

Bonitas

**BONITAS MEDICAL FUND
ANNEXURE B**

OPTIONS:

BONCOMPREHENSIVE

BONCLASSIC

BONCOMPLETE

2019

TABLE OF CONTENTS

A	ENTITLEMENT OF BENEFITS	2
B	CHARGING OF BENEFITS, LIMITS INCLUDING OVERALL ANNUAL LIMITS AND MEMBERSHIP CATEGORY	3
B6	MEMBERSHIP CATEGORY	3
C	PRESCRIBED MINIMUM BENEFITS (PMBs)	6
D1	ALTERNATIVE HEALTH-CARE	7
D2	AMBULANCE SERVICES	8
D3	APPLIANCES, EXTERNAL ACCESSORIES AND ORTHOTICS	8
D4	BLOOD, BLOOD EQUIVALENTS AND BLOOD PRODUCTS	9
D5	CONSULTATIONS AND VISITS BY MEDICAL PRACTITIONERS	10
D6	DENTISTRY	12
D7	HOSPITALISATION	17
D8	IMMUNE DEFICIENCY SYNDROME	21
D9	INFERTILITY	22
D10	MATERNITY	22
D11	MEDICINE AND INJECTIONS MATERIAL	24
D12	MENTAL HEALTH	27
D13	NON-SURGICAL PROCEDURES AND TESTS	29
D14	ONCOLOGY	31
D15	OPTOMETRY	34
D16	ORGAN AND HAEMOPOIETIC STEM CELL (BONE MARROW)	37
D17	PARAMEDICAL SERVICES (ALLIED MEDICAL PROFESSIONS)	38
D18	PATHOLOGY AND MEDICAL TECHNOLOGY	39
D19	PHYSICAL THERAPY	40
D20	PROSTHESES AND DEVICES INTERNAL AND EXTERNAL	41
D21	RADIOLOGY	42
D22	RENAL DIALYSIS CHRONIC	44
D23	SURGICAL PROCEDURES	44
D24	PREVENTATIVE CARE BENEFIT	45
D25	INTERNATIONAL TRAVEL BENEFIT	47
D26	AFRICA BENEFIT	49
D27.1	HEALTH RISK ASSESSMENT (HRA) WHICH INCLUDES	49
D27.2	WELLNESS EXTENDER	50

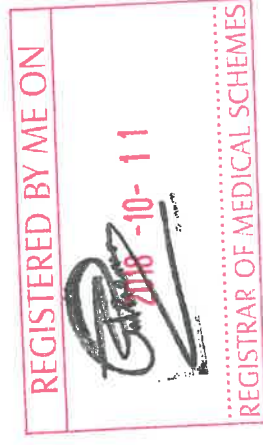
A ENTITLEMENT OF BENEFITS

- A1** The Bonitas Fund Tariff is defined as the Bonitas monetary tariffs applicable in 2018 increased by an average of 4.9%.
- 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
- Gastroenterology
- Neurology
- Cardiology
- Psychiatry
- Neurosurgery
- Ophthalmology
- Orthopaedics
- Otorhinolaryngology (ENT)
- Rheumatology
- Paediatrics
- Plastic and Reconstructive Surgery
- Surgery
- Cardio Thoracic Surgery
- Urology



- A3.1.2 In Specialist Network, in hospital rates are applicable as follows:
- 130% of Bonitas Tariff for the BonComplete and BonClassic Options.
- A3.1.3 In Specialist Network, out of hospital rates are applicable as follows:
- 130% Bonitas Tariff for the BonComplete and BonClassic Options.

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

- B1 On the BonComplete, BonClassic and BonComprehensive Options claims for services stated as being subject to payment from the personal medical savings account are allocated against the personal medical savings account and / or threshold benefit.
- B2 When a member's personal medical savings account is exhausted on the BonClassic Option no further benefits is available in respect of services payable from the personal medical savings account.
- B3 When the member's personal medical savings account is exhausted on BonComplete and BonComprehensive options, further claims are paid by the member until a specific threshold is reached, whereupon further benefits become available, referred to as the Threshold benefit as set out in B7 below.
- B4 Valid claims will be paid at 100% of the negotiated fee, or in the absence of such fee, 100% of the lower cost or Bonitas Tariff, or Uniform Patient Fee Schedule for Public hospitals, or 100% of the Bonitas Dental Tariff as prescribed or rendered by a medical, dental or alternative healthcare practitioner or at a percentage as indicated in the table below. The cost of a valid claim shall be determined for the purpose of reimbursing the member or the supplier and the share of such cost that the Fund will bear. The balance of the share of costs to make up 100% thereof shall be the member's responsibility except for Prescribed Minimum Benefits.
- B5 Legally prescribed acute or chronic 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 26% capped at a maximum of R26 (Vat exclusive). Both subject to the reimbursement limit, i.e. Medicine Price List. Co-payments to apply where relevant.

B6 MEMBERSHIP CATEGORY

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



B7 Once the personal medical savings account has been exhausted on the BonComprehensive option, the member shall be liable for all expenses until the cumulative threshold has been reached, thereafter the benefits shall be paid above threshold. Claims in respect of out of hospital expenses which will accumulate to the threshold will be marked "YES" against "Acc" in the column headed "CONDITIONS / REMARKS." Claims will accumulate to threshold at Bonitas Tariff. Any difference between the cost of an account and the Bonitas Tariff will not accumulate towards the Threshold, although this difference may be covered from available savings.

Once the personal medical savings account has been exhausted on the BonComplete option, the member shall be liable for all expenses until the cumulative threshold has been reached, thereafter the benefits shall be subject to the above threshold limit. Claims in respect of out of hospital expenses which will accumulate to the threshold will be marked "YES" against "Acc" in the column headed "CONDITIONS / REMARKS." Claims will accumulate to threshold at Bonitas Tariff. Any difference between the cost of an account and the Bonitas Tariff will not accumulate towards the Threshold, although this difference may be covered from available savings.

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

	BonComprehensive	BonComplete
Member	R18 568	R8 172
Add per adult dependant	= R17 050	R6 618
Add per child dependant	= R4 484	R2 127

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

Threshold Level

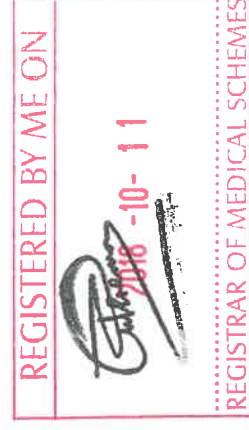
The extent of the threshold level is determined as at 1 January each year, or at the time the member joins the Fund, by adding together the threshold levels given in the table above for the principal member, adult dependants and child dependants to arrive at a total amount per family. The threshold level will be adjusted during a benefit year should a member join during the course of the year and/or when a dependant is added or removed, or when a child dependant becomes an adult dependant.

B9 Mental Health in Hospital will be covered subject to the relevant managed healthcare programme, provided that the treatment is rendered in a designated service provider facility. The DSP facility must be an appropriate mental health facility as licensed by the Department of Health and Credentialled to have: Dedicated psychiatric beds dedicated psychiatric teams and psychiatric therapeutic programmes. Emergency admissions, defined as an afterhours admission, will be approved until the first working day whereupon the patient should be transferred to a credentialled psychiatric facility.



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

Hysterosalpingogram	Laparoscopy
The following blood test:	Hysteroscopy
Day 3 FSH/LH	Surgery (Uterus and tubal)
Oestradiol	Manipulation of ovulation defects and deficiencies
Thyroid functions (TSH)	Semen analysis (volume; count; 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	



B11 A member or beneficiary will be required to obtain a referral from a registered general practitioner for a specialist consultation. However should a member/beneficiary not have a referral, the claim will not be covered.

The following exceptions are applicable:

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

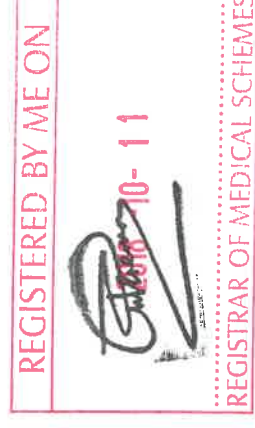
On depletion of benefits, PMB above limits will only be applicable via the contracted Designated Service Providers of the fund, subject to Regulation 8.

C PRESCRIBED MINIMUM BENEFITS (PMBs)


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


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

See Annexure D – Paragraph 7 for a full explanation



D ANNUAL BENEFITS AND LIMITS.

PARA GRAPH	BENEFIT (EXCEPT FOR PMBS)	BONCOMPREHENSIVE	BONCLASSIC	BONCOMPLETE	CONDITION/REMARKS SUBJECT TO PMB
	OVERALL ANNUAL LIMIT	No limit.	No limit.	No limit.	
	PERSONAL MEMBER SAVINGS ACCOUNT	Subject to available savings and/or threshold.	Subject to available savings.	Subject to available savings and/or above threshold benefit.	
	ABOVE THRESHOLD BENEFIT	No limit.	Not applicable.	P: R4 610 A: R2 720 C: R1 180	REGISTERED BY ME ON  11
	General Practitioner Network	Not applicable.	Not applicable.	Not applicable.	
D1	ALTERNATIVE HEALTHCARE (See B4)	Subject to available savings and/or threshold.	Subject to available savings.	Subject to available savings and/or above threshold benefit.	Acc Yes
D1.1	Homeopathic Consultations and/or treatment	Limited to and included in D1.	Limited to and included in D1.	Limited to and included in D1.	
D1.2	Homeopathic Medicines	Limited to and included in D1.	Limited to and included in D1.	Limited to and included in D1.	
D1.3	Acupuncture	Limited to and included in D1.	Limited to and included in D1.	Limited to and included in D1.	
D1.4	Naturopathy Consultations and/or medicines.	Limited to and included in D1.	Limited to and included in D1.	Limited to and included in D1.	
D1.5	Phytotherapy	Limited to and included in D1.	Limited to and included in D1.	Limited to and included in D1.	
D1.6	Osteopathy	Limited to and included in D1.	Limited to and included in D1.	Limited to and included in D1.	

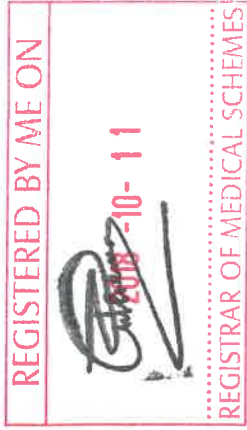
PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONCOMPREHENSIVE	BONCLASSIC	BONCOMPLETE	CONDITION/REMARKS SUBJECT TO PMB
D2	AMBULANCE SERVICES (See B4)	100% of cost if authorised by the preferred provider.	100% of cost if authorised by the preferred provider.	100% of cost if authorised by the preferred provider.	Subject to the contracted provider. Non-authorisation will result in non-payment except for PMBs. Acc: No
D3	APPLIANCES, EXTERNAL ACCESSORIES AND ORTHOTICS (See B4)				Diabetic accessories and appliances - (with the exception of glucometers) to be pre-authorised and claimed from the chronic medicine benefits D11.3. The benefit excludes consultations/fittings which are subject to D17.2. Acc: No
D3.1	In and Out of Hospital				
D3.1.1	General medical and surgical appliances, including wheelchairs and repairs, and large orthopaedic appliances	<ul style="list-style-type: none"> R8 390 per family. Subject to preferred supplier agreements. 	<ul style="list-style-type: none"> R7 780 per family. Subject to preferred supplier agreements. 	<ul style="list-style-type: none"> Subject to available savings and/or above threshold benefit. Subject to preferred supplier agreements. 	Hiring or buying medical or surgical aids as prescribed by a medical practitioner. Acc: Yes, on BonComplete
D3.1.2	Hearing Aids and repairs	<ul style="list-style-type: none"> Limited to R25 780 per family over a two year cycle. A 10% co-payment will apply. Benefit is available per beneficiary every two years (biennial) based on the last claim date. 	<ul style="list-style-type: none"> Limited to R16 880 per family per annum over a three year cycle. A 10% co-payment will apply. Benefit is available per beneficiary every three years based on the last claim date. 	<ul style="list-style-type: none"> Limited to and included in D3.1.1. Benefit is available per beneficiary every two years (biennial) based on the last claim date. 	Hearing aids and repairs are subject to the relevant managed healthcare programme and to its prior authorisation. Subject to preferred supplier agreements.
D3.1.3	CPAP Apparatus for sleep apnoea	General appliance limit may be exceeded by R6 160 per family.	Limited to and included in D3.1.1.	Limited to and included in D3.1.1.	CPAP Machines are subject to the relevant managed healthcare programme and to its prior authorisation.


PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONCOMPREHENSIVE	BONCLASSIC	BONCOMPLETE	CONDITION/REMARKS SUBJECT TO PMB
D3.1.4	Stoma Products	Limited to and included in D3.1.3 and thereafter funded from OAL, if PMB	Limited to and included in D3.1.3 and thereafter funded from OAL, if PMB.	Limited to and included in D3.1.1 unless PMB.	
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)	No limit if specifically authorised.	No limit if specifically authorised.	No limit if specifically authorised.	
D3.1.5.2	Home Ventilators	No limit if specifically authorised.	No limit if specifically authorised.	No limit if specifically authorised.	
D3.1.5.3	Long leg callipers	Limited to and included in D20.2.	Limited to and included in D20.2.	Limited to and included in D20.2.	
D3.1.5.4	Foot orthotics	Subject to available savings only.	Subject to available savings.	Subject to available savings only.	Foot orthotics are not payable from the above threshold benefit on BonComprehensive and BonComplete.
D4	BLOOD, BLOOD EQUIVALENTS AND BLOOD PRODUCTS (See B4)	No limit if specifically authorised.	No limit if specifically authorised.	No limit if specifically authorised.	Subject to the relevant managed healthcare programme and to its prior authorisation and if the treatment forms part of the relevant managed healthcare programme, out of hospital.


REGISTERED BY ME ON



REGISTRAR OF MEDICAL SCHEMES

PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONCOMPREHENSIVE	BONCLASSIC	BONCOMPLETE	CONDITION/REMARKS SUBJECT TO PMB
D5	CONSULTATIONS AND VISITS BY MEDICAL PRACTITIONERS (See B4)				
D5.1	General Practitioners				<p>This benefit excludes</p> <ul style="list-style-type: none"> Dental Practitioners and Therapists (D6), ante-natal visits and consultations (D10); Psychiatrists, Psychologists, Psychometrists and Registered Counsellors (D12); Oncologists, Haematologists and Credentialed Medical Practitioners during active and post-active treatment periods (D14); Paramedical Services (D17); Physiotherapists and Biokineticists in hospital (D19.1).
D5.1.1	In Hospital	No limit at 100% of Bonitas Tariff for general practitioners.	No limit at 100% of Bonitas Tariff for general practitioners.	No limit at 100% of Bonitas Tariff for general practitioners.	Acc: No
D5.1.2	Out of Hospital	100% at Bonitas Tariff for general practitioners. Subject to available savings and/or threshold.	Subject to available savings.	Subject to available savings and/or above threshold benefit.	Acc: Yes
D5.1.3	Non-Network General Practitioners	Not applicable.	Not applicable. Subject to available savings.	Not applicable. Subject to available savings and/or above threshold benefit.	
D5.1.4	Childhood illness benefits	2 GP consultations per beneficiary between the ages of 2 and 12 years paid from OAL.	No benefit.	1 GP consultation per beneficiary between the ages of 2 and 12 years paid from OAL.	Acc: No

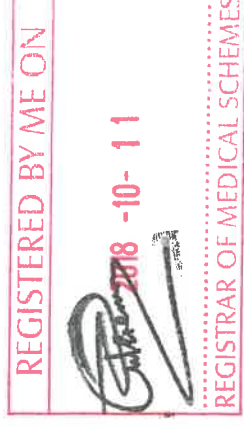
PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONCOMPREHENSIVE	BONCLASSIC	BONCOMPLETE	CONDITION/REMARKS SUBJECT TO PMB
D5.2	Medical Specialist (See A3;B4, B8 and B11)				
D5.2.1	In Hospital	<ul style="list-style-type: none"> No limit 300% of Bonitas Tariff for medical and dental specialists. 	<ul style="list-style-type: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

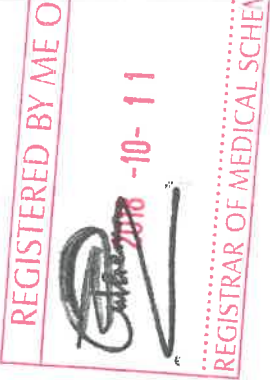

PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONCOMPREHENSIVE	BONCLASSIC	BONCOMPLETE	CONDITION/REMARKS SUBJECT TO PMB
D6	DENTISTRY (SEE B4)				Subject to the Dental Management Programme. Acc: No
D6.1	BASIC DENTISTRY		Limited to R4 700 per family per annum.		
D6.1.1	Consultations	<ul style="list-style-type: none"> Once in 6 months Subject to available savings and/or threshold. 	<ul style="list-style-type: none"> Limited to two general check-ups (once in 6 months) per beneficiary per year. Covered at the BDT. 	<ul style="list-style-type: none"> Limited to two general check-ups (once in 6 months) per beneficiary per year. Covered at the BDT. 	Subject to the Dental Management Programme.
D6.1.2	Fillings	Subject to available savings and/or threshold.	<ul style="list-style-type: none"> Covered at 100% of the BDT. Fillings are granted once per tooth in 365 days. Benefit for re-treatment of a tooth is subject to managed care protocols. 	<ul style="list-style-type: none"> Covered at 100% of the BDT. Fillings are granted once per tooth in 365 days. Benefit for re-treatment of a tooth is subject to managed care protocols. 	Benefits for fillings are granted once per tooth in 365 days. Benefits for re-treatment of a tooth are subject to managed care protocols. A treatment plan and x-rays may be required for multiple fillings.
D6.1.3	Plastic dentures and associated Laboratory costs	<ul style="list-style-type: none"> One set of plastic dentures (an upper and a lower) per beneficiary in a 4 year period. Subject to available savings and/or threshold. Subject to pre-authorisation. 	<ul style="list-style-type: none"> Covered at 100% of the BDT. One set of plastic dentures (an upper and a lower) in a 4 year period per beneficiary. Subject to pre-authorisation. 	<ul style="list-style-type: none"> Covered at 100% of the BDT. One set of plastic dentures (an upper and a lower) in a 4 year period per beneficiary. Subject to pre-authorisation. 	Subject to managed care protocols. REGISTERED BY ME ON  00-11 REGISTERED DENTAL SCHEMES
D6.1.4	Extractions	Subject to available savings and/or threshold.	Covered at 100% of BDT and managed care protocols apply.	Covered at 100% of BDT and managed care protocols apply.	Subject to managed care protocols.
D6.1.5	Root Canal therapy	Subject to available savings and/or threshold.	Covered at 100% of BDT and managed care protocols apply.	Covered at 100% of BDT and managed care protocols apply.	Root canal treatment on third molars and primary (milk) teeth is not covered on all options.

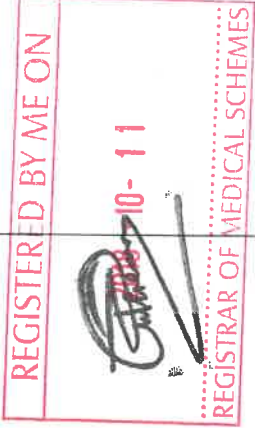
PARA GRAPH	BENEFIT (EXCEPT FOR PMBS)	BONCOMPREHENSIVE	BONCLASSIC	BONCOMPLETE	CONDITION/REMARKS SUBJECT TO PMB
D6.1.6	Oral Hygiene	Once in 6 months. Subject to available savings and/or threshold.	2 Annual scale and polish treatments per beneficiary (once in 6 months). Covered at the BDT.	2 Annual scale and polish treatments per beneficiary (once in 6 months). Covered at the BDT.	No benefit for oral hygiene instructions. Benefit for fluoride is limited to beneficiaries from age 5 and younger than 16 years of age. Benefit for fissure sealants is limited to beneficiaries younger than 16 years of age.
D6.1.7	Hospitalisation (general anaesthetic) and IV Conscious sedation in the rooms	<ul style="list-style-type: none"> Subject to pre-authorisation. Certain maxillo-facial procedures are covered in hospital. Admission protocols apply. General anaesthetic benefits are available for children under the age of 5 years for extensive dental treatment. Multiple hospital admissions are not covered. General anaesthetic benefits are available for the removal of impacted teeth. Benefit is subject to managed care protocols. Specific facilities may be contractually excluded and will incur a 30% co-payment, subject to Regulation 8 (3). 	<ul style="list-style-type: none"> Subject to pre-authorisation. A co-payment of R3 500 per hospital admission applies. Certain maxillo-facial procedures are covered in hospital. Admission protocols apply. General anaesthetic benefits are available for children under the age of 5 years for extensive dental treatment. Multiple hospital admissions are not covered. General anaesthetic benefits are available for the removal of impacted teeth. Benefit is subject to managed care protocols. Specific facilities may be contractually excluded and will incur a 30% co-payment, subject to Regulation 8 (3). 	<ul style="list-style-type: none"> Subject to pre-authorisation. A co-payment of R3 500 per hospital admission applies. Certain maxillo-facial procedures are covered in hospital. Admission protocols apply. General anaesthetic benefits are available for children under the age of 5 years for extensive dental treatment. Multiple hospital admissions are not covered. General anaesthetic benefits are available for the removal of impacted teeth. Benefit is subject to managed care protocols. Specific facilities may be contractually excluded and will incur a 30% co-payment, subject to Regulation 8 (3). 	<p>Pre-authorisation is required for IV conscious sedation in the rooms and is limited to extensive dental treatment where managed care protocols apply.</p> <div style="border: 1px solid red; padding: 5px; text-align: center;"> <p>REGISTERED BY ME ON</p> <p><i>[Signature]</i> 2018 -10- 11</p> <p>REGISTRAR OF MEDICAL SCHEMES</p> </div>

PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONCOMPREHENSIVE	BONCLASSIC	BONCOMPLETE	CONDITION/REMARKS SUBJECT TO PMB
D6.1.8	Laughing gas in dental rooms	<ul style="list-style-type: none"> Covered at 100% of the BDT. Subject to available savings and/or threshold. 	<ul style="list-style-type: none"> Covered at 100% of the BDT. Subject to managed care protocols. 	<ul style="list-style-type: none"> Covered at 100% of the BDT. Subject to managed care protocols. 	
D6.1.9	X-rays	<ul style="list-style-type: none"> Covered at 100% of the BDT for intra-oral x-rays. Extra-oral x-rays will be covered at 100% of the BDT subject to 1 in a 3 year period. Additional benefits for extra-oral x-rays may be considered where specialist dental treatment planning/follow-up is required. Subject to available savings and/or threshold. 	<ul style="list-style-type: none"> Covered at 100% of the BDT for intra-oral x-rays. Extra-oral x-rays will be covered at 100% of the BDT subject to 1 in a 3 year period. Additional benefits for extra-oral x-rays may be considered where specialist dental treatment planning/follow-up is required. 	<ul style="list-style-type: none"> Covered at 100% of the BDT for intra-oral x-rays. Extra-oral x-rays will be covered at 100% of the BDT subject to 1 in a 3 year period. Additional benefits for extra-oral x-rays may be considered where specialist dental treatment planning/follow-up is required. 	<p style="text-align: center;">REGISTERED BY ME ON</p> <p style="text-align: center;"><i>[Signature]</i> 2019-10-11</p> <p style="text-align: center;">REGISTRAR OF MEDICAL SCHEMES</p>
D6.2	ADVANCED DENTISTRY (See B4)	Subject to available savings and/or threshold.	Limited to R5 650 per family per annum.	No benefit unless otherwise specified.	Subject to pre-authorisation and dental management protocols.
D6.2.1	Crowns	<ul style="list-style-type: none"> Covered at 100% of the BDT. 3 crowns per family per year, subject to pre-authorisation. Benefits for crowns will be granted once per tooth in 5 years. Subject to available savings and/or threshold.	<ul style="list-style-type: none"> 1 Crown per family per year. Subject to pre-authorisation. Benefits for crowns will be granted once per tooth in 5 years. 	<ul style="list-style-type: none"> 1 Crown per family per year. Subject to pre-authorisation. Benefits for crowns will be granted once per tooth in 5 years. 	<ul style="list-style-type: none"> Subject to the dental management protocols. Failure to authorise will result in a 20% co-payment if authorisation is approved after the treatment has been done. A treatment plan and x-rays may be requested.

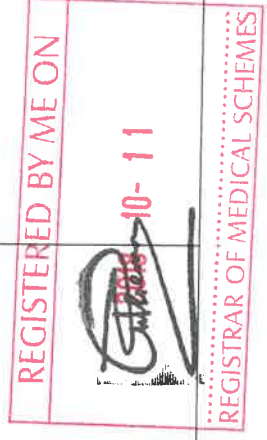
PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONCOMPREHENSIVE	BONCLASSIC	BONCOMPLETE	CONDITION/REMARKS SUBJECT TO PMB
D6.2.2	Metal Frame Dentures	<ul style="list-style-type: none"> Covered at 100% of the BDT. 2 partial metal frame dentures (upper and lower) per beneficiary in a 5 year period. Full metal dentures are not covered. Subject to available savings and/or threshold. Subject to pre-authorization. 	<ul style="list-style-type: none"> Covered at 100% of the BDT. 2 partial metal frame dentures (upper and lower) per beneficiary in a 5 year period. Full metal dentures are not covered. Subject to pre-authorization 	<ul style="list-style-type: none"> Covered at 100% of the BDT. 1 partial metal frame denture (an upper or lower) per beneficiary in a 5 year period. Full metal dentures are not covered. Subject to pre-authorization. 	Subject to managed care protocols.
D6.2.3	Osseo-integrated Implants and orthognathic surgery (functional correction of malocclusion)	<ul style="list-style-type: none"> Limited to 2 implants per beneficiary in a 5 year period at 100% of BDT. The cost of implant components is limited to R2 630 per implant. No benefit for orthognathic surgery. Subject to available savings and/or threshold. 	No benefit.	No benefit.	Includes all stages of treatment required to achieve the end result of placing an implant supported tooth or teeth into spaces left by previous removal of natural teeth, the surgical augmentation of jaw bone and surgical placement and exposure of implants.
D6.2.4	Oral Surgery	Surgery in the dental chair. Covered at 100% of BDT.	Surgery in the dental chair. Covered at 100% of BDT.	Surgery in the dental chair. Covered at 100% of BDT.	Benefits for Tempo-mandibular joint therapy are limited to non-surgical nterventions/treatments.



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

PARA GRAPH	BENEFIT (EXCEPT FOR PMBS)	BONCOMPREHENSIVE	BONCLASSIC	BONCOMPLETE	CONDITION/REMARKS SUBJECT TO PMB
D7	HOSPITALISATION (See B4)				
D7.1	Private Hospitals and unattached operating theatres (See B4)				Subject to the relevant managed healthcare programme and its prior authorisation.
D7.1.1	In Hospital	<ul style="list-style-type: none"> No limit. Deep Brain Stimulation Implantation for Parkinson's and intractable epilepsy is limited to R233,300 per beneficiary (excluding the prosthesis benefit). Specific facilities may be contractually excluded and will incur a 30% co-payment, subject to Regulation 8 (3). 	<ul style="list-style-type: none"> No limit. No benefit for Deep Brain Stimulation Implantation. Specific facilities may be contractually excluded and will incur a 30% co-payment, subject to Regulation 8 (3). 	<ul style="list-style-type: none"> No limit. No benefit for Deep Brain Stimulation Implantation. Specific facilities may be contractually excluded and will incur a 30% co-payment, subject to Regulation 8 (3). 	<p>Subject to the managed health care programme and prior authorisation. Accommodation, use of operating theatres and hospital equipment, medicine, pharmaceuticals and surgical items.</p> <p>This benefit excludes: hospitalisation for:</p> <ul style="list-style-type: none"> Osseo-integrated implants orthognathic surgery (D6); Maternity (D10); Mental Health (D12); Organ and haemopoietic stem cell (bone marrow) transplantation immunosuppressive medication (D16); Renal Dialysis chronic (D22); Refractive surgery (D23.1.1). <p>Acc: No</p>
					

PARA GRAPH	BENEFIT (EXCEPT FOR PMBS)	BONCOMPREHENSIVE	BONCLASSIC	BONCOMPLETE	CONDITION/REMARKS SUBJECT TO PMB
D7.1.2	Medicine on discharge from hospital (TTO) (See B5)	R545 per beneficiary per admission, except anticoagulants post surgery which will be subject to the relevant managed healthcare programme.	R465 per beneficiary per admission, except anticoagulants post-surgery which will be subject to the relevant managed healthcare programme.	R410 per beneficiary per admission, except anticoagulants post-surgery which will be subject to the relevant managed healthcare programme.	Where the script amount exceeds the benefit, the balance will be subject to available savings. Acc: Yes, when paid from savings.
D7.1.3	Casualty/emergency room visits				
D7.1.3.1	Facility fee	Limited to available savings and/or threshold.	Subject to available savings.	Subject to available savings and/or above threshold benefit.	Will be included in the hospital benefit if a retrospective authorisation is given by the relevant managed healthcare programme for bona fide emergencies. Acc: Yes, when paid from savings.
D7.1.3.2	Consultations	See D5.1.2 and D5.2.2.	See D5.1.2 and D5.2.2.	See D5.1.2 and D5.2.2.	
D7.1.3.3	Medicine	See D11.1.	See D11.1.	See D11.1.	



PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONCOMPREHENSIVE	BONCLASSIC	BONCOMPLETE	CONDITION/REMARKS SUBJECT TO PMB
D7.2	Public hospitals (See B4)				
D7.2.1	In hospital	No limit.	No limit.	No limit.	Subject to the managed health care programme and prior authorisation. Accommodation, use of operating theatres and hospital equipment, medicine, pharmaceuticals and surgical items. This benefit excludes hospitalisation for: <ul style="list-style-type: none"> • Osseo-integrated implants and orthognathic surgery (D6); • Maternity (D10); • Mental Health (D12); • Organ and haemopoietic stem cell (bone marrow) transplantation and immunosuppressive medication (D16); • Renal dialysis chronic (D22); • Refractive surgery (D23.1.1). Acc: No
D7.2.2	Medicine on discharge from hospital (TTO) (See B5)	R545 per beneficiary per admission, except anticoagulants post surgery which will be subject to the relevant managed healthcare programme. See D7.1.2.	R465 per beneficiary per admission, except anticoagulants post surgery which will be subject to the relevant managed healthcare programme. See D7.1.2.	R410 per beneficiary per admission, except anticoagulants post surgery which will be subject to the relevant managed healthcare programme. See D7.1.2.	Where the script amount exceeds the benefit, the balance will be subject to available savings. Acc: Yes, when paid from savings.
D7.2.3	Casualty/emergency room visits				

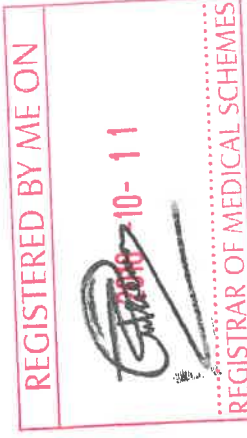
REGISTERED BY ME ON



2019-10-11

REGISTRAR OF MEDICAL SCHEMES

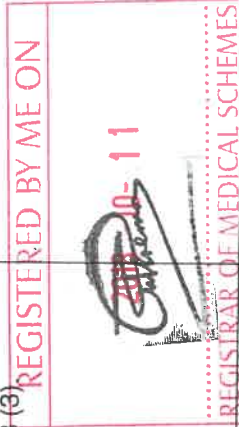
PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONCOMPREHENSIVE	BONCLASSIC	BONCOMPLETE	CONDITION/REMARKS SUBJECT TO PMB
D7.2.3.1	Facility Fee	<ul style="list-style-type: none"> Subject to authorisation of bona fide emergencies. Limited to available savings and/or threshold. 	<ul style="list-style-type: none"> Subject to authorisation of bona fide emergencies. Subject to available savings. 	<ul style="list-style-type: none"> Subject to authorisation of bona fide emergencies. Subject to available savings and/or above threshold benefit. 	Will be included in the hospital benefit if retrospective authorisation is given by the relevant managed healthcare programme for bona fide emergencies. Acc: Yes, when paid from savings.
D7.2.3.2	Consultations	See D5.1.2 and D5.2.2.	See D5.1.2 and D5.2.2.	See D5.1.2 and D5.2.2.	
D7.2.3.3	Medicine	See D11.1.	D11.1.	See D11.1.	
D7.2.4	Outpatient services				
D7.2.4.1	Consultations	See D5.1.2 and D5.2.2.	See D5.1.2 and D5.2.2.	See D5.1.2 and D5.2.2.	
D7.2.4.2	Medicine	See D11.1.	See D11.1.	See D11.1.	
D7.3	Alternative to hospitalisation (See B4)				Subject to the relevant managed healthcare programme and to its prior authorisation. Benefits for clinical procedures and treatment during stay in an alternative facility will be subject to the same benefits that apply to hospitalisation. Acc: No
D7.3.1	Physical Rehabilitation hospitals	R49 610 per family for all services.	R49 610 per family for all services.	R49 610 per family for all services.	See D7.3.
D7.3.2	Sub-acute facilities Hospice, private nursing	R16 550 per family.	R16 550 per family.	R16 550 per family.	This benefit includes psychiatric nursing but excludes midwifery services. See D7.3.



PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONCOMPREHENSIVE	BONCLASSIC	BONCOMPLETE	CONDITION/REMARKS SUBJECT TO PMB
D7.3.3	Outpatient antibiotic therapy in lieu of hospitalisation	<ul style="list-style-type: none"> No limit. Subject to pre-authorisation. 	<ul style="list-style-type: none"> No limit. Subject to pre-authorisation. 	<ul style="list-style-type: none"> No limit. Subject to pre-authorisation. 	Subject to the relevant managed healthcare programme.
D7.3.4	Conservative Back Programme	Subject to the Contracted Provider.	Subject to the Contracted Provider.	Subject to the Contracted Provider.	Subject to the relevant managed healthcare programme.
D7.3.5	Terminal Care	Limited to and included in D7.3.2 and above limits, subject to pre-authorisation.	Limited to and included in D7.3.2 and above limits, subject to pre-authorisation.	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 B4)	<ul style="list-style-type: none"> No limit. Subject to PMBs. 	<ul style="list-style-type: none"> No limit. Subject to PMBs. 	<ul style="list-style-type: none"> No limit. Subject to PMBs. 	Subject to registration on the relevant managed healthcare programme. Subject to clinical protocols. Acc: No
D8.1	Anti-retroviral medicine	Limited to and included in D8.	Limited to and included in D8 and subject to the DSP.	Limited to and included in D8 and subject to the DSP.	
D8.2	Related medicine	Limited to and included in D8.	Limited to and included in D8 and subject to the DSP.	Limited to and included in D8 and subject to the DSP.	
D8.3	Related pathology	Limited to and included in D8.	Limited to and included in D8.	Limited to and included in D8.	Pathology as specified by the relevant managed healthcare programme, out of hospital.
D8.4	Related consultations	Limited to and included in D8.	Limited to and included in D8.	Limited to and included in D8.	

REGISTERED BY ME ON

-10-11

PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONCOMPREHENSIVE	BONCLASSIC	BONCOMPLETE	CONDITION/REMARKS SUBJECT TO PMB
D8.5	All other services	Limited to and included in D1 - D7 and D9 - D26.	Limited to and included in D1 - D7 and D9 - D26.	Limited to and included in D1 - D7 and D9 - D26.	
D9	INFERTILITY (See B4 and B10)	Limited to interventions and investigations as prescribed by the Regulations to the Medical Schemes' Act 131 of 1998 in Annexure A, paragraph 9, Code 902M.	Limited to interventions and investigations as prescribed by the Regulations to the Medical Schemes' Act 131 of 1998 in Annexure A, paragraph 9, Code 902M.	Limited to interventions and investigations as prescribed by the Regulations to the Medical Schemes' Act 131 of 1998 in Annexure A, paragraph 9, Code 902M.	Subject to the relevant managed healthcare programme, and its prior authorisation. Acc: No
D10	MATERNITY (See A3 & B4)				Subject to the relevant managed healthcare programme and to its prior authorisation. Acc: No
D10.1	Confinement in hospital	<ul style="list-style-type: none"> No limit, at 300% of the Bonitas Tariff for the medical specialist. 100% of the Bonitas Tariff for the general practitioner Accommodation in a private room is limited to 2 days for a normal vaginal delivery and 3 days for a caesarean section in the post delivery period. Specific facilities may be contractually excluded and will incur a 30% co-payment, subject to Regulation 8 (3). 	<ul style="list-style-type: none"> No limit, 130% of the Bonitas Tariff for network specialists. 100% of the Bonitas Tariff for the general practitioner or non-network specialist. Specific facilities may be contractually excluded and will incur a 30% co-payment, subject to Regulation 8 (3). 	<ul style="list-style-type: none"> No limit, 130% of the Bonitas Tariff for network specialists. 100% of the Bonitas Tariff for the general practitioner or non-network specialist. Specific facilities may be contractually excluded and will incur a 30% co-payment, subject to Regulation 8 (3) 	Delivery by a general practitioner or medical specialist and the services of the attendant paediatrician and/or anaesthetists are included. Included in global obstetric fee is post-natal care by a general practitioner and medical specialist up to and including the six week post-natal consultation.
D10.1.1	Medicine on discharge from hospital (TTO) (See B5)	Limited to and included in D7.1.2.	Limited to and included in D7.1.2.	Limited to and included in D7.1.2.	

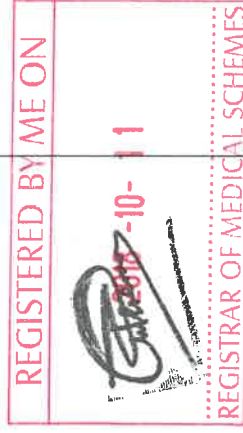
PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONCOMPREHENSIVE	BONCLASSIC	BONCOMPLETE	CONDITION/REMARKS SUBJECT TO PMB
D10.1.2	Confinement in a registered birthing unit	<ul style="list-style-type: none"> Limited to and included in D10.1. 4 x post-natal midwife consultations per pregnancy. Specific facilities may be contractually excluded and will incur a 30% co-payment, subject to Regulation 8 (3). 	<ul style="list-style-type: none"> Limited to and included in D10.1. 4 x post-natal midwife consultations per pregnancy. Specific facilities may be contractually excluded and will incur a 30% co-payment, subject to Regulation 8 (3). 	<ul style="list-style-type: none"> Limited to and included in D10.1. 4 x post-natal midwife consultations per pregnancy. Specific facilities may be contractually excluded and will incur a 30% co-payment, subject to Regulation 8 (3). 	<p>Subject to the relevant managed healthcare programme and its prior authorisation.</p> <p>Delivery by a midwife.</p> <p>Hire of water bath and oxygen cylinder limited to and included in OAL.</p> <p>This must be hired from a practitioner who has a registered practice number.</p>
D10.2	Confinement out of hospital	<ul style="list-style-type: none"> Limited to and included in D10.1. 4 x post-natal midwife consultations per pregnancy. 	<ul style="list-style-type: none"> Limited to and included in D10.1. 4 x post-natal midwife consultations per pregnancy. 	<ul style="list-style-type: none"> Limited to and included in D10.1. 4 x post-natal midwife consultations per pregnancy. 	<p>Subject to the relevant managed healthcare programme and its prior authorisation.</p> <p>Delivery by a midwife</p> <p>Hire of water bath and oxygen cylinder limited to and included in OAL.</p> <p>This must be hired from a practitioner who has a registered practice number.</p>
D10.2.1	Consumables and pharmaceuticals	Limited to and included in D10.1.	Limited to and included in D10.1.	Limited to and included in D10.1.	Registered medicine, dressings and materials supplied by a midwife out of hospital.
D10.3	Related maternity services	Limited to and included in D10.1.	Limited to and included in D10.1.	Limited to and included in D10.1.	
D10.3.1	Ante-natal consultations	<ul style="list-style-type: none"> 12 ante-natal consultations by a specialist, general practitioner or midwife. R1 220 for ante-natal classes/exercises per pregnancy. 	<ul style="list-style-type: none"> 12 ante-natal consultations by a specialist, general practitioner or midwife. R1 220 for ante-natal classes /exercises per pregnancy 	<ul style="list-style-type: none"> 6 ante-natal consultations by a specialist, general practitioner or midwife. R1 220 for ante-natal classes /exercises per pregnancy 	

REGISTERED PREGNANCY

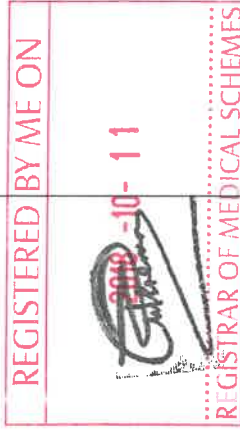
2018 -10- 11

REGISTRAR OF MEDICAL SCHEMES


PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONCOMPREHENSIVE	BONCLASSIC	BONCOMPLETE	CONDITION/REMARKS SUBJECT TO PMB
D10.3.2	Related tests and procedures	<ul style="list-style-type: none"> Pregnancy related tests and procedures. 2 x 2D pregnancy scans. 1 x amniocentesis per pregnancy. 	<ul style="list-style-type: none"> Pregnancy related tests and procedures. 2 x 2D pregnancy scans. 1 x amniocentesis per pregnancy. 	<ul style="list-style-type: none"> Pregnancy related tests and procedures. 2 x 2D pregnancy scans. 1 x amniocentesis per pregnancy. 	
D11	MEDICINE AND INJECTION MATERIAL (See B4 and B5)				
D11.1	Routine/ (acute) medicine	Subject to available savings and/or threshold.	Subject to available savings.	Subject to available savings and/or above threshold benefit.	<p>Subject to the relevant managed healthcare programme. The Medicine Exclusion List and the Pharmacy Products Management Document are applicable. This benefit excludes:</p> <ul style="list-style-type: none"> In-hospital medicine (D7); Anti-retroviral medicine (D8); Oncology medicine (D14); Organ and haemopoietic stem cell (bone marrow) transplantation and immunosuppressive medication (D16). <p>Acc: Yes</p>
D11.1.1	Medicine on discharge from hospital (TTO)	Limited to and included in D7.1.2.	Limited to and included in D7.1.2.	Limited to and included in D7.1.2.	Acc: Yes, when paid from savings.
D11.1.2	Contraceptives	<ul style="list-style-type: none"> Limited to R1 580 per family. Limited to females of childbearing age. 	<ul style="list-style-type: none"> Limited to R1 580 per family. Limited to females of childbearing age. Subject to the DSP pharmacy. 40% co-payment applies for the voluntary use of a non-DSP pharmacy. 	<ul style="list-style-type: none"> Limited to R1 580 per family. Limited to females of childbearing age. Subject to the DSP pharmacy. 40% co-payment applies for the voluntary use of a non-DSP pharmacy. 	Acc: No



PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONCOMPREHENSIVE	BONCLASSIC	BONCOMPLETE	CONDITION/REMARKS SUBJECT TO PMB
D11.2	Pharmacy Advised therapy Schedules 0, 1, 2 and medicine advised and dispensed by a pharmacist.	Limited to and included in D11.1.	Limited to and included in D11.1.	Limited to and included in D11.1.	Acc: Yes
D11.3	Chronic medicine (See B4)	<ul style="list-style-type: none"> R27 550 per family. R13 830 per beneficiary. As specified in Annexure D paragraph 6.4.3. 40% co-payment applies for non formulary drugs used voluntarily. 	<ul style="list-style-type: none"> R23 440 per family. R11 330 per beneficiary. As specified in Annexure D paragraph 6.4.3. Above limits, PMBs and DSP apply. 40% co-payment applies for non-formulary drugs used voluntarily and for the voluntary use of a non-DSP. 	<ul style="list-style-type: none"> Prescribed Minimum Benefits plus the 4 conditions for children, as specified in Annexure D paragraph 6.4.3, at the DSP. 40% co-payment applies for non-formulary drugs used voluntarily and for the voluntary use of a non-DSP. 	<p>Subject to registration on the relevant managed healthcare programme and to its prior authorisation and applicable formularies. Restricted to a maximum of one month's supply unless pre-authorised.</p> <p>Includes diabetic disposables such as</p> <ul style="list-style-type: none"> • syringes, • needles, • strips • lancets for patients not registered on the Diabetic Management Programme. <p>This benefit excludes:</p> <ul style="list-style-type: none"> • In hospital medicine (D7); • Anti-retroviral drugs (D8); • Oncology medicine (D14); • Organ and haemopoietic stem cell (bone marrow) transplantation immunosuppressive medication (D16). <p>Acc: No</p>
D11.3.1	MDR and XDR-TB	<ul style="list-style-type: none"> No limit. Subject to managed care protocols. 	<ul style="list-style-type: none"> No limit. Subject to managed care protocols. 	<ul style="list-style-type: none"> No limit. Subject to managed care protocols. 	Acc: No

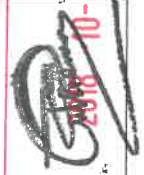


PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONCOMPREHENSIVE	BONCLASSIC	BONCOMPLETE	CONDITION/REMARKS SUBJECT TO PMB
D11.4	Specialised Drugs (See B4)				<p>The non oncology specialised drug list is a continuously evolving list of high cost drugs, not listed on the National Department of Health Essential Drug List (EDL), used for the treatment of chronic conditions.</p> <p>This list includes but is not limited to biological drugs (biological therapy for inflammatory arthritides, inflammatory bowel disease, chronic demyelinating polyneuropathies, chronic hepatitis, botulinum toxin, palivizumab).</p> <p>Unless otherwise stated below, any other diseases where the use of the drug is deemed appropriate by the managed health care organization, drugs will be funded from this benefit.</p> <p>Subject to published list. Acc: No</p>
D11.4.1	Non Oncology Biological Drugs applicable to monoclonal antibodies interleukins	<ul style="list-style-type: none"> R196 200 per family. Subject to clinical protocols. 	No benefit, unless PMB.	No benefit, unless PMB.	<p>Subject to the relevant managed healthcare programme and to its prior authorisation.</p>
D11.4.2	Specialised Drugs used in the management of retinal disorders applicable to monoclonal antibodies intravitreal implants photosensitizing agents	<ul style="list-style-type: none"> R52 500 per family. Limited to and included in D11.4.1. Subject to clinical protocols. 	No benefit, unless PMB.	No benefit, unless PMB.	<p>Subject to the relevant managed healthcare programme and to its prior authorisation for the treatment of Retinal disorders.</p>

REGISTERED BY ME ON

 2019-10-11
 REGISTRAR OF MEDICAL SCHEMES

PARA GRAPH	BENEFIT (EXCEPT FOR PMBS)	BONCOMPREHENSIVE	BONCLASSIC	BONCOMPLETE	CONDITION/REMARKS SUBJECT TO PMB
D11.4.3	Iron chelating agents for chronic use	Limited to and included in D11.4.1.	No benefit, unless PMB.	No benefit, unless PMB.	Subject to the relevant managed healthcare programme and to its prior authorisation.
D11.4.4	Human immunoglobulin for chronic use	Limited to and included in D11.4.1.	No benefit, unless PMB.	No benefit, unless PMB.	Subject to the relevant managed healthcare programme and to its prior authorisation.
D11.4.5	Non calcium phosphate binders and calcimimetics	Limited to and included in D11.4.1.	No benefit, unless PMB.	No benefit, unless PMB.	Subject to the relevant managed healthcare programme and to its prior authorisation of renal osteodystrophy as a result of chronic kidney disease. The co-payment will be applicable to the non-PMB diseases.
D12	MENTAL HEALTH (See B4 and B9)	<ul style="list-style-type: none"> R46 880 per family, unless PMB. Subject to the DSP. 	<ul style="list-style-type: none"> R41 210 per family, unless PMB. Subject to the DSP. 	<ul style="list-style-type: none"> R32 210 per family, unless PMB. Subject to the DSP. 	Subject to the relevant managed healthcare programme. Physiotherapy is not covered for mental health admissions. Acc: No
D12.1	In Hospital	<ul style="list-style-type: none"> Limited to and included in D12. Specific facilities may be contractually excluded and will incur a 30% co-payment, subject to Regulation 8 (3). 	<ul style="list-style-type: none"> Limited to and included in D12. Specific facilities may be contractually excluded and will incur a 30% co-payment, subject to Regulation 8 (3). 	<ul style="list-style-type: none"> Limited to and included in D12. Specific facilities may be contractually excluded and will incur a 30% co-payment, subject to Regulation 8 (3). 	For accommodation, use of operating theatres and hospital equipment, medicine, pharmaceuticals and surgical items and procedures performed by general practitioners and psychiatrists. A maximum of three days' hospitalisation for beneficiaries admitted by a general practitioner or specialist physician. (See B9.)

REGISTERED BY ME ON



2018-10-11

REGISTRAR OF MEDICAL SCHEMES

PARA GRAPH	BENEFIT (EXCEPT FOR PMBS)	BONCOMPREHENSIVE	BONCLASSIC	BONCOMPLETE	CONDITION/REMARKS SUBJECT TO PMB
D12.1.1	Medicine on discharge from hospital (TTO) (See B5)	Limited to and included in D7.1.2.	Limited to and included in D7.1.2.	Limited to and included in D7.1.2.	Acc: Yes, when paid from savings.
D12.2	Out of Hospital				
D12.2.1	Medicine (See B5)	Limited to and included in D11.	Limited to and included in D11.	Limited to and included in D11.	
D12.3	Rehabilitation of substance abuse (See B4)	Limited to and included in D12.	Limited to and included in D12.	Limited to and included in D12.	Subject to the relevant managed healthcare programme and to its prior authorisation. (See B9).
D12.3.1	Medicine on discharge from hospital (TTO) (See B5)	Limited to and included in D7.1.2.	Limited to and included in D7.1.2.	Limited to and included in D7.1.2.	Acc: Yes, when paid from savings.
D12.4	Consultations and visits, procedures, assessments, therapy, treatment and/or counselling, in and out of hospital. (See B4)	<ul style="list-style-type: none"> R15 890 per family, limited to and included in D12. Educational psychology visits for adult beneficiaries (>21 years) are excluded from this benefit. 	<ul style="list-style-type: none"> R15 890 per family, limited to and included in D12. Educational psychology visits for adult beneficiaries (>21 years) are excluded from this benefit. 	<ul style="list-style-type: none"> R15 890 per family, limited to and included in D12. Educational psychology visits for adult beneficiaries (>21 years) are excluded from this benefit. 	Acc: No

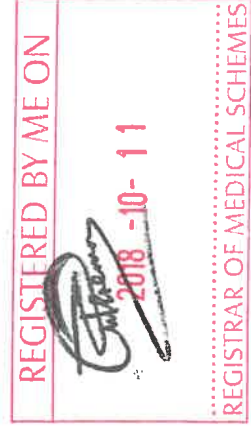
REGISTERED BY ME ON



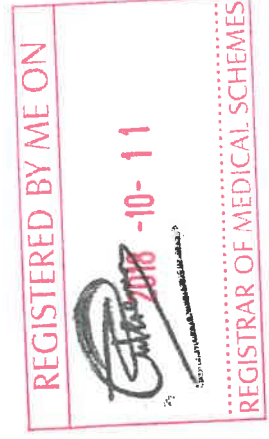
2019-10-11

REGISTRAR OF MEDICAL SCHEMES


PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONCOMPREHENSIVE	BONCLASSIC	BONCOMPLETE	CONDITION/REMARKS SUBJECT TO PMB
D13	NON-SURGICAL PROCEDURES AND TESTS (See B4)				
D13.1	In Hospital	<ul style="list-style-type: none"> No limit 300% of the Bonitas Tariff for the medical specialist. 100% of the Bonitas Tariff for the general practitioner. Specific facilities may be contractually excluded and will incur a 30% co-payment, subject to Regulation 8 (3). 	<ul style="list-style-type: none"> No limit 130% of the Bonitas Tariff for network specialists. 100% of the Bonitas Tariff for the general practitioner or non-network specialist. Specific facilities may be contractually excluded and will incur a 30% co-payment, subject to Regulation 8 (3). 	<ul style="list-style-type: none"> No limit 130% of the Bonitas Tariff for network specialists. 100% of the Bonitas Tariff for the general practitioner or non-network specialist. Specific facilities may be contractually excluded and will incur a 30% co-payment, subject to Regulation 8 (3). 	<p>Subject to the relevant managed healthcare programme and its prior authorisation in hospital only. This benefit excludes:</p> <ul style="list-style-type: none"> Psychiatry and psychology (D12); Optometric examinations (D15); Pathology (D18); Radiology (D21). <p>Acc: No</p>
D13.2	Out of hospital	<p>Subject to available savings and/or threshold.</p>	<ul style="list-style-type: none"> Limited to R5 050 per beneficiary. R8 220 per family. 	<p>Subject to available savings and/or above threshold benefit.</p>	<p>Acc: Yes</p>


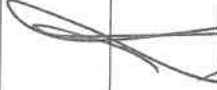


PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONCOMPREHENSIVE	BONCLASSIC	BONCOMPLETE	CONDITION/REMARKS SUBJECT TO PMB
D13.2.1	<ul style="list-style-type: none"> Routine diagnostic upper and lower gastro-intestinal fibre-optic endoscopy (excluding rigid sigmoidoscopy and anoscopy) 24 hr oesophageal PH studies Breast fine needle biopsy Circumcision Cystoscopy Laser tonsillectomy Oesophageal motility studies Vasectomy Prostate needle biopsy (See B4) 	<ul style="list-style-type: none"> No limit 100% of the Bonitas Tariff for the general practitioner or medical specialist. 	<ul style="list-style-type: none"> No limit 130% of the Bonitas Tariff for network specialists. 100% of the Bonitas Tariff for the general practitioner or non-network specialist. 	<ul style="list-style-type: none"> No limit 130% of the Bonitas Tariff for network specialists. 100% of the Bonitas Tariff for the general practitioner or non-network specialist. 	Includes related consultation, materials, pathology and radiology if done in the rooms on the same day. On BonComprehensive, the medical practitioner specialist will be reimbursed at 300% of the Bonitas Tariff if done in hospital and pre-authorised by the relevant healthcare programme. Acc: No
D13.3	Sleep studies (See B4)				
D13.3.1	Diagnostic Polysomnograms In and out of hospital	No limit.	No limit.	No limit.	
D13.3.2	CPAP Titration	No limit.	No limit.	No limit.	

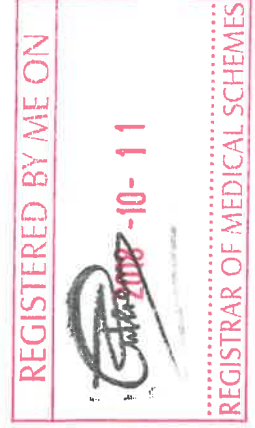


PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONCOMPREHENSIVE	BONCLASSIC	BONCOMPLETE	CONDITION/REMARKS SUBJECT TO PMB
D14	ONCOLOGY (See B4)				Acc: No
D14.1	Pre active, active & post active treatment period	<ul style="list-style-type: none"> R618 500 per family. 300% of the Bonitas Tariff for services rendered by the medical specialist. The ICON medical specialist network is the preferred provider for oncology services (excluding paediatric oncology and acute haematology), at the negotiated rate. 100% of the Bonitas tariff for services rendered by non ICON medical specialists. Above benefit, limited to 100% of the Bonitas tariff for services rendered by non ICON medical specialists. Above benefit, limited to PMBs and 40% copay for the voluntary use of services rendered by non ICON medical specialists. 	<ul style="list-style-type: none"> R410 400 per family. The ICON medical specialist network is the preferred provider for oncology services (excluding paediatric oncology and acute haematology), at the negotiated rate. 100% of the Bonitas tariff for services rendered by non ICON medical specialists. Above benefit, limited to PMBs and 40% copay for the voluntary use of services rendered by non ICON medical specialists. 	<ul style="list-style-type: none"> R344 500 per family. The ICON medical specialist network is the preferred provider for oncology services (excluding paediatric oncology and acute haematology), at the negotiated rate. 100% of the Bonitas tariff for services rendered by non ICON medical specialists. Above benefit, limited to PMBs and 40% copay for the voluntary use of services rendered by non ICON medical specialists. 	<ul style="list-style-type: none"> Subject to the relevant managed healthcare programme and to its prior authorisation. Treatment for long-term chronic conditions that may develop as a result of chemotherapy and radiotherapy is not included in this benefit. Benefit for Oncologists, haematologists and accredited medical practitioners for consultations, visits, treatment and consumable material used in radiotherapy and chemotherapy. The Specialist Network is the DSP for related oncology services at the Specialist Network (DSP) rate.
D14.1.1	Medicine (See B5)	Limited to and included in D14.1.	Limited to and included in D14.1 and subject to the DSP.	Limited to and included in D14.1 and subject to the DSP.	
D14.1.2	Radiology and pathology (See B4)	Limited to and included in D14.1.	Limited to and included in D14.1.	Limited to and included in D14.1.	

REGISTERED

REGISTRAR OF MEDICAL SCHEMES

PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONCOMPREHENSIVE	BONCLASSIC	BONCOMPLETE	CONDITION/REMARKS SUBJECT TO PMB
D14.1.2.1	PET and PET – CT (See B4)	Limited to and included in D14.1 and one per family per annum restricted to staging of malignant tumours.	No benefit.	No benefit.	Subject to the relevant managed healthcare programme and to its prior authorisation. Specific authorisations are required in addition to any authorisation that may have been obtained for hospitalisation. Only in a credentialed specialist practice.
D14.1.3	Specialised Drugs (See B5)				This list includes but is not limited to targeted therapies e.g. biologicals, tyrosine kinase inhibitors, and other non genericised chemotherapeutic agents. Subject to published list. Unless otherwise stated below, any other diseases where the use of the drug is deemed appropriate by the managed health care organization, drugs will be funded from this benefit.
D14.1.3.1	Biological drugs	R245 400 per family, limited to and included in D14.1.	No benefit, unless PMB.	No benefit, unless PMB.	
D14.1.3.2	Unregistered chemotherapeutic agents	Limited to and included in D14.1.3.1.	No benefit, unless PMB.	No benefit, unless PMB.	Subject to Section 21 approval by the South African Health Products Regulatory Authority (SAHPRA) and pre-authorisation by the relevant managed healthcare programme.
D14.1.3.3	Proteasome Inhibitors	Limited to and included in D14.1.3.1.	No benefit, unless PMB.	No benefit, unless PMB.	
D14.1.3.4	Certain Pyrimidine Analogues	Limited to and included in D14.1.3.1.	No benefit, unless PMB.	No benefit, unless PMB.	

PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONCOMPREHENSIVE	BONCLASSIC	BONCOMPLETE	CONDITION/REMARKS SUBJECT TO PMB
D14.1.4	Flushing of a J line and/or Port (See B4)	Limited to and included in D14.1.	Limited to and included in D14.1.	Limited to and included in D14.1.	Subject to the relevant managed healthcare programme
D14.1.5	Brachytherapy materials (including seeds and disposables) and equipment (See B4)	Limited to R44 220 per beneficiary and included in D14.1.	Limited to R44 220 per beneficiary and included in D14.1.	Limited to R44 220 per beneficiary and included in D14.1.	Subject to the relevant managed healthcare programme and to its prior authorisation, for services rendered by oncologists, radiotherapists and credentialled medical practitioners. The Specialist Network is the DSP for oncology related services at the Specialist Network (DSP) rate.
D14.2	Post active treatment period (See B4)	Limited to and included in D14.1 during the remission period following the active treatment period, except for Prescribed Minimum Benefits.	Limited to and included in D14.1 during the remission period following the active treatment period, except for Prescribed Minimum Benefits.	Limited to and included in D14.1 during the remission period following the active treatment period, except for Prescribed Minimum Benefits.	
D14.2.1	Flushing of a J line and/or Port (See B4)	Limited to and included in D14.1.	Limited to and included in D14.1.	Limited to and included in D14.1.	Subject to the relevant managed healthcare programme.
D14.3	Oncology Social worker (OSW) benefit	<ul style="list-style-type: none"> Limited to R2 840 per family and subject to the ICON (OSW) network. Limited to and included in D14.1. 	<ul style="list-style-type: none"> Limited to R2 840 per family and subject to the ICON (OSW) network. Limited to and included in D14.1. 	<ul style="list-style-type: none"> Limited to R2 840 per family and subject to the ICON (OSW) network. Limited to and included in D14.1. 	Subject to the relevant managed healthcare protocols and its prior authorisation.



PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONCOMPREHENSIVE	BONCLASSIC	BONCOMPLETE	CONDITION/REMARKS SUBJECT TO PMB
D15	OPTOMETRY (In and Out of Network) (See B4)	<ul style="list-style-type: none"> Subject to available savings and/or above threshold benefit. Limited to R3 020 per beneficiary. 100% of the network tariff. Biennial Benefit. Benefit availability is subject to a 24 month cycle from last date of service. No benefit for lens enhancements (tints and coatings). 	<ul style="list-style-type: none"> Limited to R5 565 per family. Biennial benefit. Benefit availability is subject to a 24 month cycle from last date of service. 	<ul style="list-style-type: none"> Subject to available savings and/or above threshold benefit. Biennial Benefit. Benefit availability is subject to a 24 month cycle from last date of service. 	<ul style="list-style-type: none"> Subject to 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. <p>Acc: No</p>
D15.1	Optometric refraction test, re-exam and/or composite exam, tonometry and visual field test	<ul style="list-style-type: none"> One per beneficiary per benefit cycle, at network tariff. R300 out of network. Limited to and included in D15. 	<ul style="list-style-type: none"> One per beneficiary per benefit cycle, at network rates. R300 out of network. Limited to and included in D15. 	<ul style="list-style-type: none"> One per beneficiary per benefit cycle, at network tariff. R300 out of network. Limited to and included in D15. 	
D15.2	Frames	Limited to and included in D15.	<ul style="list-style-type: none"> R1 110 per beneficiary in network. R740 per beneficiary out of network Limited to and included in D15. 	<ul style="list-style-type: none"> R740 per beneficiary in and out of network. Limited to and included in D15. 	On the BonClassic and BonComplete options, the frame value may be used towards frames and/or lens enhancements.
D15.3	Lenses				

REGISTERED BY ME ON



REGISTRAR OF MEDICAL SCHEMES

PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONCOMPREHENSIVE	BONCLASSIC	BONCOMPLETE	CONDITION/REMARKS SUBJECT TO PMB
D15.3.1	Single vision lenses	<ul style="list-style-type: none"> 100% towards the cost of clear lenses at network rates. Limited to R175 per lens per beneficiary out of network. Limited to and included in D15; or 	<ul style="list-style-type: none"> 100% towards the cost of clear lenses at network rates. Limited to R175 per lens per beneficiary out of network. Limited to and included in D15; or 	<ul style="list-style-type: none"> 100% towards the cost of clear lenses at network rates. Limited to R175 per lens per beneficiary out of network. Limited to and included in D15; or 	Subject to contracted providers protocols.
D15.3.2	Bifocal lenses	<ul style="list-style-type: none"> 100% towards the cost of clear lenses at network rates. Limited to R410 per lens per beneficiary out of network. Limited to and included in D15; or 	<ul style="list-style-type: none"> 100% towards the cost of clear lenses at network rates. Limited to R410 per lens per beneficiary out of network. Limited to and included in D15; or 	<ul style="list-style-type: none"> 100% towards the cost of clear lenses at network rates. Limited to R410 per lens per beneficiary out of network. Limited to and included in D15; or 	
D15.3.3	Multifocal lenses	<ul style="list-style-type: none"> 100% towards the cost of clear lenses at network rates. Limited to R710 per lens per beneficiary out of network. Limited to and included in D15. 	<ul style="list-style-type: none"> 100% towards the cost of clear lenses at network rates. Limited to R710 per lens per beneficiary out of network. Limited to and included in D15. 	<ul style="list-style-type: none"> 100% towards the cost of clear lenses at network rates. Limited to R710 per lens per beneficiary out of network. Limited to and included in D15. 	
D15.3.4	Contact lenses	<ul style="list-style-type: none"> Limited to and included in D15. Limited and included in D15 except for Keratoconus where it is limited to R2 000 included in D3.1.1. 	<ul style="list-style-type: none"> Limited to R1 790 per beneficiary. Limited and included in D15. 	<ul style="list-style-type: none"> Limited to R1 820 per beneficiary. Limited and included in D15. 	
D15.4	Low vision appliances	Limited to and included in D3.1.1.	Limited to and included in D3.1.1.	Limited to and included in D3.1.1.	When prescribed by a registered optometrist, ophthalmologist, medical practitioner or supplementary optical practitioner.


REGISTERED BY ME ON

-10-11

REGISTRAR OF MEDICAL SCHEMES

PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONCOMPREHENSIVE	BONCLASSIC	BONCOMPLETE	CONDITION/REMARKS SUBJECT TO PMB
D15.5	Ocular prostheses	Limited to and included in D20.2.	Limited to and included in D20.2.	Limited to and included in D20.2.	When prescribed by a registered optometrist, ophthalmologist, medical practitioner or supplementary optical practitioner.
D15.6	Diagnostic procedures	Limited to and included in D15.	Limited to and included in D15.	Limited to and included in D15.	
D15.7	Readers				
D15.7.1	From a registered optometrist, ophthalmologist or supplementary optical practitioner	Limited to and included in D15.	No benefit	Limited to and included in D15.	
D15.7.2	From a registered pharmacy	Limited to and included in D15.	No benefit.	Limited to and included in D15.	



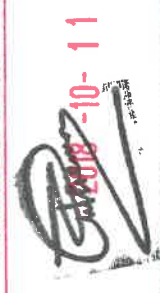

PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONCOMPREHENSIVE	BONCLASSIC	BONCOMPLETE	CONDITION/REMARKS SUBJECT TO PMB
D16	ORGAN AND HAEMOPOIETIC STEM CELL (BONE MARROW) TRANSPLANTATION AND IMMUNO-SUPPRESSIVE MEDICATION INCLUDING CORNEAL GRAFTS) (See B4)	<ul style="list-style-type: none"> No limit. 300% of the Bonitas Tariff for services rendered by medical specialists. 100% of the Bonitas Tariff for the general practitioner. Corneal grafts are limited to R31_500 per beneficiary for local or imported grafts. Specific facilities may be contractually excluded and will incur a 30% co-payment, subject to Regulation 8 (3). 	<ul style="list-style-type: none"> No limit 130% of the Bonitas Tariff for services rendered by network specialists. 100% of the Bonitas Tariff for the general practitioner or non-network specialist. Corneal grafts are limited to R31_500 per beneficiary for local and imported grafts. Specific facilities may be contractually excluded and will incur a 30% co-payment, subject to Regulation 8 (3). 	<ul style="list-style-type: none"> No limit. 130% of the Bonitas Tariff for services rendered by network specialists. 100% of the Bonitas Tariff for the general practitioner or non-network specialist. Corneal grafts are limited to R31_500 per beneficiary for local or imported grafts. Specific facilities may be contractually excluded and will incur a 30% co-payment, subject to Regulation 8 (3). 	<ul style="list-style-type: none"> Subject to the relevant managed healthcare programme to its prior authorisation. No benefits will be granted for hospitalisation, treatments and associated clinical procedures if prior authorisation is not obtained. Organ harvesting is limited to the Republic of South Africa excluding donor cornea. <p>Acc: No</p> <p style="border: 1px solid red; padding: 5px; display: inline-block;">REGISTERED BY ME ON  2018-10-11</p> <p style="border: 1px solid red; padding: 5px; display: inline-block;">RECHAEMOPOIETIC stem cell (bone marrow) transplantation is limited to allogenic grafts and autologous grafts derived from the South African Bone Marrow Registry.</p>
D16.1	Haemopoietic stem cell (bone marrow transplantation (See B4)	Limited to and included in D16.	Limited to and included in D16.	Limited to and included in D16.	RECHAEMOPOIETIC stem cell (bone marrow) transplantation is limited to allogenic grafts and autologous grafts derived from the South African Bone Marrow Registry.
D16.2	Immuno-suppressive medication (See B5)	Limited to and included in D16.	Limited to and included in D16 and subject to the DSP.	Limited to and included in D16 and subject to the DSP.	
D16.3	Post transplantation biopsies and scans (See B4)	Limited to and included in D16.	Limited to and included in D16.	Limited to and included in D16.	
D16.4	Radiology and pathology (See B4)	Limited to and included in D16.	Limited to and included in D16.	Limited to and included in D16.	For specified radiology and pathology services, performed by pathologists, radiologists and haematologists, associated with the transplantation treatment.

PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONCOMPREHENSIVE	BONCLASSIC	BONCOMPLETE	CONDITION/REMARKS SUBJECT TO PMB
D17	PARAMEDICAL SERVICES (ALLIED MEDICAL PROFESSIONS) (See B4)				
D17.1	In hospital	No limit.	No limit.	No limit.	Subject to referral by the treating practitioner. Acc: No
D17.1.1	Dietetics	100% of Bonitas Tariff. Limited to and included in D17.1.	100% of Bonitas Tariff. Limited to and included in D17.1.	100% of Bonitas Tariff. Limited to and included in D17.1.	
D17.1.2	Occupational Therapy	100% of Bonitas Tariff. Limited to and included in D17.1.	100% of Bonitas Tariff. Limited to and included in D17.1.	100% of Bonitas Tariff. Limited to and included in D17.1.	
D17.1.3	Speech Therapy	100% of Bonitas Tariff. Limited to and included in D17.1.	100% of Bonitas Tariff. Limited to and included in D17.1.	100% of Bonitas Tariff. Limited to and included in D17.1.	
D17.2	Out of hospital	Subject to available savings and/or threshold.	M0= R2 960 M1= R4 550 M2= R5 240 M3= R5 600 M4+ R6 000	Subject to available savings and/or above threshold benefit.	Acc: Yes
D17.2.1	Audiology	Limited to and included in D17.2.	Limited to and included in D17.2.	Limited to and included in D17.2.	
D17.2.2	Dietetics	Limited to and included in D17.2.	Limited to and included in D17.2.	Limited to and included in D17.2.	
D17.2.3	Genetic counselling	Limited to and included in D17.2.	Limited to and included in D17.2.	Limited to and included in D17.2.	
D17.2.4	Hearing aid acoustics	Limited to and included in D17.2.	Limited to and included in D17.2.	Limited to and included in D17.2.	

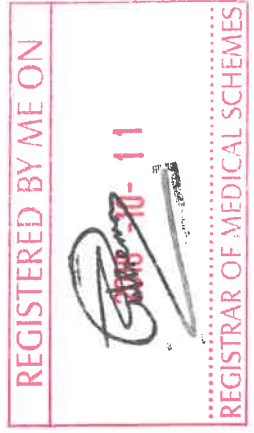
REGISTERED BY ME ON



REGISTRAR OF MEDICAL SCHEMES

PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONCOMPREHENSIVE	BONCLASSIC	BONCOMPLETE	CONDITION/REMARKS SUBJECT TO PMB
D17.2.5	Occupational therapy	Limited to and included in D17.2.	Limited to and included in D17.2.	Limited to and included in D17.2.	
D17.2.6	Orthoptics	Limited to and included in D17.2.	Limited to and included in D17.2.	Limited to and included in D17.2.	
D17.2.7	Orthotists and Prosthetists	Limited to and included in D17.2.	Limited to and included in D17.2.	Limited to and included in D17.2.	
D17.2.8	Podiatry	Limited to and included in D17.2.	Limited to and included in D17.2.	Limited to and included in D17.2.	
D17.2.9	Private nurse practitioners	Limited to and included in D17.2.	Limited to and included in D17.2.	Limited to and included in D17.2.	Nursing services are included in the Alternatives to Hospitalisation benefit (D7) if pre-authorised by the relevant managed healthcare programme.
D17.2.10	Speech therapy	Limited to and included in D17.2.	Limited to and included in D17.2.	Limited to and included in D17.2.	
D17.2.11	Social workers	Limited to and included in D17.2.	Limited to and included in D17.2.	Limited to and included in D17.2.	
D18	PATHOLOGY AND MEDICAL TECHNOLOGY (See B4)		<div style="border: 1px solid red; padding: 5px; display: inline-block;"> REGISTERED BY ME ON  </div>		
D18.1	In hospital	<ul style="list-style-type: none"> No limit. Subject to the DSP for pathology at negotiated rates. 100% of the Bonitas Tariff for services rendered by non-DSP providers. 	<ul style="list-style-type: none"> No limit. Subject to the DSP for pathology at negotiated rates. 100% of the Bonitas Tariff for services rendered by non-DSP providers. 	<ul style="list-style-type: none"> No limit. Subject to the DSP for pathology at negotiated rates. 100% of the Bonitas Tariff for services rendered by non-DSP providers. 	Acc: No

PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONCOMPREHENSIVE	BONCLASSIC	BONCOMPLETE	CONDITION/REMARKS SUBJECT TO PMB
D18.2	Out of hospital	<ul style="list-style-type: none"> Subject to the available savings and/or threshold. Subject to the DSP for pathology at negotiated rates. 100% of the Bonitas Tariff for services rendered by non-DSP providers. 	<ul style="list-style-type: none"> Limited to R3 110 per beneficiary and to a maximum of R6 890 per family. Subject to the DSP for pathology at negotiated rates. 100% of the Bonitas Tariff for services rendered by non-DSP providers. 	<ul style="list-style-type: none"> Subject to the available savings and/or above threshold benefit. Subject to the DSP for pathology at negotiated rates. 100% of the Bonitas Tariff for services rendered by non-DSP providers. 	Subject to the Pathology Management Program. The specified list of pathology tariff codes included in the <ul style="list-style-type: none"> maternity benefit, (D10), the oncology benefit during the active and/or post active treatment period, (D14); organ and haemopoietic stem cell transplantation benefit, (D16) and the renal dialysis chronic benefit, (D22). Acc: Yes
D19	PHYSICAL THERAPY (See B4)				
D19.1	In hospital Physiotherapy Biokinetics	No limit. 100% of Bonitas Tariff.	No limit. 100% of Bonitas Tariff.	No limit. 100% of Bonitas Tariff.	Subject to referral by the treating practitioner. Physiotherapy is not covered for mental health admissions. See D12. Acc: No
D19.2	Out of hospital physiotherapy Biokinetics Chiropractics	Subject to available savings and/or threshold.	Limited to and included in D17.2.	Subject to available savings and/or above threshold benefit.	This benefit excludes X-rays performed by chiropractors. Acc: Yes



PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONCOMPREHENSIVE	BONCLASSIC	BONCOMPLETE	CONDITION/REMARKS SUBJECT TO PMB
D20	PROSTHESES AND DEVICES INTERNAL AND EXTERNAL (See B4)				
D20.1	Prostheses and devices internal (surgically implanted), including all temporary prostheses, or/and all accompanying temporary or permanent devices used to assist with the guidance, alignment or delivery of these internal prostheses and devices. This includes bone cement, bone graft substitutes, screws, pins and bone anchors.	<ul style="list-style-type: none"> R55 100 per family. Sub-limit of R3 390 for a single intra-ocular lens. R6 780 for bilateral lenses per beneficiary. Subject to preferred supplier agreements and Regulation 8 (3). 	<ul style="list-style-type: none"> R54 600 per family. Sub-limit of R3 390 for a single intra-ocular lens. R6 780 for bilateral lenses per beneficiary. Subject to preferred supplier agreements and Regulation 8 (3). 	<ul style="list-style-type: none"> R44 210 per family Sub-limit of R3 390 for a single intra-ocular lens. R6 780 for bilateral lenses per beneficiary. Subject to preferred supplier agreements and Regulation 8 (3). 	<p>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.</p> <p>Acc: No</p>
D20.1.1	Cochlear implants	<ul style="list-style-type: none"> R277 700 per family. Subject to preferred supplier agreements and Regulation 8 (3). 	<ul style="list-style-type: none"> R277 700 per family. Subject to preferred supplier agreements and Regulation 8 (3). 	No benefit.	Subject to the relevant managed healthcare programme and to its prior authorisation.
D20.1.2	Internal Nerve stimulator	R165 600 per family.	No benefit.	No benefit.	Subject to the relevant managed healthcare programme and to its prior authorisation.
D20.2	Prostheses external	<ul style="list-style-type: none"> R55 100 per family. Limited to R5 250 per external breast prosthesis and limited to two per annum. Subject to preferred supplier agreements and Regulation 8 (3). 	<ul style="list-style-type: none"> Limited to and included in D20.1. Limited to R5 250 per external breast prosthesis and limited to two per annum. 	<ul style="list-style-type: none"> Limited to and included in D20.1. Limited to R5 250 per external breast prosthesis and limited to two per annum. 	<p>Subject to the relevant managed healthcare programme and to its prior authorisation.</p> <p>The benefit excludes consultations/fittings, which are subject to D17.2.</p>

REGISTERED BY ME ON



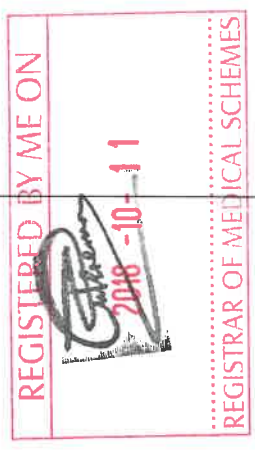
2019-10-11

REGISTRAR OF MEDICAL SCHEMES

PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONCOMPREHENSIVE	BONCLASSIC	BONCOMPLETE	CONDITION/REMARKS SUBJECT TO PMB
D21	RADIOLOGY (See B4)				
D21.1	General radiology				
D21.1.1	In hospital	No limit.	No limit.	No limit.	For diagnostic radiology tests and ultrasound scans. Authorisation is not required for MRI scans for low field peripheral joint examination of dedicated limb units. Acc: No
D21.1.2	Out of hospital	Subject to available savings and/or threshold.	Limited to and included in D18.2	Subject to available savings and/or above threshold benefit.	This benefit excludes: specified list of radiology tariff codes included in the <ul style="list-style-type: none"> • maternity benefit, (D10), • the oncology benefit during the active treatment and/or post active treatment period, (D14); • the organ and haemopoietic stem cell transplantation benefit, (D16), • renal dialysis chronic benefit, (D22). Authorisation is not required for MRI scans for low field peripheral joint examination of dedicated limb units. Acc: Yes.

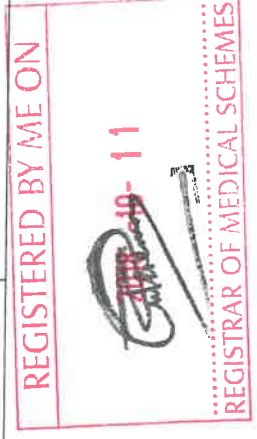


PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONCOMPREHENSIVE	BONCLASSIC	BONCOMPLETE	CONDITION/REMARKS SUBJECT TO PMB
D21.2	Specialised radiology				
D21.2.1	In hospital	R31 330 per family.	R28 990 per family.	R23 330 per family.	<p>Subject to the relevant managed healthcare programme and to its prior authorisation. Specific authorisations are required in addition to any authorisation that may have been obtained for hospitalisation, for the following:</p> <ul style="list-style-type: none"> • CT scans • MUGA scans • MRI scans • Radio isotope studies • CT colonography (virtual colonoscopy) (only in credentialled practices), limited to one per beneficiary per annum restricted to the evaluation of symptomatic patients only) • MDCT coronary angiography (only in credentialled practices), limited to one per beneficiary restricted to the evaluation of symptomatic patients only.
D21.2.2	Out of hospital	Limited to and included in D21.2.1.	Limited to and included in D21.2.1.	Limited to and included in D21.2.1.	<p>Acc: No See D21.2.1.</p>
D21.3	PET and PET – CT	See D14.1.2.1.	See D14.1.2.1.	See D14.1.2.1.	



(Handwritten signature)

PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONCOMPREHENSIVE	BONCLASSIC	BONCOMPLETE	CONDITION/REMARKS SUBJECT TO PMB
D22	RENAL DIALYSIS CHRONIC (See B4)				Acc: No
D22.1	Haemodialysis and peritoneal dialysis	<ul style="list-style-type: none"> No limit. 100% of the lower of the cost or Bonitas Tariff for all services, medicines and materials associated with the cost of renal dialysis, subject to the DSP network and Regulation 8 (3). 300% of the Bonitas Tariff for the services rendered by a medical specialist. 20% co-payment applies for the voluntary use of a non-DSP. 	<ul style="list-style-type: none"> No limit. 100% of the lower of the cost or Bonitas Tariff for all services, medicines and materials associated with the cost of renal dialysis, subject to the DSP network and Regulation 8 (3). 130% of the Bonitas Tariff for the services rendered by a network specialist and 100% of the Bonitas Tariff for the services rendered by a non-network specialist. Related medicine are subject to the DSP and Regulation 8 (3). 20% co-payment applies for the voluntary use of a non-DSP. 	<ul style="list-style-type: none"> No limit. 100% of the lower of the cost or Bonitas Tariff for all services, medicines and materials associated with the cost of renal dialysis, subject to the DSP network and Regulation 8 (3). 130% of the Bonitas Tariff for the services rendered by a network specialist and 100% of the Bonitas Tariff for the services rendered by a non-network specialist. Related medicine are subject to the DSP and Regulation 8 (3). 20% co-payment applies for the voluntary use of a non-DSP. 	<p>Subject to the relevant managed healthcare programme and to its prior authorisation</p> <p>Authorised erythropoietin is included in (D4).</p> <p>Acute renal dialysis is included in hospitalisation costs.</p> <p>See D7.</p>
D22.2	Radiology and pathology (See B4)	Limited to and included in D22.1.	Limited to and included in D22.1.	Limited to and included in D22.1.	




PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONCOMPREHENSIVE	BONCLASSIC	BONCOMPLETE	CONDITION/REMARKS SUBJECT TO PMB
D23	SURGICAL PROCEDURES (See B4)				
D23.1	In hospital and unattached operating theatres and other minor surgical procedures that can be authorised in hospital	<ul style="list-style-type: none"> Limited to and included in D7.1.1 or D7.2.1. 300% of the Bonitas Tariff for services rendered by medical specialists. 100% of the Bonitas Tariff for the general practitioner. Specific facilities may be contractually excluded and will incur a 30% co-payment, subject to Regulation 8 (3). 	<ul style="list-style-type: none"> Limited to and included in D7.1.1 or D7.2.1. 130% of the Bonitas Tariff for services rendered by network specialists. 100% of the Bonitas Tariff for the general practitioner or non-network specialist. Co-payments apply – See paragraph D23.3 below. Specific facilities may be contractually excluded and will incur a 30% co-payment, subject to Regulation 8 (3). 	<ul style="list-style-type: none"> Limited to and included in D7.1.1 or D7.2.1. 130% of the Bonitas Tariff for services rendered by network specialists. 100% of the Bonitas Tariff for the general practitioner or non-network specialist. Co-payments apply – See paragraph D23.3 below. Specific facilities may be contractually excluded and will incur a 30% co-payment, subject to Regulation 8 (3). 	<p>This benefit excludes:</p> <ul style="list-style-type: none"> Osseo-integrated implants (D6); Orthognathic and oral surgery (D6); Maternity (D10); Organ and haemopoietic stem cell (bone marrow) transplantation and immunosuppressive medication (D16). <p>Acc: No</p>
D23.1.1	Refractive surgery	<ul style="list-style-type: none"> R20 770 per family at 100% of the Bonitas Tariff for refractive surgery such as Lasik, Radial Keratotomy and Phakic Lens insertion. Specific facilities may be contractually excluded and will incur a 30% co-payment, subject to Regulation 8 (3). 	No benefit.	No benefit.	Acc: No

REGISTERED BY ME ON



REGISTRAR OF MEDICAL SCHEMES

PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONCOMPREHENSIVE	BONCLASSIC	BONCOMPLETE	CONDITION/REMARKS SUBJECT TO PMB
D23.1.2	Maxillo-facial surgery	<ul style="list-style-type: none"> Limited to and included in D7.1.1 or D7.2.1. 300% of the Bonitas Tariff for services rendered by the medical specialist. 	<ul style="list-style-type: none"> Limited to and included in D7.1.1 or D7.2.1. 100% of the Bonitas Tariff for services rendered by the medical specialist. 	<ul style="list-style-type: none"> Limited to and included in D7.1.1 or D7.2.1. 100% of the Bonitas Tariff for services rendered by the medical specialist. 	<p>Subject to the relevant managed healthcare programme and to its prior authorisation.</p> <p>For the surgical removal of</p> <ul style="list-style-type: none"> • tumours • neoplasms • sepsis, • trauma, • congenital birth defects and other surgery not specifically mentioned in (D6). • This benefit excludes: • Osseo-integrated implantation (D6); • Orthognathic surgery (D6); • Oral surgery (D6); • Impacted wisdom teeth (D6).
D23.2	Out of hospital in practitioners rooms	Subject to available savings and/or threshold.	Subject to available savings.	Subject to available savings and/or above threshold benefit.	Acc: Yes
D23.3	PROCEDURES THAT WILL ATTRACT A DEDUCTIBLE				

REGISTERED BY ME ON

 2018 -10- 11
 REGISTRAR OF MEDICAL SCHEMES


PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONCOMPREHENSIVE	BONCLASSIC	BONCOMPLETE	CONDITION/REMARKS SUBJECT TO PMB
D23.3.1	Procedures which will attract a R6 000 deductible: Hip or knee arthroplasty Spinal surgery	<ul style="list-style-type: none"> Subject to a R6 000 co-payment when hip or knee arthroplasty is performed by a provider not contracted to the preferred provider network. Spinal surgery without prior assessment and/or intervention by the contracted conservative back programme. 	<ul style="list-style-type: none"> Subject to a R6 000 co-payment when hip or knee arthroplasty is performed by a provider not contracted to the preferred provider network. Spinal surgery without prior assessment and/or intervention by the contracted conservative back programme. 	<ul style="list-style-type: none"> Subject to a R6 000 co-payment when hip or knee arthroplasty is performed by a provider not contracted to the preferred provider network. Spinal surgery without prior assessment and/or intervention by the contracted conservative back programme. 	Subject to the relevant managed healthcare programme and to its prior authorisation.
D24	PREVENTATIVE CARE BENEFIT (See B4)				Acc: No
D24.1	Women's Health Breast Cancer Screening Cervical Cancer Screening	<ul style="list-style-type: none"> Mammogram Females age >40 years Once every 2 years. Pap Smear Females 21-65 years Once every 3 years. 	<ul style="list-style-type: none"> Mammogram Females age >40 years Once every 2 years. Pap Smear Females 21-65 years Once every 3 years. 	<ul style="list-style-type: none"> Mammogram Females age >40 years Once every 2 years. Pap Smear Females 21-65 years Once every 3 years. 	<p style="text-align: center;">REGISTERED BY ME ON</p> <p style="text-align: center;">2019-10-11</p> <p style="text-align: center;">REGISTRAR OF MEDICAL SCHEMES</p>
D24.2	Mens Health PSA test	Men 45-69 years, 1 per annum.	Men 45-69 years, 1 per annum.	Men 45-69 years, 1 per annum.	
D24.3	General Health	<ul style="list-style-type: none"> HIV test annually. Flu vaccine annually. 	<ul style="list-style-type: none"> HIV test annually. Flu vaccine annually. 	<ul style="list-style-type: none"> HIV test annually. Flu vaccine annually. 	HIV test is limited to one (1) per beneficiary per annum, either as part of Wellness or Health Risk Assessment. See D27.1
D24.4	Cardiac health: Cholesterol	Full Lipogram From age 20 years Once every 5 years.	Full Lipogram From age 20 years Once every 5 years.	Full Lipogram From age 20 years Once every 5 years.	

PARA GRAPH	BENEFIT (EXCEPT FOR PMBS)	BONCOMPREHENSIVE	BONCLASSIC	BONCOMPLETE	CONDITION/REMARKS SUBJECT TO PMB
D24.5	Elderly Health	<ul style="list-style-type: none"> Pneumococcal Vaccination Age >65 Once every 5 years. Faecal Occult Blood Test Ages 50 - 75 annually. Bone Densitometry Screening Females >Age 65 Once every 5 years and Males >Age 70 Once every 5 years. 	<ul style="list-style-type: none"> Pneumococcal Vaccination Age >65 Once every 5 years. Faecal Occult Blood Test Ages 50 - 75 annually. Bone Densitometry Screening Females >Age 65 Once every 5 years and Males >Age 70 Once every 5 years. 	<ul style="list-style-type: none"> Pneumococcal Vaccination Age >65 Once every 5 years. Faecal Occult Blood Test Ages 50 - 75 annually. 	
D24.6	Children's health Hypothyroidism	<ul style="list-style-type: none"> 1 TSH Test Age <1 month 	<ul style="list-style-type: none"> 1 TSH Test Age <1 month 	<ul style="list-style-type: none"> 1 TSH Test Age <1 month 	
	Infant Hearing Screening	<ul style="list-style-type: none"> One infant hearing screening test for newborns up to 8 weeks, in or out of hospital, performed by an audiologist or speech therapist. 	<ul style="list-style-type: none"> One infant hearing screening test for newborns up to 8 weeks, in or out of hospital, performed by an audiologist or speech therapist. 	<ul style="list-style-type: none"> One infant hearing screening test for newborns up to 8 weeks, in or out of hospital, performed by an audiologist or speech therapist. 	
	Extended Program on Immunisation (EPI)	<ul style="list-style-type: none"> Various Vaccinations for children up to the age of 12 years. 	<ul style="list-style-type: none"> Various Vaccinations for children up to the age of 12 years. 	<ul style="list-style-type: none"> Various Vaccinations for children up to the age of 12 years. 	As per State EPI protocols.



(Handwritten signature)

PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONCOMPREHENSIVE	BONCLASSIC	BONCOMPLETE	CONDITION/REMARKS SUBJECT TO PMB
D25	INTERNATIONAL TRAVEL BENEFIT	<ul style="list-style-type: none"> 100% of the usual, reasonable cost for in- and out-of-hospital treatment. The first R2 000 (or equivalent of local currency in respect of out-of-hospital treatment per person per journey is payable by the member. Subject to authorisation. Not exceeding 90 days from date of departure from South Africa, for medical emergencies only. 	<ul style="list-style-type: none"> 100% of the usual, reasonable cost for in- and out-of-hospital treatment. The first R2 000 or equivalent of local currency in respect of out-of-hospital treatment per person per journey is payable by the member. Subject to authorisation. Not exceeding 90 days from date of departure from South Africa, for medical emergencies only. 	<ul style="list-style-type: none"> 100% of the usual, reasonable cost for in- and out-of-hospital treatment. The first R2 000 (or equivalent of local currency in respect of out-of-hospital treatment per person per journey is payable by the member. Subject to authorisation. Not exceeding 90 days from date of departure from South Africa, for medical emergencies only. 	<ul style="list-style-type: none"> R5 000 000 per beneficiary per journey for both in- and out-of-hospital treatment (R10 000 000 per family). Emergency optical and dental illness expenses up to R10 000. Medical evacuation, transport to medical centres, return to South Africa <p>Acc: No</p>
D26	AFRICA BENEFIT	<ul style="list-style-type: none"> 100% of the usual, reasonable cost for in- and out-of-hospital treatment routinely available in South Africa received in Africa. Subject to authorisation. 	<ul style="list-style-type: none"> 100% of the usual, reasonable cost for in- and out-of-hospital treatment routinely available in South Africa received in Africa. Subject to authorisation. 	<ul style="list-style-type: none"> 100% of the usual, reasonable cost for in- and out-of-hospital treatment routinely available in South Africa received in Africa. Subject to authorisation. 	<p>The Fund's liability will not exceed the global amount the Fund would in the ordinary course pay for such healthcare services given the Fund's claims experience in South Africa, subject to the benefits as per benefit plan.</p> <p>Acc: No</p>
D27	WELLNESS BENEFIT				<p>Acc: No</p>

REGISTERED BY ME ON

2018-10-11
 REGISTRAR OF MEDICAL SCHEMES

PARA GRAPH	BENEFIT (EXCEPT FOR PMBS)	BONCOMPREHENSIVE	BONCLASSIC	BONCOMPLETE	CONDITION/REMARKS SUBJECT TO PMB
D27.1	Health Risk Assessment (HRA) which includes Lifestyle questionnaire Wellness screening	Wellness screening. One assessment per beneficiary per annum by a registered provider, (wellness day, participating pharmacy or biokineticists). Payable from OAL. Limited to: • blood pressure test • glucose test • cholesterol test • body mass index • hip to waist ratio • HIV counselling and testing.	Wellness screening. One assessment per beneficiary per annum by a registered provider, (wellness day, participating pharmacy or biokineticists). Payable from OAL. Limited to: • blood pressure test • glucose test • cholesterol test • body mass index • hip to waist ratio • HIV counselling and testing.	Wellness screening. One assessment per beneficiary per annum by a registered provider, (wellness day, participating pharmacy or 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 Wellness or Health Risk Assessment. See D24.3.
D27.2	Wellness extender	Subject to completion of a Health Risk Assessment per beneficiary. Limited to R2 540 per family. Limited to services rendered by: • Family practitioner • Dietician • Biokineticist • Physiotherapist • Smoking cessation programme.	Subject to completion of a Health Risk Assessment per beneficiary. Limited to R1 750 per family. Limited to services rendered by: • Family practitioner • Dietician • Biokineticist • Physiotherapist • Smoking cessation programme.	Subject to completion of a Health Risk Assessment per beneficiary. Limited to R1 750 per family. Limited to services rendered by: • Family practitioner • Dietician • Biokineticist • Physiotherapist • Smoking cessation programme.	Child dependants will qualify for the wellness extender benefit once the main member or an adult beneficiary has completed a Health Risk Assessment.

REGISTERED BY ME ON

11

REGISTRAR OF MEDICAL SCHEMES