

What is covered on the **BASIC PLAN**

This is a low contribution Plan for beneficiaries with in- and out-of-hospital and chronic disease healthcare needs:

- No Medical Savings Account
- Rich spectrum of Wellness and Preventative Benefits
- Restricted Networks (Bankmed GP Entry Plan Network, Specialist Network, Hospital Network, Dental Network, Pharmacy Network and Optometry Network)
- Voluntary admission outside the restricted Networks will incur a 20% co-payment
- Plan provides wide coverage for healthcare needs but limited to basic services
- Unlimited GP consultations and acute medication (subject to protocols and formularies)
- GP allocation (primary)
- GP-Specialist referral process in place
- Basic dentistry subject to protocols (no cover for crowns, caps and orthodontics)
- Unlimited chronic medication (subject to PMB Chronic Disease List, protocols and formularies)
- Cover for in-room GP procedures (subject to a defined list)
- Pre-authorisation, medicine formularies and Scheme protocols (previously known as 'Care Plans' and now known as 'Treatment Baskets') may apply
- Prescription spectacles through IsoLeso Optometry Network
- Managed Care Programmes: Access to HIV Programme and Oncology Programme (PMB conditions only).

What's new for 2017

- 6.5% contribution increase
- Preferred suppliers for internal prostheses
- Benefit limits increase of 6.5%
- Deductible for a defined list of procedures e.g. Endoscopy