



MORE

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MEMBER**

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 WITH **BANKMED**

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It is also important to note that you can only change your Plan once a year (effective 1 January of every year).

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

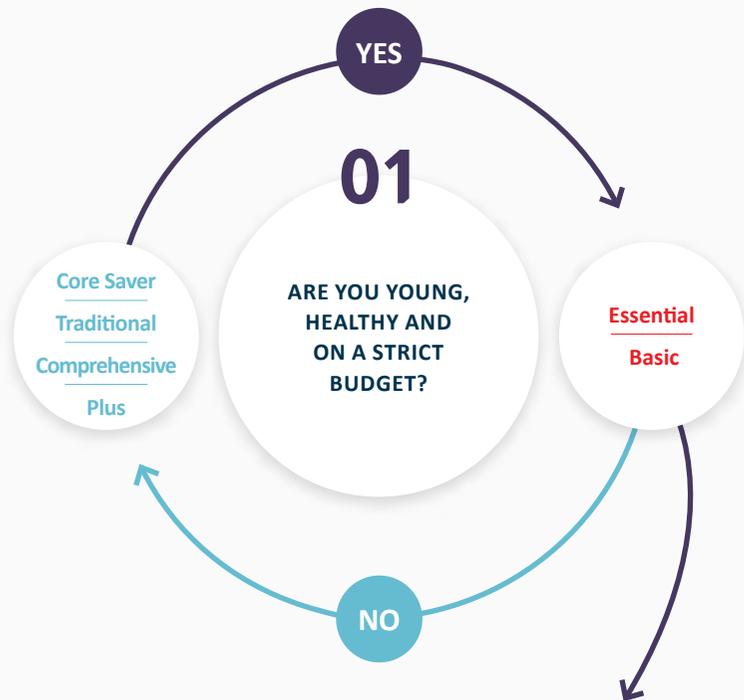
-  Age
-  Budget
-  Family size (current and future)
-  Healthcare needs (current and future)
-  Chronic condition cover
-  Medical Savings Account
-  Bankmed networks

Consider all your options before making a Plan selection.

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

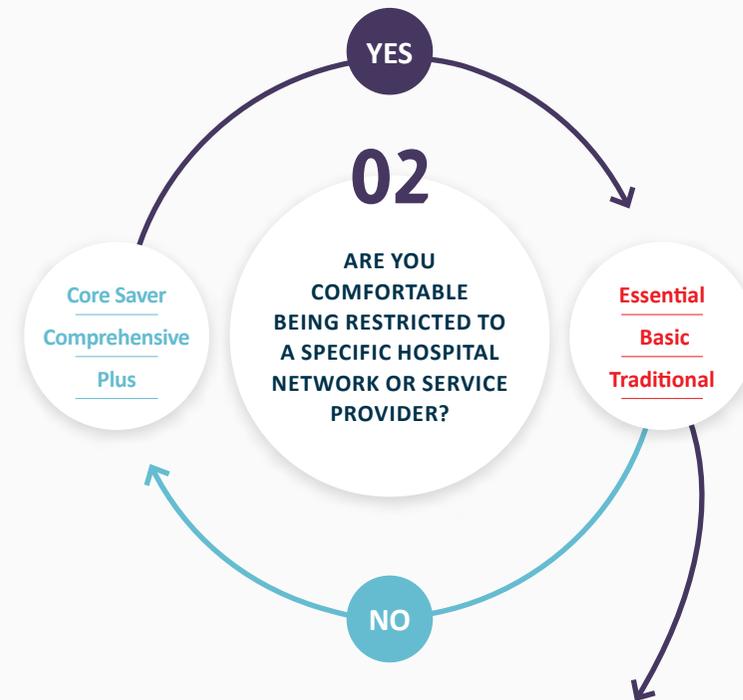


4 QUESTIONS TO ASK YOURSELF WHEN CHOOSING YOUR PLAN



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 if you have a restricted budget. You are required to use our Bankmed networks to ensure full cover.



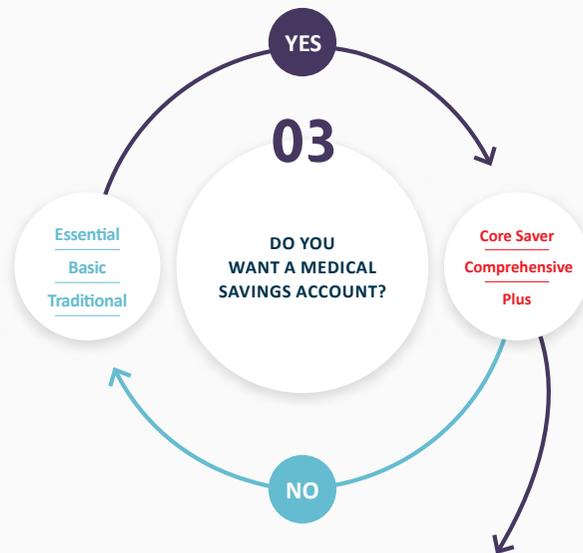
On the **Basic, Essential and Traditional Plans** you must use Bankmed networks and follow defined processes to see a specialist. You must also use our medicine lists (formularies) for certain treatments and medication. Consider where you work and live before choosing a Plan that relies on you being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

You still benefit from using our networks on the **Core Saver, Comprehensive or Plus Plans**, but using networks are 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)



Day-to-day benefits are offered in two ways:

1 Medical Savings:

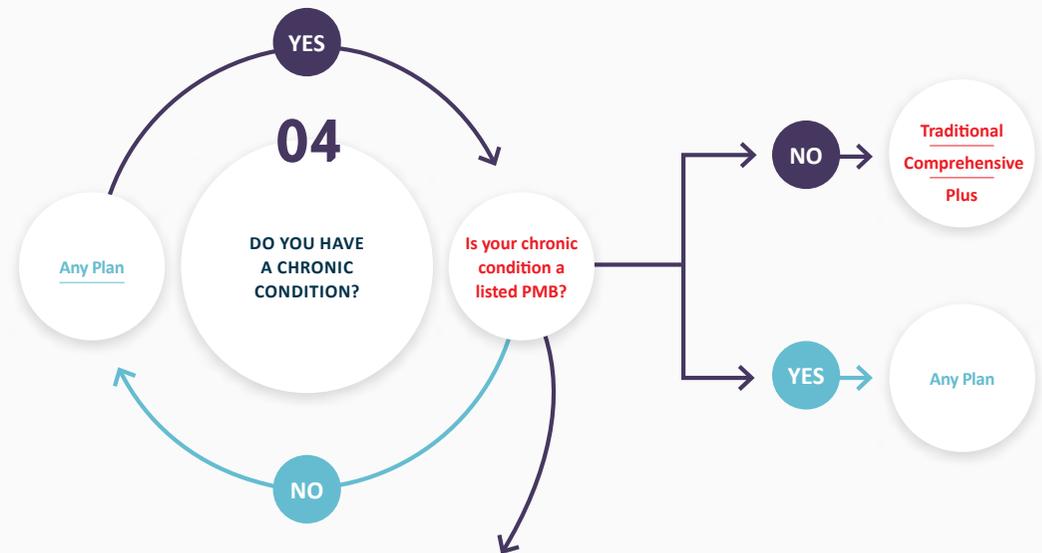
Allows you to decide how to use the funds set aside for day-to-day medical expenses.

The advantage is that you do not pay for benefits you do not use and you can carry over unused funds to the next 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.



All Bankmed Plans offer cover for chronic conditions that qualify as PMBs are on the Chronic Disease List. You have to register for the Chronic Illness Benefit to get 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, hyperlipidaemia, hypertension, hypothyroidism, HIV and AIDS, 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, interstitial lung fibrosis (Comprehensive and Plus Plans only).

The **Basic Plan** covers treatment for Major Depression. The **Comprehensive and Plus Plan**, covers treatment for Alzheimer's disease.





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 the 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, Rebhone had to visit her GP as she was experiencing severe stomach pain. The GP diagnosed her condition as appendicitis. Rebhone'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, hence why he chose 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 suited her needs for the new year.



On the Core Saver Plan she now has access to a Medical Savings Account.



Her day-to-day expenses are covered by the funds in her Medical Savings Account, 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).



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, and needs cover for chronic conditions on the Additional Disease List.



He therefore selects the Comprehensive Plan for him and his wife.



PLUS PLAN

Peter's plan choice

| Peter is 45, married and with two children.



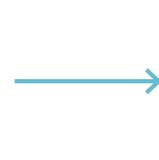
He can afford more top-of-the-range medical care.

Bankmed Medical Scheme



One of Peter's children has grommets and the other one's tonsils have to be removed.

Bankmed



Peter and his family require an extensive Medical Savings Account to cater for their healthcare needs.

@Bankmed_SA



He has peace of mind knowing he still has access to the Above Threshold Benefit when the funds in his Medical Savings Account are depleted.

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STILL NOT SURE WHAT PLAN TO CHOOSE?

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