Bonitas

BONITAS MEDICAL FUND
ANNEXURE B

OPTION: BONCAP

2024

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A ENTITLEMENT TO BENEFITS

A1 The BonCap Fund Tariff is defined as the BonCap monetary tariffs applicable in 2023 increased by an average of 6.5%

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. Benefits are applicable per annum unless otherwise stated in the Benefit Table in paragraph D below.

A3 The Specialist Network appointed as the BonCap Specialist Network 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:

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

A3.1.2 Specialist Network tariffs, in and out of hospital are at 100% of the BonCapTariff.

B CHARGING OF BENEFITS, LIMITS INCLUDING OAL & MEMBERSHIP CATEGORY

B1 Valid claims will be paid at 100% of the negotiated fee, or in the absence of such fee, 100% of the lower cost or BonCap Tariff, or Uniform Patient Fee Schedule for Public hospitals, or 100% of the BonCap Dental Tariff as prescribed or rendered by a medical, dental and alternative healthcare practitioner or at a percentage as indicated in the table below. The cost of a valid claim shall be determined for the purpose of reimbursing the member or the supplier and the share of such cost that the Fund will bear. The balance of the share of costs to make up 100% thereof shall be the member's responsibility except for Prescribed Minimum Benefits, unless there has been voluntary use of a non-DSP where the reimbursement will be 70% of the BonCap tariff.

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

B3 MEMBERSHIP CATEGORY

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

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

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

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

B6 On the BonCap Option, a member or beneficiary will be required to obtain a referral from a BonCap registered general practitioner for a BonCap network specialist consultation. Should a member/beneficiary not have a referral, the claim will not be covered.

C PRESCRIBED MINIMUM BENEFITS (PMBs)

Prescribed Minimum Benefits as shown in Annexure A of the General Regulations, made in terms of the medical Schemes' Act 131 of 1998; override all benefits indicated in this annexure. The Prescribed Minimum Benefits are available in conjunction with the Fund's contracted managed care programmes, which include the application of treatment protocols, medicine formularies, pre-authorisation and case management. These measures have been implemented to ensure appropriate and effective delivery of Prescribed Minimum Benefits.

See Annexure D – Paragraph 7 for a full explanation

D ANNUAL LIMITS AND BENEFITS

PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONCAP	CONDITIONS/REMARKS SUBJECT TO PMB
	OVERALL ANNUAL LIMIT	No limit.	
D1	**ALTERNATIVE HEALTHCARE (See B1)**	No benefit.	
D1.1	**Homeopathic Consultations and/or Treatment**	No benefit.	
D1.2	**Homeopathic Medicines**	No benefit.	
D1.3	**Acupuncture**	No benefit.	
D1.4	**Naturopathy**	No benefit.	
D1.5	**Osteopathy**	No benefit.	
D1.6	**Phytotherapy**	No benefit.	
D2	**AMBULANCE SERVICES (See B1)**	100% of cost if authorised by the preferred provider.	Subject to the contracted provider. Non-authorisation will result in non-payment except for PMBs.
D3	**APPLIANCES, EXTERNAL ACCESSORIES AND ORTHOTICS (See B1)**		Diabetic accessories and appliances (with the exception of glucometers) to be pre-authorised and claimed from the chronic medicine benefit (D11.3). Subject to frequency limits as per managed care protocols.
D3.1	**In and Out of Hospital**		
D3.1.1	**General Medical and Surgical Appliances, including wheelchairs and repairs, and large orthopaedic appliances**	R6 740 per family. Recommend use of preferred supplier.	Hiring or buying medical or surgical aids as prescribed by a medical practitioner. The benefit excludes consultations/fittings which are subject to D17.2.
D3.1.2	**Hearing Aids and Repairs**	No benefit.	

PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONCAP	CONDITIONS/REMARKS SUBJECT TO PMB
D3.1.3	**CPAP Apparatus for Sleep Apnoea**	No benefit.	
D3.1.4	**Stoma Products**	Limited to and included in the general medical and surgical appliance limit, and above limits PMB applies.	
D3.1.5	**Specific Appliances, Accessories**		Subject to the relevant managed healthcare programme and to its prior authorisation and if the treatment forms part of the relevant managed healthcare programme, out of hospital.
D3.1.5.1	**Oxygen Therapy, and Equipment (not including Hyperbaric Oxygen Treatment)**	No limit, if specifically authorised.	Portable cylinders/concentrators are excluded.
D3.1.5.2	**Home Ventilators**	No limit, if specifically authorised.	
D3.1.5.3	**Long leg Callipers**	Limited to and included in D3.1.1.	
D3.1.5.4	**Foot Orthotics**	No benefit.	
D4	**BLOOD, BLOOD EQUIVALENTS AND BLOOD PRODUCTS (See B1)**	Limited to R21 570 per family.	Subject to the relevant managed healthcare programme and to its prior authorisation.
D5	**CONSULTATIONS/VISITS BY MEDICAL PRACTITIONERS (See B1)**		This benefit excludes • Dental Practitioners and Therapists (D6), • Oncologists, Haematologists and Credentialed Medical Practitioners during active and post-active treatment periods (D14); • Paramedical Services (D17); • Physiotherapists and Biokineticists in hospital D19.1).
D5.1	**General Practitioners (Including Virtual Consultations with Network GPs)**		

PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONCAP	CONDITIONS/REMARKS SUBJECT TO PMB
D5.1.1	**In Hospital**	• No limit. • 100% of the BonCap Tariff for general practitioners on the BonCap Network. • 70% of the BonCap Tariff for non-network general practioners.	Subject to pre-authorisation, the DSP network and managed care protocols.
D5.1.2	**Out of Hospital**	• Unlimited GP visits • Authorisation is required from the 8th visit. • Subject to the beneficiary consulting with a nominated DSP provider. • Subject to the BonCap GP network. • A 30% co-payment applies to the voluntary use of a non-DSP, unless PMB. • One out of network visit per beneficiary, maximum of two visits per family, limited to R400 per visit. • A 30% co-payment applies to out-of-network visits.	Subject to the DSP network and approved list of procedures, subject to medical necessity and managed care protocols and procedures. Subject to nomination of a GP from the BonCap GP network for the management of chronic conditions.
D5.1.3	**GP – Radiology, Pathology and Acute Medication.**	M R2 190 M+1 R3 650 M+2 R4 370 M+3 R4 770 M+4+ R5 290	• Subject to the BonCap radiology and pathology formulary. • 20% co-payment applies to medication obtained from a non-network GP and use of a non-DSP. • 20% co-payment on pathology obtained from a non-DSP provider. • Managed care protocols apply.
D5.2	**Medical Specialists (See B1 and B6)**		
D5.2.1	**In Hospital**	• No limit. • 100% of the BonCap Tariff for BonCap specialists • 70% of the BonCap Tarif for non-network specialists.	

PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONCAP	CONDITIONS/REMARKS SUBJECT TO PMB
D5.2.2	**Out of Hospital (See B6)**	Network Specialist consultations are limited to: • 5 consultations per family per year, maximum 3 per beneficiary. • Limited to R3 710 per beneficiary or R5 510 per family. • No benefit for out-of-network specialist visits. • Voluntary use of a non-network specialist visits are limited to PMBs at 70% of the BonCap Tariff. The specialist benefit includes all • acute medication, • basic radiology, • specialised radiology and, • pathology prescribed by a specialist.	• A referral to a specialist must be done by a registered BonCap Network general practitioner and a valid referral obtained. • Pre- authorisation is required for all out of hospital specialist visits subject to a BonCap GP network referral and a valid authorisation must be obtained.. • Subject to the BonCap radiology and pathology formulary and DSP.
D6	**DENTISTRY (See B1)**		Benefits are subject to a Denis DSP Network for conservative out of hospital services. The dental benefits are subject to a pre-determined published list of dental codes.
D6.1.1	**Consultations**	• Limited to one general check-up per beneficiary per year. • Limited to one specific (emergency) consultation for pain and sepsis per beneficiary per year. • Subject to the contracted dental provider. • Covered at 100% of the BDT.	Out of network emergency dentistry is limited to one episode per beneficiary.
D6.1.2	**Fillings**	• Benefits for 4 fillings per beneficiary per year. Fillings are granted once per tooth every 2 years. • Benefits for re- treatment of a tooth are subject to managed care protocols. • Covered at 100% of the BDT.	Benefits for fillings are granted once per tooth every 2 years. Benefits for re-treatment of a tooth are subject to managed care protocols. A treatment plan and x-rays may be required for multiple fillings.
D6.1.3	**Plastic Dentures**	• Pre-authorisation is required. • One set of plastic dentures (an upper and a lower) per family in a 24 month cycle for patients 21 years and older only. • 20% Co-payment applies. • A further 20% penalty will apply if authorisation is applied for after the treatment has been done.	Subject to managed care protocols.

PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONCAP	CONDITIONS/REMARKS SUBJECT TO PMB
D6.1.4	**Extractions**	• Covered if clinically necessary. • Covered at 100% of the BDT. • Impacted teeth excluded (8941).	Subject to managed care protocols.
D6.1.5	**Root Canal Therapy**	• Only emergency pulp removal is covered. • Covered at 100% of the BDT. • Root canal therapy on wisdom teeth (3rd molar) is not covered.	Subject to managed care protocols.
D6.1.6	**Preventative Care**	• 1 Polish or 1 scale & polish per beneficiary per year Code 8155 for polish, or code 8159 for scaling and polishing. • Fluoride Treatment: • Covered at 100% of the BDT. • Benefit for fluoride is limited to 1 treatment per annum for beneficiaries from age 5 and younger than 16 years of age. • Code 8161: for beneficiaries 5 - 12 years of age; and • Code 8162: for beneficiaries 13 - 15 years of age. • Fissure Sealants: • 1 treatment per year for beneficiaries under 16 years of age: • Covered at 100% of the BDT. • Code 8163: 1 per tooth in a 3 year period for beneficiaries younger than 16 years of age.	No benefit for oral hygiene instructions.
D6.1.7	**Hospitalisation (general anaesthetic) and Moderate/Deep Sedation in the rooms**	• No benefit for in hospital (general anaesthetic) dentistry, except for PMBs. • Subject to pre-authorisation. • 30% co-payment applies for non-network hospital admissions or late pre-authorisation requests except for PMB emergencies.	Hospitalisation is only covered for PMB cases Subject to pre-authorisation. Pre-authorisation is required for Moderate/Deep Sedation in the rooms and is limited to extensive conservative dental treatment where managed care protocols apply.
D6.1.8	**Inhalation Sedation in Dental Rooms**	Benefit is subject to managed care protocols. Covered at 100% of the BDT.	Inhalation sedation limited to extensive conservative dental treatment only.

PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONCAP	CONDITIONS/REMARKS SUBJECT TO PMB
D6.1.9	**X-rays**	• Covered at 100% of the BDT for 4 intra-oral x-rays per beneficiary per year. • No benefit for extra-oral x-rays, except for PMB.	
D6.2	**SPECIALISED DENTISTRY (See B1)**		
D6.2.1	**Crowns**	No benefit.	
D6.2.2	**Partial Chrome Cobalt Frame Dentures**	No benefit.	
D6.2.3	**Osseo-integrated Implants and orthognathic surgery (functional correction of malocclusion)**	No benefit.	
D6.2.4	**Oral Surgery**	Subject to the contracted provider.	Subject to the dental managed care protocols. Surgery in the dental chair – subject to the Denis DSP. Limited to the following three codes: 8937, 8214 and 8213. Cover for PMB Treatment.
D6.2.5	**Orthodontic Treatment**	No benefit.	
D6.2.6	**Maxillo-facial Surgery**	Limited to and included in D5.2.1.	Surgery in the dental chair – subject to Denis DSP. Limited to the following two codes: 8937 and 8213. Cover for PMB Treatment.
D6.2.7	**Periodontal Treatment**	No benefit.	
D7	**HOSPITALISATION (See B1)**		
D7.1	**Private Hospitals and unattached Operating Theatres (See B1)**		

PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONCAP	CONDITIONS/REMARKS SUBJECT TO PMB
D7.1.1	**In Hospital**	• No limit. • Subject to the BonCap hospital Network and Regulation 8 (3). • 30% co-payment applies for non-network hospital admissions or late pre-authorisation requests except for PMB emergencies. • No benefit for Deep Brain Stimulation Implantation. • The BonCap Day Surgery Network applies for defined procedures. (See paragraph D23.4)	Accommodation, use of operating theatres and hospital equipment, medicine, pharmaceuticals and surgical items. No benefits will be granted if prior authorisation requirements are not complied with, except for late authorisation requests where the penalty as per Annexure D 4.5.6 will apply. This benefit excludes: hospitalisation for: • Osseo-integrated implants and orthognathic surgery (D6); • Maternity (D10); • Mental Health (D12); • Organ and haemopoietic stem cell (bone marrow) transplantation and immunosuppressive medication (D16); • Renal Dialysis chronic (D22); • Refractive surgery (D23).
D7.1.2	**Medicine on discharge from Hospital (TTO) (See B2)**	Limited to and included in the OAL. Up to 7 days' supply, to a maximum of R445 per beneficiary per admission, except anticoagulants post-surgery, which will be subject to the relevant managed healthcare programme.	
D7.1.3	**Casualty / Emergency Room Visits**		Will be included in the hospital benefit if a retrospective authorisation is given by the relevant managed healthcare programme for bona fide emergencies. The risk benefit is maximum 2 emergency room visits per family either in a private or public hospital setting.
D7.1.3.1	**Facility Fee**	• Limited to life and limb threatening emergencies. • Limited to 2 emergency room visits per family, included in the OAL.	

PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONCAP	CONDITIONS/REMARKS SUBJECT TO PMB
		• Subsequent emergency rooms visits are subject to life and limb threatening emergencies and pre-authorisation by the relevant managed healthcare programme.	
D7.1.3.2	**Consultations**	• Limited to 2 consultations per family, limited to and included in the OAL for life and limb threatening emergencies. • Subsequent visits are limited to and included in D5.2.2.	
D7.1.3.3	**Medicine**	Subject to the bona fide emergency treatment protocols.	Subject to the relevant managed healthcare programme and its prior authorisation.
D7.2	**Public hospitals (See B1)**		
D7.2.1	**In Hospital**	• No limit. • No benefit for Deep Brain Stimulation Implantation.	Accommodation, use of operating theatres and hospital equipment, medicine, pharmaceuticals and surgical items. No benefits will be granted if prior authorisation requirements are not complied with. This benefit excludes: hospitalisation for: • Osseo-integrated implants and Orthognathic surgery (D6); • Maternity (D10); • Mental Health (D12); • Organ and haemopoietic stem cell (bone marrow) transplantation and immunosuppressive medication (D16); • Renal Dialysis chronic (D22); • Refractive surgery (D23).
D7.2.2	**Medicine on discharge from Hospital (TTO) (See B2)**	Limited to and included in the OAL. Up to 7 days' supply, to a maximum of R445 per beneficiary per admission, except anticoagulants post-surgery. See D7.1.2.	
D7.2.3	**Casualty / Emergency Room Visits**		Will be included in the hospital benefit if retrospective authorisation is given by the

PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONCAP	CONDITIONS/REMARKS SUBJECT TO PMB
			relevant managed healthcare programme for life and limb threatening emergencies.
D7.2.3.1	**Facility Fee**	• Limited to life and limb threatening emergencies. • Limited to 2 emergency room visits per family, included in the OAL. • Subsequent emergency rooms visits are subject to life and limb threatening emergencies and pre-authorisation by the relevant managed healthcare programme.	
D7.2.3.2	**Consultations**	• Limited to 2 consultations per family, limited to and included in the OAL for life and limb threatening emergencies. • Subsequent visits are limited to and included in D5.2.2.	
D7.2.3.3	**Medicine**	Subject to the bona fide emergency treatment protocols.	
D7.2.4	**Outpatient Services**		•
D7.2.4.1	**Facility Fee**	Limited to pre-authorisation of bona fide emergencies.	
D7.2.4.2	**Consultations**	See D5.2.2.	
D7.2.4.3	**Medicine**	See D11.1.	
D7.3	**Alternatives to Hospitalisation (See B1)**		
D7.3.1	**Physical Rehabilitation Hospitals**	Limited to R57 890 per family.	Subject to the relevant managed healthcare programme and to its prior authorisation. Benefits for clinical procedures and treatment during stay in an alternative facility will be subject to the same benefits that apply to hospitalisation.
D7.3.2	**Sub-acute Facilities including Hospice**	R16 680 per family.	Subject to the relevant managed healthcare programme and to its prior authorisation. Benefits for clinical procedures and treatment during stay in an alternative facility will be subject to the same benefits that apply to hospitalisation.

PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONCAP	CONDITIONS/REMARKS SUBJECT TO PMB
D7.3.3	**Homebased Care, including private nursing and Outpatient antibiotic therapy in lieu of hospitalisation**	No Limit. Subject to pre-authorisation.	Subject to the relevant managed healthcare programme and use of the BonCap DSP.
D7.3.4	**Terminal Care (Non-oncology)**	Limited to and included in D7.3.2 and above limits, subject to pre-authorisation.	Subject to the relevant managed healthcare programme.
D8	**IMMUNE DEFICIENCY SYNDROME RELATED TO HIV INFECTION (SEE B2)**	Prescribed Minimum Benefits only, as per state protocols.	Subject to the Prescribed Minimum Benefits. Subject to registration on the relevant managed healthcare programme.
D8.1	**Anti-retroviral Medicine**	Limited to and included in D8 and subject to the DSP.	
D8.2	**Related Medicine**	Limited to and included in D8 and subject to the DSP.	
D8.3	**Related Pathology**	Limited to and included in D8.	
D8.4	**Related Consultations**	Limited to and included in D8.	
D8.5	**All Other Services**	Limited to and included in D1 - D7 and D9 – D27.	
D9	**INFERTILITY (See B1 and B5)**	Limited to interventions and investigations as prescribed by the Regulations to the Medical Schemes' Act 131 of 1998 in Annexure A, paragraph 9, Code 902M.	Subject to the relevant managed healthcare programme and to its prior authorisation.
D10	**MATERNITY (See B1)**		
D10.1	**Confinement in Hospital**	• No limit, at 100% of the BonCap Tariff for the general practitioner or medical specialist. • Neonatal care is limited to R52 960 per family, except for PMBs. • 30% co-payment applies for non-network hospital admissions or late pre-authorisation requests except for PMB emergencies.	Delivery by a general practitioner or medical specialist and the services of the attendant paediatrician and/or anaesthetists are included. Included in global obstetric fee is post-natal care by a general practitioner and medical specialist up to and including the six week post-natal consultation.
D10.1.1	**Medicine on discharge from Hospital (TTO) (See B2)**	Limited to and included in D7.1.2.	

PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONCAP	CONDITIONS/REMARKS SUBJECT TO PMB
D10.1.2	**Confinement in a Registered Birthing Unit**	• Limited to and included in D10.1. • 4 x post-natal midwife consultations per pregnancy, of which one (1) may be used for a lactation specialist consultation, out of hospital. • 30% co-payment applies for non-network hospital admissions or late pre-authorisation requests except for PMB emergencies.	• Subject to the relevant managed healthcare programme and its prior authorisation. • Delivery by a midwife. • Hire of water bath and oxygen cylinder limited to and included in OAL. This must be hired from a practitioner who has a registered practice number. • One of the post-natal midwife consultations may be used for a lactation specialist consultation out of hospital.
D10.2	**Confinement out of Hospital**	• Limited to and included in D10.1. • 4 x post-natal midwife consultations per pregnancy, of which one (1) may be used for a lactation specialist consultation.	• Registered medicine, dressings and materials supplied by a midwife out of hospital. • One of the post-natal midwife consultations may be used for a lactation specialist consultation.
D10.2.1	**Consumables and Pharmaceuticals**	Limited to and included in D10.1.	
D10.3	**Related Maternity Services**	Limited to and included in D10.1.	
D10.3.1	**Ante-natal Consultations**	• Limited and included in D5.1.2. • Pre-authorisation required for all out of hospital specialist visits. • Subject to the BonCap DSP network referral and managed care visits by the BonCap DSP network and rand limits in D5.2.2. • Subject to a list of approved services.	Subject to the relevant managed healthcare programme and to its prior authorisation.
D10.3.2	**Related Tests and Procedures**	• Subject to the BonCap Radiology and Pathology formulary and managed care protocols. • 2x2D scans per pregnancy, subject to D5.1.3 or D5.2.2. • No benefit for amniocentesis	Subject to the relevant managed healthcare programme and to its prior authorisation.

PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONCAP	CONDITIONS/REMARKS SUBJECT TO PMB
D11	**MEDICINE AND INJECTION MATERIAL (See B1 and B2)**		
D11.1	**Routine /(Acute) Medicine**	• Subject to the BonCap DSP network, Regulation 8 (3) and the BonCap medicine formulary. • Included in D5.1.3 and D5.2.2. • Medicine prescribed by specialist, subject to referral from the BonCap DSP network and authorisation of the visit. • Medicine prescribed by non-DSP subject to out of network visit limit of R1 250, 20% co-pay and Regulation 8 (3).	Subject to the relevant managed healthcare programme. Subject to the BonCap Pharmacy Network. The Medicine Exclusion List and the Pharmacy Products Management Document are applicable. This benefit excludes: • In-hospital medicine (D7); • Anti-retroviral medicine (D8); • Oncology medicine (D14); • Organ and haemopoietic stem cell (bone marrow) transplantation immunosuppressive medication (D16).
D11.1.1	**Medicine on discharge from Hospital (TTO)**	Limited to and included in D7.1.2.	
D11.1.2	**Contraceptives**	• Limited to R1 260 per family. • Limited to females up to the age of 50 years. • Subject to the BonCap DSP network. • 40% co-payment applies for the voluntary use of a non-DSP pharmacy.	
D11.2	**Pharmacy Advised Therapy Schedules 0, 1 and 2 medicine advised and dispensed by a pharmacist**	• Limited to R110 per event and maximum R315 per beneficiary per annum.	Subject to the BonCap Pharmacy Network and formulary.

PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONCAP	CONDITIONS/REMARKS SUBJECT TO PMB
D11.3	**Chronic Medicine (See B2)**	• Prescribed Minimum Benefits only at contracted provider and subject to the formulary. • 40% co-payment applies for non-formulary drugs used voluntarily and for the voluntary use of a non-DSP. R150 per beneficiary per month for Depression, subject to managed care protocols and the DSP	Subject to registration on the relevant managed healthcare programme and to its prior authorisation and applicable formularies. Subject to nomination of a GP from the BonCap GP Network for the management of chronic conditions. Restricted to a maximum of one month's supply unless pre-authorised. [Includes diabetic disposables such as syringes, needles, strips and lancets] This benefit excludes: • In hospital medicine (D7); • Anti-retroviral drugs (D8); • Oncology medicine (D14); • Organ and haemopoietic stem cell (bone marrow) transplantation and immuno-suppressive medication (D16).
D11.3.1	**MDR and XDR-TB**	No limit, subject to managed care protocols and the DSP.	Subject to the relevant managed healthcare programme and its prior authorisation.
D11.4	**Specialised Drugs (See B2)**	No benefit, except for PMBs.	
D11.4.1	**Non Oncology Biological Drugs applicable to Monoclonal Antibodies Interleukins**	No benefit, except for PMBs.	
D11.4.1.1	**Iron chelating agents for chronic use**	No benefit, except for PMBs.	
D11.4.1.2	**Human Immunoglobulin for Chronic use**	No benefit except for PMBs.	
D11.4.1.3	**Non calcium Phosphate Binders and Calcimimetics**	No benefit, except for PMBs.	
D11.4.2	**Specialised Drugs for Oncology (See B2)**	No benefit, except for PMBs.	

PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONCAP	CONDITIONS/REMARKS SUBJECT TO PMB
D12	**MENTAL HEALTH (See B1 and B4)**	• Limited to PMBs and subject to the BonCap DSP. • 30% co-payment applies to the voluntary use of a non-DSP. • The co-payment to be waived if the cost of the service falls within the co-payment amount.	For accommodation, use of operating theatres and hospital equipment, medicine, pharmaceuticals and surgical items and procedures performed by general practitioners and psychiatrists. A maximum of three days' hospitalisation for beneficiaries admitted by a general practitioner or specialist physician. (See B4.) Physiotherapy is not covered for mental health admissions.
D12.1	**In Hospital**	Limited to and included in D12.	
D12.1.1	**Medicine on discharge from Hospital (TTO) (See B2)**	Limited to and included in D7.1.2.	
D12.2	**Out of Hospital**		
D12.2.1	**Medicine (See B2)**	Limited to and included in D11.	
D12.3	**Rehabilitation for Substance Abuse (See B1)**	• Limited to and included in D12. • Subject to the BonCap DSP. • 30% co-payment applies to the voluntary use of a non-DSP. • The co-payment to be waived if the cost of the service falls within the co-payment amount.	Subject to the relevant managed healthcare programme and to its prior pre-authorisation. (See B5.)
D12.3.1	**Medicine on discharge from Hospital (TTO) (See B2)**	Limited to and included in D7.1.2.	
D12.4	**Consultations and visits, procedures, assessments, therapy, treatment and/or counselling, in and out of hospital. (See B1)**	• Limited to and inclusive of D5.2.2. • GP referral required for all out of hospital specialist visits. • Psychology visits are limited to PMB only.	Subject to the relevant managed healthcare programme and to its prior-authorisation. Subject to the BonCap DSP.
D13	**NON-SURGICAL PROCEDURES AND TESTS (See B1)**		

PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONCAP	CONDITIONS/REMARKS SUBJECT TO PMB
D13.1	**In Hospital**	• No benefit except for PMBs. • 30% co-payment applies for non-network hospital admissions or late pre-authorisation requests except for PMB emergencies.	Subject to the relevant managed healthcare programme and its prior authorisation in hospital only. This benefit excludes: · Psychiatry and psychology (D12); · Optometric examinations (D15); · Pathology (D18); · Radiology (D21).
D13.2	**Out of Hospital**	• Subject to the BonCap DSP network, • Pre-authorisation is required for all out of hospital specialist visits by a BonCap DSP network. • Subject to managed care protocols and processes. • Subject to GP formulary and specialist benefit limit, except for PMBs	Includes related consultation, materials, pathology and radiology if done in the rooms on the same day.
D13.2.1	· **24 hr oesophageal PH studies** · **Breast fine needle biopsy** · **Cystoscopy** · **Oesophageal motility studies** · **Prostate Needle biopsy** **(See B1)**	No limit. See D23.	Includes related consultation, materials, pathology and radiology if done in the rooms on the same day. Subject to pre-authorisation.
D13.3	**Sleep studies** **(See B1)**	No benefit, unless PMB.	Subject to the relevant managed healthcare programme and its prior authorisation.
D13.3.1	**Diagnostic Polysomnograms** **In and out of hospital**	No benefit, unless PMB.	If authorised by the relevant managed healthcare programme for dyssomnias e.g. central sleep apnoea, obstructive sleep apnoea, parasomnias or medical or psychiatric sleep disorders as part of neurological investigations by a relevant specialist.
D13.3.2	**CPAP Titration**	No benefit, unless PMB.	If authorised by the relevant managed healthcare programme for patents with obstructive sleep apnoea who meet the

PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONCAP	CONDITIONS/REMARKS SUBJECT TO PMB
			criteria for CPAP and where requested by the relevant specialist.
D14	**ONCOLOGY (See B1)**		
D14.1	**PRE ACTIVE, ACTIVE & POST ACTIVE TREATMENT PERIOD**	• Limited to PMBs. • Subject to DSP • The BonCap Oncology Network provider is the DSP for oncology services at the contracted rate. • 30% co-pay for services rendered by non-oncology network providers, where such services are voluntarily obtained, subject to Regulation 8 (3).	Subject to the relevant managed healthcare programme and its prior authorisation. Treatment for long term conditions that may develop as a result of chemotherapy and radiotherapy is not included in this benefit. Oncologists, Haematologists and approved providers for consultations, visits, treatment and consumable material used in radiotherapy and chemotherapy.
D14.1.1	**Medicine (See B2)**	• Limited to and included in D14.1 and the formulary and subject to the BonCap DSP. • 20% co-payment applies for the voluntary use of a non-DSP. • Subject to the preferred product list.	Subject to the BonCap Oncology Medicine Network.
D14.1.2	**Radiology and Pathology (See B1)**	• Limited to and included in D14.1. • Subject to the BonCap DSP.	Subject to the relevant managed healthcare programme and to its prior authorisation. Specific authorisations are required in addition to any authorisation that may have been obtained for hospitalisation.
D14.1.2.1	**PET and PET-CT (See B1)**	No benefit.	
D14.1.3	**Specialised Drugs (See B2)**		
D14.1.3.1	**Biological drugs**	No benefit, except for PMBs.	

PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONCAP	CONDITIONS/REMARKS SUBJECT TO PMB
D14.1.3.3	**Unregistered chemotherapeutic agents**	No benefit, except for PMBs.	Subject to Section 21 approval by the South African Health Products Regulatory Authority (SAHPRA) and pre-authorisation by the relevant managed healthcare programme.
D14.1.3.4	**Proteasome Inhibitors**	No benefit, except for PMBs.	
D14.1.3.5	**Certain Pyrimidine Analogues**	No benefit, except for PMBs.	Subject to the relevant managed healthcare programme.
D14.1.4	**Flushing of J Line and/or Port (See B1)**	Limited to and included in D14.1.	Subject to the relevant managed healthcare programme and to its prior authorisation, for services rendered by oncologists, radiotherapists and credentialed medical practitioners.
D14.1.5	**Brachytherapy materials (including seeds and disposables) and equipment (See B1)**	Limited to and included in D14.1.	
D14.2	**Oncology Social worker (OSW) benefit**	• Limited to R3 220 per family, subject to the BonCap Oncology (OSW) network. • Limited to and included in D14.1.	
D14.3	**Palliative Care**	• No limit. • Subject to pre-authorisation. • Managed care protocols apply.	Subject to the relevant managed healthcare protocols and its prior authorisation.
D15	**OPTOMETRY (In and Out of Network) (See B1)**	• Benefit availability is subject to a 24 month cycle from last date of service. • Subject to the contracted provider.	• Subject to pre-authorisation by the contracted provider and subject to clinical protocols. • Failure to obtain pre-authorisation will result in no benefits. • Out-of-network benefits are available as an alternative to network benefits and not an additional benefit. • Frames and/or lenses are mutually exclusive to contact lenses.

PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONCAP	CONDITIONS/REMARKS SUBJECT TO PMB
D15.1	**Optometric refraction test, re-exam and/or composite exam, including tonometry and visual field test**	• One per beneficiary, per benefit cycle, at network rates. • R380 out of network. • Limited to and included in D15.	• Contracted providers – 100% of cost for a Composite Consultation inclusive of the refraction, a glaucoma screening, visual field screening and artificial intelligence screening • Non-contracted providers – Eye examination.
D15.2	**Frames**	• R260 per beneficiary in network. • R195 per beneficiary out of network • Limited to and included in D15.	The frame value may be used towards frames and/or lens enhancements.
D15.3	**Lenses**		Subject to contracted providers protocols.
D15.3.1	**Single Vision Lenses**	• 100% towards the cost of clear lenses at network rates. • Limited to R215 per lens per beneficiary out of network. • Limited to and included in D15; or	
D15.3.2	**Bifocal Lenses**	• 100% towards the cost of clear lenses at network rates. • Limited to R460 per lens per beneficiary out of network. • Limited to and included in D15; or	
D15.3.3	**Multifocal Lenses**	• 100% towards the cost of base lenses plus group 1 branded lens add-ons at network rates. • Limited to R810 per base lens and R50 per branded lens add-on per beneficiary out of network. • Limited to and included in D15.	
D15.3.4	**Contact Lenses**	• Limited to R1 255 per beneficiary. • Limited to and included in D15.	
D15.4	**Low vision Appliances**	No benefit.	
D15.5	**Ocular Prostheses**	Limited to and included in D20.	
D15.6	**Diagnostic Procedures**	Subject to the contracted provider.	

PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONCAP	CONDITIONS/REMARKS SUBJECT TO PMB
D15.7	**Readers**	No benefit.	
D16	**ORGAN AND HAEMOPOIETIC STEM CELL (BONE MARROW) TRANSPLANTATION AND IMMUNO-SUPPRESSIVE MEDICATION (INCLUDING CORNEAL GRAFTS) (See B1)**	• Prescribed Minimum Benefits only at a BonCap DSP. • No benefit for Corneal grafts unless PMB. • 30% co-payment applies for non-network hospital admissions or late pre-authorisation requests except for PMB emergencies.	Subject to the relevant managed healthcare programme to its prior authorisation, as well as approval by the Scheme prior to commencing the work-up for transplantation No benefits will be granted for hospitalisation, treatments and associated clinical procedures if prior authorization is not obtained. Organ harvesting is limited to the Republic of South Africa excluding donor cornea.
D16.1	**Haemopoietic Stem Cell (Bone Marrow) Transplantation (See B1)**	Limited to and included in D16.	Subject to the relevant managed healthcare programme and to its prior authorisation. Treatment for long-term chronic conditions that may develop as a result of chemotherapy and radiotherapy is not included in this benefit. Benefit for Oncologists, haematologists and accredited medical practitioners for consultations, visits, treatment and consumable material used in radiotherapy and chemotherapy. Haemopoietic stem cell (bone marrow) transplantation is limited to allogenic grafts and autologous grafts derived from the South African Bone Marrow Registry.
D16.2	**Immuno-suppressive Medication (See B2)**	Limited to and included in D16 and subject to the DSP.	
D16.3	**Post Transplantation Biopsies and Scans (See B1)**	Limited to and included in D16.	
D16.4	**Radiology and Pathology (See B1)**	Limited to and included in D16.	For specified radiology and pathology services, performed by pathologists, radiologists and haematologists, associated with the transplantation treatment.

PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONCAP	CONDITIONS/REMARKS SUBJECT TO PMB
D17	**PARAMEDICAL SERVICES (ALLIED MEDICAL PROFESSIONS) (See B1)**		
D17.1	**In Hospital**	• No benefit, unless PMB. • 100% of the BonCap Tarriff at the BonCap DSP. • 70% of the BonCap Tariff at a non-DSP.	Subject to referral by the treating practitioner.
D17.1.2	**Dietetics**	No benefit, unless PMB.	
D17.1.2	**Occupational Therapy**	No benefit, unless PMB.	
D17.1.3	**Speech Therapy**	No benefit, unless PMB	
D17.2	**Out of Hospital**	• No benefit, except for PMBs. • 100% of the BonCap Tarriff at the BonCap DSP • 70% of the BonCap Tariff at a non-DSP.	
D17.2.1	**Audiology**	No benefit, except for PMB.	
D17.2.2	**Chiropractics**	No benefit.	
D17.2.3	**Dietetics**	No benefit, except for PMB.	
D17.2.4	**Genetic Counselling**	No benefit, except for PMB.	
D17.2.5	**Hearing Aid Acoustics**	No benefit.	
D17.2.6	**Occupational Therapy**	No benefit, except for PMB.	
D17.2.7	**Orthoptics**	No benefit.	
D17.2.8	**Orthotists and Prosthetists**	No benefit, except for PMB.	
D17.2.9	**Private Nurse Practitioners**	No benefit, except for PMB.	Nursing services are included in the Alternatives to Hospitalisation benefit (D7) if pre-authorised by the relevant managed healthcare programme.
D17.2.10	**Speech Therapy**	No benefit, except for PMB.	
D17.2.11	**Social Workers**	No benefit, except for PMB.	
D18	**PATHOLOGY AND MEDICAL TECHNOLOGY (See B1)**		Subject to the relevant managed healthcare programme and utilisation of the BonCap DSP.

PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONCAP	CONDITIONS/REMARKS SUBJECT TO PMB
D18.1	**In Hospital**	• R29 690 per family, except for PMBs. • Subject to the BonCap DSP for pathology at negotiated rates. • 100% of the BonCap Tariff for services rendered by non-DSP providers.	
D18.2	**Out of Hospital**	• Limited and included in D5.1.3 and D5.2.2. • Subject to BonCap DSP network referral, and managed care protocols. • Investigations referred by a specialist subject to referral of specialist visit by a BonCap DSP . (See D5.2.2). • Subject to the BonCap formulary. • Subject to the BonCap DSP for pathology at negotiated rates. • 70% of the BonCap Tariff for services rendered by non-DSP providers.	This benefit covers all tests performed by a pathologist or medical technologist and a specified list of pathology tariff codes. This benefit excludes: The specified list of pathology tariff codes included in the • Maternity benefit, (D10). • Oncology benefit during the active and/or post active treatment period, (D14); • Organ and haemopoietic stem cell transplantation benefit, (D16); and • Renal dialysis chronic benefit, (D22).
D19	**PHYSICAL THERAPY (See B1)**		
D19.1	**In Hospital** **Physiotherapy** **Biokinetics**	No benefit, unless PMB.	Subject to referral by the treating practitioner. Physiotherapy is not covered for mental health admissions. (See D12).
D19.2	**Out of Hospital** **Physiotherapy** **Biokinetics** **Podiatry**	No benefit, unless PMB.	
D20	**PROSTHESES AND DEVICES INTERNAL AND EXTERNAL**		

PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONCAP	CONDITIONS/REMARKS SUBJECT TO PMB
	(See B1)		
D20.1	**Prostheses and devices internal (surgically implanted), including all temporary prostheses, or/and all accompanying temporary or permanent devices used to assist with the guidance, alignment or delivery of these internal prostheses and devices. This includes bone cement, bone graft substitutes, screws, pins and bone anchors.**	• No benefit, except for PMBs. •	Subject to the relevant managed healthcare programme and to its prior authorisation. This benefit excludes Osseo-integrated implants for the purpose of replacing a missing tooth or teeth. No benefit for implantable defibrillators & total ankle replacements unless PMB.
D20.1.1	**Cochlear Implants**	No benefit.	
D20.1.2	**Internal Nerve Stimulator**	No benefit.	
D20.2	**Prostheses External**	No benefit, except for PMBs.	
D21	**RADIOLOGY (See B1)**		Subject to BonCap DSP network provider referral, and managed care protocols.
D21.1	**General Radiology**		For diagnostic radiology tests and ultrasound scans. Authorisation is not required for MRI scans for low field peripheral joint examination of dedicated limb units.
D21.1.1	**In Hospital**	• No limit. • 100% of the BonCap Tariff.	This benefit excludes: specified list of radiology tariff codes included in the • Maternity benefit, (D10), • Oncology benefit during the active treatment and/or post active treatment period, (D14);

PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONCAP	CONDITIONS/REMARKS SUBJECT TO PMB
			• Organ and haemopoietic stem cell transplantation benefit, (D16), • Renal dialysis chronic benefit, (D22). Authorisation is not required for MRI scans for low field peripheral joint examination of dedicated limb units.
D21.1.2	**Out of Hospital**	• Limited to and included in D5.1.3 and D5.2.2. • Subject to BonCap DSP network referral, and managed care protocols. • Investigations referred by a specialist subject to authorisation of specialist visits by a BonCap DSP. (See D5.2.2). • Subject to the BonCap formulary and a list of approved services from the BonCap DSP.	
D21.2	**Specialised Radiology**		
D21.2.1	**In Hospital**	• R13 550 per family. • R1 170 co-payment per scan event, unless PMB. • The co-payment to be waived if the cost of the service falls within the co-payment amount.	Subject to the relevant managed healthcare programme and to its prior authorisation for MRI and CT scans only.
D21.2.2	**Out of hHospital**	Limited and included in D5.2.2.	
D21.3	**PET and PET-CT**	See D14.1.2.1.	
D22	**RENAL DIALYSIS CHRONIC (See B1)**		Subject to the relevant managed healthcare programme and to its prior authorisation Authorised erythropoietin is included in (D4). Acute renal dialysis is included in hospitalisation costs. See D7.

PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONCAP	CONDITIONS/REMARKS SUBJECT TO PMB
D22.1	**Haemodialysis and Peritoneal Dialysis**	• No limit. • 100% of the lower of the cost or BonCap Tariff for all services, medicines and materials associated with the cost of renal dialysis, subject to the BonCap DSP. • 100% of the BonCap Tariff for the services rendered by the medical practitioner. • Related medicines are subject to the BonCap DSP. • 20% co-payment applies for the voluntary use of a non-DSP.	As specified by the relevant managed healthcare programme.
D22.2	**Radiology and Pathology (See B1)**	Limited to and included in D22.1.	Subject to the relevant managed healthcare programme and to its prior authorisation.
D23	**SURGICAL PROCEDURES (See B1)**		
D23.1	**In Hospital and Unattached Operating Theatres and other Minor Surgical Procedures that can be authorised in Hospital**	No limit, except for the following exclusions: • Back and neck surgery • Caesarean sections done for non-medical reasons • Correction of Hallux Valgus • Endoscopic surgery • Functional nasal and sinus surgery • Hernia Repair • In hospital dental benefits • Joint replacement surgery • Laparoscopic surgery except for laparoscopic sterilization • Varicose vein surgery	• Subject to the relevant managed healthcare programme and to its prior authorisation. • Day Surgery Network applies for defined procedures. (See paragraph D23.4)
D23.1.1	**Refractive Surgery**	No benefit	
D23.1.2	**Maxillo-facial Surgery**	• Limited to and included in D5.2.2. • Limited to PMBs and BonCap DSP provider and Regulation 8 (3).	Subject to the relevant managed healthcare programme and to its prior authorisation. For the surgical removal of ・ tumours ・ neoplasms

PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONCAP	CONDITIONS/REMARKS SUBJECT TO PMB
			• 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 teeth (D6).
D23.2	**Out of Hospital in Practitioner's Rooms**	• Limited and included in D5.2.1 • Subject to the BonCap network. • Pre-authorisation required for all out of hospital specialist visits by the BonCap network. • Subject to managed care protocols and processes.	
D23.3	**Procedures that attract a co-payment:** **Cataract Surgery**	Subject to a R7 050 co-payment: • For the voluntary use of a non-DSP.	Subject to the relevant managed healthcare programme, evaluation by a DSP optometrist and to its prior authorization. The co-payment to be waived if the cost of the service falls within the co-payment amount.
D23.4	**Day Surgery Procedures**	• Subject to the BonCap Day Surgery Network. • 30% co-payment to apply to all non-network admissions and subject to Regulation 8 (3).	The co-payment to be waived if the cost of the service falls within the co-payment amount.
D24	**PREVENTATIVE CARE BENEFIT (See B1)**		
D24.1	**General Health**	• HIV test annually • Flu vaccine annually, including the administration fee of the nurse practitioner.	HIV test is limited to one (1) per beneficiary per annum, either as part of Preventative Care or Health Risk Assessment. See D27.1.

PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONCAP	CONDITIONS/REMARKS SUBJECT TO PMB
D24.2	**Elderly Health**	• 1 Faecal Occult Blood Test per beneficiary Ages 45-75 annually. • Pneumococcal Vaccination, including the administration fee of the nurse practitioner. Age >65 Once every 5 years	Subject to the applicable formulary.
D24.3	**Women's Health** **Breast Cancer Screening**	• Mammogram and ultrasound Females age >40 years Once every 2 years.	
	Cervical Cancer Screening	• Pap Smear Females 21-65 years Once every 3 years.	
	Cervical Cancer Screening in HIV Infection	• Pap Smear Females 21-65 years 1 basic cytology test per annum or the HPV PCR once every 5 years	
	Human Papilloma Virus (HPV) Vaccine	• Limited to 3 doses for females between 15 – 26 years. • One course per lifetime.	
D24.4	**Men's Health** **PSA test**	• Men 55-69 years, 1 per annum.	
D24.5	**Children's health** **Hypothyroidism**	• 1 TSH Test Age <1 month	

PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONCAP	CONDITIONS/REMARKS SUBJECT TO PMB
	Infant Hearing Screening **Human Papilloma Virus (HPV) Vaccine** **Extended Program on Immunisation (EPI)**	• One infant hearing screening test for newborns up to 8 weeks, in or out of hospital, performed by an audiologist or speech therapist. • Limited to two doses for girls aged between 9 – 14years. • One course per lifetime. Various Vaccinations for children up to the age of 12 years.	Subject to the SA government protocols.
D25	**INTERNATIONAL TRAVEL BENEFIT**	No benefit.	
D26	**AFRICA BENEFIT**	• 100% of the usual, reasonable cost for in- and out-of-hospital treatment routinely available in South Africa received in Africa. • Subject to authorisation.	The Fund's liability will not exceed the global amount the Fund would in the ordinary course pay for such healthcare services given the Fund's claims experience in South Africa, subject to the benefits as per benefit plan.
D27.	**WELLNESS BENEFIT**		Rejected
D27.1	**Health Risk Assessment (HRA) which includes** **Lifestyle questionnaire** **Wellness screening**	Wellness screening. One assessment per beneficiary per annum by a registered provider (participating pharmacy, corporate wellness day or participating biokineticists).	~~HIV test is limited to one (1) per beneficiary per annum~~, either as part of Preventative Care or Health Risk Assessment. See D24.1.

PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONCAP	CONDITIONS/REMARKS SUBJECT TO PMB
		Payable from OAL. Limited to: • blood pressure test • glucose test • cholesterol test • body mass index • hip to waist ratio • HIV counselling and testing.	
D27.2	**Benefit Booster**	No benefit.	
D27.3	**Pre-diabetic lifestyle management programme**	Wellness Screening Pre-Diabetic Lifestyle programme registrations enables: • 1 Dietician visit in a 6 month period • 1 Biokinetics assessment in a 6 month period • 2 GP visits	• Health Risk Assessment to be completed by General Practitioner and submitted for registration on the Pre-Diabetic Lifestyle programme. • Subject to the relevant managed healthcare programme and to its prior authorisation.
D27.4	**Lower Back Pain management programme**	Lower back pain management programme registrations enables: • 3 Phase benefit entitlement according to managed health care protocols.	• Health Risk Assessment to be completed by General Practitioner and submitted for registration on the Lower Back Pain management programme • Subject to the relevant managed healthcare programme and to its prior authorisation.