

CORE SAVER PLAN 2017

What is covered on the **CORE SAVER PLAN**

This Plan is designed for younger, healthier members with relatively low healthcare needs:

- Predominantly comprehensive hospital cover with a limited Medical Savings Account (MSA) for day-to-day expenses
- Rich spectrum of Wellness and Preventative Benefits
- Two GP consultation visits are paid for, per person per year
- Members on this Plan have access to Designated Service Providers (DSPs) for HIV, Oncology, Chronic Illness Benefit and PMBs
- GP-Specialist referral process in place
- Unlimited chronic medication according to PMB Chronic Disease List subject to pre-authorisation and services via Bankmed GP Network (Designated Service Provider for out-of-hospital PMB conditions)
- Freedom of choice for hospitals
- Pre-authorisation, medicine formularies and Scheme protocols (previously known as 'Care Plans' and now known as 'Treatment Baskets') may apply.

What's new for **2017**

- 7.5% contribution increase
- Benefit limits increase of 6.5%
- Medical Savings Account (MSA) increase of 6.5%
- 14.7% MSA component
- Preferred suppliers for internal prostheses
- Compassionate Care Benefit (CCB) for non-oncology patients (in-patient care and homecare visits)
- Advanced Illness Benefit (AIB) for oncology patients
- Deductible for a defined list of procedures e.g. Endoscopy