



Cover for pregnancy and childbirth

Bankmed offers cover for in-hospital and out-of-hospital pregnancy and childbirth, subject to your selected Plan benefits.

Who we are

Bankmed (referred to as 'the Scheme'), registration number 1279, is a non-profit organisation, registered with the Council for Medical Schemes. Discovery Health (Pty) Ltd (referred to as 'the administrator') is a separate company and an authorised financial services provider (registration number 1997/013480/07) which takes care of the administration of your membership for the Scheme.

In-Hospital cover

Hospitalisation and associated in-hospital services are subject to pre-authorisation. Failing to obtain pre-authorisation may lead to you forfeiting benefits or having co-payments.

Essential Plan

Kindly note, you are required to make use of a Designated Service Provider (DSP) to ensure you are covered at 100% of the contracted rate. The DSP for the Essential Plan includes any hospitals that form part of the Bankmed Hospital Network for the Essential Plan.

Should you not use a DSP, claims will be funded at 80% of the Scheme Rate. Remember, you should contact us on 0800 BANKMED (0800 226 5633) to pre-authorise your admission.

Basic Plan

Kindly note, you are required to make use of a Designated Service Provider (DSP) to ensure you are covered at 100% of the contracted rate. The DSP for the Basic Plan includes any hospitals that form part of the Bankmed Hospital Network for Basic Plan.

Should you not use a DSP, claims will be funded at 80% of the Scheme Rate. Remember, you should contact us on 0800 BANKMED (0800 226 5633) to pre-authorise your admission.

Core Saver, Comprehensive and Plus Plans

Kindly note, you are required to make use of a Designated Service Provider (DSP) to ensure you are covered at 100% of the contracted rate. The DSPs for these Plans include any hospitals that form part of Netcare, the National Hospital Network (NHN), Mediclinic, Clinix Hospitals and any hospital contracted with Bankmed.

Should you not use a DSP, claims will be funded at 100% of the Scheme Rate. Remember, you should contact us on 0800 BANKMED (0800 226 5633) to pre-authorise your admission.

Traditional Plan

Kindly note, you are required to make use of a Designated Service Provider (DSP) to ensure you are covered at 100% of the contracted rate. The DSP for the Traditional Plan includes any hospitals that form part of the Bankmed Hospital Network for the Traditional Plan.

Should you not use a DSP, claims will be funded at 100% of the Scheme Rate and you may be liable for a shortfall. Remember, you should contact us on 0800 BANKMED (0800 226 5633) to pre-authorise your admission.

Midwife care and delivery

Services are subject to pre-authorisation. Failing to obtain authorisation may lead to benefits being forfeited or co-payments may apply.

Essential Plan

Cover is limited to PMBs and funded at 100% of the Scheme Rate.

Basic, Core Saver, Traditional, Comprehensive and Plus Plans

Cover is funded at 100% of the Scheme Rate from your Insured Benefits.

Birthing facilities as an alternative to hospitalisation

Services are subject to pre-authorisation. Failing to obtain authorisation may lead to benefits being forfeited or co-payments may apply.

Essential Plan

Cover is limited to PMBs and funded at 100% of the Scheme Rate.

Basic, Core Saver, Traditional, Comprehensive and Plus Plans

Services are funded at 100% of the Scheme Rate from your Insured Benefits.

Cost of Disposables

Disposables are limited to R1 120 for each case.

Out-of-hospital cover

Bankmed covers certain expenses related to your pregnancy according to your Plan benefits. The Scheme does not cover claims for out-of-hospital services on the Essential Plan.



Antenatal and Post-Natal Care

Essential Plan

This is limited to PMBs and includes services of GPs, specialist consultations and procedures performed in the Healthcare Professional's rooms.

Basic Plan

Consultations performed in the Healthcare Professional's rooms are covered at 100% of the contracted rate. Members on the Basic Plan are required to make use of their chosen GP on the Bankmed GP Entry Plan Network (DSP) for GP consultations and procedures in the Healthcare Professional's rooms.

Should you select to use a non-DSP Healthcare Professional, claims will be paid at 100% of the Scheme Rate, limited to a maximum of R2 150 for each family a year (Out-of-network Benefit).

Specialist limit for consultations and procedures are:

Member	R1 950 for a member each year
Family	R3 055 for a family each year

Services are covered at 100% of the contracted rate at a Bankmed Entry Plan Specialist Network specialist (DSP). Should you not use a DSP, claims will be paid at 100% of the Scheme Rate.

Core Saver Plan

GP consultations are funded at 100% of the contracted rate at a DSP. Procedures in rooms are covered at 100% Scheme Rate from available funds in your Medical Savings Account for GPs in the Bankmed GP Network (DSP). Specialists in the Bankmed Prestige A and B Specialist Network (DSP) are funded at 100% of the contracted rate.

Should you not use a DSP, claims will be paid at 100% of the Scheme Rate.

Traditional Plan

Services are limited to the combined limit for GP and Specialist consultations:

Member	R3 440 for a member each year
Member + 1 dependant	R6 225 for a family each year
Member + 2 or more dependants	R7 220 for a family each year

GP consultations

Consultations are funded at 100% of the contracted rate at a GP in the Bankmed GP Network (DSP).

Should you not use a DSP Healthcare Professional, claims will be paid at 100% of the Scheme Rate.

GP procedures in rooms

Procedures in rooms are funded at 100% of the contracted rate at a GP in the Bankmed GP Network (DSP).

Should you not use a DSP, claims will be paid at 100% of the Scheme Rate.



Specialist consultations

Consultations with a specialist in the Bankmed Prestige A and B Specialist Network (DSP) are funded at 100% of the contracted rate.

Should you not use a DSP, claims will be paid at 100% of the Scheme Rate.

Specialist procedures in rooms

Procedures in rooms are funded at 100% of the contracted rate for specialists in the Bankmed Prestige A and B Specialist Network (DSP).

Should you not use a DSP, claims will be paid at 100% of the Scheme Rate.

Comprehensive Plan

GP consultations

Services are subject to available funds in your Medical Savings Account.

Consultations are funded at 100% of the contracted rate at a GP in the Bankmed GP Network (DSP).

Should you not use a DSP, claims will be paid at 100% of the Scheme Rate.

GP procedures in rooms

Services are funded from your Insured Benefits.

Procedures in rooms are funded at 100% of the Scheme Rate.

Specialist consultations

Services are subject to available funds in your Medical Savings Account.

Consultations with a specialist in the Bankmed Prestige A and B Specialist Network (DSP) are funded at 100% of the contracted rate. Should you not use a DSP, claims will be paid at 100% of the Scheme Rate.

Specialist procedures in rooms

Services are funded from your Insured Benefits.

Procedures in rooms are funded at 100% of the Scheme Rate if you do not use a specialist in the Bankmed Prestige A and B Specialist Network (DSP).

Plus Plan

GP consultations

Services are subject to available funds in your Medical Savings Account.

Consultations are funded at 100% of the contracted rate at a GP in the Bankmed GP Network (DSP). Should you not use a DSP, claims will be paid at 300% of the Scheme Rate.

GP procedures in rooms

Services are funded from your Insured Benefits.

Procedures in rooms are funded at 300% of the Scheme Rate.



Specialist consultations

Services are subject to available funds in your Medical Savings Account.

Consultations with a specialist in the Bankmed Prestige A and B Specialist Network (DSP) are funded at 100% of the contracted rate. Should you not use a DSP, claims will be paid at 300% of the Scheme Rate.

Specialist procedures in rooms

Services are funded from your Insured Benefits.

Procedures in rooms are funded at 300% of the Scheme Rate.

Ultrasonic investigations

Essential Plan

Cover at 100% of the Scheme Rate. Limited to Prescribed Minimum Benefits. Benefits are subject to a Chronic Disease List (Basket of Care) and registration for PMB conditions.

Basic Plan

Ultrasonic investigations are limited to:

One first trimester 2D scan (for each pregnancy) at 100% of the contracted rates at a GP in the Bankmed GP Entry Plan Network (DSP).

One second trimester 2D scan (for each pregnancy) at 100% of the contracted rates at a Bankmed Entry Plan Specialist Network (DSP).

Core Saver Plan

Cover at 100% of the Scheme Rate, subject to available funds in your Medical Savings Account.

Traditional Plan

Cover at 100% of the Scheme Rate, limited to combined limit for radiology and pathology out-of-hospital benefit of R5 850 for a family each year.

Comprehensive Plan

Cover at 100% of the Scheme Rate, limited to R3 920 for a family each year (including a sub-limit of R1 305 for a family a year for out-of-hospital pathology). Once the limit is depleted, this will be paid from your available funds in your Medical Savings Account.

Plus Plan

Cover at 300% of the Scheme Rate, subject to available funds in your Medical Savings Account.

Above Threshold Benefit (ATB) applies once Annual Threshold (AT) is reached.

The maximum amount that can jointly accumulate towards reaching the Annual Threshold (at 100% of the Scheme Rate) and to be paid from the ATB (always subject to available ATB) is R6 230 for a family each year.

Pathology tests

Essential Plan

Cover at 100% of the Scheme Rate. Limited to Prescribed Minimum Benefits. Out-of-hospital benefits are subject to the managed care programme and registration for PMB conditions.



Basic Plan

Pathology test requested or carried out by a specialist will be subject to the out-of-hospital specialist consultations and procedures-in-rooms limit.

Cover at 100% of Scheme Rate and subject to Bankmed approved formulary.

Core Saver Plan

Cover at 100% of the Scheme Rate, subject to available funds in your Medical Savings Account.

Traditional Plan

Cover at 100% of the Scheme Rate, limited to combined limit for radiology and pathology out-of-hospital benefit of R5 850 for a family each year.

Comprehensive Plan

Cover at 100% of the Scheme Rate, limited to R1 305 for a family each year (including a sub-limit of R3 920 for a family a year for out-of-hospital radiology). Once the limit is depleted, this will be paid from your available funds in your Medical Savings Account.

Plus Plan

Cover at 300% of Scheme Rate, subject to available funds in your Medical Savings Account.

Above Threshold Benefit (ATB) applies once Annual Threshold (AT) is reached.

The maximum amount that may jointly accumulate towards reaching the Annual Threshold (at 100% of the Scheme Rate) and to be paid from the ATB (always subject to available ATB) is R6 230 for a family each year.

Additional Insured Benefits

Additional Insured Benefits are subject to registration on the Bankmed Baby-and-Me Programme. All additional Insured Benefits are subject to a referral by a GP in the Bankmed GP Network.

Bankmed does not offer additional Insured Benefits on the Essential, Basic and Plus Plans.

Core Saver, Traditional and Comprehensive Plans

Five antenatal consultations (for each pregnancy) at the applicable rate/s for GP and specialist in-room consultations. Two 2D ultrasounds at 100% of Scheme Rate.

R1 375 (for each pregnancy) for antenatal and postnatal classes. Additional pathology tests at 100% of Scheme Rate.

Newborn Screening Test

Newborn screening test is available to all newborn babies, to test for the presence of certain metabolic and endocrine disorders.

This will be covered at 100% of Scheme Rate, limited to one test per newborn beneficiary. Funding of a test on newborn babies for metabolic and endocrine disorders is approved if the test is performed within 72 hours of birth.

Payment will only be allowed if the testing is carried out by a supplier based in South Africa.



Newborn Hearing Test

Only the test is funded and the service must be provided by a registered Audiologist. Should the Healthcare Professional charge a consultation fee, the consultation fee will be funded from available consultation benefits.

The hearing test will only be funded if performed within eight weeks of birth. Thereafter the test may be funded from auxiliary services benefits, if this is available on your Plan.

Non-invasive Prenatal Test (NIPT)

This benefit is available to all female members who are high risk and over the age of 35 years at the time of delivery. Bankmed will cover this at 100% of the Scheme Rate, limited to one test for each pregnancy. Subject to the Scheme's protocol and clinical entry criteria.

There are certain items we do not cover

Kindly note, the following items will not be covered:

- Mother and baby packs which are supplied by the hospital
- The bed-booking fee that some hospitals may require you to pay
- Your lodger or boarder fees if your baby needs to stay in hospital for longer and you select to stay on

Complaints process

You may lodge a complaint or query with Bankmed Medical Scheme directly on 0800 BANKMED (0800 226 5633) or address a complaint in writing directly to the Principal Officer. Should your complaint remain unresolved, you may lodge a formal dispute by following Bankmed Medical Scheme's internal disputes process.

Members, who wish to approach the Council for Medical Schemes for assistance, may do so in writing to: Council for Medical Schemes Complaints Unit, Block A, Eco Glades 2 Office Park, 420 Witch-Hazel Avenue, Eco Park, Centurion, 0157 or via e-mail at complaints@medicalschemes.com. Customer Care Centre: 0861 123 267/website www.medicalschemes.com

