

# Wellness and Preventative Care Benefits

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

## 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 your 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 Benefit and Contribution Schedule for more detail.

## Tests covered by the Wellness and Preventative Care Benefit

### Flu (Influenza) vaccine

100% of the Scheme's Medicine Reference Price, limited to one vaccination for each member a year.

### 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) for male and female beneficiaries 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 members younger than 60 years of age, who have been diagnosed with asthma, chronic obstructive pulmonary disease, diabetes, cardiovascular disease or HIV/AIDS

#### **Herpes Zoster Virus vaccine**

The Herpes Zoster Virus vaccine prevents or reduces the chance of getting shingles.

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

- One vaccination every five years for adults 60 years and older

#### **Mammogram and breast ultrasounds**

100% of the Scheme Rate, limited to one for each member a year, for members who are 40 years of age and older (benefits for members 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. The Breast Cancer Risk Calculator is available on [www.bankmed.co.za](http://www.bankmed.co.za)

#### **Bone densitometry**

100% of the Scheme Rate, limited to one for each member a year, for members who are 50 years of age and older (benefits for members younger than fifty 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 according to your Plan type. Where the radiology benefit is exhausted, this test may be claimed from available funds in your Medical Savings Account, where applicable.

#### **Prostate specific antigen**

100% of the Scheme Rate, limited to one for each member a year, for members who are 50 years of age and older (benefits for members younger than 50 years of age are subject to motivation and prior approval).

#### **Faecal occult blood test**

100% of the Scheme Rate, limited to one for each member a year, for members who are 50 years of age and older (benefits for members younger than 50 years of age are subject to motivation and prior approval).

#### **Tuberculosis (TB) screening**

100% of the Scheme Rate, limited to one chest X-ray for each member a year.

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 Benefit and Contribution Schedule.



### **Cholesterol screening, blood sugar screening and blood pressure measurements**

100% of cost, limited to R310 for each member a year at clinics, pharmacies or Healthcare Professional's 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, subject to PMB regulations.

### **Pap smear**

100% of the Scheme Rate, limited to one for each member a year. One associated nurse, GP or specialist consultation for each member, covered as an additional Insured Benefit, limited to R490 for each member a year.

### **Personal Health Assessment (PHA)**

100% of cost, limited to one assessment for each member 18 years and older a year, subject to the use of a DSP only. 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.

### **Personal Health Assessment (PHA) Additional Consultations for Dietician and Biokineticist**

100% of the Scheme Rate, limited to two dietician visits and two biokineticist visits a year. First visit to the dietician and biokineticist to take place within six weeks of your PHA and the second visit within 12 months of your PHA. Limited to medium and high risk members only who have their PHA done within the Bankmed Wellness Network. Members identified and risk-rated using results from the PHA, therefore subject to completion of the PHA. Clinical entry criteria applies.

### **Contraception: Oral contraceptives, devices and injectables**

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

This will be covered at 100% of Scheme Medicine Reference Price, limited to R1 950 for each female member a year (oral contraceptives limited to one prescription or repeat prescription for each member a month).

### **Antenatal Screening**

A Non-invasive Prenatal Testing (NIPT) to test for chromosomal abnormalities. Clinical entry criteria applies.

This will be covered at 100% of Scheme Rate, limited to one test for each member. The test will be funded if performed within 10 to 12 weeks of pregnancy. Applies to high risk members only, who are aged 35 years and older at delivery.

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



### **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 for each newborn member. 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**

This will be covered at 100% of Scheme Rate, limited to one test for each member. The test will be funded if performed within eight weeks of birth.

Only the hearing test is covered by the Wellness and Preventative Care Benefits with a registered Audiologist. If a consultation is charged, the cost of the consultation will need to be covered by the member.

### **Diabetes Management**

For members registered on the Scheme's Disease Management Programme. Basket of Care set by the Scheme, subject to PMB regulations. Unlimited and 100% of cost for services covered in the Scheme's Basket of Care if referred by the Scheme's DSP and member utilises the Scheme's DSP as their service provider. 100% of Scheme Rate if non-DSP used.

### **Bankmed Stress Assessment**

Visit [www.bankmed.co.za](http://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](mailto:complaints@medicalschemes.com). Customer Care Centre: 0861 123 267/ website [www.medicalschemes.com](http://www.medicalschemes.com)

