneficiary for newborns up to 6 weeks, in or out of hospital, performed by an ophthalmologist.	Screening should be performed at 4 – 6 weeks chronological age or 31 – 33 weeks post-conceptional age (whichever comes later).
	Human Papilloma Virus (HPV) Vaccine	• Limited to two doses for girls aged between 9 – 14years. • One course per lifetime. • Limited to R1 100 per vaccine.	• Limited to two doses for girls aged between 9 – 14years. • One course per lifetime. • Limited to R1 100 per vaccine.	• Limited to two doses for girls aged between 9 – 14years. • One course per lifetime. • Limited to R1 100 per vaccine.	
	Extended Program on Immunisation (EPI)	• No benefit.	• No benefit.	• No benefit.	
D24.6	**Smoking Cessation**	• No benefit.	• Limited to and included in Benefit Boosteer in D27.2.	• Limited to and included in Benefit Booster in D27.2.	

PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	HOSPITAL STANDARD	BONESSENTIAL	BONESSENTIAL SELECT	CONDITION/REMARKS SUBJECT TO PMB
D25	**INTERNATIONAL TRAVEL BENEFIT**				
D25.1	**Leisure travel: (Travelling for recreation, a holiday or visiting family and friends)**	For medical emergencies when travelling outside the borders of South Africa. • 60 days excluding USA – R2.5 million per Member, R2.5 million for Member and Dependants • 60 days including USA – Maximum cover R500,000 for Member and Dependants.	For medical emergencies when travelling outside the borders of South Africa. • 60 days excluding USA – R2.5 million per Member, R2.5 million for Member and Dependants • 60 days including USA – Maximum cover R500,000 for Member and Dependants.	For medical emergencies when travelling outside the borders of South Africa. • 60 days excluding USA – R2.5 million per Member, 2.5 million for Member and Dependants • 60 days including USA – Maximum cover R500,000 for Member and Dependants .	Subject to authorisation, prior to departure. • Additional benefits for Covid-19: o 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. o The cover will only apply if a beneficiary tested positive.
D25.2	**Business Travel: (Primarily for attending meetings, conferences, visiting suppliers and for administrative purposes)**	For medical emergencies when travelling outside the borders of South Africa. • 30 days excluding USA – R2.5 million per Member, R2.5 million for Member and Dependants. • 30 days including USA - Maximum cover R500,000 for Member and Dependants • Subject to approval protocols prior to departure.	For medical emergencies when travelling outside the borders of South Africa. • 30 days excluding USA – R2.5 million per Member, R2.5 million for Member and Dependants. • 30 days including USA - Maximum cover R500,000 for Member and Dependants • Subject to approval protocols prior to departure.	For medical emergencies when travelling outside the borders of South Africa. • 30 days excluding USA – R2.5 million per Member, R2.5 million for Member and Dependants • 30 days including USA - Maximum cover R500,000 for Member and Dependants • Subject to approval protocols prior to departure.	Subject to authorisation, prior to departure. • Additional benefits for Covid-19: o 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. o The cover will only apply if a beneficiary tested positive. • Manual labour excluded – refers to any occupation or activity involving physical labour (use of hands or machinery) •

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REGISTRAR OF MEDICAL SCHEMES

PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	HOSPITAL STANDARD	BONESSENTIAL	BONESSENTIAL SELECT	CONDITION/REMARKS SUBJECT TO PMB
D26	**AFRICA BENEFIT**				
D26.1	**In and Out of Hospital (See B1)**	• 100% of the usual, reasonable cost for in- and out-of-hospital treatment routinely available in South Africa received in Africa. • Subject to authorisation.	• 100% of the usual, reasonable cost for in- and out-of-hospital treatment routinely available in South Africa received in Africa. • Subject to authorisation.	• 100% of the usual, reasonable cost for in- and out-of-hospital treatment routinely available in South Africa received in Africa. • Subject to authorisation.	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 Wellness screening	Wellness screening. • One assessment per beneficiary over the age of 21 years, per annum by a registered provider, (wellness day, participating pharmacy or biokineticists). • Payable from OAL. Limited to • blood pressure test • glucose test • cholesterol test • body mass index • hip to waist ratio. • HIV counselling and testing.	Wellness screening. • One assessment per beneficiary over the age of 21 years, per annum by a registered provider, (wellness day, participating pharmacy or biokineticists). • Payable from OAL. Limited to • blood pressure test • glucose test • cholesterol test • body mass index • hip to waist ratio. • HIV counselling and testing.	Wellness screening. • One assessment per beneficiary over the age of 21 years, per annum by a registered provider, (wellness day, participating pharmacy or biokineticists). • Payable from OAL. Limited to • blood pressure test • glucose test • cholesterol test • body mass index • hip to waist ratio. • HIV counselling and testing.	• HIV test, either as part of Preventative Care or Health Risk Assessment. See D24.3. • Upon a positive diagnosis, the HIV basket of care applies, subject to registration on the relevant managed healthcare programme.
D27.2	**Benefit Booster (including out of hospital non-PMB day-to-day services as mentioned in D1,**	No benefit.	Subject to completion of a Health Risk Assessment or the completion of an online wellness questionnaire per	Subject to completion of a Health Risk Assessment or the completion of an online wellness questionnaire per	• 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

PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	HOSPITAL STANDARD	BONESSENTIAL	BONESSENTIAL SELECT	CONDITION/REMARKS SUBJECT TO PMB
	D5.1.3, D5.2, D11.1, D11.1.3,D11.2, D13.2, D17.2, D18.2, D19.2, D21.1.2, D24.6 and virtual consultations).		beneficiary over the age of 21 years. Limited to R1 160 per family. • Alternative Health: D1 • GP consultations: D5.1.3 • Medical specialists: D5.2 • Acute medication: D11.1 • Registered ante-natal vitamins during pregnancy: D11.1.3 • Pharmacy advised therapy: D11.2 • Non-surgical procedures: D13.2 • Paramedical services : D17.2 • Pathology: D18.2 • Physical therapy: D19.2 • General radiology: D21.1.2. • Smoking cessation: D24.6.	beneficiary over the age of 21 years. Limited to R1 160 per family. • Alternative Health: D1 • GP consultations: D5.1.3 • Medical specialists: D5.2 • Acute medication: D11.1 • Registered ante-natal vitamins during pregnancy: D11.1.3 • Pharmacy advised therapy: D11.2 • Non-surgical procedures: D13.2 • Paramedical services : D17.2 • Pathology: D18.2 • Physical therapy: D19.2 • General radiology: D21.1.2. • Smoking cessation: D24.6.	Health Risk Assessment or an online wellness questionnaire. • Valid qualifying claims will pay first from the benefit booster and thereafter from the relevant benefits as described in D1 – D24.