



Mr. G van Emmenis
The Acting Principal Officer
Bonitas Medical Fund
P O Box 1101
FLORIDA GLEN
1708

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Date: 2 March 2017

Dear Mr. van Emmenis

2017 SUBSEQUENT RULE AMENDMENTS: MEDICAL SCHEMES ACT 131 OF 1998

Find herewith rule amendments duly approved and registered in terms of Section 31(3)(a). Also enclosed is an invoice for statutory fees in this regard.

Yours faithfully

Dr. S Kabane
Acting CE & Registrar
Council for Medical Schemes

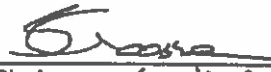


Bonitas Medical Fund
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T 0860 00 2108

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We, the undersigned, hereby certify that in accordance with the provisions of the rules of the Fund, adopted the following rule amendments with the effect from 1 January 2017.

The appended documents are initialed for identification purposes.



Chairperson (acting)



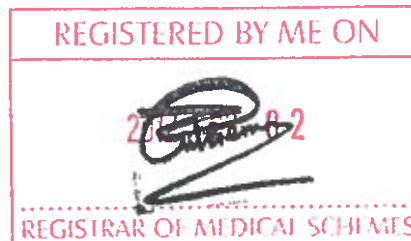
Trustee



Acting Principal Executive Officer

28/01/17

Date



BONITAS POST BENEFIT REVIEW CERTIFICATE
BOT APPROVED
With effect from 01/01/2017
Amendment Certificate 3 of January 2017 benefit year



Bonitas Medical Fund registration number: 1512
Dr J Rampedi (Chairman) Mr J Bagg Mr S Claassen Mr R Cowlin Mr O Komane Ms M Lesunyane Ms F Marjot Ms Y Mbuli Dr H Nematsweranu Mr O Pretorius
Ms J Usher Mr G van Ermenis (Acting Principal Executive Officer) Ms T Moshakga (Scheme Secretary)



**BONITAS MEDICAL FUND
AMENDMENTS 2017**

ANNEXURE B BONCAP

D11.3	Amended to read: "40% co-payment applies for non formulary drugs used voluntarily."
D14.1	Amended to read: "40% co-pay for services rendered by non-ICON medical specialists, where such services are voluntarily obtained."

ANNEXURE B Standard, Standard Select and Primary

D11.3	All Options	Amended to read: "40% co-payment applies for non formulary drugs used voluntarily."
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ANNEXURE B: BonComprehensive, BonClassic, BonComplete

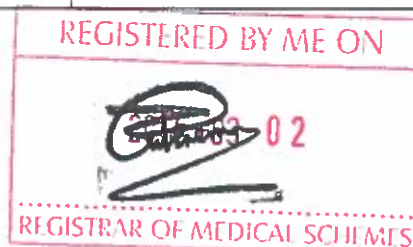
D11.3	All Options	Amended to read: "40% co-payment applies for non formulary drugs used voluntarily."
D15	BonComplete	Removed: • Limited to R5 550 per family; and "and/or above threshold benefit."
D15	BonComprehensive/ BonComplete	Changed "Acc: No" to "Acc: Yes"
D15.2	BonComplete	Changed R850 to R700
D15.3.1	BonComplete	Amended to read: • 100% towards the cost of clear lenses, limited to R205 per lens per beneficiary.
D15.3.2	BonComplete	Amended to read: • 100% towards the cost of clear lenses, limited to R475 per lens per beneficiary.
D15.3.3	BonComplete	Amended to read: • 100% towards the cost of clear lenses, limited to R825 per lens per beneficiary.
D15.3.4	BonComplete	Changed R1 850 to R 1 730

ANNEXURE B: BonSave, BonFit and BonEssential

D11.3	All Options	Amended to read: "40% co-payment applies for non formulary drugs used voluntarily."
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ANNEXURE B: Hospital Standard and Hospital Plus

D13.2.1	Hospital Plus	Amended to read: "100% of the Bonitas Tariff for the general practitioner or medical specialist."
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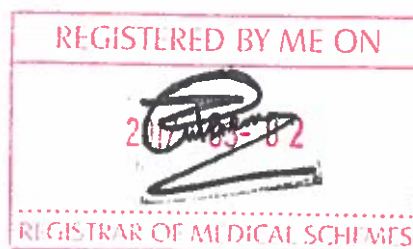



ANNEXURE C 2016

3.4.9.12	Added: "based on evidence based medicine, taking into consideration cost-effectiveness and affordability;"
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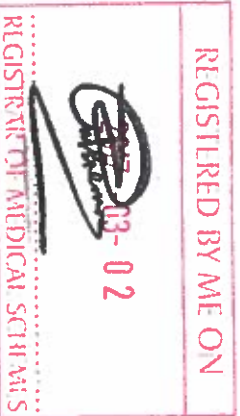
ANNEXURE D 2016


6.4.3	Deleted "Pemphigus" and "Hypoparathyroidism" from the conditions listed under BonComprehensive
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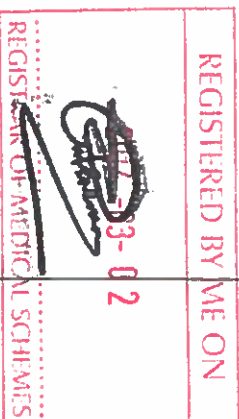
PARA GRAPH	BENEFIT (EXCEPT FOR PMBS)	BONCAP	CONDITIONS/REMARKS SUBJECT TO PMB
D11.1	Routine (/acute) medicine	<ul style="list-style-type: none"> • Subject to the DSP network and the BonCap medicine formulary. • Included in (D5.1.3). • Medicine prescribed by specialist, subject to referral from the DSP network and authorisation of the visit. • Medicine prescribed by non-DSP subject to out of network visit limit of R950 and 20% co-pay. 	<p>Subject to the relevant managed healthcare programme. The Medicine Exclusion List and the Pharmacy Products Management Document are applicable.</p> <p>This benefit excludes:</p> <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 immunosuppressive medication (D16).
D11.1.1	Medicine on discharge from hospital (TTO)	Limited to and included in D7.1.2.	
D11.2	Pharmacy Advised Therapy Schedules 0, 1 and 2 medicine advised and dispensed by a pharmacist	Limited to R85 per event and maximum R235 per beneficiary per annum.	
D11.3	Chronic medicine (See B2)	<p>Prescribed Minimum Benefits only at contracted provider and subject to the formulary. 40% co-payment applies for non-formulary drugs used voluntarily and for the voluntary use of a non-DSP.</p> <div data-bbox="223 1019 470 1444" style="border: 1px solid red; padding: 5px; text-align: center;"> <p>REGISTERED BY ME ON</p> <p>2017</p>  <p>REGISTRAR OF MEDICAL SCHEMES</p> </div>	<p>Subject to registration on the relevant managed healthcare programme and to its prior authorisation and applicable formularies.</p> <p>Restricted to a maximum of one month's supply unless pre-authorized. [Includes diabetic disposables such as syringes, needles, strips and lancets]</p> <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 and immuno-suppressive medication (D16).

PARA GRAPH	BENEFIT (EXCEPT FOR PMBS)	HOSPITAL STANDARD	HOSPITAL PLUS	CONDITION/REMARKS SUBJECT TO PMB
D13.2.1	<ul style="list-style-type: none"> • Routine diagnostic upper and lower gastro-intestinal fibre-optic 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 B1) 	<ul style="list-style-type: none"> • No limit. • 130% of the Bonitas Tariff for network specialists. • 100% of the Bonitas Tariff for the non-network specialist or general practitioner. 	<ul style="list-style-type: none"> • No limit. • 100% of the Bonitas Tariff for the general practitioner or medical specialists. 	<p>On Hospital Plus, the medical practitioner will be reimbursed at 200% of the Bonitas Tariff if done in hospital and pre-authorised by the relevant healthcare programme. Includes related consultation, materials, pathology and radiology if done in the rooms on the same day.</p>
D13.3	Sleep studies (See B1)			
D13.3.1	Diagnostic Polysomnograms In and out of hospital	No benefit.	No benefit.	
D13.3.2	CPAP Titration	No benefit.	No benefit.	



PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONCAP	CONDITIONS/REMARKS SUBJECT TO PMB
D13.3.2	CPAP Titration	No benefit.	
D14	ONCOLOGY (See B1)		
D14.1	PRE ACTIVE, ACTIVE & POST ACTIVE TREATMENT PERIOD	Limited to PMBs. Subject to DSP The ICON medical specialist network is the DSP for oncology services (excluding paediatric oncology and acute haematology), at the negotiated rate. 40% co-pay for services rendered by non-ICON medical specialists, where such services are voluntarily obtained.	Subject to the relevant managed healthcare programme and its prior authorisation. Treatment for long term conditions that may develop as a result of chemotherapy and radiotherapy is not included in this benefit. Oncologists, haematologists and accredited medical practitioners for consultations, visits, treatment and consumable material used in radiotherapy and chemotherapy.
D14.1.1	Medicine (See B2)	Limited to and included in D14.1 and the formulary and subject to the DSP.	
D14.1.2	Radiology and pathology (See B1)	Limited to and included in D14.1.	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.
D14.1.2.1	PET and PET-CT (See B1)	No benefit.	
D14.1.3	Specialised Drugs (See B2)	<div style="border: 1px solid red; padding: 5px; display: inline-block;"> <p style="text-align: center; margin: 0;">REGISTERED BY ME ON</p> <p style="text-align: center; margin: 0;">  17-03-02 </p> <p style="text-align: center; margin: 0;">REGISTRAR OF MEDICAL SCHEMES</p> </div>	

PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	STANDARD	STANDARD SELECT	PRIMARY	CONDITIONS/REMARKS SUBJECT TO PMB
D11.3	Chronic medicine (See B4)	<ul style="list-style-type: none"> Limited to R8 650 per beneficiary. R17 350 per family. 40% co-payment applies for non-formulary drugs. Above limits, PMBs and DSP apply. 40% co-payment applies for non-formulary drugs used voluntarily and for the voluntary use of a non-DSP. 	<ul style="list-style-type: none"> Subject to the DSP and limited to R8 650 per beneficiary and R17 350 per family. 40% co-payment applies for the voluntary use of a non-DSP. Only PMBs will be paid above limits and 40% co-payment applies for non-formulary drugs used voluntarily and for the voluntary use of a non-DSP. 	<ul style="list-style-type: none"> Prescribed Minimum Benefits only at the DSP. 40% co-payment applies for non-formulary drugs used voluntarily and for the voluntary use of a non-DSP. 	<p>Subject to registration on the relevant managed healthcare programme and to its prior authorisation and applicable formularies.</p> <p>Restricted to a maximum of one month's supply unless pre-authorised. [Includes diabetic disposables such as</p> <ul style="list-style-type: none"> syringes, needles, strips and lancets <p>The above are excluded from D3 and D11 if on the Diabetic Management Programme.</p> <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 and immuno-suppressive medication (D16).
D11.3.1	MDR and XDR-TB	No limit, subject to managed care protocols.	No limit, subject to managed care protocols.	No limit, subject to managed care protocols.	Subject to the relevant managed healthcare programme and its prior authorisation.
D11.4	Specialised Drugs (See B4)				
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



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 used voluntarily and for the voluntary use of a non-DSP. 	<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 used voluntarily and for the voluntary use of a non-DSP. 	<p>Subject to registration on the relevant managed healthcare programme and to its prior authorisation and applicable formularies. Restricted to a maximum of one month's supply unless pre-authorised.</p> <p>Includes diabetic disposables such as</p> <ul style="list-style-type: none"> syringes, needles, strips <p>lancets for patients not registered on the Diabetic Management Programme.</p> <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. 	<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
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"> Subject to available savings. Biennial Benefit. Benefit availability is subject to a 24 month cycle from last date of service. 	Subject to the preferred provider. Frames and/or lenses are mutually exclusive to contact lenses. Acc: Yes
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"> R700 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, limited to R205 per lens per beneficiary. 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, limited to R475 per lens per beneficiary. Limited to and included in D15; or 	

REGISTERED BY ME ON

33-02

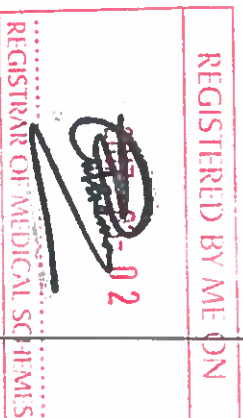
REGISTRAR OF MEDICAL SCHEMES

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, limited to R825 per lens per beneficiary. 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 730 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				
D15.7.1	From a registered optometrist, ophthalmologist or supplementary optical practitioner	Limited to and included in D15.	No benefit	Limited to and included in D15.	

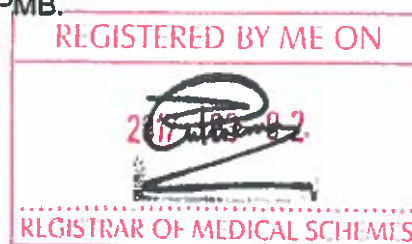
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2017-03-02

PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONSAVE	BONFIT	BONESSENTIAL	CONDITIONS/REMARKS SUBJECT TO PMB
D11.2	Pharmacy Advised Therapy Schedules 0, 1 and 2 medicine advised and dispensed by a pharmacist	Limited to and included in D11.1.	Limited to and included in D11.1.	No benefit.	
D11.3	Chronic medicine (See B4)	<ul style="list-style-type: none"> Prescribed Minimum Benefits only at the DSP. 40% co-payment applies for non-formulary drugs used voluntarily and for the voluntary use of a non-DSP. 	<ul style="list-style-type: none"> Prescribed Minimum Benefits only at the DSP. 40% co-payment applies for non-formulary drugs used voluntarily and for the voluntary use of a non-DSP. 	<ul style="list-style-type: none"> Prescribed Minimum Benefits only at the DSP. 40% co-payment applies for non-formulary drugs used voluntarily and for the voluntary use of a non-DSP. 	<p>Subject to registration on the relevant managed healthcare programme and to its prior authorisation and applicable formularies.</p> <p>Restricted to a maximum of one month's supply unless pre-authorised. (Includes diabetic disposables such as</p> <ul style="list-style-type: none"> syringes, needles, strips and lancets <p>The above are excluded from D3 and D11 if on the Diabetic Management Programme.</p> <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 and immunosuppressive medication (D16).
D11.3.1	MDR and XDR-TB	No limit, subject to managed care protocols.	No limit, subject to managed care protocols.	No limit, subject to managed care protocols.	Subject to the relevant managed healthcare programme and its prior authorisation.
D11.4	Specialised Drugs (See B4)				



- 3.4.9.11** medicines not approved by the Medicine Control Council unless Section 21 approval is obtained and pre-authorised by the relevant managed healthcare programme;
- 3.4.9.12** medicines not authorised by the relevant managed healthcare programme based on evidence based medicine, taking into consideration cost-effectiveness and affordability;
- 3.4.9.13** patent medicines, household remedies and proprietary preparations and preparations not otherwise classified;
- 3.4.9.14** slimming preparations for obesity;
- 3.4.9.15** smoking cessation and anti-smoking preparations, unless authorised as part of the wellness extender benefit. Excluded on BonCap;
- 3.4.9.16** tonics, evening primrose oil, fish liver oils, multi-vitamin preparations and/or trace elements and/or mineral combinations (except for registered products that include haemotonics and those for use by infants and pregnant mothers);
- 3.4.9.17** biological drugs except on BonComprehensive, BonClassic and Hospital Plus and Beta-Interferon for the treatment of Multiple Sclerosis as per the PMB algorithm unless specifically provided for in Annexure B;
- 3.4.9.18** all benefits for clinical trials and all treatment / admission costs relating to complications of trial drugs, unless pre-authorised by the relevant managed healthcare programme;
- 3.4.9.19** diagnostic agents, unless authorised;
- 3.4.9.20** growth hormones, unless pre-authorised;
- 3.4.9.21** immunoglobulins and immune stimulants, oral and parenteral, unless pre-authorised;
- 3.4.9.22** medicines used specifically to treat alcohol and drug addiction, unless PMB.
- 3.4.10 Mental health**
- 3.4.10.1 Sleep therapy;**



BONCOMPREHENSIVE OPTION

Acne
Allergic Rhinitis
Alzheimer disease (early onset)
Ankylosing Spondylitis
Anorexia Nervosa
Attention Deficit Disorder – In children 5-18 years old
Behcet's Disease
Barrett's Oesophagus
Bulimia Nervosa
Cystic Fibrosis
Dermatitis
Dermatomyositis
Depression
Eczema
Gastro-Oesophageal Reflux (GORD)
Generalized Anxiety Disorder
Gout
Huntington's Disease
Hyperthyroidism
Myaesthesia Gravis
Narcolepsy
Neuropathies
Obsessive Compulsive Disorder
Osteoporosis
Paget's Disease
Panic Disorder
Polyarteritis Nodosa
Post-Traumatic Stress Syndrome
Psoriatic Arthritis
Pulmonary Interstitial Fibrosis
Systemic Sclerosis
Tourette's Syndrome
Zollinger-Ellison Syndrome

STANDARD AND STANDARD SELECT OPTIONS

Acne
Allergic Rhinitis
Ankylosing Spondylitis
Attention Deficit Disorder - in children 5-18 years
Barrett's Oesophagus
Behcet's Disease
Dermatitis
Depression
Eczema
Gastro-Oesophageal Reflux (GORD)
Gout
Narcolepsy
Obsessive Compulsive Disorder
Panic Disorder
Post-Traumatic Stress Syndrome
Tourette's Syndrome
Zollinger-Ellison Syndrome

