PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	PRIMARY	PRIMARY SELECT	CONDITIONS/REMARKS SUBJECT TO PMB
D13.2.1	 24 hr oesophageal PH studies Breast fine needle biopsy Circumcision Laser tonsillectomy Oesophageal motility studies Vasectomy Prostate Needle biopsy (See B3) 	No limit. The contracted rate applies for network specialists. 100% of the Bonitas Tariff for non-network specialists or general practitioners. REGISTERED BY ME ON	No limit. The contracted rate applies for network specialists. 100% of the Bonitas Tariff for non-network specialists or general practitioners.	Subject to relevant managed healthcare programme. Co-payments will not apply if procedure is done in the doctors rooms. Includes related consultation, materials, pathology and radiology if done in the rooms on the same day.
D13.3	Sleep studies (See B3)	2024/04/22 REGISTRAR OF MEDICAL SCHEMES		Subject to the relevant managed healthcare programme and its prior authorisation.
D13.3.1	Diagnostic Polysomnograms In and out of hospital	 No limit. The contracted rate applies for network specialists. 100% of the Bonitas Tariff for non-network specialists or general practitioners. 	No limit. The contracted rate applies for network specialists. 100% of the Bonitas Tariff for non-network specialists or general practitioners.	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 limit. The contracted rate applies for network specialists. 100% of the Bonitas Tariff for non-network specialists or general practitioners. 	 No limit. The contracted rate applies for network specialists. 100% of the Bonitas Tariff for non-network specialists or general practitioners. 	If authorised by the relevant managed healthcare programme for patients with obstructive sleep apnoea who meet the criteria for CPAP and where requested by the relevant specialist.
D14	ONCOLOGY (See A4 & B3)		,	Where more than one co-payment apply, the lower of the co-payments will be waived and the highest will be the member's liability.
D14.1	PRE ACTIVE, ACTIVE & POST ACTIVE TREATMENT PERIOD	 R213 000 per family for oncology. Unlimited for PMB oncology Above benefit limit, non-PMB oncology is unlimited at a 	 R213 000 per family for oncology. Unlimited for PMB oncology Above benefit limit, non-PMB oncology is unlimited at a 	 Subject to the relevant managed healthcare programme and to its prior authorisation. All costs related to approved cancer treatment, including PMB treatment, will add up to the oncology benefit limit.