




2018
BENEFITS AND
IMPORTANT
INFORMATION
FOR YOUR
FAMILY



**THE MEDICAL SCHEME THAT IS HERE
FOR YOU, FOR YOUR FAMILY, FOR YOUR
GOOD HEALTH**

WHY BANKMED?

Bankmed value

As a Bankmed member, you are part of an exclusive club. Bankmed is a closed medical scheme that is tailored specifically for the banking industry. This gives us invaluable experience and insights into your specific needs, and the ability to offer you a medical scheme that gives you what you need, when you need it.

Scheme overview

Bankmed is registered in terms of the Medical Schemes Act 131 of 1998 and all rules and our benefits are approved by the Council for Medical Schemes. With more than 103 years experience as a medical scheme, we exist solely for your benefit. We don't pursue profits or try to accumulate reserves.

We are managed by a Board of Trustees, who prioritises the interests of our members and the Scheme's sustainability. Half of the Trustees are elected by members. Our unique approach to healthcare is underpinned by the ability to support our employer groups with health solutions that have a measurable impact on the health of members and, by extension, the health of the organisation.

Bankmed's initiatives contribute to members' wellbeing and productivity

Bankmed participates in an annual survey commissioned by Health Quality Assessment (HQA). The survey measures the clinical quality of the benefit offering of medical schemes (77% of funding industry). Based on the HQA's 2016 findings, Bankmed is ahead of the industry in most clinical quality indicators.

Bankmed is ranked among the top seven closed medical schemes in the country – based on its sustainability. – **Alexander Forbes, 2016**

OVERVIEW OF BANKMED

With financial sustainability forming the foundation of Bankmed, we aim to provide our members with benefits that exceed the market average. We focus on our members' needs holistically. Bankmed goes beyond profit, add-ons and incentives. We are committed to meeting our members' healthcare needs. Because Bankmed is for you. For your family. For your good health.

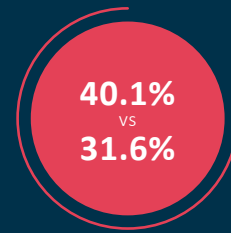
WHAT SETS BANKMED APART FROM OPEN SCHEMES?



Compared to the average open scheme*



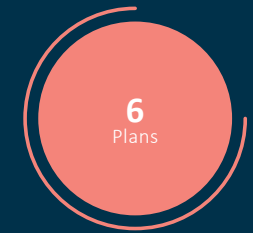
Global Credit Rating – 2017 (Highest in the industry)



Bankmed's Solvency Ratio vs Industry Average, as at end December 2016



Non-Healthcare Expenses Ratio (Administration, Managed Healthcare and General Administration Expenses)



We offer a range of Plans to suit our members' healthcare needs and pockets

Our value proposition includes:



Preventative Care and Wellness

Good health starts with knowing your health. Bankmed offers Wellness Experiences at your workplace and Preventative Care programmes that help us to identify your risks early. This allows you to be in your best possible health.



Prescribed Minimum Benefits (PMBs)

No matter which Plan you choose, you are covered for the Prescribed Minimum Benefits as set out in the Medical Schemes Act.



Good Governance

Bankmed is governed by a competent Board of Trustees who put members' interests and Bankmed's sustainability first.



Sexual Health

We pay for certain screening tests and procedures from the Insured Benefit, which means looking after your sexual health does not affect your day-to-day benefits. We pay for pap smears and offer a circumcision benefit on all Plans and female birth control on all Plans except the Essential Plan. Members also have cover for HIV counselling and testing as well as a full HIV treatment programme if they need it.



Always there when you need us

With our Bankmed App and website, you can always reach us, wherever you or your family happen to be.



On-site Support

Bankmed comes to your office to help you with any questions about your benefits and services.

A promise for a select few

Our commitment to you is reflected in the value we provide. We do this through Plans and benefits designed specifically for the banking industry.

Bankmed is a medical scheme that is exclusively for the banking industry

All our Plans, benefits and contributions are designed with you in mind. We are experts in designing Plans and benefits that reflect our understanding of your career, your challenges, your workplace and the risks that you face each day.

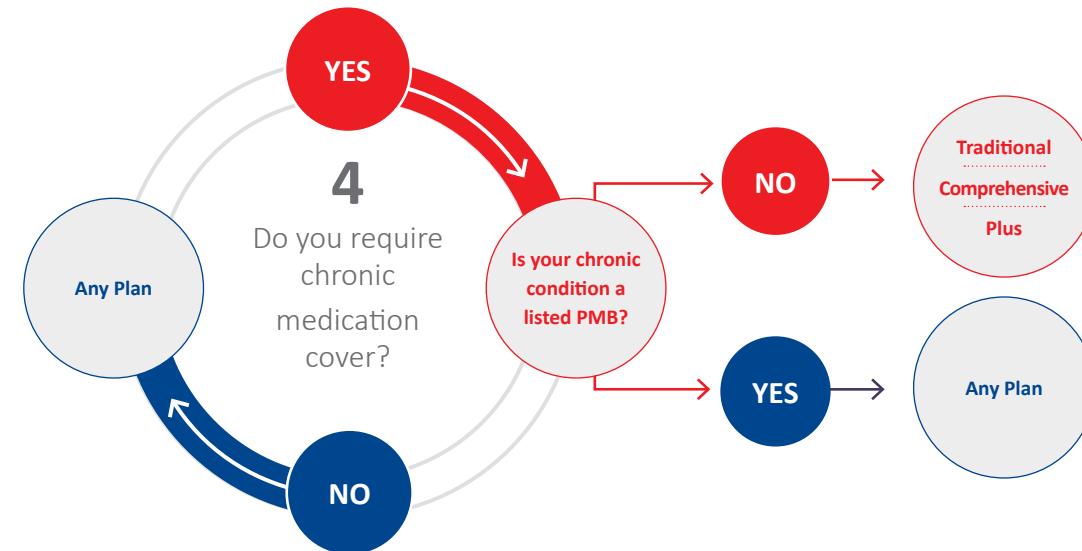
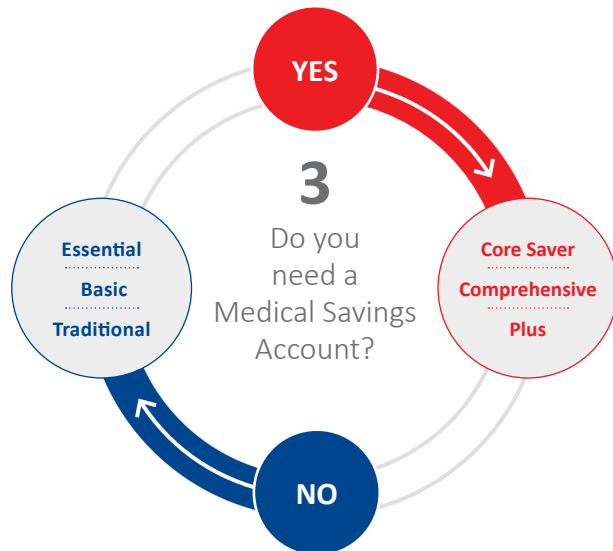
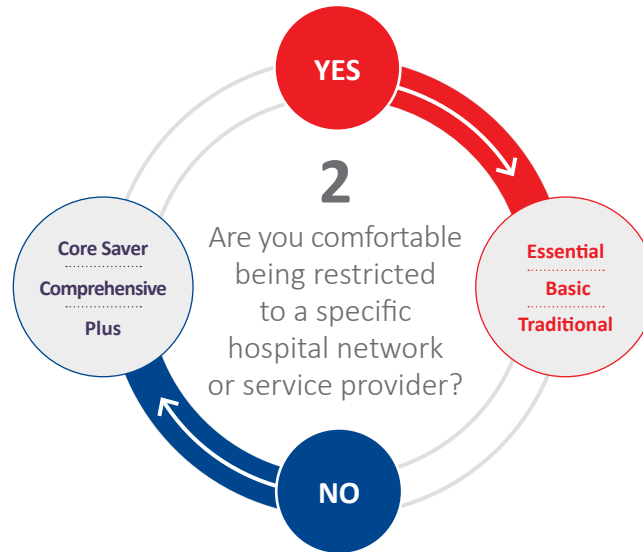
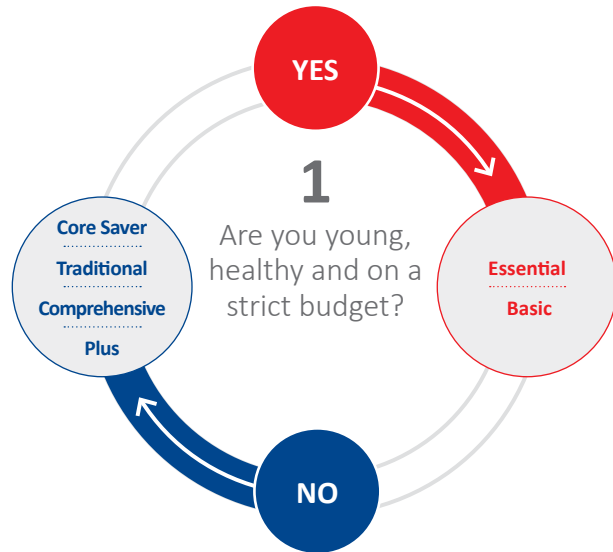
Bankmed offers incredible value for money

Apart from the six different Plans to suit every member's health needs and pocket, we have consistently shown that we are Rand-for-Rand one of the most competitive medical schemes in the market in terms of cost versus benefits offered.

*based on independent actuarial analysis.

CHOOSING YOUR PLAN OR LOOKING TO CHANGE PLANS?

These four options are basic summaries to help you to select the best Plan for you. Please refer to the detailed Benefit and Contribution tables to compare benefits, costs and limits.



PLAN DESCRIPTION AND CONTRIBUTIONS

Benefits to meet every lifestyle at every life stage

You have the choice of six Plans that have been designed to cater for a variety of healthcare needs including chronic conditions, day-to-day and out-of-hospital healthcare needs according to the Plan structure. A summary of each Plan is noted below but, for detailed information, please refer to the Benefit and Contribution Schedule, visit our website at www.bankmed.co.za or call our Call Centre on **0800 BANKMED (0800 226 5633)**.

Essential Plan

Bankmed's most cost-effective benefit Plan, the Essential Plan is recommended for healthy members on a tight budget seeking reliable, quality healthcare benefits through a restricted hospital and specialist network of Healthcare Professionals. This is restricted to PMB conditions only, e.g. major accident and defined chronic conditions, Personal Health Assessments, vaccinations and screening are included.

Please note that non-Prescribed Minimum Benefits (PMB) conditions are not covered.

ESSENTIAL PLAN No Medical Savings Account

GROSS INCOME	TOTAL MONTHLY CONTRIBUTION		
	Member	Adult Dependant	Child Dependant
R0 – R5 000	R656	R589	R164
R5 001 – R6 000	R718	R646	R188
R6 001 – R7 000	R792	R713	R204
R7 001 – R8 000	R870	R783	R223
R8 001 – R9 000	R994	R897	R246
R9 001 – R10 000	R1 106	R994	R278
R10 001+	R1 260	R1 135	R317

Basic Plan

The Basic Plan is ideal for members with high healthcare needs but limited finances, covering basic healthcare requirements at a cost-effective monthly contribution.

This Plan offers comprehensive unlimited cover for primary healthcare services including GP consultations, acute medication and basic dentistry through the Bankmed GP network.

The Plan offers limited optometry benefits but no benefits for advanced dentistry or orthodontic treatment.

Visit www.bankmed.co.za for information on Healthcare Professionals in your area or to view the acute and chronic medication formularies on this Plan.

BASIC PLAN No Medical Savings Account

GROSS INCOME	TOTAL MONTHLY CONTRIBUTION		
	Member	Adult Dependant	Child Dependant
R0 – R5 000	R989	R739	R248
R5 001 – R6 000	R1 085	R814	R281
R6 001 – R7 000	R1 196	R894	R308
R7 001 – R8 000	R1 313	R997	R337
R8 001 – R9 000	R1 500	R1 137	R376
R9 001 – R10 000	R1 669	R1 262	R419
R10 001+	R1 900	R1 425	R477

Core Saver Plan

This is essentially a hospital Plan plus 15% savings and more. Younger, healthier members may find this Plan suitable if they have relatively low healthcare needs. It offers unlimited cover for PMB conditions only by or on referral by your nominated Bankmed Network GP.

Included are two insured consultations for non-PMB conditions by a Bankmed Network GP only. Non-PMB services, including dentistry, orthodontics, acute medication and optometry, are payable from savings. No hospital network restrictions apply.

CORE SAVER PLAN With Medical Savings Account

GROSS INCOME	TOTAL MONTHLY CONTRIBUTION (INCLUDING MEDICAL SAVINGS ACCOUNT)			MEDICAL SAVINGS ACCOUNT (INCLUDED IN TOTAL CONTRIBUTION)		
	Member	Adult Dependant	Child Dependant	Member	Adult Dependant	Child Dependant
R0 – R5 000	R1 450	R1 091	R364	R214	R161	R54
R5 001 – R6 000	R1 553	R1 166	R388	R229	R172	R57
R6 001 – R7 000	R1 662	R1 248	R415	R245	R184	R62
R7 001 – R8 000	R1 746	R1 310	R438	R258	R194	R66
R8 001 – R9 000	R1 882	R1 414	R475	R278	R209	R70
R9 001 – R10 000	R1 978	R1 486	R496	R291	R218	R73
R10 001+	R2 181	R1 631	R548	R320	R241	R81

Traditional Plan

This Plan caters for members with moderate to high healthcare needs. All healthcare expenses in this Plan are paid from an insured pool of funds, subject to specified limits per medical category.

Insured benefits for GP and specialist consultations, acute medication, radiology, pathology, basic dentistry, advanced dentistry and orthodontics are subject to Plan limits. The Plan includes unlimited Insured benefits for GP and specialist procedures and basic dentistry, DSPs (Designated Service Providers) are Healthcare Professionals that have agreed to charge Bankmed members at 100% of the Scheme Rates so you don't have out-of-pocket expenses. Should you choose to use non-DSP Healthcare Professionals you will be subject to reduced rates of cover. Optometry benefits are available every two years subject to a rand limit. There is no Medical Savings Account on the Traditional Plan so members with chronic conditions are advised to register with a Bankmed network GP to avoid out-of-pocket payments on pre-authorised chronic medication.

Visit www.bankmed.co.za for a list of Bankmed contracted GPs in your area.

TRADITIONAL PLAN No Medical Savings Account

GROSS INCOME	TOTAL MONTHLY CONTRIBUTION		
	Member	Adult Dependant	Child Dependant
R0 – R5 000	R2 416	R1 809	R603
R5 001 – R10 000	R2 817	R2 110	R708
R10 001+	R2 931	R2 201	R734

Comprehensive Plan

This Plan has a combination of Insured benefits and an 18.5% savings pool. It is ideal for members with moderate to high day-to-day and out-of-hospital healthcare expenses. GP and specialist consultations, acute medication, pathology and certain other benefit categories are payable from savings.

The Comprehensive Plan also offers unlimited Insured benefits for GP/specialist procedures and basic dentistry. Reduced rates of cover are available for non-DSPs subject to PMB regulations. Limits exist for advanced dentistry, orthodontics and other specified categories.

COMPREHENSIVE PLAN With Medical Savings Account

GROSS INCOME	TOTAL MONTHLY CONTRIBUTION (INCLUDING MEDICAL SAVINGS ACCOUNT)			MEDICAL SAVINGS ACCOUNT (INCLUDED IN TOTAL CONTRIBUTION)		
	Member	Adult Dependant	Child Dependant	Member	Adult Dependant	Child Dependant
R0 – R10 000	R3 150	R2 359	R792	R556	R416	R140
R10 001+	R3 280	R2 460	R821	R579	R434	R145

Plus Plan

This Plan offers comprehensive in-hospital cover and can be considered by members with high in- and out-of-hospital (day-to-day) healthcare expenses. Bankmed Plus Plan has a 25% savings component and an Above Threshold benefit.

Day-to-day expenses are paid from savings until the Annual Threshold is reached, after which Insured benefits are provided as an Above Threshold benefit. This acts as a safety net for members with unexpectedly high out-of-hospital expenses. All qualifying claims will accumulate toward the Annual Threshold at 100% of the Scheme Rate.

PLUS PLAN With Medical Savings Account

GROSS INCOME	TOTAL MONTHLY CONTRIBUTION (INCLUDING MEDICAL SAVINGS ACCOUNT)			MEDICAL SAVINGS ACCOUNT (INCLUDED IN TOTAL CONTRIBUTION)		
	Member	Adult Dependant	Child Dependant	Member	Adult Dependant	Child Dependant
ALL INCOMES	R5 518	R4 131	R1 382	R1 291	R967	R323

MATERNITY

Baby-and-Me Programme

Baby-and-Me is Bankmed's maternity programme that provides expecting moms and their partners with information relating to their pregnancy. The Baby-and-Me Programme is only available to members on the Core Saver, Traditional and Comprehensive Plans. Members on the Plus Plan don't qualify for the additional Insured Benefits.

Benefits of joining

Expecting moms have to register on the Baby-and-Me Programme for additional cover from Insured Benefits during pregnancy for services such as ultrasounds and additional consultations. A Client Relationship Manager will help you to register for the programme and give you advice throughout your pregnancy and after the birth of your baby.

When you register, you will receive:

- A Bankmed baby hamper*
- Regular communication at different milestones throughout your pregnancy
- Assistance with hospital pre-authorisation
- A hospital checklist to prepare you for your hospital stay

How to join?

You have to complete the *Baby-and-Me* application form to register with the programme:

 0800 BANKMED (0800 226 5633)

 babyandme@bankmed.co.za

 www.bankmed.co.za

*The contents of the Bankmed baby hamper may be substituted without notice as supply is dependent on stock availability.

Discount on stem cell banking with Netcells

Bankmed members have access to a discount at Next Biosciences, Africa's leading Biotech Company that combines medication, science and technology to create innovative products and services, enabling you to invest in your future health. Expecting parents can have their newborn's umbilical cord blood and tissue stem cells collected and cryogenically stored for potential future medical use.

Please note that we don't pay for this service. Bankmed passes the cash discount directly on to you.

You can get up to 25% off the stem cell banking fee when you register to store your baby's stem cells with Netcells. The discount applies to the Netcells banking fee and the amount depends on the payment plan you choose:

- **25%** discount on payment upon registration
- **20%** discount on payment on stem cells being successfully banked or
- **15%** discount on a payment plan

Netcells offers flexible storage options and flexible interest free payment plans, allowing you to tailor-make a plan to suit your needs.

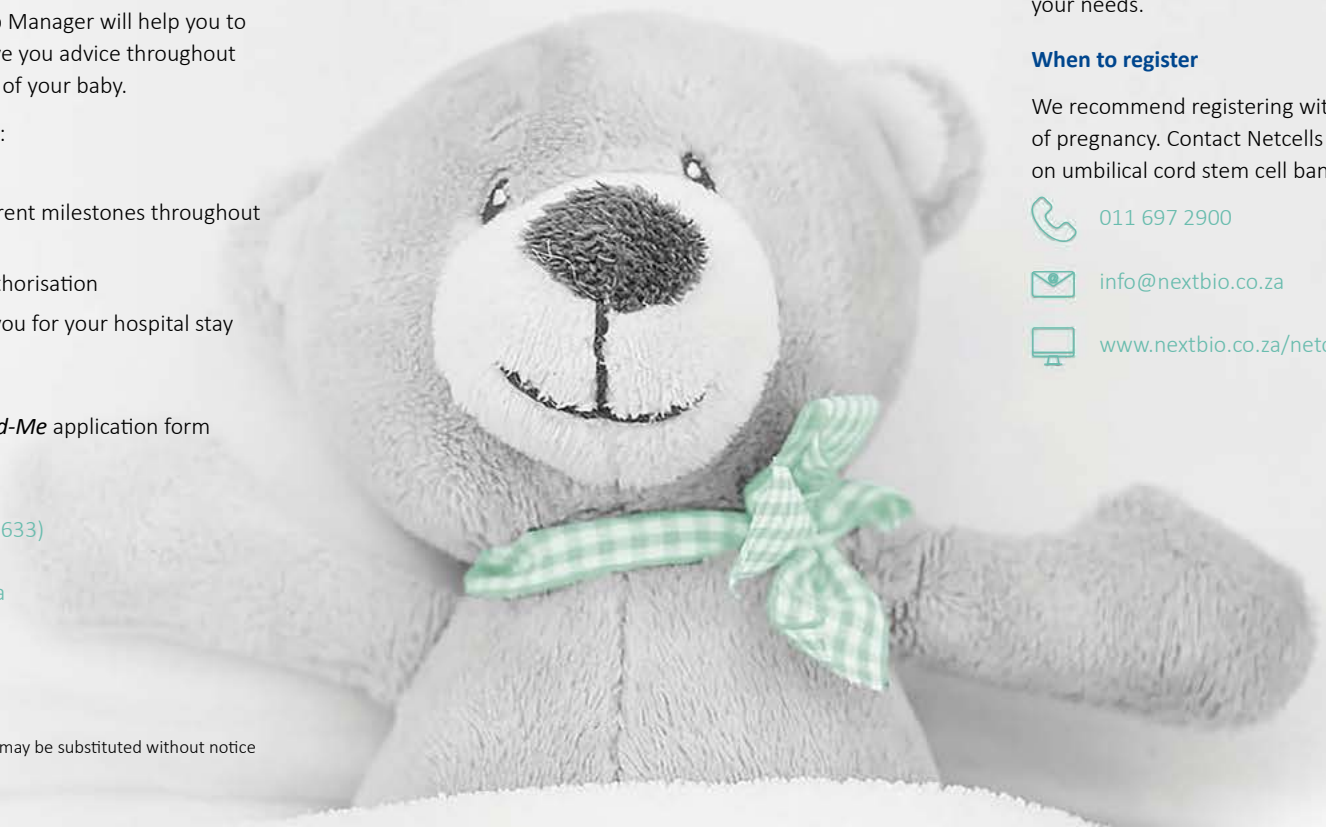
When to register

We recommend registering with Netcells at about 30 weeks of pregnancy. Contact Netcells directly for more information on umbilical cord stem cell banking:

 011 697 2900

 info@nextbio.co.za

 www.nextbio.co.za/netcells



CHRONIC ILLNESS BENEFIT

Cover for chronic conditions

The Chronic Illness Benefit gives cover for medication if you have a listed condition for which you have to take medication for three months or longer. You have cover for 25 conditions (including HIV and AIDS) on the Chronic Disease List.

You have to register on the Chronic Illness Benefit and meet our clinical criteria before you can start claiming for chronic medication. To apply, your Healthcare Professional must complete a *Chronic Illness Benefit* application form and send it to us.

How to manage your chronic condition?

As a member on the Core Saver, Traditional, Comprehensive or Plus Plan, you have access to Medicine Advisory Services. Bankmed Medicine Advisory Services aims to provide you with a structured way to achieve the desired results from medication use, especially with chronic medication.

Bankmed Medicine Advisory Services provides an efficient pre-authorisation process for chronic medication users, which combines advanced technology with pharmacological and medical expertise. Contact Medicine Advisory Services to register for, change, or update your chronic medication. Applications for medication are assessed in accordance with clinical guidelines and evidence-based medicine.

How to apply for chronic medication?

To obtain authorisation for your chronic medicine ask your Healthcare Professional or pharmacist to call Bankmed's Chronic Managed Care Department on 0800 132 345 or 0800 BANKMED (0800 226 5633). Your condition has to meet the clinical entry criteria and we may ask for proof that you meet the criteria.

Your Healthcare Professional can complete the *Chronic Illness Benefit* application form and send it to us by:

Essential and Basic Plans

 chronicbasicesential@bankmed.co.za

 011 539 7000

ONCOLOGY

Cover for cancer

If you are diagnosed with cancer, you have access to cover through the Oncology Programme once we approve your cancer treatment.

On the Essential, Basic and Core Saver Plans, cover for approved cancer treatment is limited to Prescribed Minimum Benefits (PMBs) only, subject to pre-authorisation.

On the Traditional, Comprehensive and Plus Plans, cover for approved cancer treatment is for both PMB and non-PMB conditions, subject to pre-authorisation.

Chemotherapy, radiotherapy and other healthcare services payable from the Oncology Programme are subject to evidence-based medication, cost effectiveness and affordability.

If the healthcare service does not meet the Scheme's criteria, it will not be funded by the Scheme. Bankmed's Oncology Programme follows the South African Oncology Consortium's guidelines to make sure you have access to the most appropriate level of treatment for the particular stage of your cancer.

How to register on the Oncology Programme?

Register for the Oncology Programme by:

 0800 BANKMED (0800 226 5633)

 oncology@bankmed.co.za

 011 539 5417

HIV and AIDS

Cover for HIV and AIDS

For members living with HIV and AIDS, Bankmed's HIV Programme provides comprehensive disease management.

We take the utmost care to protect your right to privacy and confidentiality. When you register on our HIV Programme you are covered for the all-inclusive care that you require. You will have access to clinically-sound and cost-effective treatment and you are assured of confidentiality at all times.

We cover approved medication on our medicine list (formulary) in full. We cover medication not on our list up to a set monthly amount.

You need to obtain your medication from a Designated Service Provider to avoid having to pay part of the cost yourself.

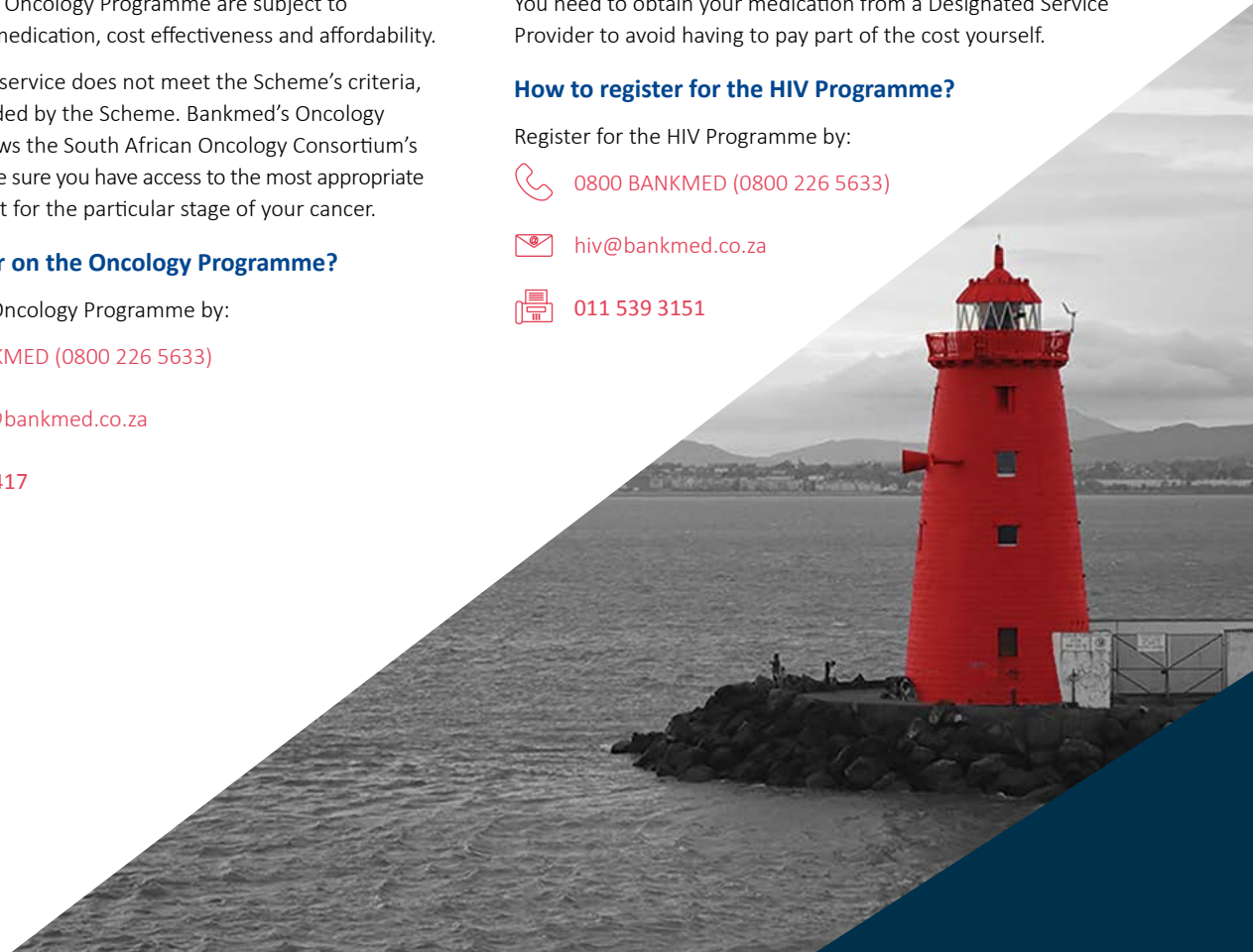
How to register for the HIV Programme?

Register for the HIV Programme by:

 0800 BANKMED (0800 226 5633)

 hiv@bankmed.co.za

 011 539 3151



IMPORTANT ISSUES THAT MAY BE RELEVANT TO YOU

Please take note of the following as they may affect your payments or your benefits:

- Waiting periods
- Late joiner penalties (gap in membership after age 35 years)
- Exclusions
- Your application forms

Your HR department should be able to provide you with all the information and documents you need when you join. Alternatively, you can download documents at www.bankmed.co.za/ **FIND A DOCUMENT** or call the Call Centre on **0800 BANKMED (0800 226 5633)** for further information or assistance.

Please note, that waiting periods will be waived if you and your immediate dependants join Bankmed from date of employment, in the case of new dependants, from the first date that the dependant becomes eligible to join Bankmed (marriage/birth/adoption).

Please ensure that all documentations is completed and provided to your Employer and Bankmed are notified as soon as possible to avoid arrears (backdated contributions).

We will notify you by SMS or e-mail regarding your membership number as soon as your application has been processed. Your membership card and Benefit and Contribution Schedule will also be sent to you at this time.

You have the power of good health in your hands with Bankmed, the medical scheme that is here for you, for your family, for your good health.





Visit www.bankmed.co.za and get access to the latest news, features, questions and advise



Download the Bankmed App on your smartphone and follow the prompts



Sending an e-mail to enquiries@bankmed.co.za



Calling us on 0800 BANKMED (0800 226 5633)