

PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONCAP	CONDITIONS/REMARKS SUBJECT TO PMB
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 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. 	<p>For accommodation, use of operating theatres and hospital equipment, medicine, pharmaceuticals and surgical items and procedures performed by general practitioners and psychiatrists.</p> <p>A maximum of three days' hospitalisation for beneficiaries admitted by a general practitioner or specialist physician. (See B4.)</p> <p>Physiotherapy is not covered for mental health admissions.</p>
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.	

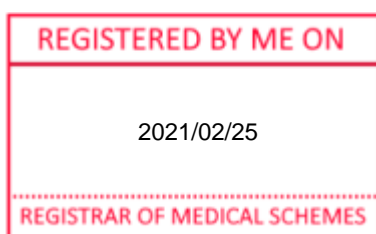


REGISTERED BY ME ON

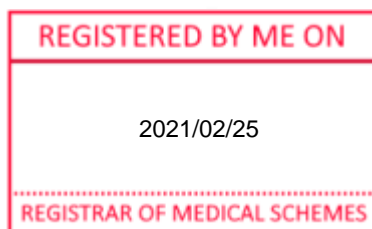
2021/02/25

REGISTRAR OF MEDICAL SCHEMES

PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONCAP	CONDITIONS/REMARKS SUBJECT TO PMB
D12.3	Rehabilitation for substance abuse (See B1)	<ul style="list-style-type: none"> Limited to and included in D12. Subject to the DSP. R10 000 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)	<ul style="list-style-type: none"> Limited to and inclusive of D5.2.2. GP referral required for all out of hospital specialist visits. Subject to DSP network referral and managed care protocols and processes. 	
D13	NON-SURGICAL PROCEDURES AND TESTS (See B1)		
D13.1	In Hospital	<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).




PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	BONCAP	CONDITIONS/REMARKS SUBJECT TO PMB
D21.1.1	In hospital	<ul style="list-style-type: none"> No limit. 	<p>This benefit excludes: specified list of radiology tariff codes included in the</p> <ul style="list-style-type: none"> maternity benefit, (D10), the oncology benefit during the active treatment and/or post active treatment period, (D14); the organ and haemopoietic stem cell transplantation benefit, (D16), renal dialysis chronic benefit, (D22). <p>Authorisation is not required for MRI scans for low field peripheral joint examination of dedicated limb units.</p>
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. 	
D21.2	Specialised radiology		
D21.2.1	In hospital	<ul style="list-style-type: none"> R12 240 per family. R1 000 co-payment per scan, unless PMB. The co-payment to be waived if the cost of the service falls within the co-payment amount. 	Subject to the relevant managed healthcare programme and to its prior authorisation for MRI and CT scans only.
D21.2.2	Out of hospital	Limited and included in D5.2.2.	
D21.3	PET and PET-CT	See D14.1.2.1.	




PARAGRAPH	BENEFIT (EXCEPT FOR PMBs)	BONCAP	CONDITIONS/REMARKS SUBJECT TO PMB
D23.3	Procedures that attract a deductible Cataract Surgery	Subject to a R6 000 co-payment: <ul style="list-style-type: none"> For the voluntary use of a non-DSP. 	The co-payment to be waived if the cost of the service falls within the co-payment amount.
D23.4	Day Surgery Procedures	<ul style="list-style-type: none"> Subject to the Day Surgery Network. R10 000 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	<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 	Subject to the applicable formulary.
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	<ul style="list-style-type: none"> 1 TSH Test Age <1 month 	

REGISTERED BY ME ON

 2021/02/25

REGISTRAR OF MEDICAL SCHEMES

