

December 2023

Dear Family Practitioner

Bonitas Family Practitioner Network rates for 2024

Partnering with healthcare providers is critical to ensuring that we are able to deliver affordable, quality healthcare to our members. Our goal is to improve integration of care and enable more access to out-of-hospital services, clinical information and benefits via various solutions. We look forward to continuing our partnership in 2024.

Tariffs for 2024

We are pleased to announce that with effect from 1 January 2024, there will be a **6.5% increase** in the Bonitas Family Practitioner (FP) tariff rates. The 6.5% increase applies to all options except BonCap, which is administered by Private Health Administrators (PHA). The reimbursement model will continue to include an enhanced fee in accordance with your REPI² category score as indicated below:

Family Practitioner Consultation Rates (0190 - 0192)	
Bonitas FP Network consultation fee	R481.50
Enhanced consultation fee for REPI ² category 1 FP Network practices	R58.30
Enhanced consultation fee for REPI ² category 2 FP Network practices	R29.20

One of the objectives of the Bonitas FP Network is to protect members from unexpected co-payments. In light of this, we would like to emphasise the importance of billing at the Bonitas Rate (**R481.50**), which you have agreed to by signing the Bonitas Network Agreement.

Billing process

Your remittance advice will show a comment code 247 against each consultation qualifying for an enhanced fee. The enhanced fee Rand amount will not show on each line. The sum total of your enhanced fees is shown as one amount flagged with code 247 and the description "Enhanced fees" at the beginning of the claim line. For example:

50 (consultations) X R58.30 = R2 915.00

To ensure your Bonitas patient does not incur out-of-pocket expenses, please refer to the important information below.

1. Specialist referral

Members are required to obtain a specialist referral from a Family Practitioner (FP) prior to visiting a specialist. Should a member not have a referral, the claim will not be paid. The following exceptions are applicable on all options except BonStart and BonStart Plus:

- Two gynaecological consultations or visits per annum for female beneficiaries
- Maternity
- Children under the age of two years for paediatrician visits or consultations
- Consultations with oncologists and haematologists
- Consultations with ophthalmologists
- Specialist-to-specialist referral

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You can access the latest list of network specialists by logging in to the Provider Zone at www.medscheme.com:

- Log in as a provider
- Click on Look Up Tool
- Then select Provider Locator
- Or call the Healthcare Provider Contact Centre on **0861 112 666**

2. Use of network hospitals

As part of our ongoing efforts to continue offering members quality healthcare at an affordable price, we have enhanced the Hospital Network. After careful evaluation, we have selected cost-efficient hospitals for the network (at the same time considering accessibility for members). If a member does not obtain pre-authorisation prior to a hospital admission, there will be no payment on all options, except for Prescribed Minimum Benefit (PMB) emergencies.

We urge you to refer members to network hospitals to avoid non-network co-payments. You can access the latest list of network hospitals by logging in to the Provider Zone at www.medscheme.com:

- Log in as a provider
- Click on Look Up Tool
- Then select Provider Locator
- Or call the Healthcare Provider Contact Centre on **0861 112 666**

The co-payment for the use of a non-network hospital is listed below:

Option name	Co-payment
BonClassic, BonComplete, BonSave, Hospital Standard, BonFit Select, BonEssential Select, Primary Select and Standard Select	30%
BonStart and BonStart Plus	R12 050

3. Day Surgery Network

As of 1 January 2024, the co-payment for the voluntary use of a non-network day surgery clinic per option is listed below:

Option name	Co-payment
BonComprehensive, BonClassic, BonComplete, BonSave, Hospital Standard, BonEssential, Primary and Standard	R2 590
BonFit Select, BonEssential Select, Primary Select and Standard Select	R5 170
BonStart and BonStart Plus	R12 050

Visit www.medscheme.com to access the list of Day Surgery Network clinics.

4. Cataract surgery

A R7 050 co-payment will apply for the voluntary use of a non-Designated Service Provider (DSP) on all options, except for BonStart and BonStart Plus where the co-payment is R6 780.

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5. Back and Neck Programme

Members who want to undergo spinal surgery or knee and hip replacements will need to complete the necessary programmes in order to avoid co-payments. Visit www.medscheme.com to familiarise yourself with the Back and Neck Programme.

6. Spinal surgery

When spinal surgery is performed without prior assessment and/or intervention by the contracted conservative back programme for BonComprehensive, BonClassic, BonComplete, Standard and Standard Select, there is no benefit. On all the other options, only PMB level of care surgery is covered.

7. Hip and knee replacements

ICPS and JointCare are the DSPs for members on Standard, Standard Select, BonClassic, BonComplete and BonComprehensive. A co-payment of R35 250 will apply for the voluntary use of a non-DSP.

8. Medicine changes for 2024 (excluding BonCap)

Acute medicine:

- The Bonitas Pharmacy Network will remain the DSP for acute medicine in 2024. A 20% co-payment will apply to members who use a non-network pharmacy for their acute and over-the-counter (OTC) medicine.
- A 20% co-payment will also apply to acute and OTC medicine listed on the acute out-of-formulary list if claimed from acute. In conjunction, Bonitas applies generic reference pricing to all medicine, which promotes the use of cost-effective generic medicine. To view the Bonitas acute out-of-formulary list and the Bonitas Reference Price List, visit www.medscheme.com:
 - Log in as a provider
 - Click on Clinical Information
 - Then select Medicine Management
- All Homeopathic medicine will attract a 20% co-payment on options with an acute medicine benefit.

Chronic medicine:

- Chronic medicine is subject to pre-authorisation, managed care protocols and generic reference pricing. A chronic PMB medicine formulary applies to PMB conditions and a 40% co-payment will apply to out-of-formulary medicine, except on BonStart and BonStart Plus, where the co-payment is 20%.
- The Bonitas Chronic PMB formularies for 2024 are named **Formulary A, B, C and D**. They can be viewed on the Medscheme website at www.medscheme.com:
 - Log in as a provider
 - Click on Clinical Information
 - Then select Medicine Management
- As the formularies vary across the Bonitas options, kindly utilise the applicable formulary for the member's option.
- The DSP for chronic medicine is Pharmacy Direct on all options, except BonComprehensive and Standard where the Bonitas Pharmacy Network will be the DSP. A 40% co-payment will apply for the voluntary use of a non-DSP pharmacy for all options except the BonComprehensive option. The co-payment for the voluntary use of a non-DSP pharmacy on BonStart and BonStart Plus has been reduced to 20%.

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9. Oncology Management Programme

With the prevalence of cancer increasing at an alarming rate, Bonitas members have unlimited oncology cover for PMBs using a DSP on the Bonitas Oncology Network. A 30% co-payment may apply if a member consults with an oncologist outside of the DSP network for their active oncology treatment. This will depend on the member's selected option and benefit limits. To alleviate out-of-pocket expenses, we urge you to refer your patient to a participating DSP oncologist for their oncology treatment.

Non-PMB oncology cover has option limits. Once the non-PMB option limit is reached, the benefit will pay at 80% of the Bonitas rate – if a DSP is used. Non-PMB oncology above the option limits will be for the member's account should treatment be received at a non-DSP. To find a DSP oncologist:

- Log in to www.medscheme.com
- Click on Look Up Tool
- Then select Oncology

The Bonitas Oncology Medicine Network is the DSP for dispensing oncology medicine on all options.

10. Hospital-at-Home (HAH) offering to providers in partnership with Quro Medical

Since the launch of our technology-enabled Hospital-at-Home (HAH) Programme, admissions to the programme have increased exponentially and member satisfaction continues to be above 80%. HAH is a safe alternative for patients needing general ward admission, bringing all the essential elements of in-hospital care to a patient's home alongside evidence-based clinical protocols and state-of-the-art 24-hour vital sign monitoring. Additionally, you will be reimbursed for providing remote clinical oversight during the at-home admission.

In 2020, Medscheme partnered with Quro Medical, a black-owned, South African digital health company pioneering a technology-enabled hospital-at-home solution. Leveraging innovative, clinically proven technology, HAH goes beyond telemedicine and traditional home care. It intelligently incorporates clinical data and the remote healthcare monitoring value proposition – closing the active data and patient monitoring fault lines often found in more traditional telemedicine approaches. Moreover, it brings all the essential elements of in-hospital care to the patient's home, including intravenous therapy, in-person and virtual visits, skilled nursing, medicines, laboratory services, short-term oxygen and allied services. The technology-enabled HAH service reduces the costs of healthcare delivery by leveraging real-time, data-driven clinical interventions and provides an alternative solution to general ward hospital admission.

Building on the success of the HAH Programme and recognising that giving scheme members choices is vital to their health and wellbeing, Medscheme is working tirelessly to provide access to safe alternatives to traditional care settings across the continuum. By leveraging a sustainable value-based reimbursement model, the medical Internet of Things and qualified inter-disciplinary teams, we are ensuring that scheme members can receive care in the comfort of their homes while maintaining quality standards and achieving exceptional clinical outcomes. We are currently exploring ways to enhance post-hospitalisation recovery experiences, and you can look forward to more updates on Medscheme's Transitional Care Programme soon.

11. Continuation of Agreement

You do not need to sign or return the Bonitas Network Annexure again. However, should you wish to opt out of the Agreement, please send an email to this effect to nc@medscheme.co.za on or before **Wednesday, 27 December 2023**.

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Failure to opt out of the Agreement as indicated above will be deemed as a legally binding intention to remain on the Bonitas Family Practitioner Network. You may also view the Bonitas Agreement online by visiting www.medscheme.com:

- Log in as a provider
- Click on Networks
- Then select e-Contracts

Thank you for your cooperation and assistance during 2023. We look forward to continuing our partnership in 2024.

Kind regards
Bonitas Medical Fund

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