

BONCLASSIC

1. Alzheimer disease (early onset)
2. Ankylosing Spondylitis
3. Attention Deficit Disorder (in children 5 - 18 years old)
4. Benign Prostatic Hypertrophy
5. Barrett's Oesophagus
6. Depression
7. Eczema
8. Gastro-Oesophageal Reflux (GORD)
9. Generalized Anxiety Disorder
10. Gout
11. Obsessive Compulsive Disorder
12. Osteoporosis
13. Paget's Disease
14. Panic Disorder
15. Polyarteritis Nodosa
16. Post-Traumatic Stress Syndrome
17. Pulmonary Interstitial Fibrosis
18. Scleroderma
19. Tourette's Syndrome
20. Zollinger-Ellison Syndrome

BONCOMPLETE

1. Allergic Rhinitis (in children up to 21 years)
2. Attention Deficit Disorder (in children 5 - 18 years old)
3. Allergic Dermatitis / Eczema (in children up to 21 years)
4. Acne (in children up to 21 years)

BonSave, Primary, Primary Select, BonEssential, BonEssential Select, BonFit Select, Hospital Standard, BonStart and BonCap options only cover the Prescribed Chronic Disease List (CDL).

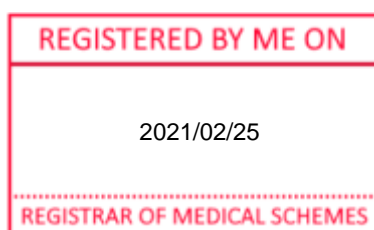
6.5 Hospital Management Programme

A programme adopted by the Fund for the ongoing monitoring, by the Fund or its managed healthcare organisation, of the treatment of a sickness condition of a beneficiary for a stipulated period. The monitoring shall include a sickness condition which might occur whilst the beneficiary is in a private hospital, sub-acute facility, unattached operating theatre or day clinic, physical rehabilitation hospital, rehabilitation centre or hospice for which the beneficiary was admitted in the first instance and which may extend beyond the period of hospitalisation.

The hospital management programme includes the case management programme which is a programme whereby clinically indicated, appropriate and cost-effective healthcare, as an alternative to hospitalisation, or otherwise, is offered to beneficiaries with specific healthcare needs, on condition that the Fund or the Fund's managed healthcare organisation directs a beneficiary's participation in the programme or approves an application by a beneficiary for participation in the programme.

6.6 Optometry Management Programme

The programme adopted by the Fund for the management of optometry benefits by the Fund or its managed healthcare organisation




7.3 Contracted Service Providers: Designated Service Providers and Preferred Providers

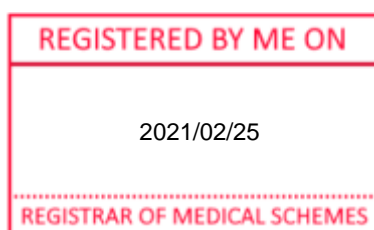
The Fund designates the following service providers for the delivery of benefits to its beneficiaries:

7.3.1 for the provision of diagnosis, treatment and care in respect to one or more conditions:

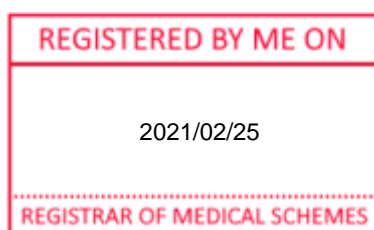
- all licensed private hospitals on BonComprehensive, BonClassic, BonComplete, Standard, BonSave, Primary, Hospital Standard and BonEssential options, except specific facilities that may be contractually excluded and that will incur a 30% co-payment.
- contracted hospital networks on the BonCap, BonFit Select, Primary Select, BonEssential Select, Standard Select and BonStart Options;
- contracted substance abuse facilities on all options.
- contracted mental health facilities on the BonCap, BonFit Select, Primary Select, BonEssential Select, Standard Select and BonStart Options
- cataract surgery network on all options
- day procedure network for specified list of procedures on all options

7.3.2 The following registered dispensing units for the provision of medicine to members of the Fund:

- Pharmacy Direct for the dispensing of medicine authorised by the contracted HIV/AIDS disease management programme except on BonComprehensive;
- Pharmacy Direct for the dispensing of chronic medicine, organ transplant medicine, medicine for members on renal dialysis and chronic specialised drugs, except on BonComprehensive; or such additional or other designated service providers or medicine benefits nominated by the Fund.
- Pharmacy Direct for the dispensing of authorised chronic medicine for all beneficiaries on the contracted Diabetes disease management programme, except on BonComprehensive.
- Pharmacy Direct for the dispensing of prescribed contraception for all eligible beneficiaries.
- Bonitas Pharmacy Network for the dispensing of acute medicine, except contraceptives, for all beneficiaries on all options except BonClassic, BonSave and BonFit Select; and chronic medicine for members on the Standard and BonClassic options within benefit limits.
- Bonitas Oncology Medicine Network for the dispensing of oncology medicine for all beneficiaries registered on the Oncology Management Programme on all options.
- Bonitas Pharmacy Network for the dispensing of over the counter medicine for all beneficiaries on all options except BonClassic, BonSave and BonFit Select.




- 7.3.3** The designated service provider for the disease management of HIV/AIDS for BonCap and or such additional or other designated service providers nominated by the Fund;
- 7.3.4** All contracted general practitioners for the provision of healthcare services, except on BonComprehensive, BonClassic, BonComplete, BonSave, BonFit Select, BonEssential and Hospital Standard;
- 7.3.5** ER24 for emergency medical transport;
- 7.3.6** All contracted specialist practitioners for the provision of healthcare services, except on BonComprehensive, BonCap and BonStart;
The Specialist Network includes, but is not limited to, the following specialists
- Dermatology
 - Obstetrics and Gynaecology
 - Pulmonology
 - Specialist Medicine
 - Gastroenterology
 - Neurology
 - Cardiology
 - Psychiatry
 - Neurosurgery
 - Ophthalmology
 - Orthopaedics
 - Otorhinolaryngology (ENT)
 - Rheumatology
 - Paediatrics
 - Plastic and reconstructive Surgery
 - Surgery
 - Cardio Thoracic Surgery
 - Urology
- 7.3.7** Independent Clinical Oncology Network ("ICON"), appointed by the scheme as the designated service provider for the provision of oncology services for Prescribed Minimum Benefits on all options. In addition, ICON is a preferred provider for the provision of all oncology services. Furthermore, ICON doctors are part of the Specialist Network and form part of this DSP. This excludes paediatric chemotherapy and acute haematology. The Standard protocols apply for all options other than BonComprehensive;
- 7.3.8** Improved Clinical Pathway Services (ICPS) and JointCare for hip and knee replacement surgery as the designated service provider on BonComprehensive, BonClassic, BonComplete, Standard and Standard Select.
- 7.3.9** Designated service providers for chronic renal dialysis on all options.
- 7.3.10** Denis as the contracted service provider for dentistry on all options except BonEssential, BonStart and BonEssential Select;
- 7.3.11** Preferred Provider Negotiators (PPN) for Optometry on all options, except Hospital Standard, BonEssential and BonEssential Select;.



- 7.3.12 Documentation Based Care (DBC) for conservative back and neck rehabilitation on all options except BonCap and BonStart.
- 7.3.13 Preferred supplier agreements for appliances and prostheses as specified in Annexure B paragraphs D3.1.1 and D20.1;
- 7.3.14 Ampath, Lancet, Pathcare and Vermaak for Pathology services.
- 7.3.15 Europ Assistance for international cover on all options, except BonCap,.
- 7.3.16 Contracted Day Surgery Network for specified day procedures
- 7.3.17 Contracted Cataract Surgery Network

7.4 Prescribed minimum benefits obtained from designated service providers

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

7.5 Prescribed minimum benefits voluntarily obtained from other providers

If a beneficiary voluntarily obtains diagnosis, treatment and care in respect of a prescribed minimum benefit condition during the applicable waiting period or when benefits are exceeded from a provider other than a designated service provider, the member shall be required to pay the 40% co-payment on all options including BonComprehensive, where applicable.

7.6 Prescribed minimum benefits involuntarily obtained from other providers

7.6.1 If a beneficiary involuntarily obtains diagnosis, treatment and care in respect of a Prescribed Minimum Benefit condition from a provider other than a designated service provider, the Fund shall pay 100% of the cost, in relation to those prescribed minimum benefits.

7.6.2 For the purposes of paragraph 7.6.1, a beneficiary shall be deemed to have involuntarily obtained a service from a provider other than a designated service provider if -

7.6.2.1 the service was not available from the designated service provider or would not be provided without unreasonable delay;

7.6.2.2 immediate medical or surgical treatment for a prescribed minimum benefit condition was required under circumstances or at locations which reasonably precluded the beneficiary from obtaining such treatment from a designated service provider; or

7.6.2.3 there was no designated service provider within reasonable proximity to the beneficiary's ordinary place of business or personal residence.

