



Wellness and Preventative Care Benefits

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

Who we are

Bankmed Medical Scheme (referred to as ‘the Scheme’), registration number 1279, is a not-for-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 (MSA), where applicable, and you should not incur any out-of-pocket expenses. Please refer to the 2026 Benefit and Contribution Schedule for more detail.

Tests covered by the Wellness and Preventative Care Benefits

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 female and male members aged nine to 25 years.

Childhood vaccinations

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

100% of the Scheme's Medicine Reference Price for immunisations is 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 cost at a Designated Service Provider (DSP), 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).

Breast MRI (Breast Cancer Risk Only)

100% of cost at a DSP. Limited to one for each member a year for high-risk members only. Subject to clinical entry criteria and pre-authorisation.

Note: All members are required to complete the Breast Cancer Risk Assessment on the Bankmed website www.bankmed.co.za to determine their risk rating for approval.

Bone densitometry

100% of cost at a DSP, 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). 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. Where the radiology benefit is exhausted, this test may be claimed from available funds in your MSA, where applicable.

Prostate specific antigen

100% of cost at a DSP, 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 cost at a DSP, 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 cost at a DSP, 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 MSA as indicated in the Benefit and Contribution Schedule.

Glaucoma Screening

100% of cost at a DSP. Limited to one test for each member a year.

If the member is diagnosed and registered on the Chronic Illness Benefit (CIB), the test is paid from the Chronic Disease List (CDL) diagnostic basket of care (BOC).



Cholesterol screening, blood sugar screening and blood pressure measurements

100% of Scheme Medicine Reference Price, limited to R415 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 contracted rate, unlimited, for DSPs: 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.

HIV Self-Testing Kit

Limited to one for each member each quarter (aged 18 years and older) covered at the negotiated price of including the cost of courier.

The HIV self-testing kit can be ordered by clicking [here](#).

Pap smear

100% of cost at a DSP, 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 R655 for each member a year.

Colorectal Cancer Screening

100% of cost at a DSP, limited to one per beneficiary per annum. For beneficiaries aged 50 years and older; benefits for beneficiaries younger than 50 years. Subject to motivation and prior approval.

Colorectal Cancer Self-Sampling Kit

100% of Scheme Rate for test code, limited to one per qualifying beneficiary per annum, limited to beneficiaries aged 50 years and older. Beneficiaries may select one of either a faecal occult or colorectal cancer self-sampling screening kit only, not both.

Cervical Cancer Screening

100% of cost for DSP. Limited to one per beneficiary per annum. One associated nurse, Bankmed GP Network GP or Bankmed Prestige A & B Specialist Network consultation per beneficiary covered as an additional insured benefit, limited to R655 per beneficiary per annum.

Cervical Cancer Self-Sampling Kit

100% of Scheme Rate for test code, limited to one beneficiary per annum, beneficiaries may select one of either a pap smear or cervical cancer self-sampling screening kit only, not both.

Personal Health Assessment (PHA)

100% of contracted rate, limited to one assessment for each member 16 years and older a year, subject to the use of a DSP. Benefit is 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.

Post- Personal Health Assessment (PHA) Additional consultations for dietician and biokineticist for medium and high-risk members

100% of cost at a DSP, limited to two dietician visits and two biokineticist visits a year. First visit to dietician and biokineticist to take place within six weeks of the PHA and second visit within 12 months of your PHA, otherwise funded from day-to-day benefits. 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. Applies to members aged 16 years and older only. Benefit extended to beneficiaries who undergo PHA and are found to have a Body Mass Index greater or equal to 35 to assist with the management of metabolic syndrome of which weight is a key risk factor.



Post-Personal Health Assessment (PHA): Additional consultation for Bankmed Entry Plan GP for high-risk members only

100% of cost at a DSP, not covered at a non-DSP, limited to one Bankmed Entry Plan GP visit per beneficiary per annum. Visit to the GP to take place within six weeks of the PHA, otherwise funded from day-to-day benefits. Members are identified and risk rated using results from the PHA, therefore subject to completion of the PHA and clinical entry criteria.

GP consultation codes: 0190, 0191, 0192 or 0193 (only one code is claimable).

Applies to members and beneficiaries aged 16 years and older.

Child Weight Assessment

100% of cost at a DSP, not covered at a non-DSP. Limited to one per beneficiary per annum, applies to beneficiaries who are 9 to 15 years old only. Benefit limited to Bankmed Entry Plan General Practitioner Network, Bankmed Pharmacy Network and contracted rate providers in the Bankmed Wellness network, subject to completion and follow-up of assessment.

Post-Child Weight Assessment: Additional consultations for Dietician and Biokineticist for medium and high-risk members

100% of cost at a DSP, 100% of Scheme Rate at a non-DSP. Limited to two dietician visits each year plus two biokineticist visits per year. First visit to dietician and biokineticist to take place within six weeks of the Child Weight Screening and second visit within twelve months of the Child Weight Screening, otherwise funded from day-to-day benefits. Applies to beneficiaries who are nine to 15 years old only.

Post -Child Weight Assessment: Additional Consultation for Bankmed Entry Plan GP for high-risk members only

100% of cost at a DSP, not covered at a non-DSP, limited to one Bankmed Entry Plan GP visit. The visit to Bankmed Entry Plan GP is to take place within six weeks of Child Weight Screening, otherwise funded from day-to-day benefits. Beneficiaries are identified and risk-rated using results from Child Weight Screening, therefore subject to screening and clinical entry criteria. Applies to beneficiaries who are nine to 15 years old only.

Preventative Childhood Dental Check

100% of cost at a DSP, not covered at a non-DSP. Limited to two per child per annum at a Bankmed Dental Network practitioner only, and according to Scheme approved formulary. Limited to beneficiaries who are aged three years to 17 years old only.

Contraception: Oral contraceptives, devices and injectables

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

100% of the Scheme Medicine Reference Price, limited to R2 615 for each female member each year (oral contraceptives limited to one prescription or repeat prescription for each member a month).

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 cost at a DSP, limited to one test per newborn dependant. Funding of a test on newborn babies for metabolic and endocrine disorders within 72 hours of birth. Payment will only be allowed if the testing is carried out by a supplier based in South Africa.

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. 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 the member does not meet the clinical entry criteria, the screening test will be funded from the MSA.



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 Mental Wellbeing Assessments

Visit www.bankmed.co.za to conduct your free online Bankmed Mental Wellbeing Assessment. There is no limit on the number of assessments for each member a year.

Dementia Screening and Assessment Benefit

100% of cost at a DSP, 100% of scheme rate at a non-DSP. Limited to one consultation and comprehensive cognitive assessment per qualifying beneficiary per year.

Testing limited to service provided by a registered occupational therapist. Where an occupational therapist is not available, the member may consult a Bankmed Network psychologist for the assessment. Only the consultation and assessment are funded. Should the provider charge for additional services, these services will be funded from standard available benefits where relevant. Applies to members and beneficiaries aged 65 years and older only.

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.

