Bankmed
Yours in good health



MORE THAN A MEMBER 2027

Choosing the best Bankmed Plan for you and your family depends on finding the right balance between your healthcare needs, your preferences and how much you can afford to pay for cover each month.

MORE THAN A MEMBER. MORE **WITH BANKMED.**

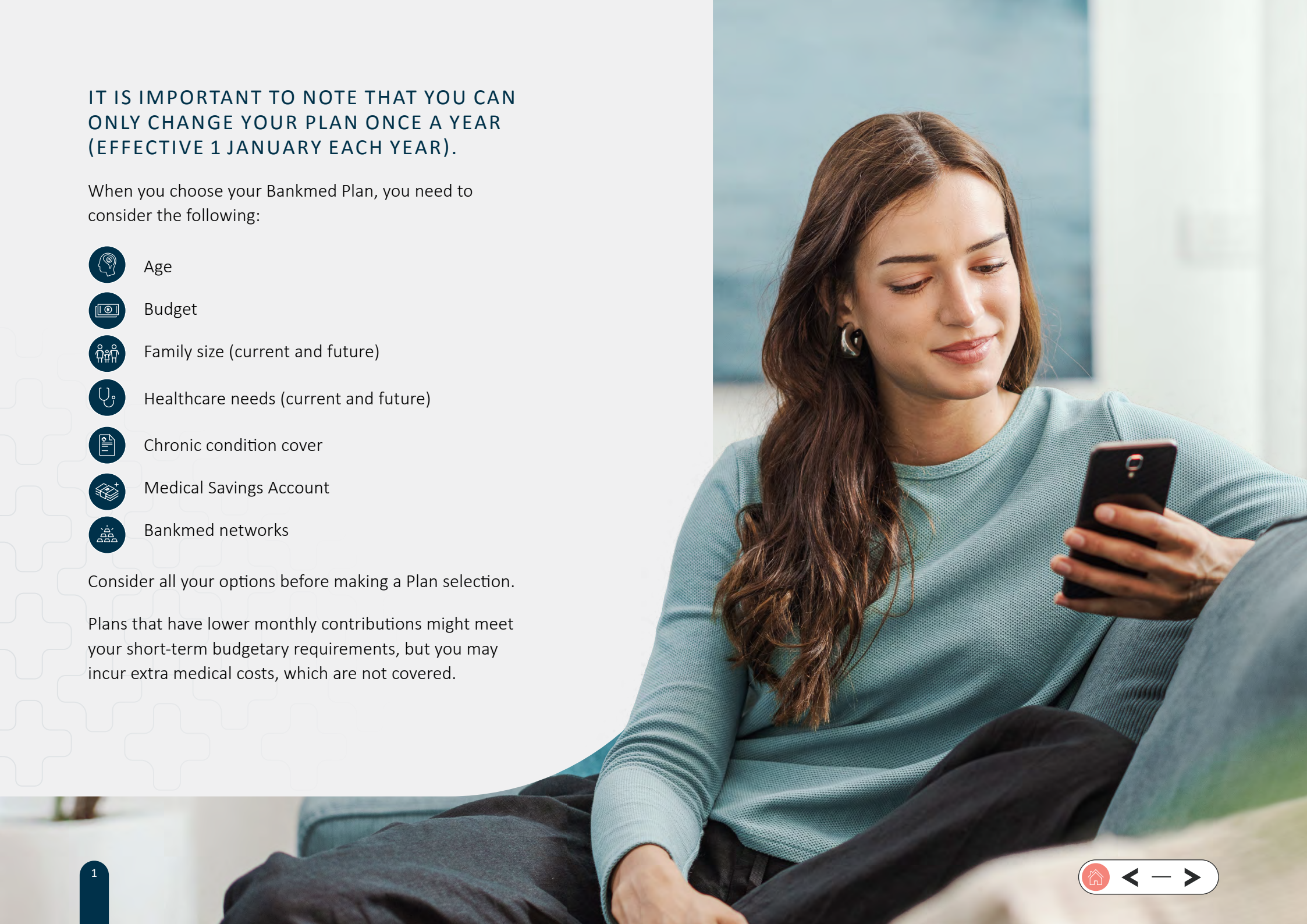
IT IS IMPORTANT TO NOTE THAT YOU CAN ONLY CHANGE YOUR PLAN ONCE A YEAR (EFFECTIVE 1 JANUARY EACH YEAR).

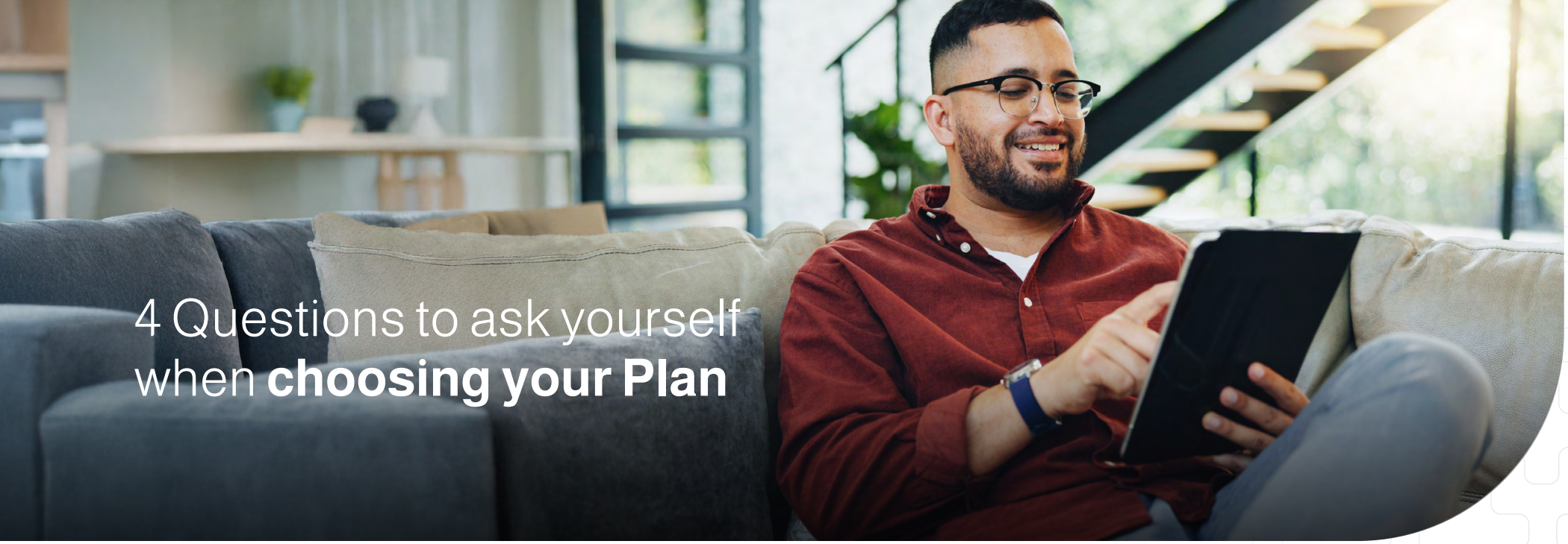
When you choose your Bankmed Plan, you need to consider the following:

- Age
- Budget
- Family size (current and future)
- Healthcare needs (current and future)
- Chronic condition cover
- Medical Savings Account
- Bankmed networks

Consider all your options before making a Plan selection.

Plans that have lower monthly contributions might meet your short-term budgetary requirements, but you may incur extra medical costs, which are not covered.





4 Questions to ask yourself when **choosing your Plan**

01

Are you young, healthy and on a strict budget?

- **NO**
  - **Core Saver**
  - **Traditional**
  - **Comprehensive**
  - **Plus**
- **YES**
  - **Essential**
  - **Basic**

The **Essential and Basic Plans** provide cover for basic healthcare expenses, known as Prescribed Minimum Benefits (PMBs).

This means you receive cover for PMBs even with a restricted budget. You are, however, required to use our Bankmed networks to ensure full cover.

02

Are you comfortable being restricted to a specific hospital network or service provider?

- **NO**
  - **Core Saver**
  - **Comprehensive**
  - **Plus**
- **YES**
  - **Essential**
  - **Basic**
  - **Traditional**

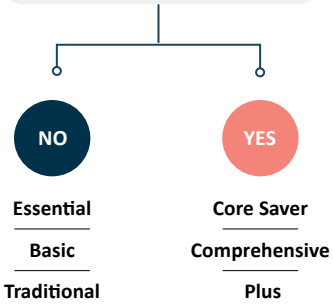
On the **Basic, Essential and Traditional Plans,** you must use Bankmed networks and follow defined processes to see a specialist. You must also use our medicine lists (formularies) for specific treatments and medication. Consider where you work and live before choosing a Plan that relies on you being restricted to networks.

You still benefit from using our networks on the **Core Saver, Comprehensive or Plus Plans**, but using a network is not a requirement for cover on these Plans. You still have to pay an amount upfront if you are admitted to a hospital that is not part of our network.

4 Questions to ask yourself when **choosing your Plan** (continued)

03

Do you want a Medical Savings Account?



DAY-TO-DAY BENEFITS ARE OFFERED IN TWO WAYS:

1 Medical Savings Account:

Allows you to decide how to use the funds allocated for day-to-day medical expenses.

The advantage is that you do not pay for benefits you do not use, and you can carry over unused funds to the following year. You are in charge of your day-to-day medical spend.

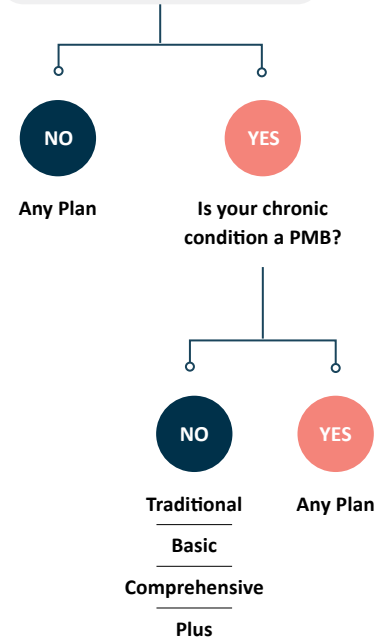
2 Set day-to-day benefits:

Covers specific day-to-day medical expenses (for example, one visit to a network dentist a year covered from Insured Benefits).

The advantage is that you still have cover for different categories of medical expenses even if you have used up one category's benefits. For example, if you have used up the benefits for GP consultations, you still have cover for blood tests.

04

Do you have a Chronic Condition?



All Bankmed Plans offer cover for chronic conditions that qualify as PMBs that are on the Chronic Disease List. For the Basic and Essential Plans, you must register for the Chronic Illness Benefit to get cover for the medication, tests and treatment you need for your condition. For the **Core Saver**, **Comprehensive**, **Traditional** and **Plus Plans**, you must register with MediKredit for the Chronic Benefit to receive cover for the medication, tests and treatment you need for your condition.

Chronic Disease List: All Plans

Addison's disease, asthma, bipolar mood disorder, bronchiectasis, cardiac failure, cardiomyopathy, chronic obstructive pulmonary disease, chronic renal disease, coronary artery disease, Crohn's disease, diabetes insipidus, diabetes mellitus types 1 and 2, dysrhythmias, epilepsy, glaucoma, haemophilia, HIV and AIDS, hyperlipidaemia, hypertension, hypothyroidism, multiple sclerosis, Parkinson's disease, rheumatoid arthritis, schizophrenia, systemic lupus erythematosus and ulcerative colitis.

While higher Plans can offer additional cover for these chronic conditions, we pay for specific care (PMBs) for these conditions no matter which Plan you are on.

Additional Disease List: Traditional, Comprehensive and Plus Plans

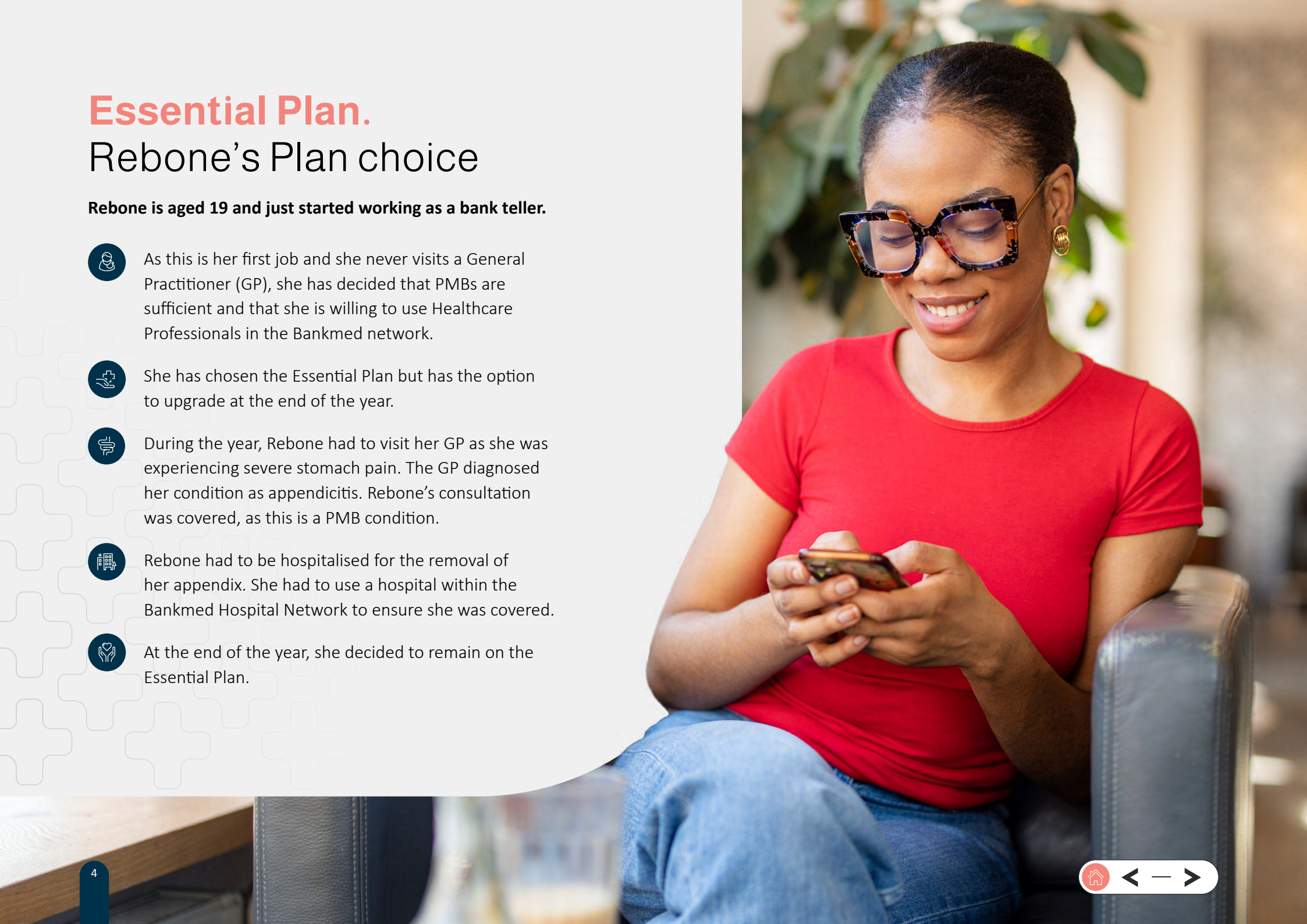
Acne, allergic rhinitis, ankylosing spondylitis, chronic anxiety disorder, atopic dermatitis (eczema), attention deficit disorder, cystic fibrosis, depression, gastro-oesophageal reflux disease, gout, motor neurone disease, osteoarthritis, osteoporosis, Paget's disease, psoriasis, Meniere's disease, and interstitial lung fibrosis (**Comprehensive** and **Plus Plans** only).

The **Basic Plan** covers treatment for major depression.
The **Comprehensive and Plus Plans** cover treatment for Alzheimer's disease and interstitial lung fibrosis.

Essential Plan.
Rebone’s Plan choice

Rebone is aged 19 and just started working as a bank teller.

- As this is her first job and she never visits a General Practitioner (GP), she has decided that PMBs are sufficient and that she is willing to use Healthcare Professionals in the Bankmed network.
- She has chosen the Essential Plan but has the option to upgrade at the end of the year.
- During the year, Rebone had to visit her GP as she was experiencing severe stomach pain. The GP diagnosed her condition as appendicitis. Rebone’s consultation was covered, as this is a PMB condition.
- Rebone had to be hospitalised for the removal of her appendix. She had to use a hospital within the Bankmed Hospital Network to ensure she was covered.
- At the end of the year, she decided to remain on the Essential Plan.



Basic Plan.
Sandile's Plan choice

When Sandile, aged 26, joined Bankmed a year ago, he was not sure which Plan to choose and opted for the Basic Plan.

Sandile did not have sufficient cover on his previous medical scheme before he joined Bankmed and had put off going to the dentist and consulting other Healthcare Professionals.

The Basic Plan's network of Healthcare Professionals helped assess and diagnose his underlying health conditions.

However, by the end of the year, Sandile realised he needed more than primary healthcare cover with a medical savings component, so he opted to switch to the **Core Saver Plan**.



Core Saver Plan.
Tasneem's Plan choice

It is nearing the end of the year, so Tasneem is ready to change from the Basic Plan to a Plan that gives her more flexibility regarding the Healthcare Professionals she consults and how she uses her day-to-day benefits.

- She chooses to upgrade to the **Core Saver Plan**, which better suits her needs for the new year.
- On the **Core Saver Plan**, she now has access to a Medical Savings Account (MSA).
- Her day-to-day expenses are covered by the funds in her MSA. These include services such as dentistry, orthodontics, optometry and acute medication.
- Tasneem is now able to attend to all her healthcare needs.



Traditional Plan.
Priya's Plan choice

Priya is in her 30s and has allergic rhinitis, a chronic condition that is not a PMB but is on the Additional Disease List (ADL).

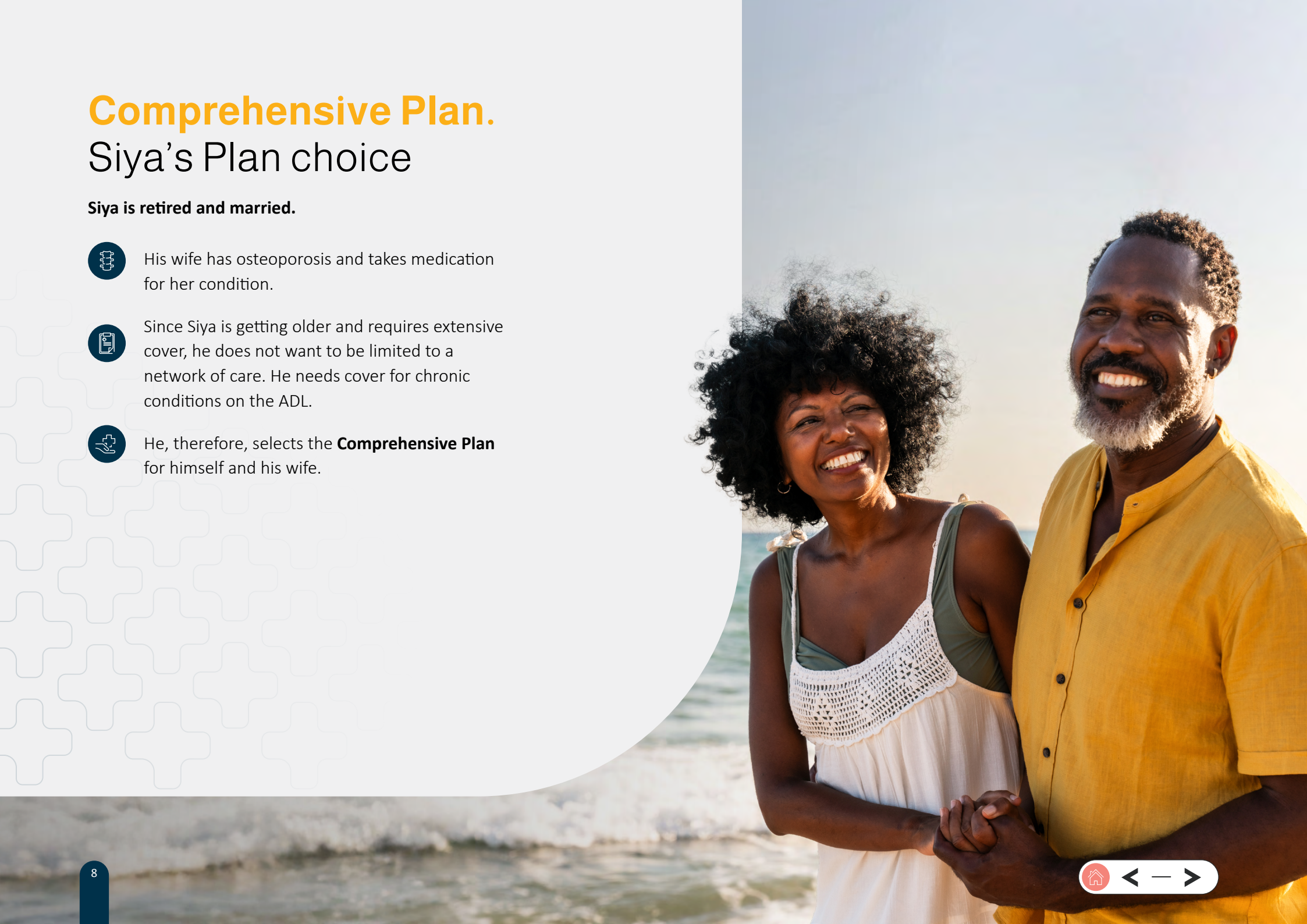
- Priya often gets sinus infections and minor illnesses that she has to visit a GP for.
- She is an avid hiker and rock climber, which gives her a higher risk of broken bones, which may result in her needing X-rays.
- Priya enjoys the **Traditional Plan**'s day-to-day benefits and does not mind using networks.



Comprehensive Plan.
Siya's Plan choice

Siya is retired and married.

- His wife has osteoporosis and takes medication for her condition.
- Since Siya is getting older and requires extensive cover, he does not want to be limited to a network of care. He needs cover for chronic conditions on the ADL.
- He, therefore, selects the **Comprehensive Plan** for himself and his wife.

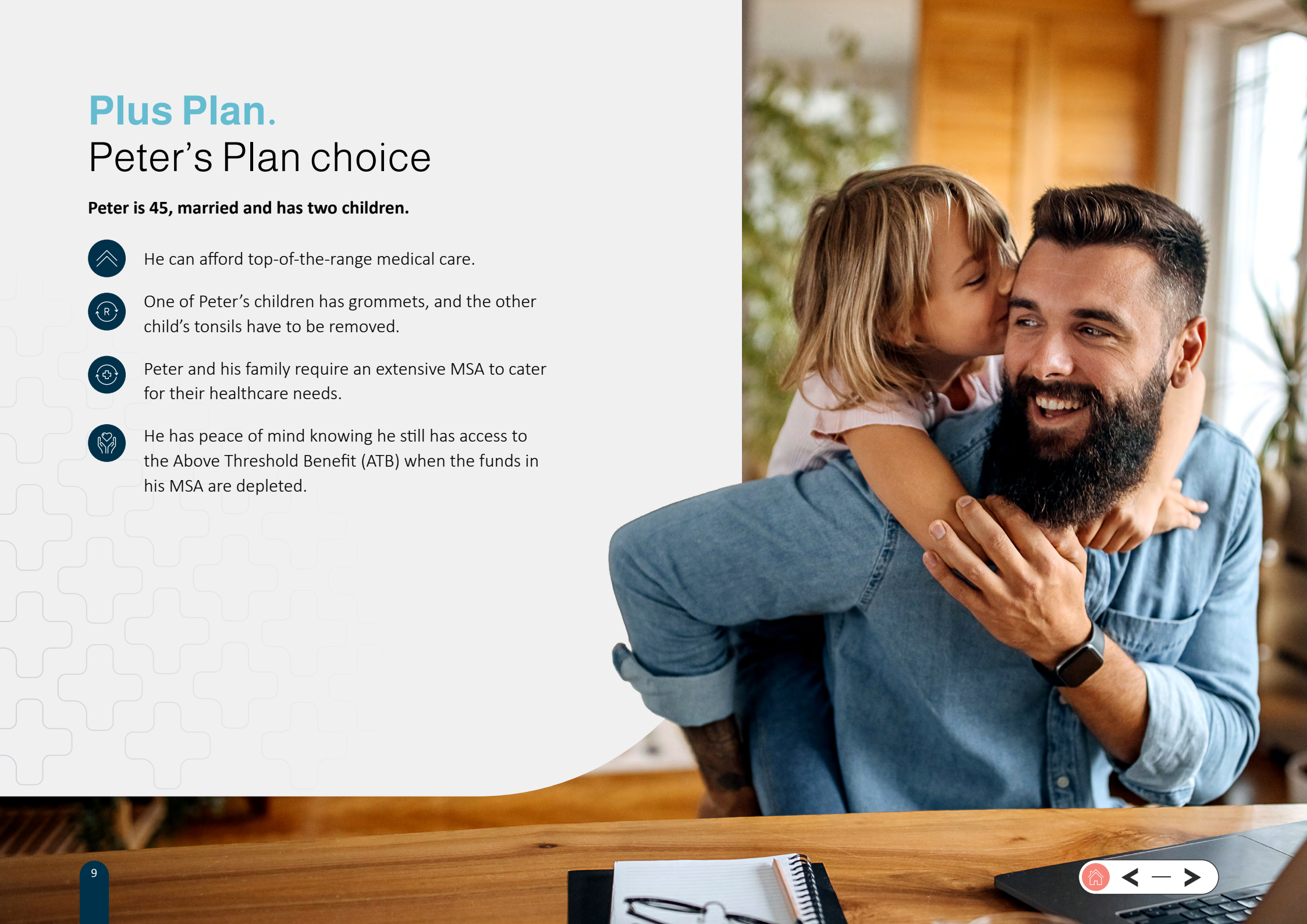


Plus Plan.

Peter's Plan choice

Peter is 45, married and has two children.

- He can afford top-of-the-range medical care.
- One of Peter's children has grommets, and the other child's tonsils have to be removed.
- Peter and his family require an extensive MSA to cater for their healthcare needs.
- He has peace of mind knowing he still has access to the Above Threshold Benefit (ATB) when the funds in his MSA are depleted.



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STILL NOT SURE WHAT PLAN TO CHOOSE?
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