

Bonitas

Annexure B BonCap 2020

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A ENTITLEMENT TO BENEFITS

- A1 The Bonitas Fund Tariff is defined as the Bonitas monetary tariffs applicable in 2019 increased by an average of 4.5%.
- 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.

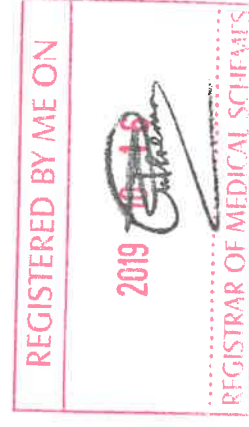
B CHARGING OF BENEFITS, LIMITS INCLUDING OAL & MEMBERSHIP CATEGORY

- B1 Valid claims will be paid at 100% of the negotiated fee, or in the absence of such fee, 100% of the lower cost or Bonitas Tariff, or Uniform Patient Fee Schedule for Public hospitals, or 100% of the Bonitas Dental Tariff as prescribed or rendered by a medical, dental and alternative healthcare practitioner or at a percentage as indicated in the table below. The cost of a valid claim shall be determined for the purpose of reimbursing the member or the supplier and the share of such cost that the Fund will bear. The balance of the share of costs to make up 100% thereof shall be the member's responsibility except for Prescribed Minimum Benefits.
- B2 Legally prescribed acute or chronic medicines claims will be reimbursed at 100% of (1) the single exit price plus the negotiated dispensing fee or (2) the single exit price plus 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.

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 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.



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

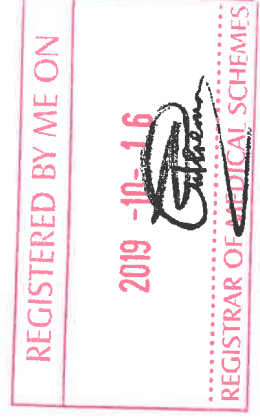
Hysterosalpingogram	Laparoscopy
The following blood test:	Hysteroscopy
Day 3 FSH/LH	Surgery (Uterus and tubal)
Oestradiol	Manipulation of ovulation defects and deficiencies
Thyroid functions (TSH)	Semen analysis (volume; count; mobility; morphology; MAR - (test)
Prolactin	Basic counselling and advice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

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


C PRESCRIBED MINIMUM BENEFITS (PMBs)

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


See Annexure D – Paragraph 7 for a full explanation



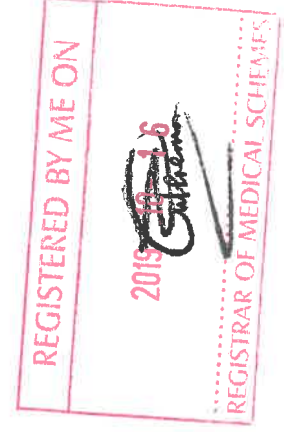
D ANNUAL LIMITS AND BENEFITS

PARA GRAPH	BENEFIT (EXCEPT FOR PMBS)	BONCAP	CONDITIONS/REMARKS SUBJECT TO PMB
	OVERALL ANNUAL LIMIT	No limit.	
D1	ALTERNATIVE HEALTHCARE (See B1)	No benefit.	
D1.1	Homeopathic Consultations and/or treatment	No benefit.	
D1.2	Homeopathic Medicines	No benefit.	
D1.3	Acupuncture	No benefit.	
D1.4	Naturopathy	No benefit.	
D1.5	Osteopathy	No benefit.	
D1.6	Phytotherapy	No benefit.	
D2	AMBULANCE SERVICES (See B1)	100% of cost if authorised by the preferred provider.	Subject to the contracted provider. Non-authorisation will result in non-payment except for PMBs.
D3	APPLIANCES, EXTERNAL ACCESSORIES AND ORTHOTICS (See B1)		Diabetic accessories and appliances (with the exception of glucometers) to be pre-authorised and claimed from the chronic medicine benefit (D11.3). Subject to preferred supplier arrangements.
D3.1	In and Out of Hospital		
D3.1.1	General medical and surgical appliances, including wheelchairs and repairs, and large orthopaedic appliances	R5 550 per family. Subject to preferred supplier arrangements and Regulation 8 (3).	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.	

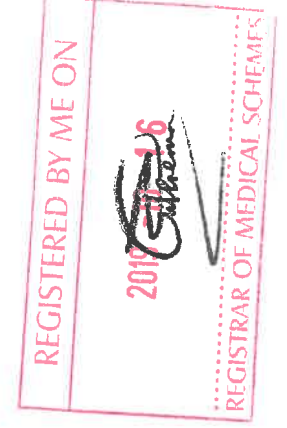



PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONCAP	CONDITIONS/REMARKS SUBJECT TO PMB
D3.1.3	CPAP Apparatus for sleep apnoea	No benefit.	
D3.1.4	Stoma Products	Limited to and included in the general medical and surgical appliance limit.	
D3.1.5	Specific appliances, accessories		Subject to the relevant managed 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 R18 850 per family.	Subject to the relevant managed healthcare programme and to its prior authorisation.
D5	CONSULTATIONS/VISITS BY MEDICAL PRACTITIONERS (See B1)	<p style="text-align: center;">REGISTERED BY ME ON</p>  <p style="text-align: center;">2019</p> <p style="text-align: center;">REGISTRAR OF MEDICAL SCHEMES</p>	<p>This benefit excludes</p> <ul style="list-style-type: none"> 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		
D5.1.1	In Hospital	No limit. 100% of Bonitas Tariff for general practitioners.	

PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONCAP	CONDITIONS/REMARKS SUBJECT TO PMB
D5.1.2	Out of Hospital	<ul style="list-style-type: none"> Unlimited GP visits Authorisation is required from the 8th visit. Subject to the beneficiary consulting with a maximum of two nominated DSP providers. Subject to the BonCap GP network. A 20% co-payment applies to the voluntary use of non-DSP providers. One out of network visit per beneficiary, maximum of two visits per family, limited to R1 070 per family. A 20% co-payment applies to out-of-network visits. 	Subject to the DSP network and approved list of procedures, subject to medical necessity and managed care protocols and procedures. Subject to nomination of a primary and secondary GP from the BonCap GP network.
D5.1.3	GP – Radiology, Pathology and Acute medication.	M R1 880 M+1 R3 120 M+2 R3 730 M+3 R4 080 M+4+ R4 530	
D5.2	Medical Specialists (See B1 and B6)		
D5.2.1	In Hospital	<ul style="list-style-type: none"> No limit. 100% of Bonitas Tariff. 	



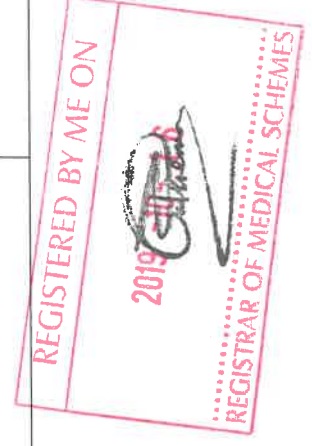
PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONCAP	CONDITIONS/REMARKS SUBJECT TO PMB
D5.2.2	Out of Hospital (See B6)	Specialist consultations are limited to: <ul style="list-style-type: none"> • 5 consultations per family per year, maximum 3 per beneficiary. • Limited to R3 170 per beneficiary or R4 710 per family. Includes all <ul style="list-style-type: none"> • acute medication, • basic radiology, • specialised radiology and, • pathology prescribed by a specialist. 	A referral to a specialist must be done by a registered BonCap Network general practitioner and a valid referral obtained. Pre- authorisation is required for all out of hospital specialist visits subject to BonCap GP network referral.
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.	Out of network emergency dentistry is limited to one episode per beneficiary.
D6.1.2	Fillings	Benefits for 4 fillings per beneficiary per year. Fillings are granted once per tooth every 2 years. Benefits for re- treatment of a tooth are subject to managed care protocols.	Benefits for fillings are granted once per tooth every 2 years. Benefits for re- treatment of a tooth are subject to managed care protocols. A treatment plan and x-rays may be required for multiple fillings.



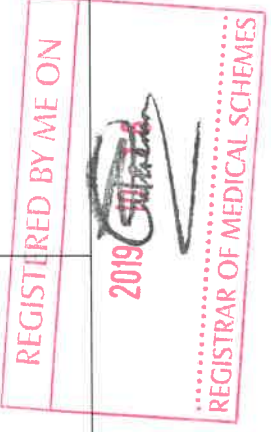
PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONCAP	CONDITIONS/REMARKS SUBJECT TO PMB
D6.1.3	Plastic Dentures	<ul style="list-style-type: none"> Pre-authorisation is required. One set of plastic dentures (an upper and a lower) per family in a 24 month cycle for patients 21 years and older only. 20% Co-payment applies. A further 20% penalty will apply if authorisation is applied for after the treatment has been done. 	Subject to managed care protocols.
D6.1.4	Extractions	Covered if clinically necessary.	Subject to managed care protocols.
D6.1.5	Root canal therapy	Only emergency root canal treatment is covered. Root canal therapy on wisdom teeth (3 rd molar) is not covered.	Subject to managed care protocols.
D6.1.6	Oral Hygiene	<p>1 Polish or 1 scale & polish per beneficiary per year</p> <ul style="list-style-type: none"> Fluoride Treatment: <div data-bbox="699 689 954 1102" style="border: 1px solid red; padding: 5px; margin: 5px 0;"> <p style="text-align: center; color: red; font-weight: bold;">2019 -10-15</p> <p style="text-align: center; color: red; font-weight: bold;">REGISTERED BY ME ON</p>  <p style="text-align: center; color: red; font-weight: bold;">REGISTRAR OF MEDICAL SCHEMES</p> </div> Fissure Sealants: 	<p>No benefit for oral hygiene instructions.</p> <p>Benefit for fluoride is limited to beneficiaries from age 5 and younger than 16 years of age.</p> <ul style="list-style-type: none"> 1 treatment per year for beneficiaries under 16 years of age: 8161: 5 - 12 years of age; and 8162: 13 - 15 years of age. <ul style="list-style-type: none"> 8163: 1 per tooth in a 3 year period for 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"> No benefit for in hospital (general anaesthetic) dentistry, except for PMBs. Subject to pre-authorisation. R10 000 co-payment applies for non-network hospital admissions or late pre-authorisation requests except for PMB emergencies. 	<p>Hospitalisation is only covered for PMB cases Subject to pre-authorisation.</p> <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>
D6.1.8	Laughing gas in dental rooms	Benefit is subject to managed care protocols. Covered at the BDT.	Inhalation sedation limited to extensive dental treatment only.
D6.1.9	X-rays	Covered at 100% of the BDT for 4 intra-oral x-rays per beneficiary per year. Extra-oral x-rays will be covered	



PARA GRAPH	BENEFIT (EXCEPT FOR PMBS)	BONCAP	CONDITIONS/REMARKS SUBJECT TO PMB
		at 100% of the BDT subject to 1 per beneficiary in a lifetime.	
D6.2	ADVANCED DENTISTRY (See B1)		
D6.2.1	Crowns	No benefit.	
D6.2.2	Partial Metal 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.
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. Access to a maxillo-facial specialist is by Denis pre-authorisation only.
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	<ul style="list-style-type: none"> No limit. Subject to the BonCap hospital Network and Regulation 8 (3). R10 000 co-payment applies for non-network hospital admissions or late pre-authorisation requests except for PMB emergencies. No benefit for Deep Brain Stimulation Implantation. 	<p>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.</p> <p>This benefit excludes: hospitalisation for:</p> <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).
D7.1.2	Medicine on discharge from hospital (TTO) (See B2)	R390 per beneficiary per admission, subject to the BonCap formulary, except anticoagulants post-surgery, which will be subject to the relevant managed healthcare programme.	
D7.1.3	Casualty / emergency room visits		Will be included in the hospital benefit if a retrospective authorisation is given by the relevant managed healthcare programme for bona fide emergencies.
D7.1.3.1	Facility fee	Limited to pre-authorisation of bona fide emergencies.	
D7.1.3.2	Consultations	See D5.2.2.	



PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONCAP	CONDITIONS/REMARKS SUBJECT TO PMB
D7.1.3.3	Medicine	See D11.1.	Subject to the relevant managed healthcare programme and its prior authorisation.
D7.2	Public hospitals (See B1)		
D7.2.1	In hospital	<ul style="list-style-type: none"> No limit. No benefit for Deep Brain Stimulation Implantation. 	<p>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.</p> <p>This benefit excludes: hospitalisation for:</p> <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).
D7.2.2	Medicine on discharge from hospital (TTO) (See B2)	R390 per beneficiary per admission, subject to the BonCap formulary, except anticoagulants post-surgery. See 7.1.2.	
D7.2.3	Casualty / emergency room visits		Will be included in the hospital benefit if retrospective authorisation is given by the relevant managed healthcare programme for bona fide emergencies.
D7.2.3.1	Facility fee	Limited to pre-authorisation of bona fide emergencies.	
D7.2.3.2	Consultations	See D5.2.2.	
D7.2.3.3	Medicine	See D11.1.	

REGISTERED BY ME ON

2019



REGISTRAR OF MEDICAL SCHEMES

PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONCAP	CONDITIONS/REMARKS SUBJECT TO PMB
D7.2.4	Outpatient services		
D7.2.4.1	Facility fee	Limited to pre-authorization 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 R50 600 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	R14 570 per family.	Subject to the relevant managed healthcare programme and to its prior authorisation. Benefits for clinical procedures and treatment during stay in an alternative facility will be subject to the same benefits that apply to hospitalisation.
D7.3.3	Homebased Care, including private nursing and Outpatient antibiotic therapy in lieu of hospitalisation	No Limit. Subject to pre-authorization.	Subject to the relevant managed healthcare programme.
D7.3.4	Terminal Care (Non-oncology)	Limited to and included in D7.3.2 and above limits, subject to pre-authorization.	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.	

REGISTERED BY ME ON
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REGISTRAR OF MEDICAL SCHEMES

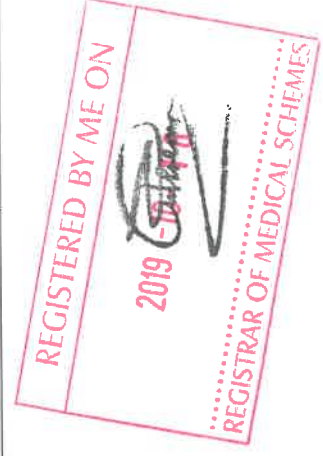
PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONCAP	CONDITIONS/REMARKS SUBJECT TO PMB
D8.4	Related consultations	Limited to and included in D8.	
D8.5 D9	All other services INFERTILITY (See B1 and B5)	Limited to and included in D1 - D7 and D9 - D26. Limited to interventions and investigations as prescribed by 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	<ul style="list-style-type: none"> No limit, at 100% of the Bonitas Tariff for the general practitioner or medical specialist. Neonatal care is limited to R46 290 per family, except for PMBs. R10 000 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.	
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, of which one (1) may be used for a lactation specialist consultation. R10 000 co-payment applies for non-network hospital admissions or late pre-authorisation requests except for PMB emergencies. 	<ul style="list-style-type: none"> 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.
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, of which one (1) may be used for a lactation specialist consultation. 	<ul style="list-style-type: none"> 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.


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 REGISTRAR OF MEDICAL SCHEMES



PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONCAP	CONDITIONS/REMARKS SUBJECT TO PMB
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	<ul style="list-style-type: none"> Limited and included in D5.1.2. Pre-authorisation required for all out of hospital specialist visits. Subject to DSP network referral and managed care visits by DSP network and rand limits in D5.2.2. Subject to a list of approved services. 	Subject to the relevant managed healthcare programme and to its prior authorisation.
D10.3.2	Related tests and procedures	<ul style="list-style-type: none"> Subject to the BonCap Radiology and Pathology formulary and managed care protocols. 2x2D scans per pregnancy, subject to D5.1.3 or D5.2.2. No benefit for amniocentesis 	Subject to the relevant managed healthcare programme and to its prior authorisation.
D11	MEDICINE AND INJECTION MATERIAL (See B1 and B2)		



PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONCAP	CONDITIONS/REMARKS SUBJECT TO PMB
D11.1	Routine (acute) medicine	<ul style="list-style-type: none"> Subject to the DSP network, Regulation 8 (3) and the BonCap medicine formulary. Included in (D5.1.3). 20% co-payment applies for non-formulary drugs used voluntarily and for the voluntary use of a non-DSP. Medicine prescribed by specialist, subject to referral from the DSP network and authorisation of the visit. Medicine prescribed by non-DSP subject to out of network visit limit of R1 070, 20% co-pay and Regulation 8 (3). 	<p>Subject to the relevant managed healthcare programme. Subject to the Bonitas Pharmacy Network. The Medicine Exclusion List and the Pharmacy Products Management Document are applicable.</p> <p>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 immunosuppressive medication (D16).
D11.1.1	Medicine on discharge from hospital (TTO)	Limited to and included in D7.1.2.	<div style="border: 1px solid black; padding: 5px; text-align: center;"> <p>REGISTERED BY ME ON</p>  <p>2018</p> </div> <p>REGISTRAR OF MEDICAL SCHEMES</p>
D11.1.2	Contraceptives	<ul style="list-style-type: none"> Limited to R1 070 per family. Limited to females of childbearing age. Subject to the DSP network. 40% co-payment applies for the voluntary use of a non-DSP pharmacy. 	
D11.2	Pharmacy Advised Therapy Schedules 0, 1 and 2 medicine advised and dispensed by a pharmacist	<ul style="list-style-type: none"> Limited to R95 per event and maximum R270 per beneficiary per annum. 20% co-payment applies for non-formulary drugs used voluntarily and for the voluntary use of a non-DSP. 	Subject to the Bonitas Pharmacy Network.
D11.3	Chronic medicine (See B2)	Prescribed Minimum Benefits only at contracted provider and subject to the formulary. 40% co-payment applies for non-formulary drugs used voluntarily and for the voluntary use of a non-DSP.	Subject to registration on the relevant managed healthcare programme and to its prior authorisation and applicable formularies. Restricted to a maximum of one month's




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			supply unless pre-authorised. [Includes diabetic disposables such as syringes, needles, strips and lancets] This benefit excludes: <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 and immuno-suppressive medication (D16).
D11.3.1	MDR and XDR-TB	No limit, subject to managed care protocols.	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.	
D12	MENTAL HEALTH (See B1 and B4)	<ul style="list-style-type: none"> • Limited to PMBs and subject to the DSP. • R10 000 co-payment applies for non-network hospital admissions or late pre-authorisation requests except for PMB emergencies. 	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.	


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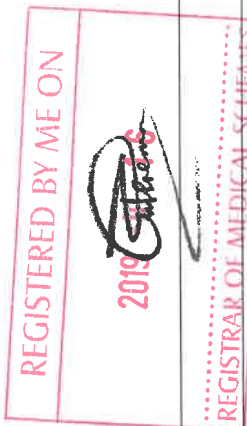
PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONCAP	CONDITIONS/REMARKS SUBJECT TO PMB
D12.1.1	Medicine on discharge from hospital (TTO) (See B2)	Limited to and included in D7.1.2.	
D12.2	Out of Hospital	Limited to and included in D11.	
D12.2.1	Medicine (See B2)	Limited to and included in D12. Subject to the DSP.	Subject to the relevant managed healthcare programme and to its prior pre-authorisation. (See B5.)
D12.3	Rehabilitation for substance abuse (See B1)	Limited to and included in D7.1.2.	
D12.3.1	Medicine on discharge from hospital (TTO) (See B2)	Limited to and inclusive of D5.2.2. <ul style="list-style-type: none"> GP referral required for all out of hospital specialist visits. Subject to DSP network referral and managed care protocols and processes. 	<div style="border: 1px solid red; padding: 5px; text-align: center;"> <p>REGISTERED BY ME ON</p>  <p>2019</p> <p>REGISTRAR OF MEDICAL SCHEMES</p> </div>
D12.4	Consultations and visits, procedures, assessments, therapy, treatment and/or counselling, in and out of hospital. (See B1)		
D13	NON-SURGICAL PROCEDURES AND TESTS (See B1)		
D13.1	In Hospital	<ul style="list-style-type: none"> No benefit except for PMBs. R10 000 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: <ul style="list-style-type: none"> Psychiatry and psychology (D12); Optometric examinations (D15); Pathology (D18); Radiology (D21).
D13.2	Out of hospital	<ul style="list-style-type: none"> Subject to DSP network, Pre-authorisation is required for all out of hospital specialist visits by a DSP network. Subject to managed care protocols and processes. Subject to GP formulary and specialist benefit limit, except for PMBs 	Includes related consultation, materials, pathology and radiology if done in the rooms on the same day.



PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONCAP	CONDITIONS/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 • 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.	<div style="border: 1px solid black; padding: 5px; text-align: center;"> REGISTERED BY ME ON 2019 -10-16  REGISTRAR OF MEDICAL SCHEMES </div>
D13.3.1	Diagnostic Polysomnograms In and out of hospital	No benefit.	
D13.3.2	CPAP Titration	No benefit.	
D14	ONCOLOGY (See B1)		
D14.1	PRE ACTIVE, ACTIVE & POST ACTIVE TREATMENT PERIOD	Limited to PMBs. Subject to DSP The ICON medical specialist network is the DSP for oncology services (excluding paediatric oncology and acute haematology), at the negotiated rate. 40% co-pay for services rendered by non-ICON medical specialists, where such services are voluntarily obtained.	Subject to the relevant managed healthcare programme and its prior authorisation. Treatment for long term conditions that may develop as a result of chemotherapy and radiotherapy is not included in this benefit. Oncologists, haematologists and accredited medical practitioners for consultations, visits, treatment and consumable material used in radiotherapy and chemotherapy.
D14.1.1	Medicine (See B2)	<ul style="list-style-type: none"> • Limited to and included in D14.1 and the formulary and subject to the DSP. 	Subject to the Bonitas Oncology Medicine Network.



PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONCAP	CONDITIONS/REMARKS SUBJECT TO PMB
		<ul style="list-style-type: none"> 20% co-payment applies for non-formulary drugs used voluntarily and for the voluntary use of a non-DSP. 	
D14.1.2	Radiology and pathology (See B1)	Limited to and included in D14.1.	Subject to the relevant managed healthcare programme and to its prior authorisation. Specific authorisations are required in addition to any authorisation that may have been obtained for hospitalisation.
D14.1.2.1	PET and PET-CT (See B1)	No benefit.	
D14.1.3	Specialised Drugs (See B2)		
D14.1.3.1	Biological drugs	No benefit, except for PMBs.	
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.	
D14.1.4	Flushing of J Line and/or Port (See B1)	Limited to and included in D14.1.	Subject to the relevant managed healthcare programme and to its prior authorisation, for services rendered by oncologists, radiotherapists and credentialed medical practitioners.
D14.1.5	Brachytherapy materials (including seeds and disposables) and equipment (See B1)	Limited to and included in D14.1.	
D14.2	Post-active Treatment period (See B1)	Limited to and included in D14.1 during the remission period following the active treatment period, except for Prescribed Minimum Benefits.	Subject to the relevant managed healthcare programme and pre-authorisation.
D14.2.1	Flushing of J Line and/or Port (See B1)	Limited to and included in D14.1.	Subject to the relevant managed healthcare protocols and its prior authorisation.


PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONCAP	CONDITIONS/REMARKS SUBJECT TO PMB
D14.3	Oncology Social worker (OSW) benefit	<ul style="list-style-type: none"> Limited to R2 840 per family, subject to the ICON (OSW) network. Limited to and included in D14.1. 	Subject to the relevant managed healthcare protocols and its prior authorisation.
D14.4	Palliative Care	<ul style="list-style-type: none"> No limit. Subject to pre-authorisation. Managed care protocols apply. 	
D15	OPTOMETRY (In and Out of Network) (See B1)	<ul style="list-style-type: none"> Benefit availability is subject to a 24 month cycle from last date of service. Subject to the contracted provider. 	<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.
D15.1	Optometric refraction test, re-exam and/or composite exam, including tonometry and visual field test	<ul style="list-style-type: none"> One per beneficiary, per benefit cycle, at network rates. R325 out of network. Limited to and included in D15. 	
D15.2	Frames	<ul style="list-style-type: none"> R225 per beneficiary in network. R158 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	<ul style="list-style-type: none"> 100% towards the cost of clear lenses at network rates. Limited to R185 per lens per beneficiary out of network. Limited to and included in D15; or 	
D15.3.2	Bifocal lenses	<ul style="list-style-type: none"> 100% towards the cost of clear lenses at network rates. 	



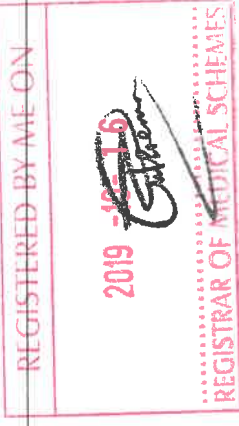
PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONCAP	CONDITIONS/REMARKS SUBJECT TO PMB
D15.3.3	Multifocal lenses	<ul style="list-style-type: none"> Limited to R420 per lens per beneficiary out of network. Limited to and included in D15; or 100% towards the cost of clear lenses at network rates. Limited to R745 per lens per beneficiary out of network. Limited to and included in D15. Limited to R1 085 per beneficiary. Limited to and included in D15. 	
D15.3.4	Contact lenses	<ul style="list-style-type: none"> No benefit. Limited to and included in D20. Subject to the contracted provider. No benefit. 	
D15.4	Low vision appliances		
D15.5	Ocular prostheses		
D15.6	Diagnostic procedures		
D15.7	Readers		
D16	ORGAN AND HAEMOPOIETIC STEM CELL (BONE MARROW) TRANSPLANTATION AND IMMUNO-SUPPRESSIVE MEDICATION (INCLUDING CORNEAL GRAFTS) (See B1)	<ul style="list-style-type: none"> Prescribed Minimum Benefits only at a DSP. No benefit for Corneal grafts unless PMB. R10 000 co-payment applies for non-network hospital admissions or late pre-authorization requests except for PMB emergencies. 	<p>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</p> <p>No benefits will be granted for hospitalisation, treatments and associated clinical procedures if prior authorization is not obtained.</p> <p>Organ harvesting is limited to the Republic of South Africa excluding donor cornea.</p> <p>Subject to the relevant managed healthcare programme and to its prior authorisation.</p> <p>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.</p>
D16.1	Haemopoietic stem cell (bone marrow) transplantation (See B1)	<p>Limited to and included in D16.</p> <div data-bbox="1141 817 1428 1254" style="border: 1px solid red; padding: 5px; margin: 10px auto; text-align: center;"> <p style="color: red; font-weight: bold; transform: rotate(-90deg); display: inline-block;">REGISTERED BY ME ON</p> <p style="color: red; font-weight: bold;">2019-10-16</p> <p style="color: red; font-weight: bold; transform: rotate(-90deg); display: inline-block;">REGISTRAR OF MEDICAL SCHEMES</p> </div>	




PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONCAP	CONDITIONS/REMARKS SUBJECT TO PMB
			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.	For specified radiology and pathology services, performed by pathologists, radiologists and haematologists, associated with the transplantation treatment.
D16.4	Radiology and pathology (See B1)	Limited to and included in D16.	
D17	PARAMEDICAL SERVICES (ALLIED MEDICAL PROFESSIONS)		
D17.1	In hospital	No benefit, unless PMB.	Subject to referral by the treating practitioner.
D17.1.2	Dietetics	No benefit, unless PMB.	
D17.1.2	Occupational Therapy	No benefit, unless PMB.	
D17.1.3	Speech Therapy	No benefit, unless PMB.	
D17.2	Out of hospital	No benefit, except for PMBs.	
D17.2.1	Audiology	No benefit.	
D17.2.2	Dietetics	No benefit.	
D17.2.3	Genetic counselling	No benefit.	
D17.2.4	Hearing aid acoustics	No benefit.	
D17.2.5	Occupational therapy	No benefit.	
D17.2.6	Orthoptics	No benefit.	
D17.2.7	Orthotists and Prosthetists	No benefit.	
D17.2.8	Podiatry	No benefit.	
D17.2.9	Private nurse practitioners	No benefit.	Nursing services are included in the Alternatives to Hospitalisation benefit (D7) if pre-authorised by the relevant managed healthcare programme.

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PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONCAP	CONDITIONS/REMARKS SUBJECT TO PMB
D17.2.9	Speech therapy	No benefit.	
D17.2.10	Social workers	No benefit.	
D18	PATHOLOGY AND MEDICAL TECHNOLOGY (See B1)		
D18.1	In Hospital	<ul style="list-style-type: none"> R25 950 per family, except for PMBs. Subject to the DSP for pathology at negotiated rates. 100% of the Bonitas Tariff for services rendered by non-DSP providers. 	<p>Subject to the relevant managed healthcare programme.</p> 
D18.2	Out of hospital	<ul style="list-style-type: none"> Limited and included in D5.1.3 Subject to DSP network referral, and managed care protocols. Investigations referred by a specialist subject to referral of specialist visit by DSP network (See D5.2.2). Subject to the BonCap formulary. Subject to the DSP for pathology at negotiated rates. 100% of the Bonitas Tariff for services rendered by non-DSP providers. 	<p>This benefit covers all tests performed by a pathologist or medical technologist and a specified list of pathology tariff codes. This benefit excludes:</p> <p>The specified list of pathology tariff codes included in the</p> <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).
D19	PHYSICAL THERAPY (See B1)		
D19.1	In hospital Physiotherapy Biokinetics	No benefit, unless PMB.	<p>Subject to referral by the treating practitioner.</p> <p>Physiotherapy is not covered for mental health admissions. (See D12).</p>
D19.2	Out of hospital Physiotherapy	No benefit, unless PMB.	<p>This benefit excludes X-rays performed by chiropractors.</p>



PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONCAP	CONDITIONS/REMARKS SUBJECT TO PMB
	Biokinetics Chiropractics		
D20	PROSTHESES AND DEVICES INTERNAL AND EXTERNAL (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.	<ul style="list-style-type: none"> No benefit, except for PMBs. Subject to preferred supplier arrangements. 	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.	REGISTERED BY ME ON  2019 REGISTRAR OF MEDICAL SCHEMES
D20.1.2	Internal Nerve Stimulator	No benefit.	
D20.2	Prostheses external	No benefit.	
D21	RADIOLOGY (See B1)		
D21.1	General radiology		For diagnostic radiology tests and ultrasound scans. Authorisation is not required for MRI scans for low field peripheral joint examination of dedicated limb units.
D21.1.1	In hospital	<ul style="list-style-type: none"> No limit. 	This benefit excludes: specified list of radiology tariff codes included in the <ul style="list-style-type: none"> maternity benefit, (D10),




PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONCAP	CONDITIONS/REMARKS SUBJECT TO PMB
D21.1.2	Out of hospital	<ul style="list-style-type: none"> Limited to and included in D5.1.3. Subject to DSP network referral, and managed care protocols. Investigations referred by a specialist subject to authorisation of specialist visits by DSP network. (See D5.2.2) Subject to a list of approved services. 	<ul style="list-style-type: none"> the oncology benefit during the active treatment and/or post active treatment period, (D14); the organ and haemopoietic stem cell transplantation benefit, (D16), renal dialysis chronic benefit, (D22). Authorisation is not required for MRI scans for low field peripheral joint examination of dedicated limb units.
D21.2	Specialised radiology		
D21.2.1	In hospital	R11 840 per family.	Subject to the relevant managed healthcare programme and to its prior authorisation for MRI and CT scans only (except for PMBs).
D21.2.2	Out of hospital	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	<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. • 100% of the Bonitas Tariff for the services rendered by the medical practitioner. • Related medicines are subject to the DSP. • 20% co-payment applies for the voluntary use of a non-DSP. 	As specified by the relevant managed healthcare programme.
D22.2	Radiology and pathology (See B1)	Limited to and included in D22.1.	Subject to the relevant managed healthcare programme and to its prior authorisation.
D23	SURGICAL PROCEDURES (See B1)		
D23.1	In hospital and unattached operating theatres and other minor surgical procedures that can be authorised in hospital	<p>No limit, except for the following exclusions:</p> <ul style="list-style-type: none"> • In hospital dental benefits • Back and neck surgery • Joint replacement surgery • Caesarean sections done for non-medical reasons • Functional nasal and sinus surgery • Varicose vein surgery • Hernia Repair • Endoscopic surgery • Laparoscopic surgery except for laparoscopic sterilization • Correction of Hallux Valgus 	<p>Subject to the relevant managed healthcare programme and to its prior authorisation.</p> <div style="border: 1px solid black; padding: 5px; text-align: center;"> <p>REGISTERED BY ME ON</p> <p>2019</p>  <p>REGISTRAR OF MEDICAL SCHEMES</p> </div>
D23.1.1	Refractive surgery	No benefit	
D23.1.2	Maxillo-facial surgery	<ul style="list-style-type: none"> • Limited to and included in D5.2.2. • Limited to PMBs and DSP provider and Regulation 8 (3). 	<p>Subject to the relevant managed healthcare programme and to its prior authorisation.</p> <p>For the surgical removal of</p>



PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONCAP	CONDITIONS/REMARKS SUBJECT TO PMB
			<ul style="list-style-type: none"> • tumours • neoplasms • sepsis, • trauma, • congenital birth defects and other surgery not specifically mentioned in (D6). <p>This benefit excludes:</p> <ul style="list-style-type: none"> • Osseo-integrated implantation (D6); • Orthognathic surgery (D6); • Oral surgery (D6); • Impacted wisdom teeth (D6).
D23.2	Out of hospital in practitioner's rooms	<ul style="list-style-type: none"> • Subject to DSP network. • Pre-authorisation required for all out of hospital specialist visits by DSP network. • Subject to managed care protocols and processes. 	
D24	PREVENTATIVE CARE BENEFIT (See B1)		
D24.1	General Health	<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 Preventative Care or Health Risk Assessment. See D27.1.
D24.2	Elderly Health	<ul style="list-style-type: none"> • 1 Faecal Occult Blood Test per beneficiary • Ages 50-75 annually. • Pneumococcal Vaccination • Age >65 Once every 5 years 	



PARA GRAPH	BENEFIT (EXCEPT FOR PMBS)	BONCAP	CONDITIONS/REMARKS SUBJECT TO PMB
D24.3	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. 	
D24.4	Men's Health PSA test	<ul style="list-style-type: none"> Men 45-69 years, 1 per annum. 	
D24.5	Children's health Hypothyroidism Infant Hearing Screening	<ul style="list-style-type: none"> 1 TSH Test Age <1 month One infant hearing screening test for newborns up to 8 weeks, in or out of hospital, performed by an audiologist or speech therapist. 	<div style="border: 1px solid black; padding: 5px; text-align: center;"> <p>REGISTERED BY ME ON</p> <p>2019 -10-16</p>  <p>REGISTRAR OF MEDICAL SCHEMES</p> </div>
D25	INTERNATIONAL TRAVEL BENEFIT	No benefit.	
D26	AFRICA BENEFIT	100% of the usual, reasonable cost for in- and out-of-hospital treatment routinely available in South Africa received in Africa. Subject to authorisation.	The Fund's liability will not exceed the global amount the Fund would in the ordinary course pay for such healthcare services given the Fund's claims experience in South Africa, subject to the benefits as per benefit plan.
D27.	WELLNESS BENEFIT		
D27.1	Health Risk Assessment (HRA) which includes Lifestyle questionnaire Wellness screening	Wellness screening. One assessment per beneficiary per annum by a registered provider (participating pharmacy, corporate wellness day or participating biokineticists).	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
D27.2	Wellness extender	Payable from OAL. Limited to: <ul style="list-style-type: none"> • blood pressure test • glucose test • cholesterol test • body mass index • hip to waist ratio • HIV counselling and testing. 	
		No benefit.	

