Bonitas

BONITAS MEDICAL FUND
ANNEXURE B

OPTION: BONCAP

2022

REGISTERED BY ME ON

2021/10/25

REGISTRAR OF MEDICAL SCHEMES

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A ENTITLEMENT TO BENEFITS

A1 The Bonitas Fund Tariff is defined as the Bonitas monetary tariffs applicable in 2021 increased by an average of 3.9%

A2 Beneficiaries are entitled to benefits as shown in this Annexure B, subject to the monetary limits and implementation restrictions set out herein, to the exclusions referred to in Annexure C of the Rules, to the general limitation and restriction of benefits set out in Annexure D of the Rules and to the procedural and other requirements set out in the main rules.

A3 Specialist Network appointed as the Scheme's DSP for PMBs (refer to Annexure D: 7.3.6), is applicable for all In and Out of hospital consultations and procedures.

A3.1 Specialist Network

A3.1.1 The Specialist Network includes, but is not limited to, the following specialists:

- Dermatology
- Obstetrics and Gynaecology
- Pulmonology
- Specialist Medicine
- Neurology
- Cardiology
- Psychiatry
- Maxillo-facial surgery
- Neurosurgery
- Ophthalmology
- Orthopaedics
- Otorhinolaryngology (ENT)
- Rheumatology
- Paediatrics
- Plastic and Reconstructive Surgery
- Surgery
- Cardio Thoracic Surgery
- Urology

A3.1.2 Specialist Network tariffs, in and out of hospital are at 115% of the Bonitas Tariff for the BonCap option.

B CHARGING OF BENEFITS, LIMITS INCLUDING OAL & 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). 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 BonCap Option, 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. 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 LIMITS AND BENEFITS

PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONCAP	CONDITIONS/REMARKS SUBJECT TO PMB
	OVERALL ANNUAL LIMIT	No limit.	
D1	**ALTERNATIVE HEALTHCARE (See B1)**	No benefit.	
D1.1	**Homeopathic Consultations and/or treatment**	No benefit.	
D1.2	**Homeopathic Medicines**	No benefit.	
D1.3	**Acupuncture**	No benefit.	
D1.4	**Naturopathy**	No benefit.	
D1.5	**Osteopathy**	No benefit.	
D1.6	**Phytotherapy**	No benefit.	
D2	**AMBULANCE SERVICES (See B1)**	100% of cost if authorised by the preferred provider.	Subject to the contracted provider. Non-authorisation will result in non-payment except for PMBs.

D3	**APPLIANCES, EXTERNAL ACCESSORIES AND ORTHOTICS (See B1)**		Diabetic accessories and appliances (with the exception of glucometers) to be pre-authorised and claimed from the chronic medicine benefit (D11.3). Recommend use of preferred supplier and subject to frequency limits as per managed care protocols.

PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONCAP	CONDITIONS/REMARKS SUBJECT TO PMB
D3.1	**In and Out of Hospital**		
D3.1.1	**General medical and surgical appliances, including wheelchairs and repairs, and large orthopaedic appliances**	R5 960 per family. Recommend use of preferred supplier.	Hiring or buying medical or surgical aids as prescribed by a medical practitioner. The benefit excludes consultations/fittings which are subject to D17.2.
D3.1.2	**Hearing Aids and repairs**	No benefit.	
D3.1.3	**CPAP Apparatus for sleep apnoea**	No benefit.	
D3.1.4	**Stoma Products**	Limited to and included in the general medical and surgical appliance limit, and above limits PMB applies.	
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, and equipment (not including hyperbaric oxygen treatment)**	No limit, if specifically authorised.	Portable cylinders/concentrators are excluded.
D3.1.5.2	**Home Ventilators**	No limit, if specifically authorised.	
D3.1.5.3	**Long leg callipers**	Limited to and included in D3.1.1.	
D3.1.5.4	**Foot orthotics**	No benefit.	

D4	**BLOOD, BLOOD EQUIVALENTS AND BLOOD PRODUCTS (See B1)**	Limited to R20 250 per family.	Subject to the relevant managed healthcare programme and to its prior authorisation.

PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONCAP	CONDITIONS/REMARKS SUBJECT TO PMB
D5	**CONSULTATIONS/VISITS BY MEDICAL PRACTITIONERS (See B1)**		This benefit excludes • Dental Practitioners and Therapists (D6), • Oncologists, Haematologists and Credentialed Medical Practitioners during active and post-active treatment periods (D14); • Paramedical Services (D17); • Physiotherapists and Biokineticists in hospital D19.1).
D5.1	**General Practitioners (Including Virtual Consultations with network GPs)**		
D5.1.1	**In Hospital**	No limit. 100% of Bonitas Tariff for general practitioners.	
D5.1.2	**Out of Hospital**	• Unlimited GP visits • Authorisation is required from the 8th visit. • Subject to the beneficiary consulting with a maximum of two nominated DSP providers. • Subject to the BonCap GP network. • A 20% co-payment applies to the voluntary use of non-DSP providers. • One out of network visit per beneficiary, maximum of two visits per family, limited to R1 110 per family. • A 20% co-payment applies to out-of-network visits.	Subject to the DSP network and approved list of procedures, subject to medical necessity and managed care protocols and procedures. Subject to nomination of a primary and secondary GP from the BonCap GP network.

D5.1.3	**GP – Radiology, Pathology and Acute medication.**	M R1 940 M+1 R3 230 M+2 R3 860 M+3 R4 220 M+4+ R4 680	Subject to the BonCap radiology and pathology formulary.

PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONCAP	CONDITIONS/REMARKS SUBJECT TO PMB
D5.2	**Medical Specialists (See B1 and B6)**		
D5.2.1	**In Hospital**	• No limit. • 100% of Bonitas Tariff.	
D5.2.2	**Out of Hospital (See B6)**	Network Specialist consultations are limited to: • 5 consultations per family per year, maximum 3 per beneficiary. • Limited to R3 280 per beneficiary or R4 870 per family. Non-network specialist visits are limited to and included in the network specialist consultation benefit: • 2 consultations per family per year, maximum 1 per beneficiary. • Limited to R1 100 per beneficiary or R2 000 per family. • 10% co-payment applies to all non-network specialist visits. Includes all • acute medication, • basic radiology, • specialised radiology and, • pathology prescribed by a specialist.	• A referral to a specialist must be done by a registered BonCap Network general practitioner and a valid referral obtained. • Pre- authorisation is required for all out of hospital specialist visits subject to BonCap GP network referral. • Subject to the BonCap radiology and pathology formulary.

D6	**DENTISTRY** **(See B1)**		Benefits are subject to a Denis DSP Network for conservative out of hospital services. The dental benefits are subject to a pre-determined published list of dental codes.

PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONCAP	CONDITIONS/REMARKS SUBJECT TO PMB
D6.1.1	**Consultations**	Limited to one general check-up per beneficiary per year. Limited to one specific (emergency) consultation for pain and sepsis per beneficiary per year. Subject to the contracted dental provider.	Out of network emergency dentistry is limited to one episode per beneficiary.
D6.1.2	**Fillings**	Benefits for 4 fillings per beneficiary per year. Fillings are granted once per tooth every 2 years. Benefits for re- treatment of a tooth are subject to managed care protocols.	Benefits for fillings are granted once per tooth every 2 years. Benefits for re-treatment of a tooth are subject to managed care protocols. A treatment plan and x-rays may be required for multiple fillings.
D6.1.3	**Plastic Dentures**	• Pre-authorisation is required. • One set of plastic dentures (an upper and a lower) per family in a 24 month cycle for patients 21 years and older only. • 20% Co-payment applies. • A further 20% penalty will apply if authorisation is applied for after the treatment has been done.	Subject to managed care protocols.
D6.1.4	**Extractions**	• Covered if clinically necessary. • Impacted teeth excluded (8941, 8943, 8945)	Subject to managed care protocols.
D6.1.5	**Root canal therapy**	Only emergency pulp removal is covered. Root canal therapy on wisdom teeth (3rd molar) is not covered.	Subject to managed care protocols.

D6.1.6	**Preventative Care**	1 Polish or 1 scale & polish per beneficiary per year • Fluoride Treatment: • Fissure Sealants:	No benefit for oral hygiene instructions. Benefit for fluoride is limited to beneficiaries from age 5 and younger than 16 years of age. 1 treatment per year for beneficiaries under 16 years of age: • 8161: 5 - 12 years of age; and • 8162: 13 - 15 years of age. • 8163: 1 per tooth in a 3 year period for beneficiaries younger than 16 years of age.

PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONCAP	CONDITIONS/REMARKS SUBJECT TO PMB
D6.1.7	**Hospitalisation (general anaesthetic) and Moderate/Deep Sedation in the rooms**	• No benefit for in hospital (general anaesthetic) dentistry, except for PMBs. • Subject to pre-authorisation. • R10 390 co-payment applies for non-network hospital admissions or late pre-authorisation requests except for PMB emergencies.	Hospitalisation is only covered for PMB cases Subject to pre-authorisation. Pre-authorisation is required for Moderate/Deep Sedation in the rooms and is limited to extensive conservative dental treatment where managed care protocols apply.
D6.1.8	**Inhalation Sedation in Dental Rooms**	Benefit is subject to managed care protocols. Covered at the BDT.	Inhalation sedation limited to extensive conservative dental treatment only.
D6.1.9	**X-rays**	• Covered at 100% of the BDT for 4 intra-oral x-rays per beneficiary per year. • No benefit for extra-oral x-rays, except for PMB.	
D6.2	**ADVANCED DENTISTRY (See B1)**		
D6.2.1	**Crowns**	No benefit.	
D6.2.2	**Partial Chrome Cobalt Frame Dentures**	No benefit.	
D6.2.3	**Osseo-integrated Implants and orthognathic surgery (functional correction of malocclusion)**	No benefit.	

D6.2.4	**Oral Surgery**	Subject to the contracted provider.	Subject to the dental managed care protocols. Surgery in the dental chair – subject to the Denis DSP. Limited to the following three codes: 8937, 8213, 8214. Cover for PMB Treatment.

PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONCAP	CONDITIONS/REMARKS SUBJECT TO PMB
D6.2.5	**Orthodontic Treatment**	No benefit.	
D6.2.6	**Maxillo-facial surgery**	Limited to and included in D5.2.1.	Surgery in the dental chair – subject to Denis DSP. Limited to the following three codes: 8937, 8213, 8214. Cover for PMB Treatment.
D6.2.7	**Periodontal treatment**	No benefit.	
D7	**HOSPITALISATION (See B1)**		
D7.1	**Private hospitals and unattached operating theatres (See B1)**		

D7.1.1	**In Hospital**	• No limit. • Subject to the BonCap hospital Network and Regulation 8 (3). • R10 390 co-payment applies for non-network hospital admissions or late pre-authorisation requests except for PMB emergencies. • No benefit for Deep Brain Stimulation Implantation. • Day Surgery Network applies for defined procedures. (See paragraph D23.4)	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, except for late authorisation requests where the penalty as per Annexure D 4.5.6 will apply. This benefit excludes: hospitalisation for: • Osseo-integrated implants and orthognathic surgery (D6); • Maternity (D10); • Mental Health (D12); • Organ and haemopoietic stem cell (bone marrow) transplantation and immunosuppressive medication (D16); • Renal Dialysis chronic (D22); • Refractive surgery (D23).

PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONCAP	CONDITIONS/REMARKS SUBJECT TO PMB
D7.1.2	**Medicine on discharge from hospital (TTO) (See B2)**	Limited to and included in the OAL. Up to 7 days' supply, to a maximum of R420 per beneficiary per admission, except anticoagulants post-surgery, which will be subject to the relevant managed healthcare programme.	
D7.1.3	**Casualty / emergency room visits**		Will be included in the hospital benefit if a retrospective authorisation is given by the relevant managed healthcare programme for bona fide emergencies.
D7.1.3.1	**Facility fee**	Limited to pre-authorisation of bona fide emergencies.	
D7.1.3.2	**Consultations**	See D5.2.2.	
D7.1.3.3	**Medicine**	See D11.1.	Subject to the relevant managed healthcare programme and its prior authorisation.
D7.2	**Public hospitals (See B1)**		

PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONCAP	CONDITIONS/REMARKS SUBJECT TO PMB
D7.2.1	**In hospital**	• No limit. • No benefit for Deep Brain Stimulation Implantation.	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: • Osseo-integrated implants and orthognathic surgery (D6); • Maternity (D10); • Mental Health (D12); • Organ and haemopoietic stem cell (bone marrow) transplantation and immunosuppressive medication (D16); • Renal Dialysis chronic (D22); • Refractive surgery (D23).
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 R420 per beneficiary per admission, except anticoagulants post-surgery. See D7.1.2.	
D7.2.3	**Casualty / emergency room visits**		Will be included in the hospital benefit if retrospective authorisation is given by the relevant managed healthcare programme for bona fide emergencies.
D7.2.3.1	**Facility fee**	Limited to pre-authorisation of bona fide emergencies.	
D7.2.3.2	**Consultations**	See D5.2.2.	
D7.2.3.3	**Medicine**	See D11.1.	

D7.2.4	**Outpatient services**		
D7.2.4.1	**Facility fee**	Limited to pre-authorisation of bona fide emergencies.	

PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONCAP	CONDITIONS/REMARKS SUBJECT TO PMB
D7.2.4.2	**Consultations**	See D5.2.2.	
D7.2.4.3	**Medicine**	See D11.1.	
D7.3	**Alternatives to hospitalisation (See B1)**		
D7.3.1	**Physical Rehabilitation hospitals**	Limited to R54 360 per family.	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.
D7.3.2	**Sub-acute facilities including Hospice**	R15 660 per family.	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.
D7.3.3	**Homebased Care, including private nursing and Outpatient antibiotic therapy in lieu of hospitalisation**	No Limit. Subject to pre-authorisation.	Subject to the relevant managed healthcare programme.
D7.3.4	**Terminal Care (Non-oncology)**	Limited to and included in D7.3.2 and above limits, subject to pre-authorisation.	Subject to the relevant managed healthcare programme.
D8	**IMMUNE DEFICIENCY SYNDROME RELATED TO HIV INFECTION (SEE B2)**	Prescribed Minimum Benefits only, as per state protocols.	Subject to the Prescribed Minimum Benefits. Subject to registration on the relevant managed healthcare programme.

D8.1	**Anti-retroviral medicine**	Limited to and included in D8 and subject to the DSP.	

PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONCAP	CONDITIONS/REMARKS SUBJECT TO PMB
D8.2	**Related medicine**	Limited to and included in D8 and subject to the DSP.	
D8.3	**Related pathology**	Limited to and included in D8.	
D8.4	**Related consultations**	Limited to and included in D8.	
D8.5	**All other services**	Limited to and included in D1 - D7 and D9 - D26.	
D9	**INFERTILITY (See B1 and B5)**	Limited to interventions and investigations as prescribed by the Regulations to the Medical Schemes' Act 131 of 1998 in Annexure A, paragraph 9, Code 902M.	Subject to the relevant managed healthcare programme and to its prior authorisation.
D10	**MATERNITY (See B1)**		
D10.1	**Confinement in hospital**	• No limit, at 100% of the Bonitas Tariff for the general practitioner or medical specialist. • Neonatal care is limited to R49 730 per family, except for PMBs. • R10 390 co-payment applies for non-network hospital admissions or late pre-authorisation requests except for PMB emergencies.	Delivery by a general practitioner or medical specialist and the services of the attendant paediatrician and/or anaesthetists are included. Included in global obstetric fee is post-natal care by a general practitioner and medical specialist up to and including the six week post-natal consultation.
D10.1.1	**Medicine on discharge from hospital (TTO) (See B2)**	Limited to and included in D7.1.2.	

PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONCAP	CONDITIONS/REMARKS SUBJECT TO PMB
D10.1.2	**Confinement in a registered birthing unit**	• Limited to and included in D10.1. • 4 x post-natal midwife consultations per pregnancy, of which one (1) may be used for a lactation specialist consultation, out of hospital. • R10 390 co-payment applies for non-network hospital admissions or late pre-authorisation requests except for PMB emergencies.	• Subject to the relevant managed healthcare programme and its prior authorisation. • Delivery by a midwife. • Hire of water bath and oxygen cylinder limited to and included in OAL. This must be hired from a practitioner who has a registered practice number. • One of the post-natal midwife consultations may be used for a lactation specialist consultation out of hospital.
D10.2	**Confinement out of hospital**	• Limited to and included in D10.1. • 4 x post-natal midwife consultations per pregnancy, of which one (1) may be used for a lactation specialist consultation.	• Registered medicine, dressings and materials supplied by a midwife out of hospital. • One of the post-natal midwife consultations may be used for a lactation specialist consultation.
D10.2.1	**Consumables and pharmaceuticals**	Limited to and included in D10.1.	
D10.3	**Related maternity services**	Limited to and included in D10.1.	
D10.3.1	**Ante-natal consultations**	• Limited and included in D5.1.2. • Pre-authorisation required for all out of hospital specialist visits. • Subject to DSP network referral and managed care visits by DSP network and rand limits in D5.2.2. • Subject to a list of approved services.	Subject to the relevant managed healthcare programme and to its prior authorisation.

PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONCAP	CONDITIONS/REMARKS SUBJECT TO PMB
D10.3.2	**Related tests and procedures**	• Subject to the BonCap Radiology and Pathology formulary and managed care protocols. • 2x2D scans per pregnancy, subject to D5.1.3 or D5.2.2. • No benefit for amniocentesis	Subject to the relevant managed healthcare programme and to its prior authorisation.
D11	**MEDICINE AND INJECTION MATERIAL (See B1 and B2)**		
D11.1	**Routine /(acute) medicine**	• Subject to the DSP network, Regulation 8 (3) and the BonCap medicine formulary. • Included in D5.1.3 and D5.2.2. • 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 R1 110, 20% co-pay and Regulation 8 (3).	Subject to the relevant managed healthcare programme. Subject to the Bonitas Pharmacy Network. The Medicine Exclusion List and the Pharmacy Products Management Document are applicable. This benefit excludes: • 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.	

PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONCAP	CONDITIONS/REMARKS SUBJECT TO PMB
D11.1.2	**Contraceptives**	• Limited to R1 110 per family. • Limited to females up to the age of 50 years. • Subject to the DSP network. • 40% co-payment applies for the voluntary use of a non-DSP pharmacy.	
D11.2	**Pharmacy Advised Therapy Schedules 0, 1 and 2 medicine advised and dispensed by a pharmacist**	• Limited to R100 per event and maximum R280 per beneficiary per annum.	Subject to the Bonitas Pharmacy Network.
D11.3	**Chronic medicine (See B2)**	• 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.	Subject to registration on the relevant managed healthcare programme and to its prior authorisation and applicable formularies. Restricted to a maximum of one month's supply unless pre-authorised. [Includes diabetic disposables such as syringes, needles, strips and lancets] This benefit excludes: • 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 and the DSP.	Subject to the relevant managed healthcare programme and its prior authorisation.

D11.4	**Specialised Drugs (See B2)**	No benefit, except for PMBs.	

PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONCAP	CONDITIONS/REMARKS SUBJECT TO PMB
D11.4.1	**Non Oncology Biological Drugs applicable to monoclonal antibodies interleukins**	No benefit, except for PMBs.	
D11.4.1.1	**Iron chelating agents for chronic use**	No benefit, except for PMBs.	
D11.4.1.2	**Human Immunoglobulin for chronic use**	No benefit except for PMBs.	
D11.4.1.3	**Non calcium phosphate binders and calcimimetics**	No benefit, except for PMBs.	
D11.4.2	**Specialised Drugs for Oncology (See B2)**	No benefit, except for PMBs.	
D12	**MENTAL HEALTH (See B1 and B4)**	• Limited to PMBs and subject to the DSP. • R10 390 co-payment applies to the voluntary use of a non-DSP. • The co-payment to be waived if the cost of the service falls within the co-payment amount.	For accommodation, use of operating theatres and hospital equipment, medicine, pharmaceuticals and surgical items and procedures performed by general practitioners and psychiatrists. A maximum of three days' hospitalisation for beneficiaries admitted by a general practitioner or specialist physician. (See B4.) Physiotherapy is not covered for mental health admissions.
D12.1	**In Hospital**	Limited to and included in D12.	
D12.1.1	**Medicine on discharge from hospital (TTO) (See B2)**	Limited to and included in D7.1.2.	
D12.2	**Out of Hospital**		

D12.2.1	**Medicine (See B2)**	Limited to and included in D11.	

PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONCAP	CONDITIONS/REMARKS SUBJECT TO PMB
D12.3	**Rehabilitation for substance abuse (See B1)**	• Limited to and included in D12. • Subject to the DSP. • R10 390 co-payment applies to the voluntary use of a non-DSP. • The co-payment to be waived if the cost of the service falls within the co-payment amount.	Subject to the relevant managed healthcare programme and to its prior pre-authorisation. (See B5.)
D12.3.1	**Medicine on discharge from hospital (TTO) (See B2)**	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)**	• Limited to and inclusive of D5.2.2. • GP referral required for all out of hospital specialist visits. • Subject to DSP network referral and managed care protocols and processes.	
D13	**NON-SURGICAL PROCEDURES AND TESTS (See B1)**		
D13.1	**In Hospital**	• No benefit except for PMBs. • R10 390 co-payment applies for non-network hospital admissions or late pre-authorisation requests except for PMB emergencies.	Subject to the relevant managed healthcare programme and its prior authorisation in hospital only. This benefit excludes: • Psychiatry and psychology (D12); • Optometric examinations (D15); • Pathology (D18); • Radiology (D21).

PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONCAP	CONDITIONS/REMARKS SUBJECT TO PMB
D13.2	**Out of hospital**	• Subject to DSP network, • Pre-authorisation is required for all out of hospital specialist visits by a DSP network. • Subject to managed care protocols and processes. • Subject to GP formulary and specialist benefit limit, except for PMBs	Includes related consultation, materials, pathology and radiology if done in the rooms on the same day.
D13.2.1	· **24 hr oesophageal PH studies** · **Breast fine needle biopsy** · **Cystoscopy** · **Oesophageal motility studies** · **Prostate Needle biopsy** **(See B1)**	No limit. See D23.	Includes related consultation, materials, pathology and radiology if done in the rooms on the same day. Subject to pre-authorisation.
D13.3	**Sleep studies** **(See B1)**	No benefit, unless PMB.	Subject to the relevant managed healthcare programme and its prior authorisation.
D13.3.1	**Diagnostic Polysomnograms** **In and out of hospital**	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.	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.

PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONCAP	CONDITIONS/REMARKS SUBJECT TO PMB
D14	**ONCOLOGY (See B1)**		
D14.1	**PRE ACTIVE, ACTIVE & POST ACTIVE TREATMENT PERIOD**	• Limited to PMBs. • Subject to DSP • The Bonitas Oncology Network medical specialist is the DSP for oncology services at the negotiated rate. • 40% co-pay for services rendered by non-oncology network 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. • 20% co-payment applies for the voluntary use of a non-DSP. • Subject to the preferred product list.	Subject to the Bonitas Oncology Medicine Network.
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.
D14.1.2.1	**PET and PET-CT (See B1)**	No benefit.	
D14.1.3	**Specialised Drugs (See B2)**		
D14.1.3.1	**Biological drugs**	No benefit, except for PMBs.	

PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONCAP	CONDITIONS/REMARKS SUBJECT TO PMB
D14.1.3.3	**Unregistered chemotherapeutic agents**	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.
D14.1.3.4	**Proteasome Inhibitors**	No benefit, except for PMBs.	
D14.1.3.5	**Certain Pyrimidine Analogues**	No benefit, except for PMBs.	Subject to the relevant managed healthcare programme.
D14.1.4	**Flushing of J Line and/or Port (See B1)**	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.
D14.1.5	**Brachytherapy materials (including seeds and disposables) and equipment (See B1)**	Limited to and included in D14.1.	
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.	Subject to the relevant managed healthcare programme and pre-authorisation.
D14.2.1	**Flushing of J Line and/or Port (See B1)**	Limited to and included in D14.1.	Subject to the relevant manage healthcare protocols and its prior authorisation.
D14.3	**Oncology Social worker (OSW) benefit**	• Limited to R2 840 per family, subject to the Bonitas Oncology (OSW) network. • Limited to and included in D14.1.	

D14.4	**Palliative Care**	• No limit. • Subject to pre-authorisation. • Managed care protocols apply.	Subject to the relevant managed healthcare protocols and its prior authorisation.

PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONCAP	CONDITIONS/REMARKS SUBJECT TO PMB
D15	**OPTOMETRY (In and Out of Network) (See B1)**	• Benefit availability is subject to a 24 month cycle from last date of service. • Subject to the contracted provider.	• Subject to pre-authorisation by the contracted provider and subject to clinical protocols. • Failure to obtain pre-authorisation will result in no benefits. • Out-of-network benefits are available as an alternative to network benefits and not an additional benefit. • Frames and/or lenses are mutually exclusive to contact lenses.
D15.1	**Optometric refraction test, re-exam and/or composite exam, including tonometry and visual field test**	• One per beneficiary, per benefit cycle, at network rates. • R350 out of network. • Limited to and included in D15.	
D15.2	**Frames**	• R225 per beneficiary in network. • R169 per beneficiary out of network • Limited to and included in D15.	The frame value may be used towards frames and/or lens enhancements.
D15.3	**Lenses**		Subject to contracted providers protocols.
D15.3.1	**Single vision lenses**	• 100% towards the cost of clear lenses at network rates. • Limited to R210 per lens per beneficiary out of network. • Limited to and included in D15; or	

D15.3.2	**Bifocal lenses**	• 100% towards the cost of clear lenses at network rates. • Limited to R445 per lens per beneficiary out of network. • Limited to and included in D15; or	

PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONCAP	CONDITIONS/REMARKS SUBJECT TO PMB
D15.3.3	**Multifocal lenses**	• 100% towards the cost of clear lenses at network rates. • Limited to R770 per lens per beneficiary out of network. • Limited to and included in D15.	
D15.3.4	**Contact lenses**	• Limited to R1 140 per beneficiary. • Limited to and included in D15.	
D15.4	**Low vision appliances**	No benefit.	
D15.5	**Ocular prostheses**	Limited to and included in D20.	
D15.6	**Diagnostic procedures**	Subject to the contracted provider.	
D15.7	**Readers**	No benefit.	
D16	**ORGAN AND HAEMOPOIETIC STEM CELL (BONE MARROW) TRANSPLANTATION AND IMMUNO-SUPPRESSIVE MEDICATION (INCLUDING CORNEAL GRAFTS) (See B1)**	• Prescribed Minimum Benefits only at a DSP. • No benefit for Corneal grafts unless PMB. • R10 390 co-payment applies for non-network hospital admissions or late pre-authorisation requests except for PMB emergencies.	Subject to the relevant managed healthcare programme to its prior authorisation, as well as approval by the Scheme prior to commencing the work-up for transplantation No benefits will be granted for hospitalisation, treatments and associated clinical procedures if prior authorization is not obtained. Organ harvesting is limited to the Republic of South Africa excluding donor cornea.

PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONCAP	CONDITIONS/REMARKS SUBJECT TO PMB
D16.1	**Haemopoietic stem cell (bone marrow) transplantation (See B1)**	Limited to and included in D16.	Subject to the relevant managed healthcare programme and to its prior authorisation. Treatment for long-term chronic conditions that may develop as a result of chemotherapy and radiotherapy is not included in this benefit. Benefit for Oncologists, haematologists and accredited medical practitioners for consultations, visits, treatment and consumable material used in radiotherapy and chemotherapy. Haemopoietic stem cell (bone marrow) transplantation is limited to allogenic grafts and autologous grafts derived from the South African Bone Marrow Registry.
D16.2	**Immuno-suppressive medication (See B2)**	Limited to and included in D16 and subject to the DSP.	
D16.3	**Post transplantation biopsies and scans (See B1)**	Limited to and included in D16.	
D16.4	**Radiology and pathology (See B1)**	Limited to and included in D16.	For specified radiology and pathology services, performed by pathologists, radiologists and haematologists, associated with the transplantation treatment.
D17	**PARAMEDICAL SERVICES (ALLIED MEDICAL PROFESSIONS) (See B1)**		
D17.1	**In hospital**	No benefit, unless PMB.	Subject to referral by the treating practitioner.

D17.1.2	**Dietetics**	No benefit, unless PMB.	
D17.1.2	**Occupational Therapy**	No benefit, unless PMB.	

PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONCAP	CONDITIONS/REMARKS SUBJECT TO PMB
D17.1.3	**Speech Therapy**	No benefit, unless PMB	
D17.2	**Out of hospital**	No benefit, except for PMBs.	
D17.2.1	**Audiology**	No benefit, except for PMB.	
D17.2.2	**Chiropractics**	No benefit.	
D17.2.3	**Dietetics**	No benefit, except for PMB.	
D17.2.4	**Genetic counselling**	No benefit, except for PMB.	
D17.2.5	**Hearing aid acoustics**	No benefit.	
D17.2.6	**Occupational therapy**	No benefit, except for PMB.	
D17.2.7	**Orthoptics**	No benefit.	
D17.2.8	**Orthotists and Prosthetists**	No benefit, except for PMB.	
D17.2.9	**Private nurse practitioners**	No benefit, except for PMB.	Nursing services are included in the Alternatives to Hospitalisation benefit (D7) if pre-authorised by the relevant managed healthcare programme.
D17.2.10	**Speech therapy**	No benefit, except for PMB.	
D17.2.11	**Social workers**	No benefit, except for PMB.	
D18	**PATHOLOGY AND MEDICAL TECHNOLOGY (See B1)**		Subject to the relevant managed healthcare programme.

PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONCAP	CONDITIONS/REMARKS SUBJECT TO PMB
D18.1	**In Hospital**	• R27 880 per family, except for PMBs. • Subject to the DSP for pathology at negotiated rates. • 100% of the Bonitas Tariff for services rendered by non-DSP providers.	
D18.2	**Out of hospital**	• Limited and included in D5.1.3 and D5.2.2. • Subject to DSP network referral, and managed care protocols. • Investigations referred by a specialist subject to referral of specialist visit by DSP network (See D5.2.2). • Subject to the BonCap formulary. • Subject to the DSP for pathology at negotiated rates. • 100% of the Bonitas Tariff for services rendered by non-DSP providers.	This benefit covers all tests performed by a pathologist or medical technologist and a specified list of pathology tariff codes. This benefit excludes: The specified list of pathology tariff codes included in the ・ maternity benefit, (D10). ・ the oncology benefit during the active and/or post active treatment period, (D14); ・ organ and haemopoietic stem cell transplantation benefit, (D16); and ・ the renal dialysis chronic benefit, (D22).
D19	**PHYSICAL THERAPY (See B1)**		
D19.1	**In hospital Physiotherapy Biokinetics**	No benefit, unless PMB.	Subject to referral by the treating practitioner. Physiotherapy is not covered for mental health admissions. (See D12).
D19.2	**Out of hospital Physiotherapy Biokinetics Podiatry**	No benefit, unless PMB.	

D20	**PROSTHESES AND DEVICES INTERNAL AND EXTERNAL (See B1)**		

PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONCAP	CONDITIONS/REMARKS SUBJECT TO PMB
D20.1	**Prostheses and devices internal (surgically implanted), including all temporary prostheses, or/and all accompanying temporary or permanent devices used to assist with the guidance, alignment or delivery of these internal prostheses and devices. This includes bone cement, bone graft substitutes, screws, pins and bone anchors.**	• No benefit, except for PMBs. • Recommend use of preferred supplier.	Subject to the relevant managed healthcare programme and to its prior authorisation. This benefit excludes Osseo-integrated implants for the purpose of replacing a missing tooth or teeth. No benefit for implantable defibrillators & total ankle replacements unless PMB.
D20.1.1	**Cochlear implants**	No benefit.	
D20.1.2	**Internal Nerve Stimulator**	No benefit.	
D20.2	**Prostheses external**	No benefit, except for PMBs.	
D21	**RADIOLOGY (See B1)**		

D21.1	**General radiology**		For diagnostic radiology tests and ultrasound scans. Authorisation is not required for MRI scans for low field peripheral joint examination of dedicated limb units.

PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONCAP	CONDITIONS/REMARKS SUBJECT TO PMB
D21.1.1	**In hospital**	• No limit.	This benefit excludes: specified list of radiology tariff codes included in the • maternity benefit, (D10), • the oncology benefit during the active treatment and/or post active treatment period, (D14); • the organ and haemopoietic stem cell transplantation benefit, (D16), • renal dialysis chronic benefit, (D22). Authorisation is not required for MRI scans for low field peripheral joint examination of dedicated limb units.
D21.1.2	**Out of hospital**	• Limited to and included in D5.1.3 and D5.2.2. • Subject to DSP network referral, and managed care protocols. • Investigations referred by a specialist subject to authorisation of specialist visits by DSP network. (See D5.2.2) • Subject to a list of approved services.	
D21.2	**Specialised radiology**		
D21.2.1	**In hospital**	• R12 720 per family. • R1 040 co-payment per scan event, unless PMB. • The co-payment to be waived if the cost of the service falls within the co-payment amount.	Subject to the relevant managed healthcare programme and to its prior authorisation for MRI and CT scans only.
D21.2.2	**Out of hospital**	Limited and included in D5.2.2.	

D21.3	**PET and PET-CT**	See D14.1.2.1.	

PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONCAP	CONDITIONS/REMARKS SUBJECT TO PMB
D22	**RENAL DIALYSIS CHRONIC (See B1)**		Subject to the relevant managed healthcare programme and to its prior authorisation Authorised erythropoietin is included in (D4). Acute renal dialysis is included in hospitalisation costs. See D7.
D22.1	**Haemodialysis and peritoneal dialysis**	• No limit. • 100% of the lower of the cost or Bonitas Tariff for all services, medicines and materials associated with the cost of renal dialysis, subject to the DSP. • 100% of the Bonitas Tariff for the services rendered by the medical practitioner. • Related medicines are subject to the DSP. • 20% co-payment applies for the voluntary use of a non-DSP.	As specified by the relevant managed healthcare programme.
D22.2	**Radiology and pathology (See B1)**	Limited to and included in D22.1.	Subject to the relevant managed healthcare programme and to its prior authorisation.

D23	**SURGICAL PROCEDURES (See B1)**		

PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONCAP	CONDITIONS/REMARKS SUBJECT TO PMB
D23.1	**In hospital and unattached operating theatres and other minor surgical procedures that can be authorised in hospital**	No limit, except for the following exclusions: • In hospital dental benefits • Back and neck surgery • Joint replacement surgery • Caesarean sections done for non-medical reasons • Functional nasal and sinus surgery • Varicose vein surgery • Hernia Repair • Endoscopic surgery • Laparoscopic surgery except for laparoscopic sterilization • Correction of Hallux Valgus	• Subject to the relevant managed healthcare programme and to its prior authorisation. • Day Surgery Network applies for defined procedures. (See paragraph D23.4)
D23.1.1	**Refractive surgery**	No benefit	
D23.1.2	**Maxillo-facial surgery**	• Limited to and included in D5.2.2. • 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 • tumours • neoplasms • sepsis, • trauma, • congenital birth defects and other surgery not specifically mentioned in (D6). This benefit excludes: • Osseo-integrated implantation (D6); • Orthognathic surgery (D6); • Oral surgery (D6); • Impacted wisdom teeth (D6).

D23.2	**Out of hospital in practitioner's rooms**	• Subject to DSP network. • Pre-authorisation required for all out of hospital specialist visits by DSP network. • Subject to managed care protocols and processes.	

PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONCAP	CONDITIONS/REMARKS SUBJECT TO PMB
D23.3	**Procedures that attract a deductible** **Cataract Surgery**	Subject to a R6 230 co-payment: • For the voluntary use of a non-DSP.	The co-payment to be waived if the cost of the service falls within the co-payment amount.
D23.4	**Day Surgery Procedures**	• Subject to the Day Surgery Network. • R10 390 co-payment to apply to all non-network admissions and subject to Regulation 8 (3).	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	**General Health**	• HIV test annually • Flu vaccine annually, including the administration fee of the nurse practitioner.	HIV test is limited to one (1) per beneficiary per annum, either as part of Preventative Care or Health Risk Assessment. See D27.1.
D24.2	**Elderly Health**	• 1 Faecal Occult Blood Test per beneficiary Ages 50-75 annually. • Pneumococcal Vaccination, including the administration fee of the nurse practitioner. Age >65 Once every 5 years	Subject to the applicable formulary.
D24.3	**Women's Health** **Breast Cancer Screening** **Cervical Cancer Screening**	• Mammogram Females age >40 years Once every 2 years. • Pap Smear Females 21-65 years Once every 3 years.	
D24.4	**Men's Health** **PSA test**	• Men 45-69 years, 1 per annum.	

D24.5	**Children's health** **Hypothyroidism**	• 1 TSH Test Age <1 month	

PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONCAP	CONDITIONS/REMARKS SUBJECT TO PMB
	Infant Hearing Screening	• One infant hearing screening test for newborns up to 8 weeks, in or out of hospital, performed by an audiologist or speech therapist.	
D25	**INTERNATIONAL TRAVEL BENEFIT**	No benefit.	
D26	**AFRICA BENEFIT**	• 100% of the usual, reasonable cost for in- and out-of-hospital treatment routinely available in South Africa received in Africa. • Subject to authorisation.	The Fund's liability will not exceed the global amount the Fund would in the ordinary course pay for such healthcare services given the Fund's claims experience in South Africa, subject to the benefits as per benefit plan.
D27.	**WELLNESS BENEFIT**		
D27.1	**Health Risk Assessment (HRA) which includes** **Lifestyle questionnaire** **Wellness screening**	Wellness screening. One assessment per beneficiary per annum by a registered provider (participating pharmacy, corporate wellness day or participating biokineticists). Payable from OAL. Limited to: • blood pressure test • glucose test • cholesterol test • body mass index • hip to waist ratio • HIV counselling and testing.	HIV test is limited to one (1) per beneficiary per annum, either as part of Preventative Care or Health Risk Assessment. See D24.1.

D27.2	**Benefit Booster**	No benefit.	