




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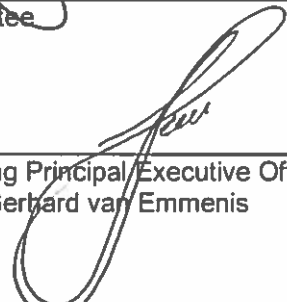
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We, the undersigned, hereby certify that in accordance with the provisions of the rules of the Fund, adopted the following rule amendments with the effect from 1 January 2017.

The appended documents are initialed for identification purposes.


Acting Chairperson *15/3/2017.*
Mr S Claassen


Trustee *17/3/2017*


Acting Principal/Executive Officer
Mr Gerhard van Emmenis

17/3/2017
Date

BONITAS POST BENEFIT REVIEW CERTIFICATE
BOT APPROVED
With effect from 01/01/2017
Amendment Certificate 4 of January 2017 benefit year



Bonitas Medical Fund registration number: 1512
Mr J Bagg · Mr S Claassen · Mr R Cowlin · Mr O Komane · Ms M Lesunyane · Ms F Martin · Ms Y Mbuli · Dr H Nematswerani ·
Mr O Pretorius · Ms J Usher · Mr G van Emmenis (Acting Principal Officer) · Ms T Moshakga (Scheme Secretary)



**BONITAS MEDICAL FUND
AMENDMENTS 2017**

ANNEXURE D 2017

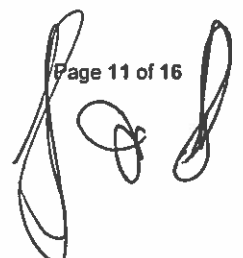
7.3.4	Added BonComplete
7.3.8	Deleted "Centre for Diabetes and Endocrinology (CDE) appointed by the Scheme as the designated service provider for the provision of the management of Diabetes on all options except BonCap, Hospital Standard and Hospital Plus;"
7.12.2	Deleted "Centre for Diabetes and Endocrinology (CDE) on all options except BonCap," Paragraph numbers changed as a result of this
7.12.16	Added "Preferred Provider Negotiators (PPN) for Optometry on BonComplete."

Three handwritten signatures in black ink, located at the bottom right of the page. The signatures are stylized and appear to be written in a cursive or calligraphic style.

- 7.3.4** All contracted general practitioners for the provision of Prescribed Minimum Benefit healthcare services, except on BonComprehensive, BonClassic, BonComplete, BonSave, BonFit, BonEssential, Hospital Standard and Hospital Plus;
- 7.3.5** ER24 for emergency medical transport;
- 7.3.6** All contracted specialist practitioners for the provision of Prescribed Minimum Benefit healthcare services, except on BonComprehensive, Hospital Plus and BonCap;
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
- 7.3.7** Independent Clinical Oncology Network ("ICON"), appointed by the scheme as the designated service provider for the provision of oncology services for Prescribed Minimum Benefits on all options. In addition, ICON is a preferred provider for the provision of all oncology services. Furthermore, ICON doctors are part of the Specialist Network and form part of this DSP. This excludes paediatric chemotherapy and acute haematology. The Standard protocols apply for all options other than BonComprehensive;
- 7.3.8** Improved Clinical Pathway Services (ICPS) and JointCare for hip and knee surgery on Standard Select;
- 7.3.9** Contracted providers for chronic renal dialysis on BonCap, BonFit, Standard Select; BonEssential, BonSave, Primary and Hospital Standard;
- 7.3.10** The above service providers shall for the purposes of this paragraph be referred to as "designated service providers". "Designated service provider" means a healthcare provider or group of providers selected by the Fund as the provider or providers to provide to its members the respective services as set out above.

7.4 Prescribed minimum benefits obtained from designated service providers

100% of negotiated cost in respect of diagnosis, treatment and care of prescribed minimum benefit conditions if those services are obtained from a designated service provider.



7.11.2 Specified PMB Chronic Conditions

- | | |
|---|--|
| <ul style="list-style-type: none"> ▪ Addison's disease ▪ Asthma ▪ Bipolar Mood Disorder ▪ Bronchiectasis ▪ Cardiac failure ▪ Cardiomyopathy ▪ Chronic renal disease ▪ Chronic obstructive pulmonary disease ▪ Coronary artery disease ▪ Crohn's disease ▪ Diabetes insipidus ▪ Diabetes mellitus type 1 & 2 | <ul style="list-style-type: none"> ▪ Dysrhythmias ▪ Epilepsy ▪ Glaucoma ▪ Haemophilia ▪ Hyperlipidaemia ▪ Hypertension ▪ Hypothyroidism ▪ Multiple sclerosis ▪ Parkinson's disease ▪ Rheumatoid arthritis ▪ Schizophrenia ▪ Systemic lupus erythematosus ▪ Ulcerative Colitis |
|---|--|

7.12. Contracted and/or Preferred Provider Services

- 7.12.1** ER24 for emergency medical transport
- 7.12.2** Contracted private hospitals on BonFit, Standard Select and BonCap;
- 7.12.3** Denis for dentistry on all options except BonEssential;
- 7.12.4** IsoLeso for Optometry on all options except on BonFit, BonSave and BonComprehensive.
- 7.12.5** Pharmacy Direct for chronic medicine except on BonComprehensive
- 7.12.6** Contracted general practitioners on Standard, Standard Select, Primary and BonCap;
- 7.12.7** Contracted specialists on the BonClassic, Standard, Primary, BonEssential, Standard Select, BonSave, BonComplete, BonFit, Hospital Standard options;
- 7.12.8** Contracted pharmacies for the provision of acute and chronic medicine on all options except BonCap for chronic medication;
- 7.12.9** All registered Independent Clinical Oncology Network (ICON) facilities and their doctors for the delivery of oncology services except on BonComprehensive;
- 7.12.10** ER24 for international cover;
- 7.12.11** ICPS and JointCare for hip and knee surgery on Standard, BonClassic, BonComplete and Hospital Plus;
- 7.12.12** Preferred providers for chronic renal dialysis on Standard, BonClassic, BonComplete, BonComprehensive and Hospital Plus;
- 7.12.13** Contracted hospitals/hospital groups as preferred provider for hospitalisation for BonComprehensive, BonClassic, BonComplete, Standard, BonSave, Primary, BonEssential, Hospital Standard and Hospital Plus;
- 7.12.14** Documentation Based Care (DBC) on all options except BonCap.

- 7.12.15 Preferred supplier agreements for appliances and prostheses as specified in Annexure B paragraphs D 3.1.1 and D 20.1.
- 7.12.16 Preferred Provider Negotiators (PPN) for Optometry on BonComplete.

8. INTERNATIONAL TRAVEL BENEFIT

- 8.1 A member and his dependants on all plans, except the BonCap benefit plan, are entitled to the International Travel Benefit (ITB) and specifically the benefits as set out in Annexure B depending on the benefit option selected.
- 8.2 Included in the member's ITB is cover:
 - 8.2.1 for the usual, reasonable, costs of medical, surgical, dental (to sound natural teeth) and other treatment given in a hospital and by and on the authority of a member of the medical profession, as well as ambulance transportation, which occurs as a result of an accident or any emergency.
 - 8.2.2 for 90 (ninety) days from date of departure from South Africa or until the member returns to South Africa, whichever occurs first;
 - 8.2.3 for emergency transport to the nearest appropriate facility and / or repatriation to South Africa;
 - 8.2.4 to enable the member to stabilize so that the member is able to return to South Africa. The member may be accompanied by medical staff, subject to approval. Should the member be capable of being repatriated and elects not to return to South Africa, all expenses incurred after the Fund's decision to repatriate shall be for the member's own account;
 - 8.2.5 for situations where, if due to hospitalisation, the member is unable to return to South Africa within the 90 (ninety) day period, the period of cover will be extended for such period as is reasonable necessary to enable the member to return to South Africa up to a maximum of 90 (ninety) days from the date of admission to hospital;
- 8.3 The Fund's liability for healthcare services rendered out-of-hospital in respect of emergencies contemplated in clause 8 will also be subject to what is stated in 8.2.
- 8.4 Notwithstanding what is stated in clauses 8.2, 8.3 and Annexure B of the applicable Benefit Plans described in these Rules, and unless otherwise decided by the Fund, expenses incurred in connection with any of the following will not be paid by the Fund:
 - 8.4.1 pregnancy or childbirth should medical complications or emergencies arise after the 24th (twenty fourth) week of pregnancy;
 - 8.4.2 situations where a member is aware of a reason which could give rise to any claim;
 - 8.4.3 situations where the member is traveling contrary to medical advice, or with the intention of obtaining medical treatment, or where a terminal prognosis has been given
 - 8.4.4 emergency treatment for conditions, and complications thereof, for which treatment or medical advice was received at any time during the thirty day period immediately preceding the date of departure from South Africa
- 8.5 Nothing in this clause will be interpreted to preclude the application of the exclusions stated in Annexure C.

