

*Bonitas*

**BONITAS MEDICAL FUND  
ANNEXURE B**

**OPTIONS:  
BONSTART  
BONSTART PLUS**

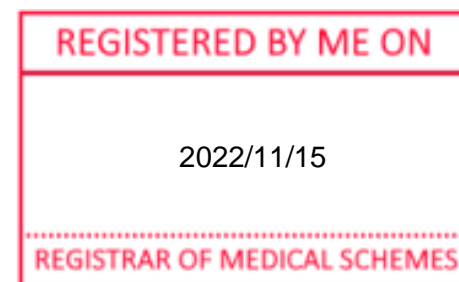
**2023**

REGISTERED BY ME ON
2022/11/15
REGISTRAR OF MEDICAL SCHEMES



**TABLE OF CONTENT**

A	ENTITLEMENT OF BENEFITS	2
B	CHARGING OF BENEFITS, LIMITS INCLUDING OVERALL ANNUAL LIMITS AND MEMBERSHIP CATEGORY	2
B6	MEMBERSHIP CATEGORY	2
C	PRESCRIBED MINIMUM BENEFITS (PMBs)	3
D1	ALTERNATIVE HEALTH-CARE	4
D2	AMBULANCE SERVICES	5
D3	APPLIANCES, EXTERNAL ACCESSORIES AND ORTHOTICS	5
D4	BLOOD, BLOOD EQUIVALENTS AND BLOOD PRODUCTS	7
D5	CONSULTATIONS AND VISITS BY MEDICAL PRACTITIONERS	7
D6	DENTISTRY	9
D7	HOSPITALISATION	11
D8	IMMUNE DEFICIENCY SYNDROME	14
D9	INFERTILITY	15
D10	MATERNITY	15
D11	MEDICINE AND INJECTIONS MATERIAL	17
D12	MENTAL HEALTH	19
D13	NON-SURGICAL PROCEDURES AND TESTS	20
D14	ONCOLOGY	21
D15	OPTOMETRY	24
D16	ORGAN AND HEAMOPOIETIC STEM CELL (BONE MARROW)	25
D17	PARAMEDICAL SERVICES (ALLIED MEDICAL PROFESSIONS)	25
D18	PATHOLOGY AND MEDICAL TECHNOLOGY	27
D19	PHYSICAL THERAPY	28
D20	PROSTHESES AND DEVICES INTERNAL AND EXTERNAL	28
D21	RADIOLOGY	29
D22	RENAL DIALYSIS CHRONIC	30
D23	SURGICAL PROCEDURES	32
D24	PREVENTATIVE CARE BENEFIT	33
D25	INTERNATIONAL TRAVEL BENEFIT	35
D26	AFRICA BENEFIT	36
D27.1	HEALTH RISK ASSESMENT (HRA) WHICH INCLUDES	36
D27.2	BENEFIT BOOSTER	36



**A ENTITLEMENT OF BENEFITS**

- A1 The Bonitas Fund Tariff is defined as the Bonitas monetary tariffs applicable in 2022 increased by an average of 6.2%
- 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.

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

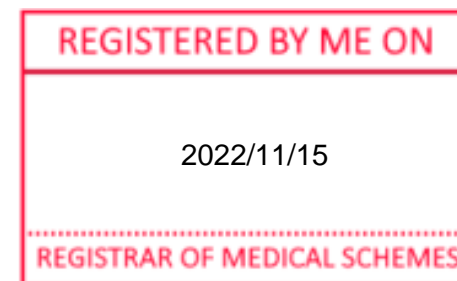
- B1 Valid claims will be paid at 100% of the negotiated fee, or in the absence of such fee, 100% of the lower cost or Bonitas Tariff, or Uniform Patient Fee Schedule for Public hospitals, or 100% of the Bonitas Dental Tariff as prescribed or rendered by a medical dental and alternative healthcare practitioner or at a percentage as indicated in the table below.

The cost of a valid claim shall be determined for the purpose of reimbursing the member or the supplier and the share of such cost that the Fund will bear. The balance of the share of costs to make up 100% thereof shall be the member's responsibility except for Prescribed Minimum Benefits.

- B2 Legally prescribed acute or chronic medicines claims will be reimbursed at 100% of (1) the single exit price plus the negotiated dispensing fee or (2) the single exit price plus 20% capped at a maximum of R20 (Vat exclusive). Both subject to the reimbursement limit, i.e. Medicine Price List. Co-payments to apply where relevant.

**B3 MEMBERSHIP CATEGORY**

Member	=	M0
Member plus 1 dependant	=	M1
Member plus 2 dependants	=	M2
Member plus 3 dependants	=	M3
Member plus 4 or more dependants	=	M4



- B4 Mental Health in Hospital will be covered subject to the relevant managed healthcare programme, provided that the treatment is rendered in a designated service provider facility. The DSP facility must be an appropriate mental health facility as licensed by the Department of Health and credentialed to have: Dedicated psychiatric beds, dedicated psychiatric teams and psychiatric therapeutic programmes. Emergency admissions, defined as an afterhours admission, will be approved until the first working day whereupon the patient should be transferred to a credentialed psychiatric facility.

- B5** The Infertility benefit includes the following procedures or interventions as prescribed by the Regulations to the Medical Schemes' Act 131 of 1998 in Annexure A, paragraph 9, Code 902M:

Hysterosalpingogram	Laparoscopy
The following blood test:	Hysteroscopy
Day 3 FSH/LH	Surgery (Uterus and tubal)
Oestradiol	Manipulation of ovulation defects and deficiencies
Thyroid functions (TSH)	Semen analysis (volume; count; mobility; morphology; MAR - (test)
Prolactin	Basic counselling and advice on sexual behaviour, temperature charts, etc
Rubella	Treatment of local infections
HIV	
VDRL	
Chlamydia	
Day 21 Progesterone	

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

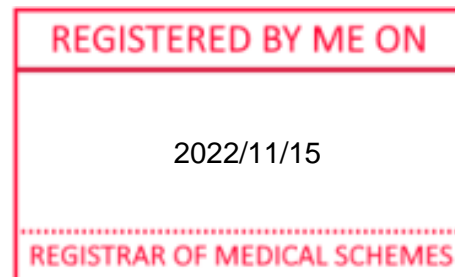
**C** **PRESCRIBED MINIMUM BENEFITS (PMBs)**

Prescribed Minimum Benefits as shown in Annexure A of the General Regulations, made in terms of the medical Schemes Act 131 of 1998, override all benefits indicated in this annexure, and are payable in full.

The Prescribed Minimum Benefits are available in conjunction with the Fund's contracted managed care programmes, which include the application of treatment protocols, medicine formularies, pre-authorisation and case management.

These measures have been implemented to ensure appropriate and effective delivery of Prescribed Minimum Benefits.

See Annexure D – Paragraph 7 for a full explanation



## D ANNUAL BENEFITS AND LIMITS.

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

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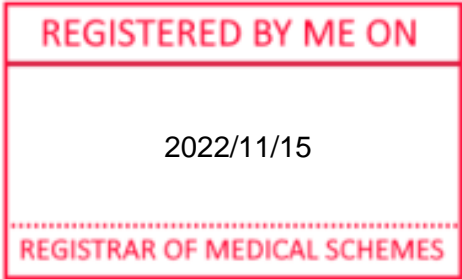
PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONSTART	BONSTART PLUS	CONDITION/REMARKS SUBJECT TO PMB
D2	<b>AMBULANCE SERVICES (See B1)</b>	100% of cost if authorised by the preferred provider.	100% of cost if authorised by the preferred provider.	Subject to the contracted provider. Non-authorisation will result in non-payment except for PMBs.
D3	<b>APPLIANCES, EXTERNAL ACCESSORIES AND ORTHOTICS (See B1)</b>			<ul style="list-style-type: none"> <li>Diabetic accessories and appliances - (with the exception of glucometers) to be pre-authorised and claimed from the chronic medicine benefits D11.3.</li> <li>Recommend use of preferred supplier.</li> <li>The benefit excludes consultations/fittings, which are subject to D17.2.</li> </ul>
D3.1	<b>In and Out of Hospital</b>			
D3.1.1	<b>General medical and surgical appliances, including wheelchairs and repairs, and large orthopaedic appliances</b>	<ul style="list-style-type: none"> <li>No benefit, except for PMBs.</li> <li>Recommend use of preferred supplier.</li> </ul>	<ul style="list-style-type: none"> <li>R5 890 per family.</li> <li>Recommend use of preferred supplier.</li> </ul>	
D3.1.2	<b>Hearing Aids and repairs</b>	No benefit.	No benefit.	
D3.1.3	<b>CPAP Apparatus for sleep apnoea</b>	No benefit.	No benefit.	
D3.1.4	<b>Stoma Products</b>	No benefit, except for PMBs.	Limited to and included in D3.1.1 unless PMB.	

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REGISTRAR OF MEDICAL SCHEMES

PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONSTART	BONSTART PLUS	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 treatment forms part of the relevant managed healthcare programme, out of hospital.
D3.1.5.1	Oxygen therapy, equipment (not including hyperbaric oxygen treatment)	Limited to PMBs.	Limited to PMBs.	Portable cylinders/concentrators are excluded.
D3.1.5.2	Home Ventilators	Limited to PMBs.	Limited to PMBs.	
D3.1.5.3	Long leg callipers	No benefit.	No benefit.	<div style="border: 2px solid red; padding: 10px; text-align: center;"> <p><b>REGISTERED BY ME ON</b></p> <p>2022/11/15</p> <p>.....</p> <p><b>REGISTRAR OF MEDICAL SCHEMES</b></p> </div>
D3.1.5.4	Foot orthotics	No benefit.	No benefit.	

PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONSTART	BONSTART PLUS	CONDITION/REMARKS SUBJECT TO PMB
D4	<b>BLOOD, BLOOD EQUIVALENTS AND BLOOD PRODUCTS (See B1)</b>	Limited to R20 020 per family.	No limit if specifically authorised.	Subject to the relevant managed healthcare programme and to its prior authorisation.
D5	<b>CONSULTATIONS AND VISITS BY MEDICAL PRACTITIONERS (See B1)</b>			
D5.1	<b>General Practitioners including Virtual Care Consultations</b>			This benefit excludes <ul style="list-style-type: none"> <li>• Dental Practitioners and Therapists (D6),</li> <li>• ante-natal visits and consultations (D10);</li> <li>• Psychiatrists, Psychologists, Psychometrists and Registered Counsellors (D12);</li> <li>• Oncologists, Haematologists and Credentialed Medical Practitioners during active and post-active treatment periods (D14);</li> <li>• Paramedical Services (D17);</li> <li>• Physiotherapists and Biokineticists in hospital (D19.1).</li> </ul>
D5.1.1	<b>In Hospital</b>	<ul style="list-style-type: none"> <li>• No limit.</li> <li>• 100% of Bonitas Tariff for general practitioners.</li> </ul>	<ul style="list-style-type: none"> <li>• No limit.</li> <li>• 100% of Bonitas Tariff for general practitioners.</li> </ul>	



PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONSTART	BONSTART PLUS	CONDITION/REMARKS SUBJECT TO PMB
D5.1.2	<b>Out of Hospital Network General Practitioners including virtual consultations</b>	<ul style="list-style-type: none"> <li>Unlimited Virtual Care consultations per beneficiary.</li> <li>Unlimited face-to-face network GP visits.</li> <li>R115 co-payment applies per visit.</li> <li>Authorisation is required after the 6th visit.</li> <li>Non-network GP visits are limited to 2 emergency out of area visits per family.</li> <li>R115 co-payment applies.</li> </ul>	<ul style="list-style-type: none"> <li>Unlimited Virtual Care consultations per beneficiary.</li> <li>Unlimited face-to-face network GP visits.</li> <li>R60 co-payment applies per visit.</li> <li>Authorisation is required after the 10th visit.</li> <li>Non-network GP visits are limited to 2 emergency out of area visits per family.</li> <li>R60 co-payment applies.</li> </ul>	Face-to face visits are subject to completion of an online wellness questionnaire or a health risk assessment (HRA).
D5.1.3	<b>GP – Radiology, Pathology and Acute medication.</b>	Limited to R1 590 per family.	Limited to R2 970 per family.	Subject to the radiology and pathology formulary.
D5.2	<b>Medical Specialist (See B1 and B6)</b>			
D5.2.1	<b>In Hospital</b>	<ul style="list-style-type: none"> <li>No limit.</li> <li>100% of Bonitas Tariff.</li> </ul>	<ul style="list-style-type: none"> <li>No limit.</li> <li>100% of Bonitas Tariff.</li> </ul>	
D5.2.2	<b>Out of Hospital (See B1 and B6)</b>	<ul style="list-style-type: none"> <li>Limited to 1 specialist visit per family to a maximum of R1 170, subject to GP referral.</li> <li>100% of Bonitas Tariff.</li> <li>R235 co-payment applies per visit.</li> </ul> <p>Includes all</p> <ul style="list-style-type: none"> <li>acute medication,</li> <li>basic radiology,</li> <li>specialised radiology and,</li> <li>pathology prescribed by a specialist.</li> </ul>	<ul style="list-style-type: none"> <li>Limited to 2 specialist visits per family to a maximum of R2 120, subject to GP referral.</li> <li>100% of Bonitas Tariff.</li> <li>R115 co-payment applies per visit.</li> </ul> <p>Includes all</p> <ul style="list-style-type: none"> <li>acute medication,</li> <li>basic radiology,</li> <li>specialised radiology and,</li> <li>pathology prescribed by a specialist.</li> </ul>	<p>Subject to the radiology and pathology formulary.</p> <div style="border: 2px solid red; padding: 10px; text-align: center;"> <p><b>REGISTERED BY ME ON</b></p> <p>2022/11/15</p> <p><b>REGISTRAR OF MEDICAL SCHEMES</b></p> </div>

PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONSTART	BONSTART PLUS	CONDITION/REMARKS SUBJECT TO PMB
D6	DENTISTRY (SEE B1)			Subject to the Dental Management Programme.
D6.1	BASIC DENTISTRY			
D6.1.1	Consultations	<ul style="list-style-type: none"> <li>Limited to one general check-up (not within 6 months from the previous year's check-up) per beneficiary per year.</li> <li>Covered at the BDT.</li> <li>R115 co-payment applies to the charged code 8101 per annual check-up per beneficiary.</li> </ul>	<ul style="list-style-type: none"> <li>Limited to one general check-up (not within 6 months from the previous year's check-up) per beneficiary per year.</li> <li>Covered at the BDT.</li> <li>R60 co-payment applies to the charged code 8101 per annual check-up per beneficiary.</li> </ul>	Subject to managed care protocols.
D6.1.2	Fillings	No benefit.	No benefit.	<div style="border: 2px solid red; padding: 10px; text-align: center;"> <p style="color: red; font-weight: bold; font-size: 1.2em;">REGISTERED BY ME ON</p> <p style="font-size: 1.2em;">2022/11/15</p> <p style="color: red; font-weight: bold; font-size: 1.2em;">REGISTRAR OF MEDICAL SCHEMES</p> </div>
D6.1.3	Plastic dentures and associated Laboratory costs	No benefit.	No benefit.	
D6.1.4	Extractions	No benefit.	No benefit.	
D6.1.5	Root Canal therapy	No benefit.	No benefit.	
D6.1.6	Preventative Care	<ul style="list-style-type: none"> <li>Limited to one annual scale and polish treatment per beneficiary (not within 6 months from the previous year's scale and polish)</li> <li>Covered at the BDT.</li> </ul>	<ul style="list-style-type: none"> <li>Limited to one annual scale and polish treatment per beneficiary (not within 6 months from the previous year's scale and polish).</li> <li>Covered at the BDT.</li> </ul>	<ul style="list-style-type: none"> <li>No benefit for oral hygiene instructions.</li> <li>Benefit for fluoride is limited to beneficiaries from age 5 and younger than 16 years of age.</li> <li>Benefit for fissure sealants is limited to beneficiaries younger than 16 years of age.</li> </ul>
D6.1.7	Hospitalisation (general anaesthetic) and Moderate/Deep sedation in the rooms	<ul style="list-style-type: none"> <li>No benefit for in hospital (general anaesthetic or moderate/deep sedation in the rooms) dentistry, except for PMBs.</li> <li>Subject to pre-authorisation.</li> <li>Subject to the BonStart Hospital Network.</li> </ul>	<ul style="list-style-type: none"> <li>No benefit for in hospital (general anaesthetic or moderate/deep sedation in the rooms) dentistry, except for PMBs.</li> <li>Subject to pre-authorisation.</li> <li>Subject to the BonStart Hospital Network.</li> </ul>	<ul style="list-style-type: none"> <li>Hospitalisation is only covered for PMB cases.</li> <li>Subject to pre-authorisation by the relevant managed healthcare programme.</li> </ul>

PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONSTART	BONSTART PLUS	CONDITION/REMARKS SUBJECT TO PMB
		<ul style="list-style-type: none"> <li>R11 310 co-payment to apply to all non-network admissions, subject to Regulation 8 (3).</li> </ul>	<ul style="list-style-type: none"> <li>R11 310 co-payment to apply to all non-network admissions, subject to Regulation 8 (3).</li> </ul>	
D6.1.8	Inhalation sedation in dental rooms	No benefit.	No benefit	
D6.1.9	X-rays	No benefit.	No benefit	
D6.2	ADVANCED DENTISTRY (See B1)			
D6.2.1	Crowns	No benefit.	No benefit	
D6.2.2	Partial Chrome Cobalt Frame Dentures	No benefit.	No benefit	
D6.2.3	Osseo-integrated Implants and orthognathic surgery (functional correction of malocclusion)	No benefit.	No benefit	
D6.2.4	Oral Surgery	No benefit.	No benefit	
D6.2.5	Orthodontic Treatment	No benefit.	No benefit	
D6.2.6	Maxillo-facial surgery	See D23.	See D23.	
D6.2.7	Periodontal treatment	No benefit.	No benefit.	

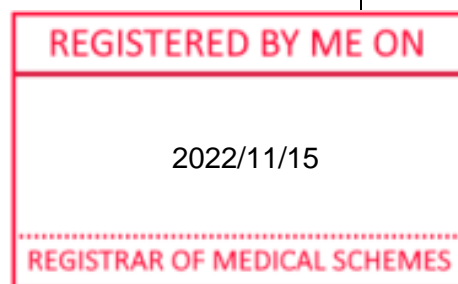
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D7	HOSPITALISATION (See B1)			
D7.1	Private Hospitals and unattached operating theatres (See B1)			Subject to the relevant managed healthcare programme and its prior authorisation.
D7.1.1	In Hospital	<ul style="list-style-type: none"> <li>No limit, subject to a R1 590 co-payment per admission, except for PMB emergencies.</li> <li>Subject to the BonStart Hospital Network.</li> <li>R11 310 co-payment to apply to all non-network admissions, subject to Regulation 8 (3).</li> <li>No benefit for Deep Brain Stimulation Implantation.</li> <li>Day Surgery Network applies for defined procedures.</li> <li>(See paragraph D23.3.2)</li> </ul>	<ul style="list-style-type: none"> <li>No limit, subject to a R1 060 co-payment per admission, except for PMB emergencies.</li> <li>Subject to the BonStart Hospital Network.</li> <li>R11 310 co-payment to apply to all non-network admissions, subject to Regulation 8 (3).</li> <li>No benefit for Deep Brain Stimulation Implantation.</li> <li>Day Surgery Network applies for defined procedures.</li> <li>(See paragraph D23.3.2)</li> </ul>	<p>Subject to the managed health care programme and prior authorisation. Accommodation, use of operating theatres and hospital equipment, medicine, pharmaceuticals and surgical items. No benefits will be granted if prior authorisation requirements are not complied with. This benefit excludes hospitalisation for:</p> <ul style="list-style-type: none"> <li>Osseo-integrated implants</li> <li>orthognathic surgery (D6);</li> <li>Maternity (D10);</li> <li>Mental Health (D12);</li> <li>Organ and haemopoietic stem cell (bone marrow) transplantation immunosuppressive medication (D16);</li> <li>Renal Dialysis chronic (D22);</li> <li>Refractive surgery (D23.1.1).</li> </ul>
D7.1.2	Medicine on discharge from hospital (TTO) (See B2)	<ul style="list-style-type: none"> <li>Limited to and included in the OAL.</li> <li>Up to 7 days' supply, to a maximum of R415 per beneficiary, per admission, subject to the BonStart medicine formulary, except anticoagulants post-surgery.</li> </ul>	<ul style="list-style-type: none"> <li>Limited to and included in the OAL.</li> <li>Up to 7 days' supply, to a maximum of R415 per beneficiary, per admission, subject to the BonStart medicine formulary, except anticoagulants post-surgery.</li> </ul>	<div style="border: 2px solid red; padding: 10px; text-align: center;"> <p><b>REGISTERED BY ME ON</b></p> <p>2022/11/15</p> <p>.....</p> <p><b>REGISTRAR OF MEDICAL SCHEMES</b></p> </div>
D7.1.3	Casualty/emergency room visits			
D7.1.3.1	Facility fee	Limited to pre-authorisation of bona fide emergencies.	Limited to pre-authorisation of bona fide emergencies.	Will be included in the hospital benefit if a retrospective authorisation is given by the relevant managed healthcare programme for bona fide emergencies.

PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONSTART	BONSTART PLUS	CONDITION/REMARKS SUBJECT TO PMB
D7.1.3.2	Consultations	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.	
D7.2	Public Hospitals (See B1)			
D7.2.1	In hospital	<ul style="list-style-type: none"> <li>No limit.</li> <li>No benefit for Deep Brain Stimulation Implantation.</li> </ul>	<ul style="list-style-type: none"> <li>No limit.</li> <li>No benefit for Deep Brain Stimulation Implantation.</li> </ul>	<p>Subject to the managed health care programme and prior authorisation. Accommodation, use of operating theatres and hospital equipment, medicine, pharmaceuticals and surgical items. No benefits will be granted if prior authorisation requirements are not complied with.</p> <p>This benefit excludes hospitalisation for:</p> <ul style="list-style-type: none"> <li>Osseo-integrated implants and orthognathic surgery (D6);</li> <li>Maternity (D10);</li> <li>Mental Health (D12);</li> <li>Organ and haemopoietic stem cell (bone marrow) transplantation and immunosuppressive medication (D16);</li> <li>Renal dialysis chronic (D22);</li> <li>Refractive surgery (D23).</li> </ul>
D7.2.2	Medicine on discharge from hospital (TTO) (See B2)	Limited to and included in the OAL. Up to 7 days' supply, to a maximum of R415 per beneficiary, per admission, subject to the BonStart medicine formulary, except anticoagulants post-surgery.	Limited to and included in the OAL. Up to 7 days' supply, to a maximum of R415 per beneficiary, per admission, subject to the BonStart medicine formulary, except anticoagulants post-surgery.	
D7.2.3	Casualty/emergency room visits			



PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONSTART	BONSTART PLUS	CONDITION/REMARKS SUBJECT TO PMB
D7.2.3.1	Facility Fee	Limited to pre-authorisation of bona fide emergencies.	Limited to pre-authorisation of bona fide emergencies	Will be included in the hospital benefit if retrospective authorisation is given by the relevant managed healthcare programme for bona fide emergencies.
D7.2.3.2	Consultations	See D5.1.2 and D5.2.2.	See D5.1.2 and D5.2.2.	
D7.2.3.3	Medicine	See 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.	
D7.2.4.2	Medicine	See D11.1.	See D11.1.	
D7.3	Alternative to hospitalisation (See B1)			Subject to the relevant managed healthcare programme and to its prior authorisation. Benefits for clinical procedures and treatment during stay in an alternative facility will be subject to the same benefits that apply to hospitalisation.
D7.3.1	Physical Rehabilitation hospitals	R53 740 per family for all services.	R53 740 per family for all services.	See D7.3.
D7.3.2	Sub-acute facilities including Hospice	R15 470 per family.	R17 930 per family.	This benefit includes psychiatric nursing but excludes midwifery services. See D7.3.
D7.3.3	Homebased Care including private nursing and Outpatient antibiotic therapy in lieu of hospitalisation	<ul style="list-style-type: none"> <li>No limit.</li> <li>Subject to pre-authorisation.</li> <li>Subject to the Virtual based Home Care Programme.</li> </ul>	<ul style="list-style-type: none"> <li>No limit.</li> <li>Subject to pre-authorisation.</li> <li>Subject to the Virtual based Home Care Programme.</li> </ul>	Subject to the relevant managed healthcare programme.

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PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONSTART	BONSTART PLUS	CONDITION/REMARKS SUBJECT TO PMB
D7.3.4	<b>Terminal Care (Non-oncology)</b>	Limited to and included in D7.3.2 and above limits, subject to pre-authorization.	Limited to and included in D7.3.2 and above limits, subject to pre-authorization.	Subject to the relevant managed healthcare programme.
D8	<b>IMMUNE DEFICIENCY SYNDROME RELATED TO HIV INFECTION (See B1)</b>	<ul style="list-style-type: none"> <li>No limit.</li> <li>Subject to PMBs.</li> <li>30% co-payment for the voluntary use of a non-DSP.</li> </ul>	<ul style="list-style-type: none"> <li>No limit.</li> <li>Subject to PMBs.</li> <li>30% co-payment for the voluntary use of a non-DSP.</li> </ul>	<ul style="list-style-type: none"> <li>Subject to registration on the relevant managed healthcare programme.</li> <li>Subject to clinical protocols.</li> </ul>
D8.1	<b>Anti-retroviral medicine</b>	Limited to and included in D8 and subject to the DSP.	Limited to and included in D8 and subject to the DSP.	
D8.2	<b>Related medicine</b>	Limited to and included in D8 and subject to the DSP.	Limited to and included in D8 and subject to the DSP.	
D8.3	<b>Related pathology</b>	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	<b>Related consultations</b>	Limited to and included in D8.	Limited to and included in D8.	
D8.5	<b>All other services</b>	Limited to and included in D1 - D7 and D9 – D27.	Limited to and included in D1 - D7 and D9 - D27.	

REGISTERED BY ME ON

2022/11/15

REGISTRAR OF MEDICAL SCHEMES

PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONSTART	BONSTART PLUS	CONDITION/REMARKS SUBJECT TO PMB
D9	<b>INFERTILITY (See B1 and B5)</b>	Limited to interventions and investigations as prescribed by the Regulations to the Medical Schemes' Act 131 of 1998 in Annexure A, paragraph 9, Code 902M.	Limited to interventions and investigations as prescribed by the Regulations to the Medical Schemes' Act 131 of 1998 in Annexure A, paragraph 9, Code 902M.	Subject to the relevant managed healthcare programme, and its prior authorisation.
D10	<b>MATERNITY (See B1)</b>			Subject to the relevant managed healthcare programme and to its prior authorisation. Subject to registration on the Bonitas Maternity Programme.
D10.1	<b>Confinement in hospital</b>	<ul style="list-style-type: none"> <li>No limit.</li> <li>Caesarean sections are limited to emergency procedures and for other valid clinical indications.</li> <li>100% of the Bonitas Tariff for the general practitioner or medical specialist.</li> <li>Neonatal care is limited to R49 160 per family, except for PMBs.</li> <li>Subject to the BonStart Hospital Network.</li> <li>R11 310 co-payment to apply to all non-network admissions, subject to Regulation 8 (3).</li> </ul>	<ul style="list-style-type: none"> <li>No limit.</li> <li>Caesarean sections are limited to emergency procedures and for other valid clinical indications.</li> <li>100% of the Bonitas Tariff for the general practitioner or medical specialist.</li> <li>Neonatal care is limited to R49 160 per family, except for PMBs.</li> <li>Subject to the BonStart Hospital Network.</li> <li>R11 310 co-payment to apply to all non-network admissions, subject to Regulation 8 (3).</li> </ul>	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	<b>Medicine on discharge from hospital (TTO) (See B2)</b>	Limited to and included in D7.1.2.	Limited to and included in D7.1.2.	

REGISTERED BY ME ON

2022/11/15

REGISTRAR OF MEDICAL SCHEMES



PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONSTART	BONSTART PLUS	CONDITION/REMARKS SUBJECT TO PMB
D10.1.2	<b>Confinement in a registered birthing unit</b>	<ul style="list-style-type: none"> <li>Limited to and included in D10.1.</li> <li>Subject to the BonStart Hospital Network.</li> <li>R11 310 co-payment to apply to all non-network admissions, subject to Regulation 8 (3).</li> </ul>	<ul style="list-style-type: none"> <li>Limited to and included in D10.1.</li> <li>4 x post-natal midwife consultations per pregnancy, of which one (1) may be used for a lactation specialist consultation out of hospital.</li> <li>Subject to the BonStart Hospital Network.</li> <li>R11 310 co-payment to apply to all non-network admissions, subject to Regulation 8 (3).</li> </ul>	<ul style="list-style-type: none"> <li>Subject to the relevant managed healthcare programme and its prior authorisation.</li> <li>Delivery by a midwife.</li> <li>Hire of water bath and oxygen cylinder limited to and included in OAL. This must be hired from a practitioner who has a registered practice number.</li> <li>On BonStart Plus, one of the post-natal midwife consultations may be used for a lactation specialist consultation out of hospital.</li> </ul>
D10.2	<b>Confinement out of hospital</b>	<ul style="list-style-type: none"> <li>Limited to and included in D10.1.</li> </ul>	<ul style="list-style-type: none"> <li>Limited to and included in D10.1.</li> <li>4 x post-natal midwife consultations per pregnancy, of which one (1) may be used for a lactation specialist consultation.</li> </ul>	<ul style="list-style-type: none"> <li>Subject to the relevant managed healthcare programme and its prior authorisation.</li> <li>Delivery by a midwife</li> <li>Hire of water bath and oxygen cylinder limited to and included in OAL. This must be hired from a practitioner who has a registered practice number.</li> <li>On BonStart Plus, one of the post-natal midwife consultations may be used for a lactation specialist consultation.</li> </ul>
D10.2.1	<b>Consumables and pharmaceuticals</b>	Limited to and included in D10.1.	Limited to and included in D10.1.	Registered medicine, dressings and materials supplied by a midwife out of hospital.
D10.3	<b>Related maternity services</b>	No benefit.	Limited to and included in D10.1.	
D10.3.1	<b>Ante-natal consultations</b>	<ul style="list-style-type: none"> <li>Limited and included in D5.1.2 and D5.2.2.</li> </ul>	<ul style="list-style-type: none"> <li>6 ante-natal consultations by a specialist, general practitioner or midwife.</li> <li>100% of the Bonitas Tariff for the network general practitioner or medical specialist.</li> </ul>	<div style="border: 2px solid red; padding: 10px; text-align: center;"> <p><b>REGISTERED BY ME ON</b></p> <p>2022/11/15</p> <p>-----</p> <p><b>REGISTRAR OF MEDICAL SCHEMES</b></p> </div>

PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONSTART	BONSTART PLUS	CONDITION/REMARKS SUBJECT TO PMB
D10.3.2	Related tests and procedures	<ul style="list-style-type: none"> <li>No benefit, unless PMB or limited to and included in the Benefit Booster benefit in D27.2.</li> </ul>	<ul style="list-style-type: none"> <li>Subject to the BonStart Radiology and Pathology formulary and managed care protocols.</li> <li>2 x 2D pregnancy scans.</li> <li>1 x amniocentesis per pregnancy.</li> </ul>	
D11	MEDICINE AND INJECTION MATERIAL (See B1 and B2)			
D11.1	Routine/ (acute) medicine	<ul style="list-style-type: none"> <li>Limited to and included in D5.1.3 and D5.2.2.</li> <li>Script paid at 80% of tariff.</li> <li>Subject to the DSP, Regulation 8 (3) and the acute medicine formulary.</li> <li>40% co-payment applies for the voluntary use of a non-DSP.</li> </ul>	<ul style="list-style-type: none"> <li>Limited to and included in D5.1.3 and D5.2.2.</li> <li>Script paid at 80% of tariff.</li> <li>Subject to the DSP, Regulation 8 (3) and the acute medicine formulary.</li> <li>40% co-payment applies for the voluntary use of a non-DSP.</li> </ul>	Subject to the relevant managed healthcare programme. The Medicine Exclusion List and the Pharmacy Products Management Document are applicable. This benefit excludes: <ul style="list-style-type: none"> <li>In-hospital medicine (D7);</li> <li>Anti-retroviral medicine (D8);</li> <li>Oncology medicine (D14);</li> <li>Organ and haemopoietic stem cell (bone marrow) transplantation and immunosuppressive medication (D16).</li> </ul>
D11.1.1	Medicine on discharge from hospital (TTO)	Limited to and included in D7.1.2.	Limited to and included in D7.1.2.	
D11.1.2	Contraceptives	<ul style="list-style-type: none"> <li>Limited to R1 140 per family.</li> <li>Limited to females up to the age of 50 years.</li> <li>Subject to the DSP pharmacy.</li> <li>40% co-payment applies for the voluntary use of a non-DSP pharmacy.</li> </ul>	<ul style="list-style-type: none"> <li>Limited to R1 370 per family.</li> <li>Limited to females up to the age of 50 years.</li> <li>Subject to the DSP pharmacy.</li> <li>40% co-payment applies for the voluntary use of a non-DSP pharmacy.</li> </ul>	<div style="border: 2px solid red; padding: 10px; text-align: center;"> <p><b>REGISTERED BY ME ON</b></p> <p>2022/11/15</p> <p>.....</p> <p><b>REGISTRAR OF MEDICAL SCHEMES</b></p> </div>

PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONSTART	BONSTART PLUS	CONDITION/REMARKS SUBJECT TO PMB
D11.2	Pharmacy Advised therapy Schedules 0, 1, 2 and medicine advised and dispensed by a pharmacist.	<ul style="list-style-type: none"> <li>Limited to R100 per event and maximum R490 per family per annum.</li> <li>Subject to the DSP, Regulation 8 (3) and the acute medicine formulary.</li> <li>40% co-payment applies for the voluntary use of a non-DSP.</li> </ul>	<ul style="list-style-type: none"> <li>Limited to R155 per event and maximum R735 per family per annum.</li> <li>Subject to the DSP, Regulation 8 (3) and the acute medicine formulary.</li> <li>40% co-payment applies for the voluntary use of a non-DSP.</li> </ul>	
D11.3	Chronic medicine (See B1 & B2)	<ul style="list-style-type: none"> <li>Prescribed Minimum Benefits only at the DSP.</li> <li>40% co-payment applies for non-formulary drugs used voluntarily and for the voluntary use of a non-DSP.</li> </ul>	<ul style="list-style-type: none"> <li>Prescribed Minimum Benefits only at the DSP.</li> <li>40% co-payment applies for non-formulary drugs used voluntarily and for the voluntary use of a non-DSP.</li> </ul>	<p>Subject to registration on the relevant managed healthcare programme and to its prior authorisation and applicable formularies. Restricted to a maximum of one month's supply unless pre-authorised. Includes diabetic disposables such as</p> <ul style="list-style-type: none"> <li>syringes,</li> <li>needles,</li> <li>strips</li> <li>lancets for patients not registered on the Diabetic Management Programme.</li> </ul> <p>This benefit excludes:</p> <ul style="list-style-type: none"> <li>In hospital medicine (D7);</li> <li>Anti-retroviral drugs (D8);</li> <li>Oncology medicine (D14);</li> <li>Organ and haemopoietic stem cell (bone marrow) transplantation immunosuppressive medication (D16).</li> </ul>
D11.3.1	MDR and XDR-TB	<ul style="list-style-type: none"> <li>No limit.</li> <li>Subject to the DSP.</li> <li>Subject to managed care protocols.</li> </ul>	<ul style="list-style-type: none"> <li>No limit.</li> <li>Subject to the DSP.</li> <li>Subject to managed care protocols.</li> </ul>	Subject to the relevant managed healthcare programme and to its prior authorisation.
D11.4	Specialised Drugs (See B1 & B2)			

REGISTERED BY ME ON

2022/11/15

REGISTRAR OF MEDICAL SCHEMES

PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONSTART	BONSTART PLUS	CONDITION/REMARKS SUBJECT TO PMB
D11.4.1	<b>Non Oncology Biological Drugs applicable to monoclonal antibodies interleukins</b>	<ul style="list-style-type: none"> <li>No benefit, unless PMB.</li> <li>Subject to the DSP.</li> </ul>	<ul style="list-style-type: none"> <li>No benefit, unless PMB.</li> <li>Subject to the DSP.</li> </ul>	Subject to the relevant managed healthcare programme and to its prior authorisation.
D11.4.1.1	<b>Iron chelating agents for chronic use</b>	<ul style="list-style-type: none"> <li>No benefit, unless PMB.</li> <li>Subject to the DSP.</li> </ul>	<ul style="list-style-type: none"> <li>No benefit, unless PMB.</li> <li>Subject to the DSP.</li> </ul>	
D11.4.1.2	<b>Human Immunoglobulin for chronic use</b>	<ul style="list-style-type: none"> <li>No benefit, unless PMB.</li> <li>Subject to the DSP.</li> </ul>	<ul style="list-style-type: none"> <li>No benefit, unless PMB.</li> <li>Subject to the DSP.</li> </ul>	<div style="border: 2px solid red; padding: 5px; text-align: center;"> <p><b>REGISTERED BY ME ON</b></p> <p>2022/11/15</p> <p>REGISTRAR OF MEDICAL SCHEMES</p> </div>
D11.4.1.3	<b>Non calcium phosphate binders and calcimimetics</b>	<ul style="list-style-type: none"> <li>No benefit, unless PMB.</li> <li>Subject to the DSP.</li> </ul>	<ul style="list-style-type: none"> <li>No benefit, unless PMB.</li> <li>Subject to the DSP.</li> </ul>	
D11.4.2	<b>Specialised Drugs for Oncology (See B1 &amp; B2)</b>	See D14.1.3.	See D14.1.3.	
D12	<b>MENTAL HEALTH (See B1 and B4)</b>	<ul style="list-style-type: none"> <li>Limited to PMBs and subject to the DSP.</li> <li>R11 310 co-payment applies for non-network hospital admissions except for PMB emergencies.</li> </ul>	<ul style="list-style-type: none"> <li>Limited to PMBs and subject to the DSP.</li> <li>R11 310 co-payment applies for non-network hospital admissions except for PMB emergencies.</li> </ul>	<ul style="list-style-type: none"> <li>Subject to the relevant managed healthcare programme.</li> <li>Physiotherapy is not covered for mental health admissions.</li> </ul>
D12.1	<b>In Hospital</b>	<ul style="list-style-type: none"> <li>Limited to and included in D12.</li> <li>Subject to the BonStart Hospital Network.</li> <li>R11 310 co-payment to apply to all non-network admissions, subject to Regulation 8 (3).</li> <li>The co-payment to be waived if the cost of the service falls within the co-payment amount.</li> </ul>	<ul style="list-style-type: none"> <li>Limited to and included in D12.</li> <li>Subject to the BonStart Hospital Network.</li> <li>R11 310 co-payment to apply to all non-network admissions, subject to Regulation 8 (3).</li> <li>The co-payment to be waived if the cost of the service falls within the co-payment amount.</li> </ul>	<ul style="list-style-type: none"> <li>For accommodation, use of operating theatres and hospital equipment, medicine, pharmaceuticals and surgical items and procedures performed by general practitioners and psychiatrists.</li> <li>A maximum of three days' hospitalisation for beneficiaries admitted by a general practitioner or specialist physician. (See B4.)</li> </ul>
D12.1.1	<b>Medicine on discharge from hospital (TTO) (See B2)</b>	Limited to and included in D7.1.2.	Limited to and included in D7.1.2.	

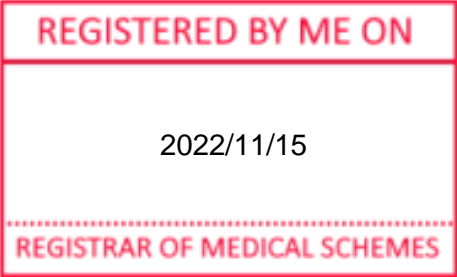
PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONSTART	BONSTART PLUS	CONDITION/REMARKS SUBJECT TO PMB
D12.2	Out of Hospital			
D12.2.1	Medicine (See B2)	Limited to and included in D11.	Limited to and included in D11.	
D12.3	Rehabilitation of substance abuse (See See B1 & B4)	<ul style="list-style-type: none"> <li>Limited to and included in D12.</li> <li>Subject to the DSP.</li> <li>30% co-payment applies for the voluntary use of a non-DSP.</li> </ul>	<ul style="list-style-type: none"> <li>Limited to and included in D12.</li> <li>Subject to the DSP.</li> <li>30% co-payment applies for the voluntary use of a non-DSP.</li> </ul>	Subject to the relevant managed healthcare programme and to its prior authorisation. (See B4).
D12.3.1	Medicine on discharge from hospital (TTO) (See B2)	Limited to and included in D7.1.2.	Limited to and included in D7.1.2.	
D12.4	Consultations and visits, procedures, assessments, therapy, treatment and/or counselling, in and out of hospital. (See B1)	<ul style="list-style-type: none"> <li>Prescribed Minimum Benefit only. Subject to D12.</li> <li>Educational psychology visits for adult beneficiaries (&gt;21 years) are excluded from this benefit.</li> </ul>	<ul style="list-style-type: none"> <li>Prescribed Minimum Benefit only. Subject to D12.</li> <li>Educational psychology visits for adult beneficiaries (&gt;21 years) are excluded from this benefit.</li> </ul>	<div style="border: 2px solid red; padding: 10px; text-align: center;"> <p style="color: red; font-weight: bold; margin: 0;">REGISTERED BY ME ON</p> <p style="font-size: 1.2em; margin: 10px 0 10px 0;">2022/11/15</p> <p style="color: red; font-weight: bold; margin: 0;">REGISTRAR OF MEDICAL SCHEMES</p> </div>
D13	NON-SURGICAL PROCEDURES AND TESTS (See B1)			
D13.1	In Hospital	<ul style="list-style-type: none"> <li>No benefit except for PMBs.</li> <li>100% of the Bonitas Tariff for the medical specialist or general practitioner .</li> <li>Subject to the BonStart Hospital Network.</li> <li>R11 310 co-payment to apply to all non-network admissions, subject to Regulation 8 (3).</li> </ul>	<ul style="list-style-type: none"> <li>No benefit except for PMBs.</li> <li>100% of the Bonitas Tariff for the medical specialist or general practitioner .</li> <li>Subject to the BonStart Hospital Network.</li> <li>R11 310 co-payment to apply to all non-network admissions, subject to Regulation 8 (3).</li> </ul>	Subject to the relevant managed healthcare programme and its prior authorisation in hospital only. This benefit excludes: <ul style="list-style-type: none"> <li>Psychiatry and psychology (D12);</li> <li>Optometric examinations (D15);</li> <li>Pathology (D18);</li> <li>Radiology (D21).</li> </ul>

PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONSTART	BONSTART PLUS	CONDITION/REMARKS SUBJECT TO PMB
D13.2	Out of hospital	No benefit, unless PMB, or limited to and included in the Benefit Booster benefit in D27.2.	No benefit unless PMB, or limited to and included in the Benefit Booster benefit in D27.2.	
D13.3	Sleep studies (See B1)			Subject to relevant managed healthcare programme and its prior authorisation.
D13.3.1	Diagnostic Polysomnograms In and out of hospital	No benefit, unless PMB, or as part of the Benefit Booster benefit in D27.2.	No benefit, unless PMB.	If authorised by the relevant managed healthcare programme for dyssomnias e.g. central sleep apnoea, obstructive sleep apnoea, parasomnias or medical or psychiatric sleep disorders as part of neurological investigations by a relevant specialist.
D13.3.2	CPAP Titration	No benefit, unless PMB, or as part of the Benefit Booster benefit in D27.2.	No benefit, unless PMB.	If authorised by the relevant managed healthcare programme for patents with obstructive sleep apnoea who meet the criteria for CPAP and where requested by the relevant specialist.
D14	ONCOLOGY (See B1)			
D14.1	Pre active, active & post active treatment period	<ul style="list-style-type: none"> <li>Limited to PMBs.</li> <li>Subject to the DSP.</li> <li>The Bonitas Oncology Network medical specialist is the DSP for oncology services at the negotiated rate.</li> <li>30% co-pay for services rendered by non-oncology network medical specialists, where such services are voluntarily obtained.</li> </ul>	<ul style="list-style-type: none"> <li>Limited to PMBs.</li> <li>Subject to the DSP.</li> <li>The Bonitas Oncology Network medical specialist is the DSP for oncology services at the negotiated rate.</li> <li>30% co-pay for services rendered by non-network medical specialists, where such services are voluntarily obtained.</li> </ul>	<ul style="list-style-type: none"> <li>Subject to the relevant managed healthcare programme and to its prior authorisation.</li> <li>Treatment for long-term chronic conditions that may develop as a result of chemotherapy and radiotherapy is not included in this benefit.</li> <li>Benefit for Oncologists, haematologists and accredited medical practitioners for consultations, visits, treatment and consumable material used in radiotherapy and chemotherapy.</li> </ul>

REGISTERED BY ME ON

2022/11/15

REGISTRAR OF MEDICAL SCHEMES

PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONSTART	BONSTART PLUS	CONDITION/REMARKS SUBJECT TO PMB
D14.1.1	<b>Medicine (See B2)</b>	<ul style="list-style-type: none"> <li>Limited to and included in D14.1 and subject to the DSP.</li> <li>20% co-payment applies for the voluntary use of a non-DSP.</li> <li>Subject to MPL and preferred product list.</li> </ul>	<ul style="list-style-type: none"> <li>Limited to and included in D14.1 and subject to the DSP.</li> <li>20% co-payment applies for the voluntary use of a non-DSP.</li> <li>Subject to MPL and preferred product list.</li> </ul>	<ul style="list-style-type: none"> <li>Subject to the Bonitas Oncology Medicine Network.</li> <li>Subject to the relevant managed healthcare programme protocols and reference pricing.</li> </ul>
D14.1.2	<b>Radiology and pathology (See B1)</b>	Limited to and included in D14.1.	Limited to and included in D14.1.	
D14.1.2.1	<b>PET and PET – CT (See B1)</b>	No benefit.	No benefit.	
D14.1.3	<b>Specialised Drugs (See B2)</b>			<p>Subject to the relevant managed healthcare programme and to its prior authorisation. 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.</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>
D14.1.3.1	<b>Biological drugs</b>	No benefit, except for PMBs.	No benefit, except for PMBs.	
D14.1.3.2	<b>Unregistered chemotherapeutic agents</b>	No benefit, except for PMBs.	No benefit, except for PMBs.	Subject to Section 21 approval by the South African Health Products Regulatory Authority (SAHPRA) and pre-authorisation by the relevant managed healthcare programme.
D14.1.3.3	<b>Proteasome Inhibitors</b>	No benefit, except for PMBs.	No benefit, except for PMBs.	
D14.1.3.4	<b>Certain Pyrimidine Analogues</b>	No benefit, except for PMBs.	No benefit, except for PMBs.	

PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONSTART	BONSTART PLUS	CONDITION/REMARKS SUBJECT TO PMB
D14.1.4	Flushing of a J line and/or Port (See B1)	Limited to and included in D14.1.	Limited to and included in D14.1.	Subject to the relevant managed healthcare programme
D14.1.5	Brachytherapy materials (including seeds and disposables) and equipment (See B1)	Limited to and included in D14.1.	Limited to and included in D14.1.	Subject to the relevant managed healthcare programme and to its prior authorisation, for services rendered by oncologists, radiotherapists and credentialed medical practitioners.
D14.2	Post active treatment period (See B1)	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.	Subject to the relevant managed healthcare programme and pre-authorisation.
D14.2.1	Flushing of a J line and/or Port (See B1)	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 including Virtual Consultations	<ul style="list-style-type: none"> <li>Limited to R3 020 per family and subject to the Bonitas Oncology (OSW) network.</li> <li>Limited to and included in D14.1.</li> </ul>	<ul style="list-style-type: none"> <li>Limited to R3 020 per family and subject to the Bonitas Oncology (OSW) network.</li> <li>Limited to and included in D14.1.</li> </ul>	Subject to the relevant managed healthcare protocols and its prior authorisation.
D14.4	Palliative Care	<ul style="list-style-type: none"> <li>No limit.</li> <li>Subject to the DSP.</li> <li>Subject to pre-authorisation.</li> <li>Managed care protocols apply.</li> </ul>	<ul style="list-style-type: none"> <li>No limit.</li> <li>Subject to the DSP.</li> <li>Subject to pre-authorisation.</li> <li>Managed care protocols apply.</li> </ul>	Subject to the relevant managed healthcare protocols and its prior authorisation.

REGISTERED BY ME ON

2022/11/15

REGISTRAR OF MEDICAL SCHEMES



PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONSTART	BONSTART PLUS	CONDITION/REMARKS SUBJECT TO PMB
D15	<b>OPTOMETRY (See B1)</b>			
D15.1	<b>Optometric refraction test, re-exam and/or composite exam, tonometry and visual field test</b>	<ul style="list-style-type: none"> <li>• One per beneficiary per annum, at network rates.</li> <li>• R365 out of network.</li> <li>• R115 co-payment applies.</li> </ul>	<ul style="list-style-type: none"> <li>• One per beneficiary per annum, at network rates.</li> <li>• R365 out of network.</li> <li>• R60 co-payment applies.</li> </ul>	<ul style="list-style-type: none"> <li>• Subject to the contracted provider.</li> <li>• Contracted Providers – 100% of cost for a Composite Consultation inclusive of refraction, glaucoma screening, visual field screening and artificial intelligence screening.</li> <li>• Non-contracted Provider – Eye examination</li> </ul>
D15.2	<b>Frames</b>	No benefit.	No benefit.	
D15.3	<b>Lenses</b>	No benefit.	No benefit.	
D15.4	<b>Contact Lenses</b>	No benefit.	No benefit.	
D15.5	<b>Low vision appliances</b>	No benefit.	No benefit.	
D15.6	<b>Ocular prostheses</b>	No benefit.	No benefit.	
D15.7	<b>Diagnostic procedures</b>	No benefit.	No benefit.	
D15.8	<b>Readers</b>	No benefit.	No benefit.	

REGISTERED BY ME ON

2022/11/15

REGISTRAR OF MEDICAL SCHEMES

PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONSTART	BONSTART PLUS	CONDITION/REMARKS SUBJECT TO PMB
D16	<b>ORGAN AND HAEMOPOIETIC STEM CELL (BONE MARROW) TRANSPLANTATION AND IMMUNO-SUPPRESSIVE MEDICATION INCLUDING CORNEAL GRAFTS) (See B1)</b>	<ul style="list-style-type: none"> <li>Prescribed Minimum Benefits only at a DSP.</li> <li>No benefit for Corneal grafts unless PMB.</li> <li>30% co-payment applies for the voluntary use of a non-DSP.</li> </ul>	<ul style="list-style-type: none"> <li>Prescribed Minimum Benefits only at a DSP.</li> <li>No benefit for Corneal grafts unless PMB.</li> <li>30% co-payment applies for the voluntary use of a non-DSP.</li> </ul>	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	<b>Haemopoietic stem cell (bone marrow transplantation (See B1)</b>	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	<b>Immuno-suppressive medication (See B2)</b>	Limited to and included in D16 and subject to the DSP.	Limited to and included in D16 and subject to the DSP.	<div style="border: 2px solid red; padding: 10px; text-align: center;"> <p><b>REGISTERED BY ME ON</b></p> <p>2022/11/15</p> <p>.....</p> <p><b>REGISTRAR OF MEDICAL SCHEMES</b></p> </div>
D16.3	<b>Post transplantation biopsies and scans (See B1)</b>	Limited to and included in D16.	Limited to and included in D16.	
D16.4	<b>Radiology and pathology (See B1)</b>	Limited to and included in D16.	Limited to and included in D16.	
D17	<b>PARAMEDICAL SERVICES (ALLIED MEDICAL PROFESSIONS) (See B1)</b>			
D17.1	<b>In hospital</b>	No benefit, unless PMB.	No benefit, unless PMB.	Subject to referral by the treating practitioner.
D17.1.1	<b>Dietetics</b>	No benefit, unless PMB.	No benefit, unless PMB.	
D17.1.2	<b>Occupational Therapy</b>	No benefit, unless PMB.	No benefit, unless PMB.	
D17.1.3	<b>Speech Therapy</b>	No benefit, unless PMB.	No benefit, unless PMB.	

PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONSTART	BONSTART PLUS	CONDITION/REMARKS SUBJECT TO PMB
D17.2	<b>Out of hospital</b>	No benefit, unless PMB, or limited to and included in the Benefit Booster benefit in D27.2.	No benefit, unless PMB, or limited to and included in the Benefit Booster benefit in D27.2.	
D17.2.1	<b>Audiology</b>	No benefit or limited to and included in the Benefit Booster benefit in D27.2	No benefit, unless PMB, or limited to and included in the Benefit Booster benefit in D27.2.	
D17.2.2	<b>Chiropractics</b>	No benefit, except as part of the Benefit Booster benefit in D27.2.	No benefit, except as part of the Benefit Booster benefit in D27.2.	
D17.2.3	<b>Dietetics</b>	No benefit, unless PMB or limited to and included in the Benefit Booster benefit in D27.2	No benefit, unless PMB, or limited to and included in the Benefit Booster benefit in D27.2.	
D17.2.4	<b>Genetic counselling</b>	No benefit or limited to and included in the Benefit Booster benefit in D27.2.	No benefit, unless PMB, or limited to and included in the Benefit Booster benefit in D27.2.	<div style="border: 2px solid red; padding: 10px; text-align: center;"> <p><b>REGISTERED BY ME ON</b></p> <p>2022/11/15</p> <p>.....</p> <p><b>REGISTRAR OF MEDICAL SCHEMES</b></p> </div>
D17.2.5	<b>Hearing aid acoustics</b>	No benefit, except as part of the Benefit Booster benefit in D27.2.	No benefit, except as part of the Benefit Booster benefit in D27.2.	
D17.2.6	<b>Occupational therapy</b>	No benefit, unless PMB or limited to and included in the Benefit Booster benefit in D27.2.	No benefit, unless PMB or limited to and included in the Benefit Booster benefit in D27.2.	
D17.2.7	<b>Orthoptics</b>	No benefit, except as part of the Benefit Booster benefit in D27.2.	No benefit, except as part of the Benefit Booster benefit in D27.2.	
D17.2.8	<b>Orthotists and Prosthetists</b>	No benefit, unless PMB or limited to and included in the Benefit Booster benefit in D27.2.	No benefit, unless PMB or limited to and included in the Benefit Booster benefit in D27.2.	
D17.2.9	<b>Private nurse Practitioners Virtual consultations</b>	<ul style="list-style-type: none"> <li>• Unlimited virtual consultations per beneficiary.</li> <li>• Subject to the Virtual Care network.</li> <li>• No benefit for face-to-face consultations except as part of the Benefit Booster benefit in D27.2.</li> </ul>	<ul style="list-style-type: none"> <li>• Unlimited virtual consultations per beneficiary.</li> <li>• Subject to the Virtual Care network.</li> <li>• No benefit for face-to-face consultations except as part of the Benefit Booster benefit in D27.2.</li> </ul>	Nursing services are included in the Alternatives to Hospitalisation benefit (D7) if pre-authorised by the relevant managed healthcare programme.

PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONSTART	BONSTART PLUS	CONDITION/REMARKS SUBJECT TO PMB
D17.2.10	Speech therapy	No benefit, unless PMB or limited to and included in the Benefit Booster benefit in D27.2.	No benefit, unless PMB or limited to and included in the Benefit Booster benefit in D27.2.	
D17.2.11	Social workers	No benefit, unless PMB or limited to and included in the Benefit Booster benefit in D27.2.	No benefit, unless PMB or limited to and included in the Benefit Booster benefit in D27.2.	
D18	<b>PATHOLOGY AND MEDICAL TECHNOLOGY (See B1)</b>			Subject to the relevant managed healthcare programme.
D18.1	In hospital	<ul style="list-style-type: none"> <li>R27 560 per family, except for PMBs.</li> <li>Subject to the DSP for pathology at negotiated rates.</li> <li>100% of the Bonitas Tariff for services rendered by non-DSP providers.</li> </ul>	<ul style="list-style-type: none"> <li>No limit.</li> <li>Subject to the DSP for pathology at negotiated rates.</li> <li>100% of the Bonitas Tariff for services rendered by non-DSP providers.</li> </ul>	
D18.2	Out of hospital	<ul style="list-style-type: none"> <li>Limited to and included in D5.1.3, D5.2.2 and D27.2.</li> <li>Investigations referred by a specialist subject to referral of specialist visit by DSP network (See D5.2.2).</li> <li>Subject to the pathology formulary.</li> <li>Subject to the DSP for pathology, at negotiated rates.</li> <li>100% of the Bonitas Tariff for services rendered by non-DSP providers.</li> </ul>	<ul style="list-style-type: none"> <li>Limited to and included in D5.1.3, D5.2.2 and D27.2.</li> <li>Investigations referred by a specialist subject to referral of specialist visit by DSP network (See D5.2.2).</li> <li>Subject to the pathology formulary.</li> <li>Subject to the DSP for pathology, at negotiated rates.</li> <li>100% of the Bonitas Tariff for services rendered by non-DSP providers.</li> </ul>	Subject to the Pathology Management Program. This benefit excludes the specified list of pathology tariff codes included in the: <ul style="list-style-type: none"> <li>maternity benefit, (D10),</li> <li>the oncology benefit during the active and/or post active treatment period, (D14);</li> <li>organ and haemopoietic stem cell transplantation benefit,(D16)</li> <li>and the renal dialysis chronic benefit, (D22).</li> </ul>

REGISTERED BY ME ON

2022/11/15

REGISTRAR OF MEDICAL SCHEMES

PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONSTART	BONSTART PLUS	CONDITION/REMARKS SUBJECT TO PMB
D19	<b>PHYSICAL THERAPY (See B1)</b>			
D19.1	<b>In hospital Physiotherapy Biokinetics</b>	<ul style="list-style-type: none"> <li>No benefit, unless PMB.</li> <li>100% of Bonitas Tariff.</li> </ul>	<ul style="list-style-type: none"> <li>No benefit, unless PMB.</li> <li>100% of Bonitas Tariff.</li> </ul>	<ul style="list-style-type: none"> <li>Subject to referral by the treating practitioner.</li> <li>Physiotherapy is not covered for mental health admissions. See D12.</li> </ul>
D19.2	<b>Out of hospital physiotherapy Biokinetics Podiatry</b>	<ul style="list-style-type: none"> <li>Limited to two consultations with a physiotherapist per beneficiary for sports-related injuries.</li> <li>No benefit for biokinetics and podiatry unless PMB, or limited to and included in the Benefit Booster benefit in D27.2.</li> <li>R115 co-payment applies.</li> </ul>	<ul style="list-style-type: none"> <li>Limited to four visits per beneficiary with a physiotherapist for sports-related injuries.</li> <li>No benefit for biokinetics and podiatry, unless PMB, or limited to and included in the Benefit Booster benefit in D27.2.</li> <li>R60 co-payment applies</li> </ul>	<ul style="list-style-type: none"> <li>Subject to referral by the network GP or medical specialist.</li> </ul>
D20	<b>PROSTHESES AND DEVICES INTERNAL AND EXTERNAL (See B1)</b>			
D20.1	<b>Prostheses and devices internal (surgically implanted), including all temporary prostheses, or/and all accompanying temporary or permanent devices used to assist with the guidance, alignment or delivery of these internal prostheses and devices. This includes bone cement, bone graft substitutes, screws, pins and bone anchors.</b>	<ul style="list-style-type: none"> <li>No benefit, except for PMBs.</li> <li>Recommend use of preferred supplier.</li> <li>No benefit for joint replacements, unless PMB.</li> </ul>	<ul style="list-style-type: none"> <li>R17 070 per family.</li> <li>Recommend use of preferred supplier.</li> <li>No benefit for joint replacements, unless PMB.</li> </ul>	<p>Subject to the relevant managed healthcare programme and to its prior authorisation.</p> <div style="border: 2px solid red; padding: 10px; text-align: center;"> <p><b>REGISTERED BY ME ON</b></p> <p>2022/11/15</p> <p>REGISTRAR OF MEDICAL SCHEMES</p> </div>

PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONSTART	BONSTART PLUS	CONDITION/REMARKS SUBJECT TO PMB
D20.1.1	<b>Cochlear implants</b>	No benefit.	No benefit.	
D20.1.2	<b>Internal Nerve stimulators</b>	No benefit.	No benefit.	
D20.2	<b>Prostheses external</b>	<ul style="list-style-type: none"> <li>No benefit, except for PMBs.</li> <li>Recommend use of preferred supplier.</li> </ul>	<ul style="list-style-type: none"> <li>No benefit, except for PMBs.</li> <li>Recommend use of preferred supplier.</li> </ul>	Subject to the relevant managed healthcare programme and to its prior authorisation.
D21	<b>RADIOLOGY (See B1)</b>			
D21.1	<b>General radiology</b>			
D21.1.1	<b>In hospital</b>	<ul style="list-style-type: none"> <li>No limit.</li> <li>100% of the Bonitas Tariff.</li> </ul>	<ul style="list-style-type: none"> <li>No limit.</li> <li>100% of the Bonitas Tariff.</li> </ul>	For diagnostic radiology tests and ultrasound scans. Authorisation is not required for MRI scans for low field peripheral joint examination of dedicated limb units.
D21.1.2	<b>Out of hospital</b>	<ul style="list-style-type: none"> <li>Limited to and included in D5.1.3, D5.2.2 and D27.2.</li> <li>Subject to a list of approved services.</li> </ul>	<ul style="list-style-type: none"> <li>Limited to and included in D5.1.3, D5.2.2 and D27.2.</li> <li>Subject to a list of approved services.</li> </ul>	This benefit excludes: specified list of radiology tariff codes included in the <ul style="list-style-type: none"> <li>maternity benefit, (D10),</li> <li>the oncology benefit during the active treatment and/or post active treatment period, (D14);</li> <li>the organ and haemopoietic stem cell transplantation benefit, (D16),</li> <li>renal dialysis chronic benefit, (D22).</li> </ul> Authorisation is not required for MRI scans for low field peripheral joint examination of dedicated limb units.
D21.2	<b>Specialised radiology (MRI &amp; CT Scans)</b>			

**REGISTERED BY ME ON**  
2022/11/15  
**REGISTRAR OF MEDICAL SCHEMES**

PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONSTART	BONSTART PLUS	CONDITION/REMARKS SUBJECT TO PMB
D21.2.1	<b>In hospital</b>	<ul style="list-style-type: none"> <li>R12 570 per family.</li> <li>Subject to R2 500 co-payment per scan event, unless PMB or nuclear radio-isotope studies.</li> <li>The co-payment to be waived if the cost of the service falls within the co-payment amount.</li> </ul>	<ul style="list-style-type: none"> <li>R17 070 per family.</li> <li>Subject to R2 000 co-payment per scan event, unless PMB or nuclear radio-isotope studies.</li> <li>The co-payment to be waived if the cost of the service falls within the co-payment amount.</li> </ul>	Subject to the relevant managed healthcare programme and to its prior authorisation for MRI and CT scans only.
D21.2.2	<b>Out of hospital</b>	No benefit, unless PMB.	No benefit, unless PMB.	See D21.2.1.
D21.3	<b>PET and PET – CT</b>	See D14.1.2.1.	See D14.1.2.1.	
D22	<b>RENAL DIALYSIS CHRONIC (See B1)</b>			
D22.1	<b>Haemodialysis and peritoneal dialysis</b>	<ul style="list-style-type: none"> <li>Prescribed Minimum Benefits only at a DSP.</li> <li>100% of the lower of the cost or Bonitas Tariff for all services, medicines and materials associated with the cost of renal dialysis, subject to the DSP network and Regulation 8 (3).</li> <li>100% of the Bonitas Tariff for the services rendered by a medical specialist.</li> <li>Related medicine are subject to the DSP and Regulation 8 (3).</li> <li>30% co-payment applies for the voluntary use of a non-DSP.</li> </ul>	<ul style="list-style-type: none"> <li>Prescribed Minimum Benefits only at a DSP.</li> <li>100% of the lower of the cost or Bonitas Tariff for all services, medicines and materials associated with the cost of renal dialysis, subject to the DSP network and Regulation 8 (3).</li> <li>100% of the Bonitas Tariff for the services rendered by a medical specialist.</li> <li>Related medicine are subject to the DSP and Regulation 8 (3).</li> <li>30% co-payment applies for the voluntary use of a non-DSP.</li> </ul>	<ul style="list-style-type: none"> <li>Subject to the relevant managed healthcare programme and to its prior authorisation</li> <li>Authorised erythropoietin is included in (D4).</li> <li>Acute renal dialysis is included in hospitalisation costs. See D7.</li> </ul> <div style="border: 2px solid red; padding: 10px; text-align: center; margin-top: 20px;"> <p><b>REGISTERED BY ME ON</b></p> <p>2022/11/15</p> <p>.....</p> <p><b>REGISTRAR OF MEDICAL SCHEMES</b></p> </div>

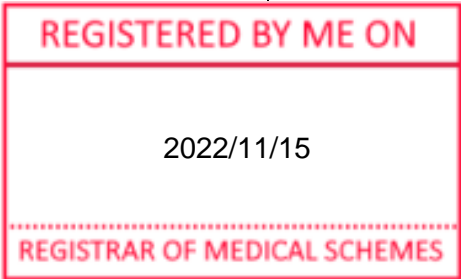
PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONSTART	BONSTART PLUS	CONDITION/REMARKS SUBJECT TO PMB
D22.2	Radiology and pathology (See B1)	Limited to and included in D22.1.	Limited to and included in D22.1.	Subject to the relevant managed healthcare programme and to its prior authorisation.
D23	<b>SURGICAL PROCEDURES (See B1)</b>			Subject to the relevant managed healthcare programme and to its prior authorisation.
D23.1	<b>In hospital and unattached operating theatres and other minor surgical procedures that can be authorised in hospital</b>	<p>No limit, except for the following exclusions:</p> <ul style="list-style-type: none"> <li>• Back and neck treatment or surgery</li> <li>• Correction of Hallux Valgus</li> <li>• Dentistry</li> <li>• Functional nasal surgery</li> <li>• Investigations and diagnostic work-ups</li> <li>• Healthcare services that should be done out of hospital and for which an admission to hospital is not necessary.</li> <li>• Joint replacement surgery</li> <li>• Knee &amp; shoulder surgery</li> <li>• Nail disorders</li> <li>• Non-cancerous breast conditions</li> <li>• Skin disorders, including benign growths and lipomas</li> <li>• Surgery for oesophageal reflux and hiatus hernia</li> <li>• Varicose vein surgery</li> </ul>	<p>No limit, except for the following exclusions:</p> <ul style="list-style-type: none"> <li>• Back and neck treatment or surgery</li> <li>• Correction of Hallux Valgus</li> <li>• Dentistry</li> <li>• Functional nasal surgery</li> <li>• Investigations and diagnostic work-ups</li> <li>• Healthcare services that should be done out of hospital and for which an admission to hospital is not necessary.</li> <li>• Joint replacement surgery</li> <li>• Knee &amp; shoulder surgery</li> <li>• Nail disorders</li> <li>• Non-cancerous breast conditions</li> <li>• Skin disorders, including benign growths and lipomas</li> <li>• Surgery for oesophageal reflux and hiatus hernia</li> <li>• Varicose vein surgery</li> </ul>	<ul style="list-style-type: none"> <li>• Limited to and included in D7.1.1 and D7.2.1.</li> <li>• 100% of the Bonitas Tariff for the medical practitioner.</li> <li>• Subject to the BonStart Hospital Network.</li> <li>• R11 310 co-payment applies to all non-network admissions, subject to Regulation 8 (3).</li> <li>• Day surgery network applies for defined list of procedures. See D23.3.2.</li> <li>• Co-payments apply – See paragraph D23.3.1.</li> </ul> <p>This benefit excludes:</p> <ul style="list-style-type: none"> <li>• Osseo-integrated implants (D6);</li> <li>• Orthognathic and oral surgery (D6);</li> <li>• Maternity (D10);</li> <li>• Organ and haemopoietic stem cell (bone marrow) transplantation and immunosuppressive medication (D16).</li> </ul>
D23.1.1	<b>Refractive surgery</b>	No benefit.	No benefit.	

REGISTERED BY ME ON

2022/11/15

REGISTRAR OF MEDICAL SCHEMES



PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONSTART	BONSTART PLUS	CONDITION/REMARKS SUBJECT TO PMB
D23.1.2	<b>Maxillo-facial surgery</b>	Limited to PMBs and DSP provider and Regulation 8 (3).	Limited to PMBs and DSP provider and Regulation 8 (3).	Subject to the relevant managed healthcare programme and to its prior authorisation. For the surgical removal of <ul style="list-style-type: none"> <li>• tumours</li> <li>• neoplasms</li> <li>• sepsis,</li> <li>• trauma,</li> <li>• congenital birth defects and other surgery not specifically mentioned in (D6).</li> </ul> This benefit excludes: <ul style="list-style-type: none"> <li>• Osseo-integrated implantation (D6);</li> <li>• Orthognathic surgery (D6);</li> <li>• Oral surgery (D6);</li> <li>• Impacted wisdom teeth (D6).</li> </ul>
				
D23.2	<b>Out of hospital in practitioners rooms</b>	No benefit.	No benefit.	
D23.3	<b>PROCEDURES THAT WILL ATTRACT A DEDUCTIBLE</b>			Subject to the relevant managed healthcare programme and to its prior authorisation.
D23.3.1	<b>Procedures which will attract a R2 710 deductible:</b> <ul style="list-style-type: none"> <li>• Arthroscopy (when done as part of a surgical procedure)</li> <li>• Laparoscopic Hysterectomy</li> </ul>	Subject to a R2 710 co-payment per event.	Subject to a R2 710 co-payment per event.	This deductible is in addition to the co-payment that applies to hospital admissions as per D7.1.1.
	<b>Procedures which will attract a R6 370 deductible:</b> <ul style="list-style-type: none"> <li>• Cataract Surgery:</li> </ul>	Subject to a R6 370 co-payment per event. <ul style="list-style-type: none"> <li>• For voluntary use of a non-DSP.</li> </ul>	Subject to a R6 370 co-payment per event. <ul style="list-style-type: none"> <li>• For voluntary use of a non-DSP.</li> </ul>	Subject to the relevant managed healthcare programme and to its prior authorisation. The co-payment to be waived if the cost of the service falls within the co-payment amount.

PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONSTART	BONSTART PLUS	CONDITION/REMARKS SUBJECT TO PMB
D23.3.2	Day Surgery Procedures	<ul style="list-style-type: none"> <li>Subject to the Day Surgery Network.</li> <li>R11 310 co-payment to apply to all non-network admissions and subject to Regulation 8 (3).</li> </ul>	<ul style="list-style-type: none"> <li>Subject to the Day Surgery Network.</li> <li>R11 310 co-payment to apply to all non-network admissions and subject to Regulation 8 (3).</li> </ul>	Subject to the relevant managed healthcare programme and to its prior authorisation and subject to a defined list of procedures. The co-payment to be waived if the cost of the service falls within the co-payment amount.
D24	PREVENTATIVE CARE BENEFIT (See B1)			
D24.1	Women's Health Cervical Cancer Screening	<ul style="list-style-type: none"> <li>Pap Smear Females 21-65 years Once every 3 years.</li> </ul>	<ul style="list-style-type: none"> <li>Pap Smear Females 21-65 years Once every 3 years.</li> </ul>	
D24.2	Men's Health PSA test	No benefit except as part of the Benefit Booster benefit in D27.2.	No benefit, except as part of the Benefit Booster benefit in D27.2.	
D24.3	General Health	<ul style="list-style-type: none"> <li>HIV test annually.</li> <li>Flu vaccine annually, including the administration fee of the nurse practitioner.</li> </ul>	<ul style="list-style-type: none"> <li>HIV test annually.</li> <li>Flu vaccine annually, including the administration fee of the nurse practitioner.</li> </ul>	
D24.4	Cardiac health	No benefit.	No benefit.	
D24.5	Elderly Health	No benefit.	No benefit.	

REGISTERED BY ME ON

2022/11/15

REGISTRAR OF MEDICAL SCHEMES

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D24.6	<p><b>Children's health Hypothyroidism</b></p> <p><b>Infant Hearing Screening</b></p>	<ul style="list-style-type: none"> <li>No benefit</li> <li>No benefit</li> </ul>	<ul style="list-style-type: none"> <li>1 TSH Test Age &lt;1 month</li> <li>One infant hearing screening test for newborns up to 8 weeks, in or out of hospital, performed by an audiologist or speech therapist.</li> </ul>	<div style="border: 2px solid red; padding: 10px; text-align: center;"> <p><b>REGISTERED BY ME ON</b></p> <p>2022/11/15</p> <p>REGISTRAR OF MEDICAL SCHEMES</p> </div>
	<b>Extended Program on Immunisation (EPI)</b>	No benefit.	No benefit.	
D25	<p><b>INTERNATIONAL TRAVEL BENEFIT</b></p> <p><b>Leisure travel:</b></p> <p><b>Business Travel:</b></p>	<ul style="list-style-type: none"> <li>For medical emergencies when travelling outside the borders of South Africa. <ul style="list-style-type: none"> <li>90 days excluding USA - R5 million per Member, R10 million for Member and Dependants</li> <li>45 days including USA – Maximum cover R500,000 for Member and Dependants</li> </ul> </li> <li>45 days excluding USA - R5 million per Member, 10 million for Member and Dependants</li> <li>45 days including USA - Maximum cover R500,000 for Member and Dependants</li> <li>Subject to approval protocols prior to departure.</li> </ul>	<ul style="list-style-type: none"> <li>For medical emergencies when travelling outside the borders of South Africa. <ul style="list-style-type: none"> <li>90 days excluding USA - R5 million per Member, R10 million for Member and Dependants</li> <li>45 days including USA – Maximum cover R500,000 for Member and Dependants</li> </ul> </li> <li>45 days excluding USA - R5 million per Member, 10 million for Member and Dependants</li> <li>45 days including USA - Maximum cover R500,000 for Member and Dependants</li> <li>Subject to approval protocols prior to departure.</li> </ul>	<p>Subject to authorisation, prior to departure.</p> <ul style="list-style-type: none"> <li>The three months' age limit will not apply.</li> <li>Additional benefits for Covid-19: <ul style="list-style-type: none"> <li>additional costs for compulsory medical quarantine limited to R1 000 per day to a maximum of R10 000 for accommodation and PCR testing up to R1 000.</li> <li>The cover will only apply if a beneficiary tested positive.</li> </ul> </li> <li>(Manual labour excluded)</li> <li>Pre-existing medical conditions are limited to R200 000 per family when hospitalized.</li> <li>Subject to pre-authorisation of Emergency Medical expenses.</li> </ul>

PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONSTART	BONSTART PLUS	CONDITION/REMARKS SUBJECT TO PMB
D26	<b>AFRICA BENEFIT</b>	<ul style="list-style-type: none"> <li>100% of the usual, reasonable cost for in- and out-of-hospital treatment routinely available in South Africa received in Africa.</li> <li>Subject to authorisation.</li> </ul>	<ul style="list-style-type: none"> <li>100% of the usual, reasonable cost for in- and out-of-hospital treatment routinely available in South Africa received in Africa.</li> <li>Subject to authorisation.</li> </ul>	The Fund's liability will not exceed the global amount the Fund would in the ordinary course pay for such healthcare services given the Fund's claims experience in South Africa, subject to the benefits as per benefit plan.
D27	<b>WELLNESS BENEFIT (See B1)</b>			
D27.1	<b>Health Risk Assessment (HRA) which includes</b>  <b>Lifestyle questionnaire</b> <b>Wellness screening</b>	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"> <li>blood pressure test</li> <li>glucose test</li> <li>cholesterol test</li> <li>body mass index</li> <li>hip to waist ratio.</li> </ul>	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"> <li>blood pressure test</li> <li>glucose test</li> <li>cholesterol test</li> <li>body mass index</li> <li>hip to waist ratio.</li> </ul>	<div style="border: 2px solid red; padding: 10px; text-align: center;"> <p><b>REGISTERED BY ME ON</b></p> <p>2022/11/15</p> <p>.....</p> <p><b>REGISTRAR OF MEDICAL SCHEMES</b></p> </div>

PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONSTART	BONSTART PLUS	CONDITION/REMARKS SUBJECT TO PMB
D27.2	<b>Benefit Booster (including out of hospital day-to-day services as mentioned in D1, D10.3.2, D13.2, D17.2, D18.2, D19.2, D21.1.2 and D24.2) and virtual consultations).</b>	<p>Subject to completion of a Health Risk Assessment per beneficiary or the completion of an online wellness questionnaire.</p> <p>Limited to R1 000 per family and limited to.</p> <ul style="list-style-type: none"> <li>• Alternative Health: D1</li> <li>• GP consultations: D5.1.3</li> <li>• Medical specialists: D5.2</li> <li>• Maternity related services: D10.3.2</li> <li>• Routine medication: D11.1</li> <li>• Pharmacy advised therapy: D11.2</li> <li>• Non-surgical procedures: D13.2</li> <li>• Paramedical services: D17.2</li> <li>• Pathology: D18.2</li> <li>• Physical therapy: D19.2</li> <li>• General radiology: D21.1.2</li> </ul>	<p>Subject to completion of a Health Risk Assessment per beneficiary or the completion of an online wellness questionnaire.</p> <p>Limited to R1 000 per family and limited to.</p> <ul style="list-style-type: none"> <li>• Alternative Health: D1</li> <li>• GP consultations: D5.1.3</li> <li>• Medical specialists: D5.2</li> <li>• Routine medication: D11.1</li> <li>• Pharmacy advised therapy: D11.2</li> <li>• Non-surgical procedures: D13.2</li> <li>• Paramedical services: D17.2</li> <li>• Pathology: D18.2</li> <li>• Physical therapy: D19.2</li> <li>• General radiology: D21.1.2</li> </ul>	<ul style="list-style-type: none"> <li>• Child dependants will qualify for the Benefit Booster once the main member or an adult beneficiary has completed a Health Risk Assessment or an online wellness questionnaire.</li> <li>• Valid qualifying claims will pay first from the benefit booster and thereafter from the relevant benefits as described in D1 – D24.</li> </ul> <div style="border: 2px solid red; padding: 10px; text-align: center; margin-top: 20px;"> <p><b>REGISTERED BY ME ON</b></p> <p>2022/11/15</p> <p>.....</p> <p><b>REGISTRAR OF MEDICAL SCHEMES</b></p> </div>