



Wellness and Preventative Care Benefits

This document provides you with information regarding your Wellness and Preventative Care Benefits.

Who we are

Bankmed registration number 1279. This 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). Discovery Health is responsible for the administration of Bankmed.

Wellness and Preventative Care Benefits at a glance

Screening is important to ensure you detect medical conditions early, allowing the best care for you.

These benefits are covered by the Scheme's Insured Benefit and will not deplete any of your out-of-hospital insured sub-limits or your Medical Savings Account, where applicable, and you should not incur any out-of-pocket expenses. Please refer to the Overall 2019 Benefit and Contribution Schedule for more detail.

Tests covered by the Wellness and Preventative Care Benefit

Influenza (flu) vaccine

100% of the Scheme's Medicine Reference Price, limited to one vaccination per beneficiary per annum.

Human Papilloma Virus (HPV) vaccine

100% of the Scheme's Medicine Reference Price, limited to a total course of three doses (depending on product and age) per female beneficiary aged nine to 16 years.

Childhood vaccinations

BCG, oral polio, rotavirus, diphtheria, tetanus, acellular pertussis, inactivated polio and haemophilus influenza type B, hepatitis B, measles, and pneumococcal vaccine.

100% of the Scheme's Medicine Reference Price for immunisations administered in accordance with the Department of Health's Expanded Programme on Immunisation (EPI) guidelines for children up to 12 years of age.



Pneumococcal vaccine

100% of the Scheme's Medicine Reference Price, limited as follows:

- One vaccination every five years for adults 60 years and older
- One vaccination every five years for beneficiaries younger than 60 years of age, who have been diagnosed with asthma, chronic obstructive pulmonary disease, diabetes, cardiovascular disease or HIV/AIDS

Mammogram and breast ultrasounds

100% of Scheme Rate, limited to one per beneficiary per annum for members who are 40 years of age and older (benefits for beneficiaries younger than 40 years of age are subject to motivation and prior approval).

In addition to this, all members who meet criteria for high risk for breast cancer will have access to cover for an MRI of the breast.

Bone densitometry

100% of Scheme Rate, limited to one per beneficiary per annum for members who are 50 years of age and older (benefits for beneficiaries younger than 50 years of age are subject to motivation and prior approval).

If criteria is not met for cover from this benefit, the scan may be covered from the out-of-hospital radiology benefits per Plan type.

Prostate specific antigen

100% of Scheme Rate, limited to one per beneficiary per annum for members who are 50 years of age and older (benefits for beneficiaries younger than 50 years of age are subject to motivation and prior approval).

Faecal occult blood test

100% of Scheme Rate, limited to one per beneficiary per annum for members who are 50 years of age and older (benefits for beneficiaries younger than 50 years of age are subject to motivation and prior approval).

Tuberculosis (TB) screening

100% of Scheme Rate, limited to one chest X-ray per beneficiary per annum.

This benefit is restricted to TB screening requested by registered private nurse practitioners providing onsite services at Employer Groups. All other TB screenings subject to out-of-hospital radiology and/or pathology benefits or Medical Savings Account as indicated in the Overall 2019 Benefit and Contribution Schedule.

Cholesterol screening, blood sugar screening and blood pressure measurements

100% of cost, limited to R295 per beneficiary per annum at clinics, pharmacies or doctors' consulting rooms who are registered on the Bankmed Wellness Network.

HIV counselling and testing (HCT)

100% of cost, unlimited, for Designated Service Providers: Bankmed Network GPs, Bankmed Entry Plan GPs, Bankmed Pharmacy Network and contracted HCT providers rendering on-site services at Employer Groups who are registered on the Bankmed Wellness Network.

Pap smear

100% of Scheme Rate, limited to one per beneficiary per annum. One associated nurse, GP or specialist consultation per beneficiary, covered as an additional Insured Benefit, limited to R465 per beneficiary per annum.



Personal Health Assessment (PHA)

100% of cost, limited to one assessment per beneficiary per annum. Benefit limited to Bankmed Network GPs, Bankmed Entry Plan GPs, Bankmed Pharmacy Network and contracted providers rendering on-site services at Employer Groups who are registered on the Bankmed Wellness Network, subject to completion and follow-up of assessment.

Contraception: Oral contraceptives, devices and injectables

Applicable to Basic, Core Saver, Traditional, Comprehensive and Plus Plans only

100% of Scheme Medicine Reference Price, limited to R1 855 per female beneficiary per annum (oral contraceptives limited to one prescription or repeat prescription per beneficiary per month).

Newborn Screening Test

The 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. The test will be funded if 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 will be funded from auxiliary benefits, if available on your Plan.

Non-invasive Screening Test (NIST)

This benefit is available to all high risk female members over the age of 35, and those members who are at age 35 at the time of delivery. The Scheme will cover this at 100% of the Scheme Rate, limited to one test per pregnancy where members meet the Scheme's protocol and clinical entry criteria. Members who do not meet the criteria may still apply for cover for the test but would need to fund this test themselves.

Bankmed Stress Assessment

Visit www.bankmed.co.za to conduct your free online Bankmed Stress Assessment. There is no limit on the number of assessments per beneficiary per annum.

Complaints process

You may lodge a complaint or query with Bankmed 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 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

