Cover for pregnancy and childbirth

Bankmed offers cover for in-hospital and out-of-hospital pregnancy and childbirth, subject to your selected Plan 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.

In-Hospital cover

Hospitalisation and associated in-hospital services are subject to pre-authorisation. Failing to obtain pre- authorisation may lead to you forfeiting benefits or having co-payments.

Essential Plan

Kindly note that you are required to make use of a Designated Service Provider (DSP) to ensure that you are covered at 100% of the contracted rate. The DSP for the Essential Plan includes any hospitals that form part of the Bankmed Hospital Network for the Essential Plan.

Should you not use a DSP, claims will be funded at 80% of the Scheme Rate. Remember, you should contact us on 0800 BANKMED (0800 226 5633) to pre-authorise your admission.

Basic Plan

Kindly note that you are required to make use of a Designated Service Provider (DSP) to ensure that you are covered at 100% of the contracted rate. The DSP for the Basic Plan includes any hospitals that form part of the Bankmed Hospital Network for the Basic Plan.

Should you not use a DSP, claims will be funded at 80% of the Scheme Rate. Please ensure you contact us on 0800 BANKMED (0800 226 5633) to pre-authorise your admission.

Core Saver, Comprehensive and Plus Plans

Kindly note that you are required to make use of a Designated Service Provider (DSP) to ensure that you are covered at 100% of the contracted rate. The DSPs for these Plans include any hospitals that form part of Netcare, the National Hospital Network (NHN), Mediclinic, Clinix Hospitals and any hospital contracted with Bankmed.

Should you not use a DSP, claims will be funded at 100% of the Scheme Rate. Please ensure you contact us on 0800 BANKMED (0800 226 5633) to pre-authorise your admission.

Traditional Plan

Kindly note that you are required to make use of a Designated Service Provider (DSP) to ensure that you are covered at 100% of the contracted rate. The DSP for the Traditional Plan includes any hospitals that form part of the Bankmed Hospital Network for the Traditional Plan.

Should you not use a DSP, claims will be funded at 100% of the Scheme Rate and you may be liable for a shortfall. Please ensure you contact us on 0800 BANKMED (0800 226 5633) to pre-authorise your admission.

Midwife care and delivery

Services are subject to pre-authorisation. Failing to obtain authorisation may lead to benefits being forfeited or co-payments may apply.

Essential Plan

Cover is limited to PMBs and funded at 100% of the Scheme Rate.

Basic, Core Saver, Traditional, Comprehensive and Plus Plans

Cover is funded at 100% of the Scheme Rate from your Insured Benefits.

Birthing facilities as an alternative to hospitalisation

Services are subject to pre-authorisation. Failing to obtain authorisation may lead to benefits being forfeited or co-payments may apply.

Essential Plan

Cover is limited to PMBs and funded at 100% of the Scheme Rate.

Basic, Core Saver, Traditional, Comprehensive and Plus Plans

Services are funded at 100% of the Scheme Rate from your Insured Benefits.

Cost of Disposables

Disposables are limited to R1 375 for each case.

Out-of-hospital cover

Bankmed covers certain expenses related to your pregnancy according to your Plan benefits. Out-of-hospital services are limited to PMB regulations and guidelines on the Bankmed Essential Plan.

Antenatal and Post-Natal Care

Essential Plan
This is limited to PMBs and includes services of GPs, specialist consultations and procedures performed in the Healthcare Professional's rooms.

Basic Plan
Consultations performed in the Healthcare Professional's rooms are covered at 100% of the contracted rate. Members on the Basic Plan are required to make use of their chosen GP on the Bankmed GP Entry Plan Network (DSP) for GP consultations and procedures in the Healthcare Professional's rooms.

Should you select to use a non-DSP Healthcare Professional, claims will be paid at 100% of the Scheme Rate, limited to a maximum of R2 630 for each family a year (Out-of-network GP Benefit).

Specialist limit for consultations and procedures are:

Member	R4 260 for a member each year
Family	R6 670 for a family each year

Services rendered by a Specialist are covered at 100% of the contracted rate at a Bankmed Entry Plan Specialist Network specialist (DSP). Should you not use a DSP, claims will be paid at 100% of the Scheme Rate. This is subject to the availability of funds in the abovementioned Specialist limit for consultations and procedures.

Core Saver Plan
GP consultations are funded at 100% of the contracted rate at a DSP. Procedures in rooms are covered at 100% Scheme Rate from available funds in your Medical Savings Account for GPs in the Bankmed GP Network (DSP). Specialists in the Bankmed Prestige A and B Specialist Network (DSP) are funded at 100% of the contracted rate.

Should you not use a DSP, claims will be paid at 100% of the Scheme Rate.

Traditional Plan
Services are limited to the combined limit for GP and Specialist consultations:

Member	R4 220 for a member each year
Member + 1 dependant	R7 640 for a family each year
Member + 2 or more dependants	R8 860 for a family each year

GP consultations
Consultations are funded at 100% of the contracted rate at a GP in the Bankmed GP Network (DSP).

Should you not use a DSP Healthcare Professional, claims will be paid at 100% of the Scheme Rate from the available funds in the abovementioned limit for GP and Specialist consultations.

GP procedures in rooms
Procedures in rooms are funded at 100% of the contracted rate at a GP in the Bankmed GP Network (DSP).

Should you not use a DSP, claims will be paid at 100% of the Scheme Rate.

Specialist consultations
Consultations with a specialist in the Bankmed Prestige A and B Specialist Network (DSP) are funded at 100% of the contracted rate.

Should you not use a DSP, claims will be paid at 100% of the Scheme Rate.

Specialist procedures in rooms
Procedures in rooms are funded at 100% of the contracted rate for specialists in the Bankmed Prestige A and B Specialist Network (DSP).

Should you not use a DSP, claims will be paid at 100% of the Scheme Rate.

Comprehensive Plan
GP consultations
Services are subject to available funds in your Medical Savings Account.

Consultations are funded at 100% of the contracted rate at a GP in the Bankmed GP Network (DSP).

Should you not use a DSP, claims will be paid at 100% of the Scheme Rate.

GP procedures in rooms
Services are funded from your Insured Benefits.

Procedures in rooms are funded at 100% of the Scheme Rate.

Specialist consultations
Services are subject to available funds in your Medical Savings Account.

Consultations with a specialist in the Bankmed Prestige A and B Specialist Network (DSP) are funded at 100% of the contracted rate.

Should you not use a DSP, claims will be paid at 100% of the Scheme Rate.

Specialist procedures in rooms
Services are funded from your Insured Benefits.

Procedures in rooms are funded at 100% of the Scheme Rate if you do not use a specialist in the Bankmed Prestige A and B Specialist Network (DSP).

Plus Plan
GP consultations
Services are subject to available funds in your Medical Savings Account.

Consultations are funded at 100% of the contracted rate at a GP in the Bankmed GP Network (DSP).

Should you not use a DSP, claims will be paid at 300% of the Scheme Rate.

GP procedures in rooms
Services are funded from your Insured Benefits.

Procedures in rooms are funded at 300% of the Scheme Rate.

Specialist consultations
Services are subject to available funds in your Medical Savings Account.

Consultations with a specialist in the Bankmed Prestige A and B Specialist Network (DSP) are funded at 100% of the contracted rate.

Should you not use a DSP, claims will be paid at 300% of the Scheme Rate.

Specialist procedures in rooms
Services are funded from your Insured Benefits.

Procedures in rooms are funded at 300% of the Scheme Rate.

Ultrasonic investigations

Essential Plan
Cover at 100% of the Scheme Rate. Limited to Prescribed Minimum Benefits (PMB). Benefits are subject to a Chronic Disease List (Basket of Care) and registration for PMB conditions.

Basic Plan
Ultrasonic investigations are limited to:

One first trimester 2D ultrasound scan (for each pregnancy) at 100% of the contracted rates at a GP in the Bankmed GP Entry Plan Network (DSP).

One second trimester 2D ultrasound scan (for each pregnancy) at 100% of the contracted rates at a Bankmed Entry Plan Specialist Network (DSP).

Core Saver Plan
Cover at 100% of the Scheme Rate, subject to available funds in your Medical Savings Account.

Traditional Plan
Cover at 100% of the Scheme Rate, limited to combined limit for radiology and pathology out-of-hospital benefit of R6 805 for a family each year.

Comprehensive Plan
Cover at 100% of the Scheme Rate, limited to R4 810 for a family each year (including a sub-limit of R3040 for a family a year for out-of-hospital pathology). Once the limit is depleted, this will be paid from your available funds in your Medical Savings Account.

Plus Plan
Cover at 300% of the Scheme Rate, subject to available funds in your Medical Savings Account.

Above Threshold Benefit (ATB) applies once Annual Threshold (AT) is reached.
The maximum amount that can jointly accumulate towards reaching the Annual Threshold (at 100%

of the Scheme Rate) and to be paid from the ATB (always subject to available ATB) is R7 245 for a family each year.

Pathology tests

Essential Plan
Cover at 100% of the Scheme Rate. Limited to PMB. Out-of-hospital benefits are subject to the managed care programme and registration for PMB conditions.

Basic Plan
Pathology test requested or carried out by a specialist will be subject to the out-of-hospital specialist consultations and procedures-in-rooms limit.

Cover at 100% of Scheme Rate and subject to Bankmed approved formulary.

Core Saver Plan
Cover at 100% of the Scheme Rate, subject to available funds in your Medical Savings Account.

Traditional Plan
Cover at 100% of the Scheme Rate, limited to combined limit for radiology and pathology out-of-hospital benefit of R6 805for a family each year.

Comprehensive Plan
Cover at 100% of the Scheme Rate, limited to R3040 for a family each year (including a sub-limit of R4 810 for a family a year for out-of-hospital radiology). Once the limit is depleted, this will be paid from your available funds in your Medical Savings Account.

Plus Plan
Cover at 300% of Scheme Rate, subject to available funds in your Medical Savings Account.

Above Threshold Benefit (ATB) applies once Annual Threshold (AT) is reached.
The maximum amount that may jointly accumulate towards reaching the Annual Threshold (at 100% of the Scheme Rate) and to be paid from the ATB (always subject to available ATB) is R7 645 for a family each year.

Additional Insured Benefits

Additional Insured Benefits are subject to registration on the Bankmed Baby-and-Me Programme. All additional Insured Benefits are subject to a referral by a GP in the Bankmed GP Network.
Bankmed does not offer additional Insured Benefits on the Essential, and Plus Plans.

Core Saver,Basic, Traditional and Comprehensive Plans
Six antenatal consultations (for each pregnancy) at the applicable rate/s for GP and specialist in-room consultations. Three 2D ultrasounds at 100% of Scheme Rate.
R1 690 (for each pregnancy) for antenatal and postnatal classes. Additional pathology tests at 100% of Scheme Rate.

Newborn Screening Test

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. Funding of a test on newborn babies for metabolic and endocrine disorders is approved if the test is 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 may be funded from auxiliary services benefits if this is available on your Plan.

T21 Chromosome Test or Non-Invasive Prenatal Test (NIPT)

The Scheme will cover this at 100% of cost for DSPs or 100% of Scheme Rate for non-DSPs, limited to one test per beneficiary per pregnancy. However, if the Healthcare Professional performs the T21 test, and the test is positive, the Healthcare Professional may refer the member for the NIPT test for additional assurance. In this scenario, Bankmed will fund both the T21 and the NIPT tests, subject to pre-authorisation. The test is subject to the Scheme's protocols and clinical entry criteria. Testing is limited to services provided within the borders of South Africa. It applies to high-risk beneficiaries aged 35 years and older at delivery. If a member does not meet the clinical entry criteria, the screening test can be covered from the Medical Savings Account.

Amniocentesis

The Scheme will cover this at 100% of cost for DSPs or 100% of Scheme Rate for non-DSPs, limited to one per beneficiary, per pregnancy, subject to pre-authorisation. Any registered pathologist may perform the test, subject to gynaecologist referral. The test is subject to the Scheme's protocols and clinical entry criteria. Testing is limited to services provided within the borders of South Africa.

There are certain items we do not cover

Kindly note, the following items will not be covered:

- Mother and baby packs which are supplied by the hospital
- The bed-booking fee that some hospitals may require you to pay
- Your lodger or boarder fees if your baby needs to stay in hospital for longer and you select to stay on

Complaints process

You may lodge a complaint or query with Bankmed Medical Scheme 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 Medical Scheme's 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.co.za. Customer Care Centre: 0861 123 267/website www.medicalschemes.co.za.