

Bonitas

BONITAS MEDICAL FUND
ANNEXURE B

2017

Options:

BonComprehensive

BonClassic

BonComplete

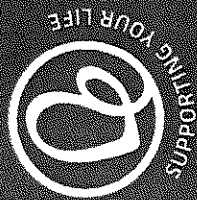


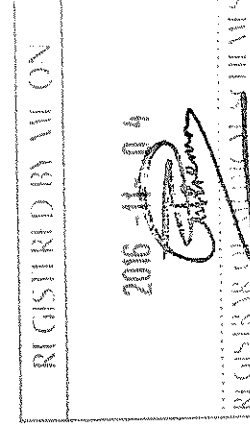
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A ENTITLEMENT OF BENEFITS

- A1 The Bonitas Fund Tariff is defined as the Bonitas monetary tariffs applicable in 2016 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.
- 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:
- Dermatology
 - Obstetrics and Gynaecology
 - Pulmonology
 - Specialist Medicine
 - Gastroenterology
 - Neurology
 - Cardiology
 - Psychiatry
 - Neurosurgery
 - Ophthalmology
 - Orthopaedics
 - Otorhinolaryngology (ENT)
 - Rheumatology
 - Paediatrics
 - Plastic and Reconstructive Surgery
 - Surgery
 - Cardio Thoracic Surgery
 - Urology
- A3.1.2 In Specialist Network, in hospital rates are applicable as follows:
- 130% of Bonitas Tariff for the BonComplete and BonClassic Options.



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

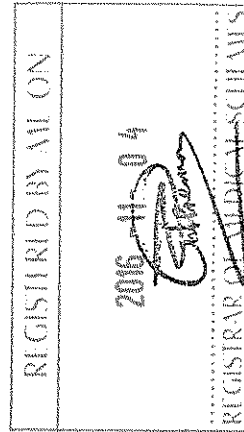
- 130% Bonitas Tariff for the BonComplete and BonClassic Options.

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

- B1 On the BonComplete, BonClassic and BonComprehensive Options claims for services stated as being subject to payment from the personal medical savings account are allocated against the personal medical savings account and / or threshold benefit.
- B2 When a member's personal medical savings account is exhausted on the BonClassic Option no further benefits is available in respect of services payable from the personal medical savings account.
- B3 When the member's personal medical savings account is exhausted on BonComplete and BonComprehensive options, further claims are paid by the member until a specific threshold is reached, whereupon further benefits become available, referred to as the Threshold benefit as set out in B7 below.
- B4 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.
- B5 Legally prescribed acute or chronic medicine claims will be reimbursed at 100% of (1) the single exit price plus the negotiated mark-up, or (2) the single exit price plus 26% capped at a maximum of R26 (Vat exclusive), Subject to a maximum fee as dictated by legislation. Both subject to the reimbursement limit, i.e. the Maximum Generic Price or Medicine Price List. Levies and co-payments to apply where relevant.

B6 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



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B7 Once the personal medical savings account has been exhausted on the BonComprehensive option, the member shall be liable for all expenses until the cumulative threshold has been reached, thereafter the benefits shall be paid above threshold. Claims in respect of out of hospital expenses which will accumulate to the threshold will be marked "YES" against "Acc" in the column headed "CONDITIONS / REMARKS."

Once the personal medical savings account has been exhausted on the BonComplete option, the member shall be liable for all expenses until the cumulative threshold has been reached, thereafter the benefits shall be subject to the above threshold limit. Claims in respect of out of hospital expenses which will accumulate to the threshold will be marked "YES" against "Acc" in the column headed "CONDITIONS / REMARKS."

The above threshold benefit for out of hospital expenses on BonComprehensive shall be subject to applicable sub-limits and/or co-payments, once accumulated costs have exceeded the following cumulative threshold levels:

	BonComprehensive	BonComplete
Member	R15 492	R6 824
Add per adult dependant	= R14 200	= R5 526
Add per child dependant	= R3 794	= R1 764

B8 The threshold benefit becomes available after medical expenses are incurred and paid from the available medical savings facility, and if this is exhausted, paid by the member or beneficiary direct to the provider, until a threshold level of such total expenditure is reached in accordance with the table above whereupon further benefits become payable, identified as "threshold benefit". For each individual service category where a limit applies, the individual limits remains in place and the threshold benefit only applies in cases where the limit has not yet been reached. Once a benefit limit or sub-limit has been reached, no further claims can be paid from the threshold benefit in respect of that specific benefit for the remainder of the year. If a benefit is unlimited, the threshold benefit once it becomes applicable is also unlimited.

Threshold Level

The extent of the threshold level is determined as at 1 January each year, or at the time the member joins the Fund, by adding together the threshold levels given in the table above for the principal member, adult dependants and child dependants to arrive at a total amount per family. The threshold level will be adjusted during a benefit year should a member join during the course of the year and/or dependants be added. Claims paid by the member that accumulate to the member's threshold level (after accounting for medical savings facility or by member payment.)

B9 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 Credentialled 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 credentialled psychiatric facility

REGISTERED BY ME ON

2016-11-14

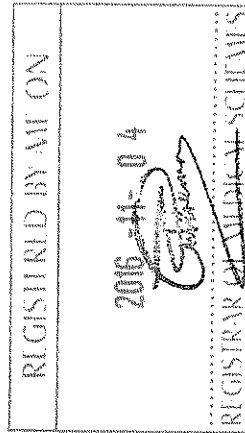


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B10 The Infertility benefit includes the following procedures or interventions as prescribed by the Regulations to the Medical Schemes Act 131 of 1998 in Annexure A, paragraph 9, Code 902M:

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; motility; 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	



N/A

B11 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:

- 1 (one) gynaecologist consultation or visit per annum for female beneficiaries;
- Maternity
- Children under the age of 2 (two) years, for paediatrician visits or consultations.
- Consultations with Oncologists
- Consultations with Ophthalmologists.

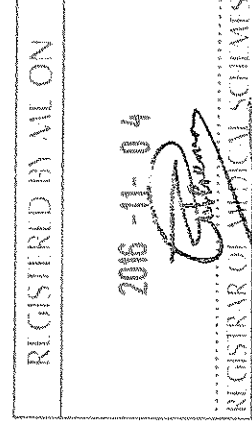
On depletion of benefits, PMB above limits will only be applicable via the contracted network of general practitioners who will become the Designated Service Provider of the fund, subject to Regulation 8.

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.

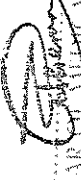
The Prescribed Minimum Benefits are available in conjunction with the Fund's contracted managed care programmes, which include the application of treatment protocols, medicine formularies, pre-authorisation and case management. These measures have been implemented to ensure appropriate and effective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

See Annexure D – Paragraph 7 for a full explanation



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D ANNUAL BENEFITS AND LIMITS.

PARA GRAPH	BENEFIT (EXCEPT FOR PMBS)	BONCOMPREHENSIVE	BONCLASSIC	BONCOMPLETE	CONDITION/REMARKS SUBJECT TO PMB
	OVERALL ANNUAL LIMIT	No limit.	No limit.	No limit.	
	PERSONAL MEMBER SAVINGS ACCOUNT	Subject to available savings and/or threshold.	Subject to available savings.	Subject to available savings and/or above threshold benefit.	
	ABOVE THRESHOLD BENEFIT	No limit.	Not applicable.	P: R4 150 A: R2 450 C: R1 060	
	General Practitioner Network	Not applicable.	Not applicable.	Not applicable.	
D1	ALTERNATIVE HEALTH-CARE (See B4)	Subject to available savings and/or threshold.	Subject to available savings.	Subject to available savings and/or above threshold benefit.	Acc Yes
D1.1	Homoeopathic Consultations and/or treatment	Limited to and included in D1.	Limited to and included in D1.	Limited to and included in D1.	
D1.2	Homoeopathic Medicines	Limited to and included in D1.	Limited to and included in D1.	Limited to and included in D1.	
D1.3	Acupuncture	Limited to and included in D1.	Limited to and included in D1.	Limited to and included in D1.	
D1.4	Naturopathy Consultations and/or medicines.	Limited to and included in D1.	Limited to and included in D1.	Limited to and included in D1.	
D1.5	Phytotherapy	Limited to and included in D1.	Limited to and included in D1.	Limited to and included in D1.	
D1.6	Osteopathy	Limited to and included in D1.	Limited to and included in D1.	Limited to and included in D1.	
					REGISTERED BY MICON
					2016-11-04  REGISTRAR OF MEDICAL SOCIETIES

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PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONCOMPREHENSIVE	BONCLASSIC	BONCOMPLETE	CONDITION/REMARKS SUBJECT TO PMB
D2	AMBULANCE SERVICES (See B4)	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. Acc: No
D.3	APPLIANCES, EXTERNAL ACCESSORIES AND ORTHOTICS (See B4)				Diabetic accessories and appliances - (with the exception of glucometers) to be pre-authorised and claimed from the chronic medicine benefits D11.3. Acc: No
D3.1	In and Out of Hospital				Acc: No
D3.1.1	General medical and surgical appliances, including wheelchairs and repairs, and large orthopaedic appliances	<ul style="list-style-type: none"> R7 550 per family. Subject to preferred supplier agreements. 	<ul style="list-style-type: none"> R7 000 per family. Subject to preferred supplier agreements. 	<ul style="list-style-type: none"> Subject to available savings and/or above threshold benefit. Subject to preferred supplier agreements. 	Hiring or buying medical or surgical aids as prescribed by a medical practitioner. Acc: Yes, on BonComplete
D3.1.2	Hearing Aids and repairs	<ul style="list-style-type: none"> Limited to R23 200 per family over a two year cycle. A 10% co-payment will apply. Benefit is available per beneficiary every two years (biennial) based on the last claim date. 	<ul style="list-style-type: none"> Limited to R15 200 per family per annum over a three year cycle. A 10% co-payment will apply. Benefit is available per beneficiary every three years based on the last claim date. 	<ul style="list-style-type: none"> Limited to and included in D3.1.1. Benefit is available per beneficiary every two years (biennial) based on the last claim date. 	Hearing aids and repairs are subject to the relevant managed healthcare programme and to its prior authorisation. Subject to preferred supplier agreements.
D3.1.3	CPAP Apparatus for sleep apnoea	General appliance limit may be exceeded by R5 550 per family.	Limited to and included in D3.1.1.	Limited to and included in D3.1.1.	CPAP Machines are subject to the relevant managed healthcare programme and to its prior authorisation.
D3.1.4	Stoma Products	Limited to and included in D3.1.3 and thereafter funded from OAL, if PMB	Limited to and included in D3.1.3 and thereafter funded from OAL, if PMB	Limited to and included in D3.1.1 unless PMB.	

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REGISTRAR OF MEDICAL SCHEMES

PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONCOMPREHENSIVE	BONCLASSIC	BONCOMPLETE	CONDITION/REMARKS SUBJECT TO PMB
D3.1.5	Specific appliances, accessories				Subject to the relevant managed healthcare programme and to its prior authorisation and if 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	Subject to available savings only.	Subject to available savings.	Subject to available savings only.	Foot orthotics are not payable from the above threshold benefit on BonComprehensive and BonComplete.
D4	BLOOD, BLOOD EQUIVALENTS AND BLOOD PRODUCTS (See B4)	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 relevant managed healthcare programme, out of hospital.

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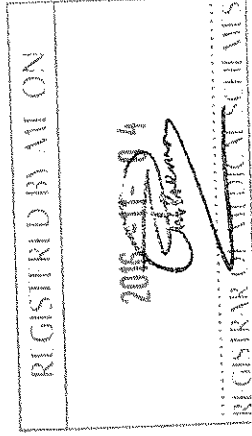
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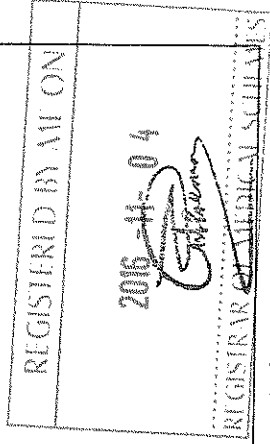
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PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONCOMPREHENSIVE	BONCLASSIC	BONCOMPLETE	CONDITION/REMARKS SUBJECT TO PMB
D5	CONSULTATIONS AND VISITS BY MEDICAL PRACTITIONERS (See B4)				
D5.1	General Practitioners				
D5.1.1	In Hospital	No limit at 300% of Bonitas Tariff for general practitioners.	No limit at 100% of Bonitas Tariff for general practitioners.	No limit at 100% of Bonitas Tariff for general practitioners.	Acc: No
D5.1.2	Out of Hospital	100% at Bonitas Tariff for general practitioners. Subject to available savings and/or threshold.	Subject to available savings.	Subject to available savings and/or above threshold benefit.	Acc: Yes
D5.1.3	Non-Network General Practitioners	Not applicable.	Not applicable. Subject to available savings.	Not applicable. Subject to available savings and/or above threshold benefit.	
D5.1.4	Childhood illness benefits	2 GP consultations per beneficiary between the ages of 2 and 12 years paid from OAL.	No benefit.	1 GP consultation per beneficiary between the ages of 2 and 12 years paid from OAL.	Acc: No



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PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONCOMPREHENSIVE	BONCLASSIC	BONCOMPLETE	CONDITION/REMARKS SUBJECT TO PMB
D5.2	Medical Specialist (See A3;B4, B8 and B11)				
D5.2.1	In Hospital	<ul style="list-style-type: none"> No limit 300% of Bonitas Tariff for medical and dental specialists. 	<ul style="list-style-type: none"> No limit 130% of Bonitas Tariff for network specialists. 100% of Bonitas Tariff for non-network specialists. 	<ul style="list-style-type: none"> No limit 130% of Bonitas Tariff for network specialists. 100% of Bonitas Tariff for non-network specialists. 	All consultations and procedures within the Specialist Network will be paid at the negotiated Tariff, with no co-payment applicable. Acc: No
D5.2.2	Out of Hospital (See A3)	<ul style="list-style-type: none"> 100% at Bonitas Tariff. Subject to available savings and/or threshold. 	<ul style="list-style-type: none"> Subject to available savings. 130% of Bonitas Tariff for network specialists. 100% of Bonitas Tariff for non-network Specialists. 	<ul style="list-style-type: none"> Subject to available savings and/or above threshold benefit. 130% of Bonitas Tariff for network specialists. 100% of Bonitas Tariff for non-network specialists. 	Referral to a specialist must be done by a registered general practitioner and a valid referral obtained. The following exceptions are applicable as per B11: <ul style="list-style-type: none"> One (1) gynaecologist visit/consultation per annum for female beneficiaries; consultations and visits related to maternity; children under the age of two (2) years for paediatrician visits/consultations; Visits with ophthalmologists and oncologists. Acc: Yes
D5.2.3	Infant Paediatric Benefit	<ul style="list-style-type: none"> 3 Paediatric consultations per beneficiary for children aged 0 - 12 months. 2 Paediatric consultations per beneficiary for children aged 13 - 24 months, included in the OAL. 	No benefit.	<ul style="list-style-type: none"> 2 Paediatric consultations per beneficiary for children aged 0 - 12 months. 1 Paediatric consultation per beneficiary for children aged 13 - 24 months, included in the OAL. 	Acc: No




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PARA GRAPH	BENEFIT (EXCEPT FOR PMBS)	BONCOMPREHENSIVE	BONCLASSIC	BONCOMPLETE	CONDITION/REMARKS SUBJECT TO PMB
D6	DENTISTRY (SEE B4)				Subject to the Dental Management Programme. Acc: No
D6.1	BASIC DENTISTRY		Limited to R4 200 per family per annum.		
D6.1.1	Consultations	Once in 6 months Subject to available savings and/or threshold.	Limited to two general check-ups (once in 6 months) per beneficiary per year. Covered at the BDT.	Limited to two general check-ups (once in 6 months) per beneficiary per year. Covered at the BDT.	Subject to the Dental Management Programme.
D6.1.2	Fillings	Subject to available savings and/or threshold.	Covered at 100% of the BDT. Fillings are granted once per tooth in 365 days. Benefit for re-treatment of a tooth is subject to clinical protocols.	Covered at 100% of the BDT. Fillings are granted once per tooth in 365 days. Benefit for re-treatment of a tooth is subject to clinical protocols.	Benefits for fillings are granted once per tooth in 365 days. Benefits for re-treatment of a tooth are subject to managed care protocols. A treatment plan and x-rays may be required for multiple fillings.
D6.1.3	Plastic dentures and associated Laboratory costs	One set of plastic dentures (an upper and a lower) per beneficiary in a 4 year period. Subject to available savings and/or threshold.	Covered at 100% of the BDT. One set of plastic dentures (an upper and a lower) in a 4 year period per beneficiary.	Covered at 100% of the BDT. One set of plastic dentures (an upper and a lower) in a 4 year period per beneficiary.	Subject to managed care protocols.
D6.1.4	Extractions	Subject to available savings and/or threshold.	Covered at 100% of BDT and managed care protocols apply.	Covered at 100% of BDT and managed care protocols apply.	Subject to managed care protocols.
D6.1.5	Root Canal therapy	Subject to available savings and/or threshold. REGISTERED BY ME ON 4 2018 Suburban	Covered at 100% of BDT and managed care protocols apply.	Covered at 100% of BDT and managed care protocols includes all teeth except primary teeth and permanent molars.	Root canal treatment on third molars and primary (milk) teeth is not covered on all options.

REGISTRAR OF HEALTH SERVICES

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PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONCOMPREHENSIVE	BONCLASSIC	BONCOMPLETE	CONDITION/REMARKS SUBJECT TO PMB
D6.1.6	Oral Hygiene	Once in 6 months. Subject to available savings and/or threshold.	2 Annual scale and polish treatments per beneficiary (once in 6 months). Covered at the BDT.	2 Annual scale and polish treatments per beneficiary (once in 6 months). Covered at the BDT.	No benefit for oral hygiene instructions. Benefit for fluoride is limited to beneficiaries from age 5 and younger than 16 years of age. Benefit for fissure sealants is limited to beneficiaries younger than 16 years of age.
D6.1.7	Hospitalisation (general anaesthetic) and IV Conscious sedation in the rooms	<ul style="list-style-type: none"> Subject to pre-authorisation. Certain maxillo-facial procedures are covered in hospital. Admission protocols apply. General anaesthetic benefits are available for children under the age of 5 years for extensive dental treatment. Multiple hospital admissions are not covered. General anaesthetic benefits are available for the removal of impacted teeth. Benefit is subject to managed care protocols. 	<ul style="list-style-type: none"> Subject to pre-authorisation. A co-payment of R3 000 per hospital admission applies. Certain maxillo-facial procedures are covered in hospital. Admission protocols apply. General anaesthetic benefits are available for children under the age of 5 years for extensive dental treatment. Multiple hospital admissions are not covered. General anaesthetic benefits are available for the removal of impacted teeth. Benefit is subject to managed care protocols. 	<ul style="list-style-type: none"> Subject to pre-authorisation. A co-payment of R3 000 per hospital admission applies. Certain maxillo-facial procedures are covered in hospital. Admission protocols apply. General anaesthetic benefits are available for children under the age of 5 years for extensive dental treatment. Multiple hospital admissions are not covered. General anaesthetic benefits are available for the removal of impacted teeth. Benefit is subject to managed care protocols. 	Pre-authorisation is required for IV conscious sedation in the rooms and is limited to extensive dental treatment where managed care protocols apply.
D6.1.8	Laughing gas in dental rooms	Covered at 100% of the BDT. Subject to available savings and/or threshold.	Covered at 100% of the BDT.	Covered at 100% of the BDT.	<div style="border: 1px solid black; padding: 5px; text-align: center;"> REGISTERED BY MILON 2016 -11- 04  REGISTRAR OF MEDICAL SCIENCES </div>

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PARA GRAPH	BENEFIT (EXCEPT FOR PMBS)	BONCOMPREHENSIVE	BONCLASSIC	BONCOMPLETE	CONDITION/REMARKS SUBJECT TO PMB
D6.1.9	X-rays	<ul style="list-style-type: none"> Covered at 100% of the BDT for intra-oral x-rays. Extra-oral x-rays will be covered at 100% of the BDT subject to 1 in a 3 year period. Additional benefits for extra-oral x-rays may be considered where specialist dental treatment planning/follow-up is required. Subject to available savings and/or threshold. 	<ul style="list-style-type: none"> Covered at 100% of the BDT for intra-oral x-rays. Extra-oral x-rays will be covered at 100% of the BDT subject to 1 in a 3 year period. Additional benefits for extra-oral x-rays may be considered where specialist dental treatment planning/follow-up is required. 	<ul style="list-style-type: none"> Covered at 100% of the BDT for intra-oral x-rays. Extra-oral x-rays will be covered at 100% of the BDT subject to 1 in a 3 year period. 	
D6.2	ADVANCED DENTISTRY (See B4)	Subject to available savings and/or threshold.	Limited to R5 050 per family per annum.	No benefit unless otherwise specified.	Subject to pre-authorisation and dental management protocols.
D6.2.1	Crowns	<ul style="list-style-type: none"> Covered at 100% of the BDT. 3 crowns per family per year, subject to pre-authorisation. Benefits for crowns will be granted once per tooth in 5 years. Subject to available savings and/or threshold. 	<ul style="list-style-type: none"> 1 Crown per family per year. Subject to pre-authorisation and subject to a Denis Designated Service Provider network. Benefits for crowns will be granted once per tooth in 5 years. 	<ul style="list-style-type: none"> 1 Crown per family per year. Subject to pre-authorisation and subject to a Denis Designated Service Provider network. Benefits for crowns will be granted once per tooth in 5 years. 	<ul style="list-style-type: none"> Subject to the dental management protocols. Failure to authorise will result in a 20% co-payment if authorisation is approved after the treatment has been done. A treatment plan and x-rays may be requested. Failure to utilise a DSP will result in non-payment of claims on BonClassic and BonComplete.

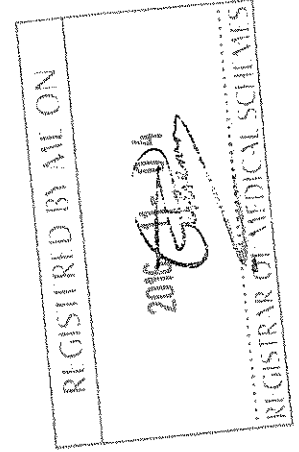
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REGISTRAR OF MEDICAL SOCIETIES

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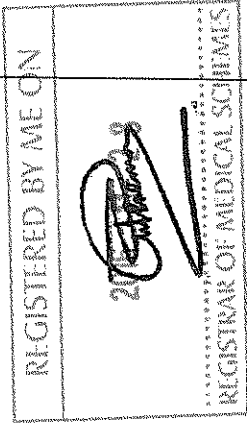
PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONCOMPREHENSIVE	BONCLASSIC	BONCOMPLETE	CONDITION/REMARKS SUBJECT TO PMB
D6.2.2	Metal Frame Dentures	<ul style="list-style-type: none"> Covered at 100% of the BDT. 2 partial metal frame dentures (upper and lower) per beneficiary in a 5 year period. Full metal dentures are not covered. Subject to available savings and/or threshold. 	<ul style="list-style-type: none"> 2 partial metal frame dentures (upper and lower) per beneficiary in a 5 year period. Full metal dentures are not covered. 	<ul style="list-style-type: none"> 1 set of partial metal frame dentures (upper or lower) per beneficiary in a 5 year period. Full metal dentures are not covered. 	
D6.2.3	Osseo-integrated Implants and orthognathic surgery (functional correction of malocclusion)	<ul style="list-style-type: none"> Limited to 2 implants per beneficiary in a 5 year period at 100% of BDT. The cost of implant components is limited to R2 350 per implant. No benefit for orthognathic surgery. Subject to available savings and/or threshold. 	No benefit.	No benefit.	Includes all stages of treatment required to achieve the end result of placing an implant supported tooth or teeth into spaces left by previous removal of natural teeth, the surgical augmentation of jaw bone and surgical placement and exposure of implants.
D6.2.4	Oral Surgery	Surgery in the dental chair. Covered at 100% of BDT.	Surgery in the dental chair. Covered at 100% of BDT.	Surgery in the dental chair. Covered at 100% of BDT.	Benefits for Tempo-mandibular joint therapy are limited to non-surgical interventions/treatments.



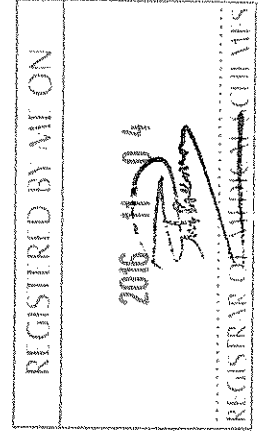
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PARA GRAPH	BENEFIT (EXCEPT FOR PMBS)	BONCOMPREHENSIVE	BONCLASSIC	BONCOMPLETE	CONDITION/REMARKS SUBJECT TO PMB
D6.2.5	Orthodontic Treatment	<ul style="list-style-type: none"> Subject to prior authorisation by the dental management programme. Benefit for fixed comprehensive treatment is subject to prior authorisation by the dental management programme for beneficiaries from the age of 9 and under the age of 18 years in terms of the severity of the dental malocclusion determined by an international classification index. Orthodontic treatment is limited to one beneficiary per annum except in the case of identically aged siblings at 100% of BDT. Subject to available savings and/or threshold. 	<ul style="list-style-type: none"> Subject to prior authorisation by the dental management programme. Benefit for fixed comprehensive treatment is subject to prior authorisation by the dental management programme for beneficiaries from the age of 9 and under the age of 18 years in terms of the severity of the dental malocclusion determined by an international classification index. Orthodontic treatment is limited to one beneficiary per annum except in the case of identically aged siblings at 100% of BDT. 	<ul style="list-style-type: none"> Subject to prior authorisation by the dental management programme. Benefit for fixed comprehensive treatment is subject to prior authorisation by the dental management programme for beneficiaries from the age of 9 and under the age of 18 years in terms of the severity of the dental malocclusion determined by an international classification index. Orthodontic treatment is limited to one beneficiary per annum except in the case of identically aged siblings at 65% of BDT. 	Subject to the dental management protocols. (Failure to pre-authorise will result in a payment only from date of post authorisation for the remaining months of treatment, provided that the treatment is clinically indicated).
D6.2.6	Maxillo-facial surgery	See D23.1.2.	See D23.1.2.	See D23.1.2.	
D6.2.7	Periodontal treatment	<ul style="list-style-type: none"> Benefits are limited to conservative, non-surgical therapy only. Benefits will be applied to members who are registered on the Periodontal Programme. Surgical treatment is excluded. Subject to available savings and/or threshold. 	<ul style="list-style-type: none"> Benefits are limited to conservative, non-surgical therapy only. Benefits will be applied to members who are registered on the Periodontal Programme. Surgical treatment is excluded. 	<ul style="list-style-type: none"> Benefits are limited to conservative, non-surgical and maintenance therapy only. Benefits will be applied to members who are registered on the Periodontal Programme. Surgical treatment is excluded. 	<div style="border: 1px solid black; padding: 5px; text-align: center;"> REGISTERED BY ALL ON 2016-11-04  REGISTRAR OF MEDICAL SOCIETIES </div>

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PARA GRAPH	BENEFIT (EXCEPT FOR PMBS)	BONCOMPREHENSIVE	BONCLASSIC	BONCOMPLETE	CONDITION/REMARKS SUBJECT TO PMB
D7	HOSPITALISATION (See B4)				
D7.1	Private Hospitals and unattached operating theatres (See B4)				Subject to the relevant managed healthcare programme and its prior authorisation.
D7.1.1	In Hospital	<ul style="list-style-type: none"> No limit. Deep Brain Stimulation Implantation for Parkinson's and intractable epilepsy is limited to R210 000 per beneficiary (excluding the prosthesis benefit). Specific facilities may be contractually excluded and will incur a 30% co-payment, subject to regulation 8(3) 	<ul style="list-style-type: none"> No limit. No benefit for Deep Brain Stimulation Implantation. Specific facilities may be contractually excluded and will incur a 30% co-payment, subject to regulation 8(3) 	<ul style="list-style-type: none"> No limit. No benefit for Deep Brain Stimulation Implantation. Specific facilities may be contractually excluded and will incur a 30% co-payment, subject to regulation 8(3) 	<p>Subject to the managed health care programme and prior authorisation. Accommodation, use of operating theatres and hospital equipment, medicine, pharmaceuticals and surgical items.</p> <p>This benefit excludes hospitalisation for:</p> <ul style="list-style-type: none"> Osseo-integrated implants orthognathic surgery (D6); Maternity (D10); Mental Health (D12); Organ and haemopoietic stem cell (bone marrow) transplantation immunosuppressive medication (D16); Renal Dialysis chronic (D22); Refractive surgery (D23.1.1). <p>Acc: No</p>

PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONCOMPREHENSIVE	BONCLASSIC	BONCOMPLETE	CONDITION/REMARKS SUBJECT TO PMB
D7.1.2	Medicine on discharge from hospital (TTO) (See B5)	R490 per beneficiary per admission, except anticoagulants post surgery which will be subject to the relevant managed healthcare programme.	R420 per beneficiary per admission, except anticoagulants post-surgery which will be subject to the relevant managed healthcare programme.	R370 per beneficiary per admission, except anticoagulants post-surgery which will be subject to the relevant managed healthcare programme.	Where the script amount exceeds the benefit, the balance will be subject to available savings. Acc: Yes
D7.1.3	Casualty/emergency room visits				
D7.1.3.1	Facility fee	Limited to available savings and/or threshold.	Subject to available savings.	Subject to available savings and/or above threshold benefit.	Will be included in the hospital benefit if a retrospective authorisation is given by the relevant managed healthcare programme for bona fide emergencies. Acc: Yes, when paid from savings.
D7.1.3.2	Consultations	See D5.1.2 and D5.2.2.	See D5.1.2 and D5.2.2.	See D5.1.2 and D5.2.2.	
D7.1.3.3	Medicine	See D11.1.	See D11.1.	See D11.1.	
D7.2	Public hospitals (See B4)				



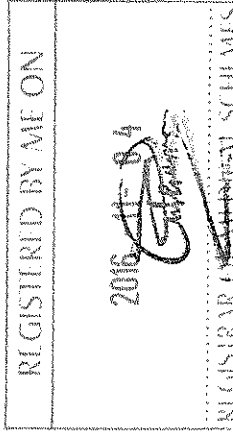
PARA GRAPH	BENEFIT (EXCEPT FOR PMBS)	BONCOMPREHENSIVE	BONCLASSIC	BONCOMPLETE	CONDITION/REMARKS SUBJECT TO PMB
D7.2.1	In hospital	No limit.	No limit.	No limit.	Subject to the managed health care programme and prior authorisation. Accommodation, use of operating theatres and hospital equipment, medicine, pharmaceuticals and surgical items. This benefit excludes hospitalisation for: <ul style="list-style-type: none"> • Osseo-integrated implants and orthognathic surgery (D6); • Maternity (D10); • Mental Health (D12); • Organ and haemopoietic stem cell (bone marrow) transplantation and immunosuppressive medication (D16); • Renal dialysis chronic (D22); • Refractive surgery (D23.1.1). Acc: No
D7.2.2	Medicine on discharge from hospital (TTO) (See B5)	R490 per beneficiary per admission, except anticoagulants post surgery which will be subject to the relevant managed healthcare programme. See D7.1.2.	R420 per beneficiary per admission, except anticoagulants post surgery which will be subject to the relevant managed healthcare programme. See D7.1.2.	R370 per beneficiary per admission, except anticoagulants post surgery which will be subject to the relevant managed healthcare programme. See D7.1.2.	Where the script amount exceeds the benefit, the balance will be subject to available savings. Acc: Yes
D7.2.3	Casualty/emergency room visits				
D7.2.3.1	Facility Fee	<ul style="list-style-type: none"> • Subject to authorisation of bona fide emergencies. • Limited to available savings and/or threshold. 	<ul style="list-style-type: none"> • Subject to authorisation of bona fide emergencies. • Subject to available savings. 	<ul style="list-style-type: none"> • Subject to authorisation of bona fide emergencies. • Subject to available savings and/or threshold. 	Will be included in the hospital benefit if retrospective authorisation is given by the relevant managed healthcare programme for bona fide emergencies. Acc: Yes, when paid from savings.

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PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONCOMPREHENSIVE	BONCLASSIC	BONCOMPLETE	CONDITION/REMARKS SUBJECT TO PMB
D7.2.3.2	Consultations	See D5.1.2 and D5.2.2.	See D5.1.2 and D5.2.2.	See D5.1.2 and D5.2.2.	
D7.2.3.3	Medicine	See D11.1.	D11.1.	See D11.1.	
D7.2.4	Outpatient services				
D7.2.4.1	Consultations	See D5.1.2 and D5.2.2.	See D5.1.2 and D5.2.2.	See D5.1.2 and D5.2.2.	
D7.2.4.2	Medicine	See D11.1.	See D11.1.	See D11.1.	
D7.3	Alternative to hospitalisation (See B4)				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	R44 650 per family for all services.	R44 650 per family for all services.	R44 650 per family for all services.	See D7.3. Acc: No
D7.3.2	Sub-acute facilities Hospice, private nursing	R14 900 per family.	R14 900 per family.	R14 900 per family.	This benefit includes psychiatric nursing but excludes midwifery services. See D7.3. Acc: No
D7.3.3	Outpatient antibiotic therapy in lieu of hospitalisation	<ul style="list-style-type: none"> No limit. Subject to pre-authorisation. 	<ul style="list-style-type: none"> No limit. Subject to pre-authorisation. 	<ul style="list-style-type: none"> No limit. Subject to pre-authorisation. 	Subject to the relevant managed healthcare programme.
D7.3.4	Conservative Back Programme	Subject to the Contracted Provider.	Subject to the Contracted Provider.	Subject to the Contracted Provider.	Subject to the relevant managed healthcare programme.



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PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONCOMPREHENSIVE	BONCLASSIC	BONCOMPLETE	CONDITION/REMARKS SUBJECT TO PMB
D8	IMMUNE DEFICIENCY SYNDROME RELATED TO HIV INFECTION (SEE B4)	<ul style="list-style-type: none"> No limit. Subject to PMBs. 	<ul style="list-style-type: none"> No limit. Subject to PMBs. 	<ul style="list-style-type: none"> No limit. Subject to PMBs. 	<ul style="list-style-type: none"> Subject to registration on the relevant managed healthcare programme. Subject to clinical protocols.
D8.1	Anti-retroviral medicine	Limited to and included in D8.	Limited to and included in D8 and subject to the DSP.	Limited to and included in D8 and subject to the DSP.	Acc: No
D8.2	Related medicine	Limited to and included in D8.	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.	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.	Limited to and included in D8.	
D8.5	All other services	Limited to and included in D1 - D7 and D9 - D26.	Limited to and included in D1 - D7 and D9 - D26.	Limited to and included in D1 - D7 and D9 - D26.	

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PARA GRAPH	BENEFIT (EXCEPT FOR PMBS)	BONCOMPREHENSIVE	BONCLASSIC	BONCOMPLETE	CONDITION/REMARKS SUBJECT TO PMB
D9	INFERTILITY (See B4 and B10)	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. Acc: No
D10	MATERNITY (See A3 & B4)				Subject to the relevant managed healthcare programme and to its prior authorisation. Acc: No
D10.1	Confinement in hospital	<ul style="list-style-type: none"> No limit, at 300% of the Bonitas Tariff for the general practitioner or medical specialist. Accommodation in a private room is limited to 2 days for a normal vaginal delivery and 3 days for a caesarean section in the post delivery period. 	<ul style="list-style-type: none"> No limit, 130% of the Bonitas Tariff for network specialists. 100% of the Bonitas Tariff for the general practitioner or non-network specialist. 	<ul style="list-style-type: none"> No limit, 130% of the Bonitas Tariff for network specialists. 100% of the Bonitas Tariff for the general practitioner or non-network specialist. 	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 B5)	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	<ul style="list-style-type: none"> Limited to and included in D10.1. 4 x post-natal midwife consultations per pregnancy. 	<ul style="list-style-type: none"> Limited to and included in D10.1. 4 x post-natal midwife consultations per pregnancy. 	<ul style="list-style-type: none"> Limited to and included in D10.1. 4 x post-natal midwife consultations per pregnancy. 	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.

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REGISTRAR OF MEDICAL SCHEMES

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PARA GRAPH	BENEFIT (EXCEPT FOR PMBSs)	BONCOMPREHENSIVE	BONCLASSIC	BONCOMPLETE	CONDITION/REMARKS SUBJECT TO PMB
D10.2	Confinement out of hospital	<ul style="list-style-type: none"> Limited to and included in D10.1. 4 x post-natal midwife consultations per pregnancy. 	<ul style="list-style-type: none"> Limited to and included in D10.1. 4 x post-natal midwife consultations per pregnancy. 	<ul style="list-style-type: none"> Limited to and included in D10.1. 4 x post-natal midwife consultations per pregnancy. 	<p>Subject to the relevant managed healthcare programme and its prior authorisation.</p> <p>Delivery by a midwife</p> <p>Hire of water bath and oxygen cylinder limited to and included in OAL.</p> <p>This must be hired from a practitioner who has a registered practice number.</p>
D10.2.1	Consumables and pharmaceuticals	Limited to and included in D10.1.	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	Related maternity services	Limited to and included in D10.1.	Limited to and included in D10.1.	Limited to and included in D10.1.	
D10.3.1	Ante-natal consultations	<ul style="list-style-type: none"> 12 ante-natal consultations by a specialist, general practitioner or midwife. R1 100 for ante-natal classes/exercises per pregnancy. 	<ul style="list-style-type: none"> 12 ante-natal consultations by a specialist, general practitioner or midwife. R1 100 for ante-natal classes /exercises per pregnancy. 	<ul style="list-style-type: none"> 6 ante-natal consultations by a specialist, general practitioner or midwife. R1 100 for ante-natal classes /exercises per pregnancy. 	
D10.3.2	Related tests and procedures	<ul style="list-style-type: none"> Pregnancy related tests and procedures. 2 x 2D pregnancy scans. 1 x amniocentesis per pregnancy. 	<ul style="list-style-type: none"> Pregnancy related tests and procedures. 2 x 2D pregnancy scans. 1 x amniocentesis per pregnancy. 	<ul style="list-style-type: none"> Pregnancy related tests and procedures. 2 x 2D pregnancy scans. 1 x amniocentesis per pregnancy. 	

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PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONCOMPREHENSIVE	BONCLASSIC	BONCOMPLETE	CONDITION/REMARKS SUBJECT TO PMB
D11	MEDICINE AND INJECTION MATERIAL (See B4 and B5)				
D11.1	Routine/ (acute) medicine	Subject to available savings and/or threshold.	Subject to available savings.	Subject to available savings and/or above threshold benefit.	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"> • In-hospital medicine (D7); • Anti-retroviral medicine (D8); • Oncology medicine (D14); • Organ and haemopoietic stem cell (bone marrow) transplantation and immunosuppressive medication (D16). <p>Acc: Yes</p>
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.	
D11.2	Pharmacy Advised therapy Schedules 0, 1, 2 and medicine advised and dispensed by a pharmacist.	Limited to and included in D11.1.	Limited to and included in D11.1.	Limited to and included in D11.1.	Acc: Yes

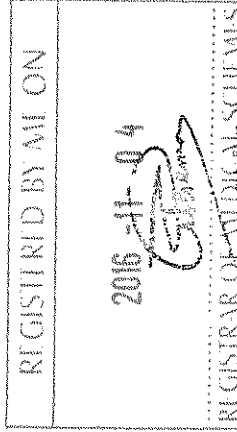
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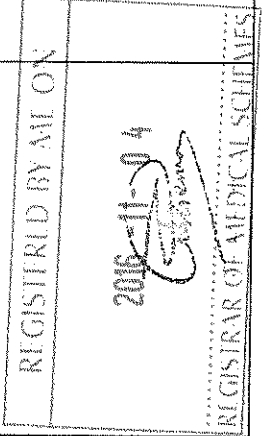
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PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONCOMPREHENSIVE	BONCLASSIC	BONCOMPLETE	CONDITION/REMARKS SUBJECT TO PMB
D11.3	Chronic medicine (See B4)	<ul style="list-style-type: none"> R24 800 per family. R12 450 per beneficiary. As specified in Annexure D paragraph 6.4.3. 40% co-payment applies for non formulary drugs, used voluntarily 	<ul style="list-style-type: none"> R21 100 per family. R10 200 per beneficiary. As specified in Annexure D paragraph 6.4.3. Above limits, PMBs and DSP apply. 40% co-payment applies for non-formulary drugs and for the voluntary use of a non-DSP. used voluntarily 	<ul style="list-style-type: none"> Prescribed Minimum Benefits plus the 4 conditions for children, as specified in Annexure D paragraph 6.4.3, at the DSP. 40% co-payment applies for non-formulary drugs and for the voluntary use of a non-DSP. used voluntarily 	<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-authorized.</p> <p>Includes diabetic disposables such as</p> <ul style="list-style-type: none"> syringes, needles, strips lancets for patients not registered on the Diabetic Management Programme. <p>This benefit excludes:</p> <ul style="list-style-type: none"> In hospital medicine (D7); Anti-retroviral drugs (D8); Oncology medicine (D14); Organ and haemopoietic stem cell (bone marrow) transplantation immunosuppressive medication (D16). <p>Acc: No</p>
D11.3.1	MDR and XDR-TB	<ul style="list-style-type: none"> No limit. Subject to managed care protocols. 	<ul style="list-style-type: none"> No limit. Subject to managed care protocols. <div data-bbox="1157 869 1396 1288" style="border: 1px solid black; padding: 5px;"> <p style="text-align: center;">REGULATED BY ME ON</p> <p style="text-align: center;"><i>[Signature]</i></p> <p style="text-align: center;">2018-11-28</p> <p style="text-align: center;">REGISTRAR OF MEDICAL SCHEMES</p> </div>	<ul style="list-style-type: none"> No limit. Subject to managed care protocols. 	

PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONCOMPREHENSIVE	BONCLASSIC	BONCOMPLETE	CONDITION/REMARKS SUBJECT TO PMB
D11.4	Specialised Drugs (See B4)				<p>The non oncology specialised drug list is a continuously evolving list of high cost drugs, not listed on the National Department of Health Essential Drug List (EDL), used for the treatment of chronic conditions.</p> <p>This list includes but is not limited to biological drugs (biological therapy for inflammatory arthritides, inflammatory bowel disease, chronic demyelinating polyneuropathies, chronic hepatitis, botulinum toxin, palivizumab).</p> <p>Unless otherwise stated below, any other diseases where the use of the drug is deemed appropriate by the managed health care organization, drugs will be funded from this benefit.</p> <p>Subject to published list.</p>
D11.4.1	Non Oncology Biological Drugs applicable to monoclonal antibodies interleukins	<ul style="list-style-type: none"> R176 700 per family. Subject to clinical protocols. 	<ul style="list-style-type: none"> R110 400 per family. Subject to clinical protocols. A 10% co-payment applies unless PMB. 	No benefit, unless PMB.	Subject to the relevant managed healthcare programme and to its prior authorisation.
D11.4.2	Specialised Drugs used in the management of retinal disorders applicable to monoclonal antibodies intravitreal implants photosensitizing agents	<ul style="list-style-type: none"> R42 000 per family. Limited to and included in D11.4.1. Subject to clinical protocols. 	<ul style="list-style-type: none"> R42 000 per family. Limited to and included in D11.4.1. Subject to clinical protocols. A 10% co-payment applies unless PMB. 	No benefit, unless PMB.	Subject to the relevant managed healthcare programme and to its prior authorisation for the treatment of Retinal disorders.



PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONCOMPREHENSIVE	BONCLASSIC	BONCOMPLETE	CONDITION/REMARKS SUBJECT TO PMB
D11.4.3	Iron chelating agents for chronic use	Limited to and included in D11.4.1.	Limited to and included in D11.4.1.	No benefit, unless PMB.	Subject to the relevant managed healthcare programme and to its prior authorisation.
D11.4.4	Human immunoglobulin for chronic use	Limited to and included in D11.4.1.	Limited to and included in D11.4.1.	No benefit, unless PMB.	Subject to the relevant managed healthcare programme and to its prior authorisation.
D11.4.5	Non calcium phosphate binders and calcimimetics	Limited to and included in D11.4.1.	Limited to and included in D11.4.1.	No benefit, unless PMB.	Subject to the relevant managed healthcare programme and to its prior authorisation of renal osteodystrophy as a result of chronic kidney disease. The co-payment will be applicable to the non-PMB diseases.
D12	MENTAL HEALTH (See B4 and B9)	<ul style="list-style-type: none"> R42 200 per family, unless PMB. Subject to the DSP. 	<ul style="list-style-type: none"> R37 100 per family, unless PMB. Subject to the DSP. 	<ul style="list-style-type: none"> R29 000 per family, unless PMB. Subject to the DSP. 	Subject to the relevant managed healthcare programme. Physiotherapy is not covered for mental health admissions.
D12.1	In Hospital	Limited to and included in D12.	Limited to and included in D12.	Limited to and included in D12.	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 B9.)



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PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONCOMPREHENSIVE	BONCLASSIC	BONCOMPLETE	CONDITION/REMARKS SUBJECT TO PMB
D12.1.1	Medicine on discharge from hospital (TTO) (See B5)	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	Medicine (See B5)	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 B4)	Limited to and included in D12.	Limited to and included in D12.	Limited to and included in D12.	Subject to the relevant managed healthcare programme and to its prior authorisation. (See B9).
D12.3.1	Medicine on discharge from hospital (TTO) (See B5)	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	Consultations and visits, procedures, assessments, therapy, treatment and/or counselling, in and out of hospital. (See B4)	<ul style="list-style-type: none"> R14 300 per family, limited to and included in D12. Educational psychology visits for adult beneficiaries (>21 years) are excluded from this benefit. 	<ul style="list-style-type: none"> R14 300 per family, limited to and included in D12. Educational psychology visits for adult beneficiaries (>21 years) are excluded from this benefit. 	<ul style="list-style-type: none"> R14 300 per family, limited to and included in D12. Educational psychology visits for adult beneficiaries (>21 years) are excluded from this benefit. 	Acc: No

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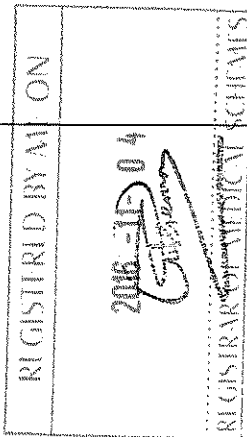
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PARA GRAPH	BENEFIT (EXCEPT FOR PMBS)	BONCOMPREHENSIVE	BONCLASSIC	BONCOMPLETE	CONDITION/REMARKS SUBJECT TO PMB
D13	NON-SURGICAL PROCEDURES AND TESTS (See B4)				
D13.1	In Hospital	<ul style="list-style-type: none"> No limit 300% of the Bonitas Tariff for the general practitioner or medical specialist. 	<ul style="list-style-type: none"> No limit 130% of the Bonitas Tariff for network specialists. 100% of the Bonitas Tariff for the general practitioner or non-network specialist. 	<ul style="list-style-type: none"> No limit 130% of the Bonitas Tariff for network specialists. 100% of the Bonitas Tariff for the general practitioner or non-network specialist. 	<p>Subject to the relevant managed healthcare programme and its prior authorisation in hospital only. This benefit excludes:</p> <ul style="list-style-type: none"> Psychiatry and psychology (D12); Optometric examinations (D15); Pathology (D18); Radiology (D21). <p>Acc: No</p>
D13.2	Out of hospital	Subject to available savings and/or threshold.	<ul style="list-style-type: none"> Limited to R4 550 per beneficiary. R7 400 per family. 	Subject to available savings and/or above threshold benefit.	<p>Subject to relevant managed healthcare programme. Co-payments will not apply if procedure is done in the doctors rooms.</p> <p>Refer to D23.3.1</p> <p>Acc: Yes</p>
D13.2.1	<ul style="list-style-type: none"> Routine diagnostic upper and lower gastro-intestinal fiberoptic endoscopy (excluding rigid sigmoidoscopy and anoscopy) 24 hr oesophageal PH studies Breast fine needle biopsy Circumcision Cystoscopy Laser tonsillectomy Oesophageal motility studies Vasectomy Prostate needle biopsy (See B4) 	No limit.	<ul style="list-style-type: none"> No limit 130% of the Bonitas Tariff for network specialists. 100% of the Bonitas Tariff for the general practitioner or non-network specialist. 	<ul style="list-style-type: none"> No limit 130% of the Bonitas Tariff for network specialists. 100% of the Bonitas Tariff for the general practitioner or non-network specialist. 	<p>Includes related consultation, materials, pathology and radiology if done in the rooms on the same day. On BonComprehensive, the medical practitioner will be reimbursed at 300% of the Bonitas Tariff if done in hospital and pre-authorised by the relevant healthcare programme.</p> <p>Acc: No</p>

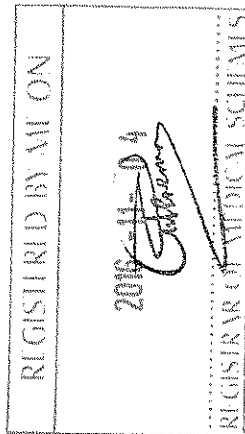
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PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONCOMPREHENSIVE	BONCLASSIC	BONCOMPLETE	CONDITION/REMARKS SUBJECT TO PMB
D13.3	Sleep studies (See B4)				
D13.3.1	Diagnostic Polysomnograms In and out of hospital	No limit.	No limit.	No limit.	
D13.3.2	CPAP Titration	No limit.	No limit.	No limit.	
D14	ONCOLOGY (See B4)				Acc: No
D14.1	Pre active, active & post active treatment period	<ul style="list-style-type: none"> R556 700 per family. 300% of the Bonitas Tariff for services rendered by the medical and specialist practitioners. 	<ul style="list-style-type: none"> R369 500 per family. The ICON medical specialist network is the preferred provider for oncology services (excluding paediatric oncology and acute haematology), at the negotiated rate. 100% of the Bonitas tariff for services rendered by non ICON medical specialists. Above benefit, limited to PMBs and 40% copay for services rendered by non ICON medical Specialist. 	<ul style="list-style-type: none"> R310 150 per family. The ICON medical specialist network is the preferred provider for oncology services (excluding paediatric oncology and acute haematology), at the negotiated rate. 100% of the Bonitas tariff for services rendered by non ICON medical specialists. Above benefit, limited to PMBs and 40% copay for services rendered by non ICON medical Specialist. 	<ul style="list-style-type: none"> Subject to the relevant managed healthcare programme and to its prior authorisation. Treatment for long-term chronic conditions that may develop as a result of chemotherapy and radiotherapy is not included in this benefit. Benefit for Oncologists, haematologists and accredited medical practitioners for consultations, visits, treatment and consumable material used in radiotherapy and chemotherapy. The Specialist Network is the DSP for related oncology services at the Specialist Network (DSP) rate.



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PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONCOMPREHENSIVE	BONCLASSIC	BONCOMPLETE	CONDITION/REMARKS SUBJECT TO PMB
D14.1.1	Medicine (See B5)	Limited to and included in D14.1.	Limited to and included in D14.1 and subject to the DSP.	Limited to and included in D14.1 and subject to the DSP.	
D14.1.2	Radiology and pathology (See B4)	Limited to and included in D14.1.	Limited to and included in D14.1.	Limited to and included in D14.1.	
D14.1.2.1	PET and PET – CT (See B4)	Limited to and included in D14.1 and one per family per annum restricted to staging of malignant tumours.	No benefit.	No benefit.	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. Only in a credentialed specialist practice.
D14.1.3	Specialised Drugs (See B5)				This list includes but is not limited to targeted therapies e.g. biologicals, tyrosine kinase inhibitors, and other non genericised chemotherapeutic agents. Subject to published list. Unless otherwise stated below, any other diseases where the use of the drug is deemed appropriate by the managed health care organization, drugs will be funded from this benefit.
D14.1.3.1	Biological drugs	R220 900 per family, limited to and included in D14.1.	No benefit, unless PMB.	No benefit, unless PMB.	
D14.1.3.2	Unregistered chemotherapeutic agents	Limited to and included in D14.1.3.1.	No benefit, unless PMB.	No benefit, unless PMB.	Subject to Section 21 approval by the Medicines Control Council and pre-authorisation by the relevant managed healthcare programme.



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PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONCOMPREHENSIVE	BONCLASSIC	BONCOMPLETE	CONDITION/REMARKS SUBJECT TO PMB
D14.1.3.3	Proteasome Inhibitors	Limited to and included in D14.1.3.1.	No benefit, unless PMB.	No benefit, unless PMB.	
D14.1.3.4	Certain Pyrimidine Analogues	Limited to and included in D14.1.3.1.	No benefit, unless PMB.	No benefit, unless PMB.	
D14.1.4	Flushing of a J line and/or Port (See B4)	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 B4)	Limited to R39 800 per beneficiary and included in D14.1.	Limited to R39 800 per beneficiary and included in D14.1.	Limited to R39 800 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 Specialist Network is the DSP for oncology related services at the Specialist Network (DSP) rate.
D14.2	Post active treatment period (See B4)	Limited to and included in D14.1 during the remission period following the active treatment period, except for Prescribed Minimum Benefits.	Limited to and included in D14.1 during the remission period following the active treatment period, except for Prescribed Minimum Benefits.	Limited to and included in D14.1 during the remission period following the active treatment period, except for Prescribed Minimum Benefits.	
D14.2.1	Flushing of a J line and/or Port (See B4)	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.
D14.3	Oncology Social worker (OSW) benefit	Not applicable.	<ul style="list-style-type: none"> Limited to R2 550 per family and subject to the ICON (OSW) network. Limited to and included in D14.1. 	<ul style="list-style-type: none"> Limited to R2 550 per family and subject to the ICON (OSW) network. Limited to and included in D14.1. 	Subject to the relevant managed healthcare protocols and its prior authorisation.

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REGISTRAR OF HEALTH SCHEMES

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PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONCOMPREHENSIVE	BONCLASSIC	BONCOMPLETE	CONDITION/REMARKS SUBJECT TO PMB
D15	OPTOMETRY (In and Out of Network) (See B4)	<ul style="list-style-type: none"> Limited to R2 880 per beneficiary. Subject to savings and/or threshold. 	<ul style="list-style-type: none"> Limited to R5 300 per family. Biennial benefit. Benefit availability is subject to a 24 month cycle from last date of service. 	<ul style="list-style-type: none"> Limited to R5 550 per family. Subject to available savings and/or above threshold benefit. Biennial Benefit. Benefit availability is subject to a 24 month cycle from last date of service. 	<ul style="list-style-type: none"> Subject to the preferred provider. Frames and/or lenses are mutually exclusive to contact lenses. Acc: No
D15.1	Optometric refraction test, re-exam and/or composite exam	Limited to and included in D15.	<ul style="list-style-type: none"> One per beneficiary at network rates. R350 out of network. Limited to and included in D15. 	<ul style="list-style-type: none"> One per beneficiary at network rates. R350 out of network. Limited to and included in D15. 	
D15.2	Frames	Limited to and included in D15.	<ul style="list-style-type: none"> R740 per beneficiary in and out of network. Limited to and included in D15. 	<ul style="list-style-type: none"> R850 per beneficiary in and out of network. Limited to and included in D15. 	Including repairs.
D15.3	Lenses				
D15.3.1	Single vision lenses	Limited to and included in D15.	<ul style="list-style-type: none"> 100% towards the cost of clear lenses at network rates. Limited to R150 per lens per beneficiary out of network. Limited to and included in D15; or 	<ul style="list-style-type: none"> 100% towards the cost of clear lenses at network rates. Limited to R150 per lens per beneficiary out of network. Limited to and included in D15; or 	Subject to contracted providers protocols.
D15.3.2	Bifocal lenses	Limited to and included in D15.	<ul style="list-style-type: none"> 100% towards the cost of clear lenses at network rates. Limited to R325 per lens per beneficiary out of network. Limited to and included in D15; or 	<ul style="list-style-type: none"> 100% towards the cost of clear lenses at network rates. Limited to R325 per lens per beneficiary out of network. Limited to and included in D15; or 	

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Limited to and included in D15.

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MINISTER OF MEDICAL SERVICES

PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONCOMPREHENSIVE	BONCLASSIC	BONCOMPLETE	CONDITION/REMARKS SUBJECT TO PMB
D15.3.3	Multifocal lenses	Limited to and included in D15.	<ul style="list-style-type: none"> 100% towards the cost of clear lenses at network rates. Limited to R700 per lens per beneficiary out of network. Limited to and included in D15. 	<ul style="list-style-type: none"> 100% towards the cost of clear lenses at network rates. Limited to R700 per lens per beneficiary out of network. Limited to and included in D15. 	
D15.3.4	Contact lenses	<ul style="list-style-type: none"> Limited to and included in D15. Limited and included in D15 except for Keratoconus where it is limited to R2 000 included in D3.1.1. 	<ul style="list-style-type: none"> Limited to R1 790 per beneficiary. Limited and included in D15. 	<ul style="list-style-type: none"> Limited to R1 850 per beneficiary. Limited and included in D15. 	When prescribed by a registered optometrist, ophthalmologist, medical practitioner or supplementary optical practitioner.
D15.4	Low vision appliances	Limited to and included in D3.1.1.	Limited to and included in D3.1.1.	Limited to and included in D3.1.1.	When prescribed by a registered optometrist, ophthalmologist, medical practitioner or supplementary optical practitioner.
D15.5	Ocular prostheses	Limited to and included in D20.2.	Limited to and included in D20.2.	Limited to and included in D20.2.	When prescribed by a registered optometrist, ophthalmologist, medical practitioner or supplementary optical practitioner.
D15.6	Diagnostic procedures	Limited to and included in D15.	Limited to and included in D15.	Limited to and included in D15.	
D15.7	Readers		REGISTERED BY MEON 		
D15.7.1	From a registered optometrist, ophthalmologist or supplementary optical practitioner	Limited to and included in D15.	Not benefit	Limited to and included in D15.	

PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONCOMPREHENSIVE	BONCLASSIC	BONCOMPLETE	CONDITION/REMARKS SUBJECT TO PMB
D15.7.2	From a registered pharmacy	Limited to and included in D15.	No benefit.	Limited to and included in D15.	
D16	ORGAN AND HAEMOPOIETIC STEM CELL (BONE MARROW) TRANSPLANTATION AND IMMUNO-SUPPRESSIVE MEDICATION INCLUDING CORNEAL GRAFTS) (See B4)	<ul style="list-style-type: none"> No limit. 300% of the Bonitas Tariff for services rendered by the medical and specialist practitioners. Corneal grafts are limited to R22 000 per beneficiary for local or imported grafts. 	<ul style="list-style-type: none"> No limit 130% of the Bonitas Tariff for services rendered by network specialists. 100% of the Bonitas Tariff for the general practitioner or non-network specialist. Corneal grafts are limited to R22 000 per beneficiary for local and imported grafts. 	<ul style="list-style-type: none"> No limit. 130% of the Bonitas Tariff for services rendered by network specialists. 100% of the Bonitas Tariff for the general practitioner or non-network specialist. Corneal grafts are limited to R22 000 per beneficiary for local or imported grafts. 	<ul style="list-style-type: none"> 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.
D16.1	Haemopoietic stem cell (bone marrow transplantation (See B4)	Limited to and included in D16.	Limited to and included in D16.	Limited to and included in D16.	Haemopoietic stem cell (bone marrow) transplantation is limited to allogenic grafts and autologous grafts derived from the South African Bone Marrow Registry.
D16.2	Immuno-suppressive medication (See B5)	Limited to and included in D16.	Limited to and included in D16 and subject to the DSP.	Limited to and included in D16 and subject to the DSP.	
D16.3	Post transplantation biopsies and scans (See B4)	Limited to and included in D16.	Limited to and included in D16.	Limited to and included in D16.	
D16.4	Radiology and pathology (See B4)	Limited to and included in D16.	Limited to and included in D16.	Limited to and included in D16.	For specified radiology and pathology services, performed by pathologists, radiologists and haematologists, associated with the transplantation treatment.

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REGISTRAR OF ALLIANCE CHEMISTS

PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONCOMPREHENSIVE	BONCLASSIC	BONCOMPLETE	CONDITION/REMARKS SUBJECT TO PMB
D17	PARAMEDICAL SERVICES (ALLIED MEDICAL PROFESSIONS) (See B4)				
D17.1	In hospital	No limit.	No limit.	No limit.	Subject to referral by the treating practitioner. Acc: No
D17.1.1	Dietetics	100% of Bonitas Tariff. Limited to and included in D17.1.	100% of Bonitas Tariff. Limited to and included in D17.1.	100% of Bonitas Tariff. Limited to and included in D17.1.	
D17.1.2	Occupational Therapy	100% of Bonitas Tariff. Limited to and included in D17.1.	100% of Bonitas Tariff. Limited to and included in D17.1.	100% of Bonitas Tariff. Limited to and included in D17.1.	
D17.1.3	Speech Therapy	100% of Bonitas Tariff. Limited to and included in D17.1.	100% of Bonitas Tariff. Limited to and included in D17.1.	100% of Bonitas Tariff. Limited to and included in D17.1.	
D17.2	Out of hospital	Subject to available savings and/or threshold.	M0= R2 670 M1= R4 090 M2= R4 720 M3= R5 040 M4+ R5 400	Subject to available savings and/or above threshold benefit.	Acc: Yes
D17.2.1	Audiology	Limited to and included in D17.2.	Limited to and included in D17.2.	Limited to and included in D17.2.	
D17.2.2	Dietetics	Limited to and included in D17.2.	Limited to and included in D17.2.	Limited to and included in D17.2.	
D17.2.3	Genetic counselling	Limited to and included in D17.2.	Limited to and included in D17.2.	Limited to and included in D17.2.	
D17.2.4	Hearing aid acoustics	Limited to and included in D17.2.	Limited to and included in D17.2.	Limited to and included in D17.2.	

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REGISTERED MEDICAL SCHEMES

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PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONCOMPREHENSIVE	BONCLASSIC	BONCOMPLETE	CONDITION/REMARKS SUBJECT TO PMB
D17.2.5	Occupational therapy	Limited to and included in D17.2.	Limited to and included in D17.2.	Limited to and included in D17.2.	
D17.2.6	Orthoptics	Limited to and included in D17.2.	Limited to and included in D17.2.	Limited to and included in D17.2.	
D17.2.7	Podiatry	Limited to and included in D17.2.	Limited to and included in D17.2.	Limited to and included in D17.2.	
D17.2.8	Private nurse practitioners	Limited to and included in D17.2.	Limited to and included in D17.2.	Limited to and included in D17.2.	Nursing services are included in the Alternatives to Hospitalisation benefit (D7) if pre-authorised by the relevant managed healthcare programme.
D17.2.9	Speech therapy	Limited to and included in D17.2.	Limited to and included in D17.2.	Limited to and included in D17.2.	
D17.2.10	Social workers	Limited to and included in D17.2.	Limited to and included in D17.2.	Limited to and included in D17.2.	
D18	PATHOLOGY AND MEDICAL TECHNOLOGY (See B4)				Subject to the relevant managed healthcare programme.
D18.1	In hospital	No limit.	No limit.	No limit.	

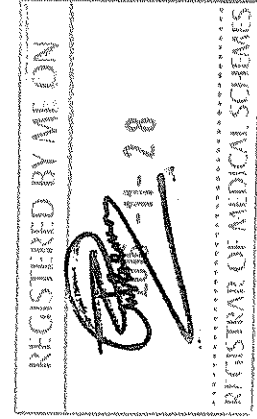
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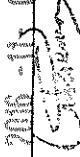
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REGISTRAR OF HEALTH SCHEMES

PARA GRAPH	BENEFIT (EXCEPT FOR PMBS)	BONCOMPREHENSIVE	BONCLASSIC	BONCOMPLETE	CONDITION/REMARKS SUBJECT TO PMB
D18.2	Out of hospital	Subject to the available savings and/or threshold.	Limited to R2 800 per beneficiary and to a maximum of R6 200 per family.	Subject to the available savings and/or above threshold benefit.	Subject to the Pathology Management Program. The specified list of pathology tariff codes included in the <ul style="list-style-type: none"> • maternity benefit, (D10), • the oncology benefit during the active and/or post active treatment period, (D14); • organ and haemopoietic stem cell transplantation benefit,(D16) • and the renal dialysis chronic benefit, (D22).
D19	PHYSICAL THERAPY (See B4)				Acc: Yes
D19.1	In hospital Physiotherapy Biokinetics	No limit. 100% of Bonitas Tariff.	No limit. 100% of Bonitas Tariff.	No limit. 100% of Bonitas Tariff.	Subject to referral by the treating practitioner. Physiotherapy is not covered for mental health admissions. See D12.
D19.2	Out of hospital physiotherapy Biokinetics Chiropractics	Subject to available savings and/or threshold.	<ul style="list-style-type: none"> • Limited to R1 380 per beneficiary. • R2 800 per family. 	Subject to available savings and/or above threshold benefit.	This benefit excludes X-rays performed by chiropractors. Acc: Yes




PARA GRAPH	BENEFIT (EXCEPT FOR PMBS)	BONCOMPREHENSIVE	BONCLASSIC	BONCOMPLETE	CONDITION/REMARKS SUBJECT TO PMB
D20	PROSTHESES AND DEVICES INTERNAL AND EXTERNAL (See B4)				
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.	<ul style="list-style-type: none"> R49 600 per family. Sub-limit of R3 050 for a single intra-ocular lens. R6 100 for bilateral lenses per beneficiary. 	<ul style="list-style-type: none"> R49 150 per family. Sub-limit of R3 050 for a single intra-ocular lens. R6 100 for bilateral lenses per beneficiary. 	<ul style="list-style-type: none"> R39 800 per family Sub-limit of R3 050 for a single intra-ocular lens. R6 100 for bilateral lenses per beneficiary. 	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. Acc: No
D20.1.1	Cochlear implants	<ul style="list-style-type: none"> R250 000 per family. Subject to preferred supplier agreements. 	<ul style="list-style-type: none"> R250 000 per family. Subject to preferred supplier agreements. 	No benefit.	Subject to the relevant managed healthcare programme and to its prior authorisation.
D20.1.2	Internal Nerve stimulator	R149 100 per family.	No benefit.	No benefit.	Subject to the relevant managed healthcare programme and to its prior authorisation.
D20.2	Prostheses external	R49 600 per family.	Included in D20.1.	Limited to and included in D20.1.	Subject to the relevant managed healthcare programme and to its prior authorisation.
D21	RADIOLOGY (See B4)		REGISTERED BY ME ON		
D21.1	General radiology		2016-11-04 		
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PARA GRAPH	BENEFIT (EXCEPT FOR PMBS)	BONCOMPREHENSIVE	BONCLASSIC	BONCOMPLETE	CONDITION/REMARKS SUBJECT TO PMB
D21.1.1	In hospital	No limit.	No limit.	No limit.	For diagnostic radiology tests and ultrasound scans. Authorisation is not required for MRI scans for low field peripheral joint examination of dedicated limb units. Bone densitometry scans performed in a credentialed specialist practice, limited to one per beneficiary per annum either in or out of hospital. Acc: No
D21.1.2	Out of hospital	Subject to available savings and/or threshold.	<ul style="list-style-type: none"> Limited to R2 800 per beneficiary. R4 340 per family 	Subject to available savings and/or above threshold benefit.	This benefit excludes: specified list of radiology tariff codes included in the <ul style="list-style-type: none"> maternity benefit, (D10), the oncology benefit during the active treatment and/or post active treatment period, (D14); the organ and haemopoietic stem cell transplantation benefit, (D16), renal dialysis chronic benefit, (D22). Authorisation is not required for MRI scans for low field peripheral joint examination of dedicated limb units. Bone densitometry scans performed in a credentialed specialist practice, limited to one per beneficiary per annum either in or out of hospital. Acc: Yes, except for bone densitometry scans.

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REGISTRAR OF MEDICAL SCIENTISTS

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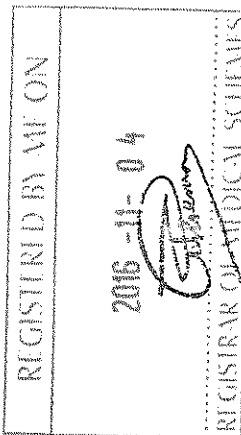
PARA GRAPH	BENEFIT (EXCEPT FOR PMBS)	BONCOMPREHENSIVE	BONCLASSIC	BONCOMPLETE	CONDITION/REMARKS SUBJECT TO PMB
D21.2	Specialised radiology				
D21.2.1	In hospital	No limit.	R26 100 per family.	R21 000 per family.	Subject to the relevant managed healthcare programme and to its prior authorisation. Specific authorisations are required in addition to any authorisation that may have been obtained for hospitalisation, for the following: <ul style="list-style-type: none"> • CT scans • MUGA scans • MRI scans • Radio isotope studies • CT colonography (virtual colonoscopy) (only in credentialled practices), limited to one per beneficiary per annum restricted to the evaluation of symptomatic patients only) • MDCT coronary angiography (only in credentialled practices), limited to one per beneficiary restricted to then evaluation of symptomatic patients only.
D21.2.2	Out of hospital	R28 200 per family.	Limited to and included in D21.2.1.	Limited to and included in D21.2.1.	Acc: No See D21.2.1.
D21.3	PET and PET – CT	See D14.1.2.1.	See D14.1.2.1. REGISTERED BY ME ON	See D14.1.2.1.	

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PARA GRAPH	BENEFIT (EXCEPT FOR PMBS)	BONCOMPREHENSIVE	BONCLASSIC	BONCOMPLETE	CONDITION/REMARKS SUBJECT TO PMB
D22	RENAL DIALYSIS CHRONIC (See B4)				Acc: No
D22.1	Haemodialysis and peritoneal dialysis	<ul style="list-style-type: none"> 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 Preferred Provider network. 300% of the Bonitas Tariff for the services rendered by a medical practitioner. 	<ul style="list-style-type: none"> 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 Preferred Provider network. 130% of the Bonitas Tariff for the services rendered by a network specialist and 100% of the Bonitas Tariff for the services rendered by a non-network specialist. Related medicine are subject to the DSP. 	<ul style="list-style-type: none"> 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 Preferred Provider network. 130% of the Bonitas Tariff for the services rendered by a network specialist and 100% of the Bonitas Tariff for the services rendered by a non-network specialist. Related medicine are subject to the DSP. 	<p>Subject to the relevant managed healthcare programme and to its prior authorisation</p> <p>Authorised erythropoietin is included in (D4).</p> <p>Acute renal dialysis is included in hospitalisation costs.</p> <p>See D7.</p>
D22.2	Radiology and pathology (See B4)	Limited to and included in D22.1.	Limited to and included in D22.1.	Limited to and included in D22.1.	



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PARA GRAPH	BENEFIT (EXCEPT FOR PMBS)	BONCOMPREHENSIVE	BONCLASSIC	BONCOMPLETE	CONDITION/REMARKS SUBJECT TO PMB
D23	SURGICAL PROCEDURES (See B4)				
D23.1	In hospital and unattached operating theatres and other minor surgical procedures that can be authorised in hospital	<ul style="list-style-type: none"> Limited to and included in D7.1.1 or D7.2.1. 300% of the Bonitas Tariff for services rendered by the medical practitioners. 	<ul style="list-style-type: none"> Limited to and included in D7.1.1 or D7.2.1. 130% of the Bonitas Tariff for services rendered by network specialists. 100% of the Bonitas Tariff for the general practitioner or non-network specialist. Co-payments apply – See paragraph D23.3 below. 	<ul style="list-style-type: none"> Limited to and included in D7.1.1 or D7.2.1. 130% of the Bonitas Tariff for services rendered by network specialists. 100% of the Bonitas Tariff for the general practitioner or non-network specialist. Co-payments apply – See paragraph D23.3 below. 	<p>This benefit excludes:</p> <ul style="list-style-type: none"> Osseo-integrated implants (D6); Orthognathic and oral surgery (D6); Maternity (D10); Organ and haemopoietic stem cell (bone marrow) transplantation and immunosuppressive medication (D16). <p>Acc: No</p>
D23.1.1	Refractive surgery	R18 700 per family at 100% of the Bonitas Tariff for refractive surgery such as Lasik, Radial Keratotomy and Phakic Lens Insertion.	No benefit.	No benefit.	Acc: No
D23.1.2	Maxillo-facial surgery	<ul style="list-style-type: none"> Limited to and included in D7.1.1 or D7.2.1. 300% of the Bonitas Tariff for services rendered by the medical specialist. 	<ul style="list-style-type: none"> Limited to and included in D7.1.1 or D7.2.1. 100% of the Bonitas Tariff for services rendered by the medical specialist. 	<ul style="list-style-type: none"> Limited to and included in D7.1.1 or D7.2.1. 100% of the Bonitas Tariff for services rendered by the medical specialist. 	<p>Subject to the relevant managed healthcare programme and to its prior authorisation.</p> <p>For the surgical removal of</p> <ul style="list-style-type: none"> tumours neoplasms sepsis, trauma, congenital birth defects and other surgery not specifically mentioned in (D6). <p>This benefit excludes:</p> <ul style="list-style-type: none"> Osseo-integrated implantation (D6); Orthognathic surgery (D6); Oral surgery (D6); Impacted wisdom teeth (D6).


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REGISTRAR OF MEDICAL SOCIETIES

MRC


PARA GRAPH	BENEFIT (EXCEPT FOR PMBS)	BONCOMPREHENSIVE	BONCLASSIC	BONCOMPLETE	CONDITION/REMARKS SUBJECT TO PMB
D23.2	Out of hospital in practitioners rooms	Subject to available savings and/or threshold.	Subject to available savings.	Subject to available savings and/or above threshold benefit.	Acc: Yes
D23.3	PROCEDURES THAT WILL ATTRACT A DEDUCTIBLE				
D23.3.1	Procedures which will attract a R5 300 deductible: Hip or knee arthroplasty Spinal surgery	Not applicable.	<ul style="list-style-type: none"> Subject to a R5 300 co-payment when hip or knee arthroplasty is performed by a provider not contracted to the preferred provider network. Spinal surgery without prior assessment and/or intervention by the contracted conservative back programme. 	<ul style="list-style-type: none"> Subject to a R5 300 co-payment when hip or knee arthroplasty is performed by a provider not contracted to the preferred provider network. Spinal surgery without prior assessment and/or intervention by the contracted conservative back programme. 	Subject to the relevant managed healthcare programme and to its prior authorisation.
D24	PREVENTATIVE CARE BENEFIT (See B4)				
D24.1	Women's Health Breast Cancer Screening Cervical Cancer Screening	<ul style="list-style-type: none"> Mammogram Females 40 -74 years Once every 2 years. Pap Smear Females 21-65 years Once every 3 years. 	<ul style="list-style-type: none"> Mammogram Females 40-74 years Once every 2 years. Pap Smear Females 21-65 years Once every 3 years. 	<ul style="list-style-type: none"> Mammogram Females 40-74 years Once every 2 years. Pap Smear Females 21-65 years Once every 3 years. 	<div style="border: 1px solid black; padding: 5px; text-align: center;"> REGISTERED BY AUCON 2015-11-04  REGISTERED MEDICAL SCHEMES </div>

M/A

PARA GRAPH	BENEFIT (EXCEPT FOR PMBS)	BONCOMPREHENSIVE	BONCLASSIC	BONCOMPLETE	CONDITION/REMARKS SUBJECT TO PMB
D24.2	Mens Health PSA test	Men 55-69 years, per annum.	No benefit.	No benefit.	Subject to the relevant managed healthcare programme
D24.3	General Health	<ul style="list-style-type: none"> HIV test annually. Flu vaccine annually. 	<ul style="list-style-type: none"> HIV test annually. Flu vaccine annually. 	<ul style="list-style-type: none"> HIV test annually. Flu vaccine annually. 	
D24.4	Cardiac health: Cholesterol	<ul style="list-style-type: none"> Full Lipogram From age 20 years Once every 5 years. 	<ul style="list-style-type: none"> Full Lipogram From age 20 years Once every 5 years. 	<ul style="list-style-type: none"> Full Lipogram From age 20 years Once every 5 years. 	
D24.5	Elderly Health	<ul style="list-style-type: none"> Pneumococcal Vaccination Age >65 Once every 5 years. Faecal Occult Blood Test Ages 50-75 annually. Bone Densitometry Screening Females >Age 65 Once every 5 years. 	<ul style="list-style-type: none"> Pneumococcal Vaccination Age >65 Once every 5 years. Faecal Occult Blood Test Ages 50-75 annually. Bone Densitometry Screening Females >Age 65 Once every 5 years. 	<ul style="list-style-type: none"> Pneumococcal Vaccination Age >65 Once every 5 years. Faecal Occult Blood Test Ages 50-75 annually. 	
D24.6	Children's health Hypothyroidism	1 TSH Test Age <1 month	No benefit.	No benefit.	
	Extended Program on Immunisation (EPI)	Various Vaccinations Children up to the age of 12 years.	No benefit.	No benefit.	


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2016-11-04



REGISTRAR OF HEALTH SCHEMES

MARC

PARA GRAPH	BENEFIT (EXCEPT FOR PMBS)	BONCOMPREHENSIVE	BONCLASSIC	BONCOMPLETE	CONDITION/REMARKS SUBJECT TO PMB
D25	INTERNATIONAL TRAVEL BENEFIT	<ul style="list-style-type: none"> 100% of the usual, reasonable cost for in- and out-of-hospital treatment. The first R1000 (or equivalent of local currency in respect of out-of-hospital treatment per person per journey is payable by the member. Subject to authorisation. Not exceeding 90 days from date of departure from South Africa, for medical emergencies only. 	<ul style="list-style-type: none"> 100% of the usual, reasonable cost for in- and out-of-hospital treatment. The first R1000 or equivalent of local currency in respect of out-of-hospital treatment per person per journey is payable by the member. Subject to authorisation. Not exceeding 90 days from date of departure from South Africa, for medical emergencies only. 	<ul style="list-style-type: none"> 100% of the usual, reasonable cost for in- and out-of-hospital treatment. The first R1000 (or equivalent of local currency in respect of out-of-hospital treatment per person per journey is payable by the member. Subject to authorisation. Not exceeding 90 days from date of departure from South Africa, for medical emergencies only. 	<ul style="list-style-type: none"> R5 000 000 per beneficiary per journey for both in- and out-of-hospital treatment (R10 000 000 per family). Emergency optical and dental illness expenses up to R10 000. Medical evacuation, transport to medical centres, return to South Africa
D26	AFRICA BENEFIT	<ul style="list-style-type: none"> 100% of the usual, reasonable cost for in- and out-of-hospital treatment routinely available in South Africa received in Africa. Subject to authorisation. 	<ul style="list-style-type: none"> 100% of the usual, reasonable cost for in- and out-of-hospital treatment routinely available in South Africa received in Africa. Subject to authorisation. 	<ul style="list-style-type: none"> 100% of the usual, reasonable cost for in- and out-of-hospital treatment routinely available in South Africa received in Africa. Subject to authorisation. 	<p>The Fund's liability will not exceed the global amount the Fund would in the ordinary course pay for such healthcare services given the Fund's claims experience in South Africa, subject to the benefits as per benefit plan.</p>
D27	WELLNESS BENEFIT				<p>REGISTERED BY MEON</p> <p>2016-11-04</p>  <p>REGISTRAR OF HEALTH SCHEMES</p>

M/AL

PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONCOMPREHENSIVE	BONCLASSIC	BONCOMPLETE	CONDITION/REMARKS SUBJECT TO PMB
D27.1	Health Risk Assessment (HRA) which includes Lifestyle questionnaire Wellness screening	Wellness screening. One assessment per beneficiary per annum by a registered provider, (wellness day, participating pharmacy or biokineticists). Payable from OAL. Limited to: <ul style="list-style-type: none"> • blood pressure test • glucose test • cholesterol test • body mass index • hip to waist ratio. 	Wellness screening. One assessment per beneficiary per annum by a registered provider, (wellness day, participating pharmacy or biokineticists). Payable from OAL. Limited to: <ul style="list-style-type: none"> • blood pressure test • glucose test • cholesterol test • body mass index • hip to waist ratio. 	Wellness screening. One assessment per beneficiary per annum by a registered provider, (wellness day, participating pharmacy or biokineticists). Payable from OAL. Limited to: <ul style="list-style-type: none"> • blood pressure test • glucose test • cholesterol test • body mass index • hip to waist ratio. 	
D27.2	Wellness extender	Subject to registration after completion of Health Risk Assessment. Limited to R2 100 per family. Limited to: <ul style="list-style-type: none"> • Physical examination by a Family practitioner • Dietician consultation • Biokineticist consultation • Physiotherapy consultation • Smoking cessation programme. 	Subject to registration after completion of Health Risk Assessment. Limited to R1 450 per family. Limited to: <ul style="list-style-type: none"> • Physical examination by a Family practitioner • Dietician consultation • Biokineticist consultation • Physiotherapy consultation • Smoking cessation programme. 	Subject to registration after completion of Health Risk Assessment. Limited to R1 450 per family. Limited to: <ul style="list-style-type: none"> • Physical examination by a Family practitioner • Dietician consultation • Biokineticist consultation • Physiotherapy consultation • Smoking cessation programme. 	

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2016-11-04

REGISTRAR OF MEDICAL SCHEMES

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