



BENEFIT TABLES 2025

		ESSENTIAL PLAN 2025	BASIC PLAN 2025	TRADITIONAL PLAN 2025	CORE SAVER PLAN 2025	COMPREHENSIVE PLAN 2025	PLUS PLAN 2025
		NON-MSA PLANS			MSA PLANS		
Does this Plan have an MSA?		No	No	No	Yes	Yes	Yes
Percentage of gross contribution allocated to MSA		N/A	N/A	N/A	14.65%*	17.6%*	23.38%*
MSA reimbursement		N/A	N/A	N/A	*The percentage of Gross Contribution allocated to the MSA varies based on dependant type, income band, rounding, and contribution increases. The published percentage is an aggregate value.		
					Cost or Scheme Rate	Cost or Scheme Rate	Cost or Scheme Rate
					Members can choose between Cost or Scheme Rate. Cost covers eligible claims fully, including out-of-network claims. Scheme Rate limits coverage to the Scheme Rate and within benefit limits. If no choice is made, new members default to the Scheme Rate, but they can switch between options anytime.		
1.	OVERALL ANNUAL LIMIT						
1.1		Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
2.	CLAIMS FOR SERVICES RENDERED OUTSIDE THE BORDERS OF SOUTH AFRICA (FOREIGN CLAIMS)						
Consider purchasing comprehensive travel insurance before travelling abroad as not all foreign claims may receive full coverage							
2.1		<ul style="list-style-type: none">PMB conditions and life-threatening emergencies onlyNo benefits for emergency/ ambulance transport outside borders of South AfricaNo benefits for services not normally covered at the Scheme’s preferred provider network (Bankmed Entry Plan GP Network) for out-of-hospital consultations, medication, and treatment (except via Bankmed Entry Plan GP Network providers in Lesotho)Medical motivation and prior approval required for non-emergency surgery outside borders of South Africa	<ul style="list-style-type: none">Foreign claims covered at Scheme Rate and/or Rand limit subject to benefits availableNo benefits for emergency/ ambulance transport outside borders of South AfricaNo benefits for services not normally covered at the Scheme’s preferred provider network (Bankmed Entry Plan GP Network) for out-of-hospital consultations, medication, and treatment (except via Bankmed Entry Plan GP Network providers in Lesotho)Medical motivation and prior approval required for non-emergency surgery outside borders of South Africa	<ul style="list-style-type: none">Foreign claims covered at the Scheme Rate and/or Rand limit subject to benefits availableNo benefits for emergency/ambulance transport outside borders of South AfricaMedical motivation and prior approval required for non-emergency surgery outside borders of South Africa			

Terminology Reminders:

DSP Designated Service Provider
ASA Accumulated Savings Account
pfpa per family per annum

PMB Prescribed Minimum Benefit
CIB Chronic Illness Benefit
pb per beneficiary

MSA Medical Savings Account
CDL Chronic Disease List
pbpa per beneficiary per annum

BOC Basket-of-Care
ATB Above Threshold Benefit
pbpm per beneficiary per month

		ESSENTIAL PLAN 2025	BASIC PLAN 2025	TRADITIONAL PLAN 2025	CORE SAVER PLAN 2025	COMPREHENSIVE PLAN 2025	PLUS PLAN 2025
		NON-MSA PLANS			MSA PLANS		
3.	WELLNESS AND PREVENTATIVE CARE BENEFITS (INSURED BENEFITS) Wellness and Preventative Care Benefits are additional Insured Benefits and do not deplete other Insured Benefits or MSA. Consultation costs related to these benefits are not covered						
3.1	Flu vaccine	<ul style="list-style-type: none">100% of Scheme Medicine Reference Price Limited to one vaccine pbpa					
3.2	Human Papilloma Virus (HPV) vaccine	<ul style="list-style-type: none">100% of Scheme Medicine Reference Price<ul style="list-style-type: none">Limited three course dose (product and age dependent) per male or female beneficiary, aged nine to 25 years					
3.3	Childhood vaccines BCG, oral polio, rotavirus, diphtheria, tetanus, acellular pertussis, inactivated polio and haemophilus influenza type B, hepatitis B, measles, pneumococcal vaccine	<ul style="list-style-type: none">100% of Scheme Medicine Reference Price<ul style="list-style-type: none">For children up to age 12Limited to immunisations per the Department of Health’s Expanded Programme on Immunisation (EPI) guidelines					
3.4	Pneumococcal vaccine	<ul style="list-style-type: none">100% of Scheme Medicine Reference Price, limited as follows:<ul style="list-style-type: none">One vaccine every five years for adults 60 years and olderOne vaccine every five years for beneficiaries younger than 60 years, diagnosed with asthma, chronic obstructive pulmonary disease, diabetes, cardiovascular disease, or HIV/AIDS					
3.5	Herpes Zoster Virus vaccine Reduces the rate of herpes zoster (shingles)	<ul style="list-style-type: none">100% of Scheme Medicine Reference Price as follows:<ul style="list-style-type: none">One vaccination every five years for adults 60 years and older					
3.6	Mammogram	<ul style="list-style-type: none">100% of cost at DSP100% of Scheme Rate at non-DSP<ul style="list-style-type: none">Limited to one pbpa age 40 years and olderBenefits for beneficiaries younger than 40 years subject to motivation and prior approval					
3.7	Breast MRI Limited to high-risk breast cancer beneficiaries Subject to clinical entry criteria Pre-authorisation required	<ul style="list-style-type: none">100% of cost at DSP100% of Scheme Rate at non-DSP<ul style="list-style-type: none">Limited to one pbpaBreast Cancer Risk Calculator available on website					
3.8	Bone densitometry	<ul style="list-style-type: none">100% of cost at DSP100% of Scheme Rate at non-DSP<ul style="list-style-type: none">Limited to one pbpa aged 50 years and olderBenefits for beneficiaries younger than 50 years subject to motivation and prior approvalWhere clinical entry criteria not met and member under age 50, test can be claimed from available radiology benefit or MSA, where applicable					
3.9	Prostate-specific antigen	<ul style="list-style-type: none">100% of cost at DSP100% of Scheme Rate at non-DSP<ul style="list-style-type: none">Limited to one pbpa aged 50 years and olderBenefits for beneficiaries younger than 50 years subject to motivation and prior approval					

Terminology Reminders:

DSP	Designated Service Provider	PMB	Prescribed Minimum Benefit	MSA	Medical Savings Account	BOC	Basket-of-Care
ASA	Accumulated Savings Account	CIB	Chronic Illness Benefit	CDL	Chronic Disease List	ATB	Above Threshold Benefit
pfpa	per family per annum	pb	per beneficiary	pbpa	per beneficiary per annum	pbpm	per beneficiary per month

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		NON-MSA PLANS			MSA PLANS		
3.10	Faecal occult blood test	<ul style="list-style-type: none">100% of cost at DSP100% of Scheme Rate at non-DSP<ul style="list-style-type: none">Limited to one pbpa aged 50 years and olderBenefits for beneficiaries younger than 50 years subject to motivation and prior approval					
3.11	Tuberculosis (TB) screening	<ul style="list-style-type: none">100% of cost at DSP100% of Scheme Rate at non-DSP<ul style="list-style-type: none">Limited to one x-ray pbpaFor TB screening requested by onsite registered private nurse at Employer GroupsAll other TB screenings subject to available out-of-hospital radiology and/or pathology benefits					
3.12	Bankmed mental wellbeing assessment	<ul style="list-style-type: none">Unlimited online Mental Wellbeing Assessments					
3.13	Mental Health "At Risk" Benefit: post-online mental wellbeing assessment (Consultation with Network GP/Network Psychologist) <ul style="list-style-type: none">Additional consultation for Network GP or Network Psychologist subject to clinical entry criteria	<ul style="list-style-type: none">100% of cost at DSP only<ul style="list-style-type: none">DSP: Bankmed Entry Plan Network or Network PsychologistNot covered at non-DSPLimited to one consultation per qualifying beneficiaryLimited to:<ul style="list-style-type: none">High-risk members aged 18 years and olderHigh-risk members identified and risk-rated using results from the Online Mental Wellbeing Assessment, therefore subject to completion of the Online Mental Wellbeing AssessmentBenefit use requirements:<ul style="list-style-type: none">Within 6 weeks of Online Mental Wellbeing AssessmentOtherwise funded from day-to-day benefits			<ul style="list-style-type: none">100% of cost at DSP only<ul style="list-style-type: none">DSP: Bankmed Network GP or Network PsychologistNot covered at non-DSPLimited to one consultation per qualifying beneficiaryLimited to:<ul style="list-style-type: none">High-risk members aged 18 years and olderHigh-risk members identified and risk-rated using results from the Online Mental Wellbeing Assessment, therefore subject to completion of the Online Mental Wellbeing AssessmentBenefit use requirements:<ul style="list-style-type: none">Within 6 weeks of Online Mental Wellbeing AssessmentOtherwise funded from day-to-day benefits		
3.14	Cholesterol screening, blood sugar screening and blood pressure measurements	<ul style="list-style-type: none">100% of cost at DSP100% of Scheme Rate at non-DSP<ul style="list-style-type: none">Limited to R400 pbpa at DSPDSP: clinics, pharmacies, or Bankmed Entry Plan GP Network consulting rooms			<ul style="list-style-type: none">100% of cost at DSP100% of Scheme Rate at non-DSP<ul style="list-style-type: none">Limited to R400 pbpa at DSPDSP: clinics, pharmacies, or Bankmed Network GPs’ consulting rooms		
3.15	HIV counselling and testing (HCT)	<ul style="list-style-type: none">Unlimited100% of cost for HCT DSPDSP: Bankmed Entry Plan GP Network, Bankmed Pharmacy Network, contracted onsite HCT providers at Employer Groups100% of Scheme Rate at non-DSPSubject to PMB regulations			<ul style="list-style-type: none">Unlimited100% of cost for HCT DSPDSP: Bankmed GP Network, Bankmed Pharmacy Network, contracted onsite HCT providers at Employer Groups100% of Scheme Rate at non-DSP		

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ATB Above Threshold Benefit
pbpm per beneficiary per month

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		NON-MSA PLANS			MSA PLANS		
3.16	Pap smear	<ul style="list-style-type: none">100% of cost at DSP100% of Scheme Rate at non-DSP<ul style="list-style-type: none">Limited to one pbpaOne associated nurse, Bankmed Entry Plan GP Network GP, or Bankmed Entry Plan Specialist Network consultation pb covered as an additional Insured Benefit limited to R630 pbpa		<ul style="list-style-type: none">100% of cost at DSP100% of Scheme Rate at non-DSP<ul style="list-style-type: none">Limited to one pbpaOne associated nurse, Bankmed GP Network, or Bankmed Prestige A and B Specialist Network consultation pb covered as an additional Insured Benefit limited to R630 pbpa			
3.17	Personal Health Assessment (PHA) Limited to members and beneficiaries aged 16 years and older	<ul style="list-style-type: none">100% of cost at DSP onlyDSP: Bankmed Entry Plan GP Network, Bankmed Pharmacy Network and contracted onsite providers at Employer GroupsNot covered at non-DSPLimited to one assessment pbpa		<ul style="list-style-type: none">100% of cost at DSP onlyDSP: Bankmed GP Network, Bankmed Pharmacy Network and contracted onsite providers at Employer GroupsNot covered at non-DSPLimited to one assessment pbpa			
3.18	Post-Personal Health Assessment (PHA): Additional Consultations for Biokineticist and Dietitian <ul style="list-style-type: none">Limited to members and beneficiaries aged 16 years and olderAdditional consultations for Dietician and Biokineticist subject to clinical entry criteriaMembers identified and risk-rated using results from the PHA, therefore subject to completion of the PHA	<ul style="list-style-type: none">100% of cost at DSP100% of Scheme Rate at a non-DSPBenefit includes two 30-minute Dietician consultations pbpa and two Biokineticist consultations pbpaLimited to:<ul style="list-style-type: none">Medium- and high-risk members identified via the PHAMembers with a BMI ≥ 30Benefit use requirements:<ul style="list-style-type: none">Within 6 weeks of PHA: first visit to Dietician and BiokineticistWithin 12 months of PHA: second visit to Dietician and BiokineticistOtherwise funded from day-to-day benefits					
3.19	Post-Personal Health Assessment (PHA): Additional Consultation with Bankmed Network GP <ul style="list-style-type: none">Limited to members and beneficiaries aged 16 years and olderAdditional consultations for Bankmed Network GP subject to clinical entry criteria	<ul style="list-style-type: none">100% of cost at DSP onlyDSP: Bankmed Entry Plan Network GPNot covered at non-DSPLimited to one consultation per qualifying beneficiaryLimited to:<ul style="list-style-type: none">High-risk members aged 16 years and olderHigh-risk members identified and risk-rated using results from the PHA, therefore subject to completion of the PHABenefit use requirements:<ul style="list-style-type: none">Within 6 weeks of PHAOtherwise funded from day-to-day benefits		<ul style="list-style-type: none">100% of cost at DSP onlyDSP: Bankmed Network GPNot covered at non-DSPLimited to one consultation per qualifying beneficiaryLimited to:<ul style="list-style-type: none">High-risk members aged 16 years and olderHigh-risk members identified and risk-rated using results from the PHA, therefore subject to completion of the PHABenefit use requirements:<ul style="list-style-type: none">Within 6 weeks of PHAOtherwise funded from day-to-day benefits			

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3.20	Contraception Oral Contraceptives, Devices and Injectables	<ul style="list-style-type: none">No benefit	<ul style="list-style-type: none">100% of Scheme Medicine Reference Price<ul style="list-style-type: none">Limited to R2 510 per female beneficiary per annumOral contraceptives limited to one prescription/repeat prescription pbpm				
3.21	Antenatal screening <ul style="list-style-type: none">T21 chromosome test or non-invasive prenatal testing (NIPT) To test for chromosomal abnormalities (South African testing only)Amniocentesis (South African testing only)	<ul style="list-style-type: none">100% of cost at DSP100% of Scheme Rate at non-DSP<ul style="list-style-type: none">Limited to one test pb per pregnancyTest to be conducted at 10 – 12 weeks of pregnancySubject to clinical entry criteriaApplies to high-risk beneficiaries only, who are aged 35 years and older at time of deliveryIf member does not meet clinical entry criteria, the screening test is not covered by the Scheme100% of cost at DSP100% of Scheme Rate at non-DSP<ul style="list-style-type: none">Limited to one test pb per pregnancySubject to gynaecologist referral and pre-authorisation					
3.22	Newborn screening To test for the presence of certain metabolic and endocrine disorders (South African testing only)	<ul style="list-style-type: none">100% of cost at DSP100% of Scheme Rate at non-DSP<ul style="list-style-type: none">Limited to one test pb per pregnancyTest to be carried out within 72 hours of birth					
3.23	Newborn hearing test <ul style="list-style-type: none">Only hearing test covered from this benefitConsultation costs related to this benefit covered from available consultation benefits	<ul style="list-style-type: none">100% of cost at DSP100% of Scheme Rate at non-DSP<ul style="list-style-type: none">Limited to one test pb and must be carried out within eight weeks of birthTest to be performed by a registered Audiologist					
3.24	Diabetes management <ul style="list-style-type: none">For members registered on the Scheme's Disease Management ProgrammeBOC set by the SchemeSubject to PMB regulations	<ul style="list-style-type: none">Unlimited100% of cost for services covered in the Scheme's BOCSubject to referral from DSPSubject to member using a DSP100% of Scheme Rate at non-DSP	<ul style="list-style-type: none">Unlimited100% of cost for services covered in Scheme's BOCSubject to referral from DSPSubject to member using a DSP100% of Scheme Rate at non-DSPThe 'Out-of-network GP Benefit' limit applies to non-DSP	<ul style="list-style-type: none">Unlimited100% of cost for services covered in Scheme's BOCSubject to referral from DSPSubject to member using a DSP100% of Scheme Rate at non-DSP			

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3.25	Continuous Glucose Monitoring Device (CGM) <ul style="list-style-type: none">Available to Type 1 and Type 2 diabetics meeting the Scheme’s clinical entry criteriaSubject to PMB regulations	<ul style="list-style-type: none">UnlimitedSubject to authorisation and/or approvalSubject to the Scheme’s protocols, treatment guidelines and clinical entry criteriaMembers with a CGM device have limited glucose strip benefits, where approved					
3.26	Disease Prevention Programme Programme designed to support members identified as being at risk of developing diabetes <ul style="list-style-type: none">Clinical entry criteria applyBOC as specified by the SchemeSubject to PMB regulations	<ul style="list-style-type: none">Limited to BOC determined by Scheme100% of Scheme RateSubject to authorisation and/or approvalLimited to PMBs		<ul style="list-style-type: none">Limited to BOC determined by Scheme100% of Scheme RateSubject to authorisation and/or approval			
3.27	Child Weight Assessment Applies to children aged 9 years to 15 years only	<ul style="list-style-type: none">100% of cost at DSP<ul style="list-style-type: none">Not covered at a non-DSPLimited to one assessment per qualifying beneficiary					
3.28	Post- Child Weight Assessment: Additional Consultations for Biokineticist and Dietitian <ul style="list-style-type: none">Applies to children aged 9 years to 15 years onlyAdditional consultations for Dietician and Biokineticist subject to clinical entry criteria	<ul style="list-style-type: none">100% of cost at DSP100% of Scheme Rate at a non-DSPBenefit includes two 30-minute Dietician consultations pbpa and two Biokineticist consultations pbpaLimited to:<ul style="list-style-type: none">Medium and high-risk beneficiaries and/or beneficiaries based on Body Mass Index (BMI)Beneficiaries identified and risk-rated using results from the Child Weight Assessment, therefore subject to completion of the Child Weight AssessmentBenefit use requirements:<ul style="list-style-type: none">Within 6 weeks of Child Weight Assessment: first visit to Dietician and BiokineticistWithin 12 months of Child Weight Assessment: second visit to Dietician and BiokineticistOtherwise funded from day-to-day benefits					

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DSP	Designated Service Provider	PMB	Prescribed Minimum Benefit	MSA	Medical Savings Account	BOC	Basket-of-Care
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		NON-MSA PLANS			MSA PLANS		
3.29	<p>Post- Child Weight Assessment: Additional Consultations for Network GP</p> <ul style="list-style-type: none">• Applies to children aged 9 years to 15 years only• Additional consultation for Bankmed Network GP subject to clinical entry criteria	<ul style="list-style-type: none">• 100% of cost at DSP only<ul style="list-style-type: none">• DSP: Bankmed Entry Plan Network GP• Not covered at non-DSP• Limited to one consultation per qualifying beneficiary• Limited to:<ul style="list-style-type: none">• Limited to high-risk beneficiaries and/or beneficiaries based on Body Mass Index (BMI)• Beneficiaries identified and risk-rated using results from the Child Weight Assessment, therefore subject to completion of the Child Weight Assessment• Benefit use requirements:<ul style="list-style-type: none">• Within 6 weeks of Child Weight Assessment: visit to Bankmed Entry Plan Network GP• Otherwise not covered	<ul style="list-style-type: none">• 100% of cost at DSP only<ul style="list-style-type: none">• DSP: Bankmed Entry Plan Network GP• Not covered at non-DSP• Limited to one consultation per qualifying beneficiary• Limited to:<ul style="list-style-type: none">• Limited to high-risk beneficiaries and/or beneficiaries based on Body Mass Index (BMI)• Beneficiaries identified and risk-rated using results from the Child Weight Assessment, therefore subject to completion of the Child Weight Assessment• Benefit use requirements:<ul style="list-style-type: none">• Within 6 weeks of Child Weight Assessment: visit to Bankmed Entry Plan Network GP• Otherwise funded from day-to-day benefits	<ul style="list-style-type: none">• 100% of cost at DSP only<ul style="list-style-type: none">• DSP: Bankmed Network GP• Not covered at non-DSP• Limited to one consultation per qualifying beneficiary• Limited to:<ul style="list-style-type: none">• Limited to high-risk beneficiaries and/or beneficiaries based on Body Mass Index (BMI)• Beneficiaries identified and risk-rated using results from the Child Weight Assessment, therefore subject to completion of the Child Weight Assessment• Benefit use requirements:<ul style="list-style-type: none">• Within 6 weeks of Child Weight Assessment: visit to Bankmed Network GP• Otherwise funded from day-to-day benefits			
3.30	<p>Dementia Screening and Assessment Benefit</p> <p>Applies to members and beneficiaries aged 65 years and older only</p>	<ul style="list-style-type: none">• 100% of cost at DSP<ul style="list-style-type: none">• DSP: registered Network Occupational Therapist• Where an Occupational Therapist is not available, the member may consult a Bankmed Network Psychologist for the assessment• 100% of Scheme Rate at a non-DSP• Limited to one consultation per qualifying beneficiary• Limited to:<ul style="list-style-type: none">• Applies to members and beneficiaries aged 65 years and older only• Limited to one consultation and one comprehensive cognitive assessment per qualifying beneficiary per annum• 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					

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4.	HIV/AIDS CARE PROGRAMME Enrollment in the Scheme’s HIV/AIDS Care Programme grants extra benefits that do not diminish any other Insured Benefits. Unregistered beneficiaries retain access to all standard benefits outlined in the Benefit Tables, including PMB coverage in accordance with regulations, even after respective sub-limits have been reached						
4.1	Consultations and pathology	<ul style="list-style-type: none">• 100% of cost at DSP• 100% of Scheme Rate at non-DSP• Subject to benefits available in Scheme’s BOC					
4.2	Medication via DSP Bankmed Pharmacy Network	<ul style="list-style-type: none">• Unlimited• 100% of cost at DSP• 100% of Scheme Medicine Reference Price for non-formulary medication• Subject to Scheme Medication Formulary (medicine list)• Motivation is required for the use of a non-DSP					
4.3	Medication via non-DSP Voluntary use of a non-DSP	<ul style="list-style-type: none">• Unlimited• 80% of Scheme Medicine Reference Price• Subject to Scheme Medication Formulary (medicine list)• 100% of Scheme Medicine Reference Price for non-formulary medication• Motivation is required for the use of a non-DSP					
4.4	Medication via non-DSP Involuntary use of a non-DSP	<ul style="list-style-type: none">• Unlimited• 100% of cost• 100% of Scheme Medicine Reference Price for non-formulary medication• Subject to Scheme Medication Formulary (medicine list)• Motivation is required for the use of a non-DSP					
5.	24-HOUR MEDICAL ADVICE LINE (CALL 0860 999 911) Free service to Bankmed members						
5.1	Call 0860 999 911 for 24-hour medical advice from a registered nurse						
6.	AMBULANCE SERVICES (CALL 0860 999 911 FOR PRE-AUTHORISATION) Subject to pre-authorisation and PMB regulations						
6.1	BENEFITS FOR EMERGENCY SERVICES ARE SUBJECT TO USE OF THE SCHEME’S DSP. FAILURE TO USE THE DSP MAY LEAD TO CO-PAYMENTS BEING APPLIED CALL 0860 999 911 – 24 HOURS A DAY, SEVEN DAYS A WEEK AND YOU WILL BE CONNECTED WITH HIGHLY QUALIFIED INDIVIDUALS WHO WILL ASSIST WITH YOUR EMERGENCY <ul style="list-style-type: none">• Unlimited• 100% of cost via the Scheme’s DSP• 100% of Scheme Rate via non-DSP• No benefit outside the borders of South Africa						

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	NON-MSA PLANS			MSA PLANS		
7.	HOSPITALISATION Subject to pre-authorisation and PMB regulations. Bankmed reserves the right to obtain a second opinion prior to granting authorisation for spinal surgery					
	HOSPITALISATION AND ASSOCIATED IN-HOSPITAL BENEFITS ARE SUBJECT TO PRE-AUTHORISATION AND PMB REGULATIONS FAILURE TO OBTAIN PRE-AUTHORISATION MAY LEAD TO CO-PAYMENTS BEING APPLIED OR BENEFITS BEING DECLINED UPON REVIEW CONTACT US ON 0800 226 5633 FOR AUTHORISATION PRIOR TO ANY PLANNED HOSPITAL ADMISSION, DAY SURGERY PROCEDURE, MRI SCAN, CT SCAN OR RADIONUCLIDE SCAN, OR WITHIN 24 HOURS OF AN EMERGENCY ADMISSION <ul style="list-style-type: none">Pre-authorisation for a hospital admission does not guarantee that all claims related to the hospital event will be covered in fullThe onus is on you, as the member, to ensure that the hospital, treatment facility or day surgery facility, as well as treating Healthcare Professionals are DSPs or in the Bankmed network to avoid co-paymentsBenefits and limitations applicable to your Plan are set out in these Benefit Tables as well as in the Scheme Rules available on the Bankmed website. The benefits under the ‘Hospitalisation’ benefit section refer only to the hospital accountAny Healthcare Professionals attending to you during your hospital stay must submit a valid account for paymentThe payment will be subject to the benefits, limits and/or any special conditions set out in these Benefit Tables and Scheme Rules under the relevant benefit categoriesYou are responsible for ensuring the claims are submitted for payment by the Healthcare ProfessionalPlease take care to determine the limits for your Plan (if any) and the rate at which the Scheme will reimburse your claimsAlways understand the fees to be charged by your Healthcare Professional, and where necessary, negotiate fees with your attending Healthcare Professionals before incurring costs to avoid out-of-pocket paymentsPlease log in to the website for a list of procedures that can be safely performed in the doctor’s rooms as an alternative to hospitalisation					
7.1	Hospitalisation overall annual limit	<ul style="list-style-type: none">No overall annual limitLimited to PMBs	<ul style="list-style-type: none">No overall annual limit			
7.2	Hospital network (DSP) applicable	<ul style="list-style-type: none">Bankmed Hospital Network DSP for the Essential Plan	<ul style="list-style-type: none">Bankmed Hospital Network DSP for the Basic Plan	<ul style="list-style-type: none">Bankmed Hospital Network DSP for the Traditional Plan	<ul style="list-style-type: none">All contracted Netcare, National Hospital Network (NHN), Life Healthcare, Mediclinic and Clinix hospitals, and any other independent private hospitals contracted to the Scheme	
7.3	Hospitalisation at a DSP All admissions	<ul style="list-style-type: none">100% of cost				
7.4	Hospitalisation at non-DSP for PMB admission Involuntary use of non-DSP	<ul style="list-style-type: none">100% of cost				
7.5	Hospitalisation at non-DSP for PMB admission Voluntary use of non-DSP	<ul style="list-style-type: none">80% of Scheme RateDeductible applies		<ul style="list-style-type: none">100% of Scheme RateDeductible applies		
7.6	Hospitalisation at non-DSP for non-PMB admission	<ul style="list-style-type: none">No benefit	<ul style="list-style-type: none">80% of Scheme RateDeductible applies	<ul style="list-style-type: none">100% of Scheme RateDeductible applies		
7.7	Ward rate	<ul style="list-style-type: none">General ward				<ul style="list-style-type: none">General and private wards
7.8	Referral requirement	<ul style="list-style-type: none">Benefits only available on referral from GP in Bankmed Entry Plan GP Network, or referred specialist subject to PMB regulations		<ul style="list-style-type: none">Not applicable		
7.9	Other	<ul style="list-style-type: none">No benefit for dental surgery and auxiliary services, except for PMBs		<ul style="list-style-type: none">Not applicable		
7.10	To-take-out (TTO) medication Supplied by the hospital when a patient is discharged	<ul style="list-style-type: none">100% of costLimited to PMBs and a maximum of a seven-day supply per admissionMust be charged on the hospital account where a hospital event has taken placeNot payable if obtained via a pharmacy after dischargeIf procedure took place in a day surgery facility, a maximum of a seven-day supply will be funded from Insured Benefits if obtained from a retail pharmacy on the date of discharge only				

Terminology Reminders:

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ASA	Accumulated Savings Account	CIB	Chronic Illness Benefit	CDL	Chronic Disease List	ATB	Above Threshold Benefit
pfpa	per family per annum	pb	per beneficiary	pbpa	per beneficiary per annum	pbpm	per beneficiary per month

	ESSENTIAL PLAN 2025	BASIC PLAN 2025	TRADITIONAL PLAN 2025	CORE SAVER PLAN 2025	COMPREHENSIVE PLAN 2025	PLUS PLAN 2025
	NON-MSA PLANS			MSA PLANS		
8.	DEDUCTIBLES (UPFRONT PAYMENT) A beneficiary will be responsible for a deductible in respect of the hospital or day surgery account for certain hospital and day surgery events, unless the admission is related to a PMB diagnosis, typically as a result of an emergency. This applies even if the procedure is not the main reason for admission. Payment is due directly to the facility at the time of admission					
8.1	Deductibles Deductible waiver conditions: <ul style="list-style-type: none">PMB conditions where admission to a non-DSP is on an involuntary basis. In the case of other PMB conditions, where a DSP has been used on a voluntary basis, the deductible will be appliedConfinements are excluded from deductiblesRe-admissions to hospital within six weeks of discharge following complications directly related to a prior admission in respect of which a deductible was leviedAdmissions to a State hospital or facilityAuthorised day surgery admissions for specified procedures					
8.2	Day Surgery Network deductible Bankmed’s Day Surgery Network comprises a defined list of contracted day surgery facilities as well as contracted acute hospitals providing day surgery facilities at day surgery rates					
	<div>Day surgery deductible waiver conditions<ul style="list-style-type: none">Applicable to Day Surgery Procedure ListTreatment/procedure performed at Bankmed Day Surgery Network facility</div> <div>PMB admission<ul style="list-style-type: none">Treatment/procedure NOT performed at Bankmed Day Surgery Network facilityInvoluntary use of non-DSP</div> <div>PMB admission<ul style="list-style-type: none">Treatment/procedure NOT performed at Bankmed Day Surgery Network facilityVoluntary use of non-DSP</div> <div>Non-PMB admission<ul style="list-style-type: none">Treatment/procedure NOT performed at Bankmed Day Surgery Network facility</div>	<div><ul style="list-style-type: none">Refer to ‘Bankmed Day Surgery Procedure List’ in 8.3 belowNo deductibleLimited to PMBs</div> <div><ul style="list-style-type: none">Refer to ‘Bankmed Day Surgery Procedure List’ in 8.3 belowNo deductibleLimited to PMBs</div> <div><ul style="list-style-type: none">Refer to ‘Bankmed Day Surgery Procedure List’ in 8.3 belowR6 300 per admissionLimited to PMBs</div> <div><ul style="list-style-type: none">No benefit</div>	<div><ul style="list-style-type: none">Refer to ‘Bankmed Day Surgery Procedure List’ in 8.3 belowNo deductible</div> <div><ul style="list-style-type: none">Refer to ‘Bankmed Day Surgery Procedure List’ in 8.3 belowNo deductible</div> <div><ul style="list-style-type: none">Refer to ‘Bankmed Day Surgery Procedure List’ in 8.3 belowR6 300 per admission</div> <div><ul style="list-style-type: none">Refer to ‘Bankmed Day Surgery Procedure List’ in 8.3 belowR 6 300 per admission</div>			

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DSP	Designated Service Provider	PMB	Prescribed Minimum Benefit	MSA	Medical Savings Account	BOC	Basket-of-Care
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8.3	Bankmed Day Surgery Procedure List Bankmed’s Day Surgery Procedure List comprises a defined list of procedures/treatments that can be safely performed at a contracted facility in the Bankmed Day Surgery Network without incurring a deductible					
	1. Anorectal procedures 1.1. Treatment of haemorrhoids, fissure, fistula 2. Biopsies 2.1. Subcutaneous tissue, soft tissue, muscle, bone, lymph, eye, mount, throat, breast, cervix, vulva, prostate, penis, testes 3. Colonoscopy 4. Cystourethroscopy 5. Ear, Nose and Throat Procedures 5.1. Tonsillectomy and/or adenoidectomy 5.2. Simple procedures for nosebleed (extensive cautery, nasal plugging) 5.3. Scopes (laryngoscopy) 5.4. Middle ear procedures (tympanoplasty, mastoidectomy, myringoplasty, stapedectomy, myringotomy and/or grommets) 6. Eye procedures 6.1. Cataract surgery 6.2. Treatment of glaucoma 6.3. Other eye procedures: removal of foreign body, vitrectomy, conjunctivital surgery (repair laceration, pterygium), glaucoma surgery, probing and repair of tear ducts, retinal surgery, eyelid surgery, strabismus repair	7. Ganglionectomy 8. Gastroscopy 9. Gynaecological procedures 9.1. Laparoscopic gynaecological procedures 9.2. Cautery of vulva warts 9.3. Colposcopy with LLETZ 9.4. Diagnostic Dilation and Curettage (D&C) 9.5. Endometrial ablation 9.6. Diagnostic Hysteroscopy 9.7. Examination under anaesthesia 9.8. Diagnostic laparoscopy 9.9. Simple vulva and introitus procedures: Simple hymenotomy, partial hymenectomy, simple vulvectomy, excision/treatment Bartholin’s gland cyst 9.10. Vaginal, cervix and oviduct procedures: excision vaginal septum, cyst or tumour, tubal ligation or occlusion, uterine cervix cerclage, removal cerclage suture 9.11. Suction curettage 9.12. Uterine evacuation and curettage 9.13. Hysteroscopy 9.14. Diagnostic hysteroscopy	10. Incision and drainage of abscess and/or cyst 10.1. Subcutaneous tissue, soft tissue, bone, bursa, mouth, tonsil, pilonidal, ovary, Bartholin’s gland, vagina 11. Nerve Procedures 11.1. Neuroplasty median nerve, ulnar nerve, digital, nerve of hand or foot 12. Orthopaedic procedures 12.1. Arthrocentesis 12.2. Arthroscopy, arthrotomy, knee, shoulder, elbow, hand, wrist), arthrodesis (hand, wrist) 12.3. Minor joint arthroplasty (intercarpal, carpometacarpal and metacarpophalangeal, interphalangeal joint arthroplasty) 12.4. Tendon and/or ligament repair, muscle debridement, fascia procedures (tenotomy, tenodesis, tenolysis, repair/reconstruction, capsulotomy, capsulectomy, synovectomy, excision tendon sheath lesion, fasciotomy, fasciectomy) 12.5. Treatment of simple closed fractures and/or dislocations, removal of pins and plates 12.6. Incision and drainage/excision of abscess and/or cyst/tumour: subcutaneous tissue, soft tissue, bone, bursa	12.7. Biopsies: subcutaneous tissue, soft tissue, muscle, bone 12.8. Treatment of closed fractures and/or dislocations, removal of pins and plates 13. Oesophagoscopy 14. Proctoscopy 15. Removal of foreign body 15.1. Subcutaneous tissue, muscle, external auditory canal under general anaesthesia 16. Sigmoidoscopy 17. Simple Hernia Procedures 17.1. Simple abdominal hernia repair 17.2. Umbilical hernia repair 17.3. Inguinal hernia repair 18. Simple superficial lymphadenectomy 19. Skin Procedures 19.1. Debridement 19.2. Simple repair of superficial wounds 20. Urological Procedures 20.1. Cystoscopy 20.2. Male genital procedures (circumcision, repair of penis, exploration of testes and scrotum, orchiectomy, epididymectomy, excision hydrocoele, excision varicocele vasectomy)		
8.4	Dental admission deductible Deductible applies to dental admissions at private hospitals and day surgery facilities (both DSPs and non-DSPs)					
	Dental admission deductible	No benefit for in-hospital dental treatment, except PMBs	Deductible: • Day surgery: R325 • Hospital: R2 405	No benefit for in-hospital dental treatment, except PMBs	Deductible: • Day surgery: R325 • Hospital: R2 405	

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	NON-MSA PLANS			MSA PLANS		
8.5	Non-DSP facility deductible Deductible applicable to a use of a non-DSP facility Applies to all procedures NOT listed in the Bankmed Day Surgery Procedure List in 8.3					
	<p>PMB admission</p> <ul style="list-style-type: none">Treatment/procedure NOT performed at Bankmed Network FacilityInvoluntary use of non-DSP <p>PMB admission</p> <ul style="list-style-type: none">Treatment/procedure NOT performed at Bankmed Network FacilityVoluntary use of non-DSP <p>Non-PMB admission</p> <ul style="list-style-type: none">Treatment/procedure NOT performed at Bankmed Network Facility	<ul style="list-style-type: none">No deductible payable for PMBs <ul style="list-style-type: none">Applies to all admissionsDeductible:<ul style="list-style-type: none">Day surgery: R325Hospital: R810 <ul style="list-style-type: none">No benefit	<ul style="list-style-type: none">No deductible payable for PMBs <ul style="list-style-type: none">Applies to all admissionsDeductible:<ul style="list-style-type: none">Day surgery: R325Hospital: R810 <ul style="list-style-type: none">Applies to all admissionsDeductible:<ul style="list-style-type: none">Day surgery: R325Hospital: R810	<ul style="list-style-type: none">No deductible payable for PMBs <ul style="list-style-type: none">Applies to all admissionsDeductible:<ul style="list-style-type: none">Day surgery: R325Hospital: R6 730 <ul style="list-style-type: none">Applies to all admissionsDeductible:<ul style="list-style-type: none">Day surgery: R325Hospital: R6 730	<ul style="list-style-type: none">No deductible payable for PMBs <ul style="list-style-type: none">Applies to all admissionsDeductible:<ul style="list-style-type: none">Day surgery: R325Hospital: R810 <ul style="list-style-type: none">Applies to all admissionsDeductible:<ul style="list-style-type: none">Day surgery: R325Hospital: R810	
9.	OUTPATIENT CONSULTATIONS AND FACILITY FEES FOR OUTPATIENT VISITS					
9.1	Casualty and outpatient consultations GP or specialist consultation at hospital emergency unit, casualty unit or outpatient unit	<ul style="list-style-type: none">Regarded as an out-of-hospital GP/specialist consultation in rooms, unless resulting in an authorised hospital admissionRefer to ‘GP Consultations In-room or out-of-hospital’, and ‘Specialist Consultations In-room or out-of-hospital’ benefit sections				
9.2	Facility fees For casualty and outpatient consultations at a hospital emergency unit, casualty unit, or outpatient unit	<ul style="list-style-type: none">Facility fees not covered, unless resulting in an authorised hospital admission	<ul style="list-style-type: none">Facility fees subject to ‘Specialist Consultations In-room or out-of-hospital’ benefit, unless resulting in an authorised hospital admission			
10.	GP CONSULTATION WITHIN 30 DAYS OF DISCHARGE FROM HOSPITAL					
10.1	Post-hospital GP consultation within 30 days of discharge from hospital	<ul style="list-style-type: none">Additional Insured BenefitRefer to ‘30-Day Post-hospital GP Consultation Benefit’ section				

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		NON-MSA PLANS			MSA PLANS		
11.	BLOOD TRANSFUSIONS Subject to pre-authorisation and PMB regulations						
11.1	Blood transfusions	<ul style="list-style-type: none">100% of costLimited to PMBs	<ul style="list-style-type: none">100% of costUnlimited				
12.	ORGAN AND BONE MARROW TRANSPLANTS Subject to pre-authorisation and PMB regulations. Organ recipient must be a Bankmed beneficiary for benefits to apply. No benefits for travelling and non-hospital accommodation expenses						
12.1	Hospitalisation/organ and patient preparation	<ul style="list-style-type: none">Refer to ‘Hospitalisation’ benefit sectionLimited to PMBs	<ul style="list-style-type: none">Refer to ‘Hospitalisation’ benefit section	<ul style="list-style-type: none">Refer to ‘Hospitalisation’ benefit sectionLimited to PMBs	<ul style="list-style-type: none">Refer to ‘Hospitalisation’ benefit section		
12.2	Medication In- and out-of-hospital	<ul style="list-style-type: none">Limited to PMBs	<ul style="list-style-type: none">Unlimited	<ul style="list-style-type: none">Limited to PMBs	<ul style="list-style-type: none">Unlimited		
	Medication via DSP Designated pharmacy	<ul style="list-style-type: none">100% of cost	<ul style="list-style-type: none">100% of cost	<ul style="list-style-type: none">100% of cost	<ul style="list-style-type: none">100% of cost		
	Medication via non-DSP Voluntary use of non-DSP	<ul style="list-style-type: none">80% of Scheme Medicine Reference Price plus dispensing fee	<ul style="list-style-type: none">80% of Scheme Medicine Reference Price plus dispensing fee	<ul style="list-style-type: none">80% of Scheme Medicine Reference Price plus dispensing fee	<ul style="list-style-type: none">80% of Scheme Medicine Reference Price plus dispensing fee		
	Medication via non-DSP Involuntary use of non- DSP	<ul style="list-style-type: none">100% of cost	<ul style="list-style-type: none">100% of cost	<ul style="list-style-type: none">100% of cost	<ul style="list-style-type: none">100% of cost		
12.3	Harvesting and transporting organs and other donor costs	<ul style="list-style-type: none">100% of cost, limited to PMBs	<ul style="list-style-type: none">100% of cost, unlimited	<ul style="list-style-type: none">100% of cost, limited to PMBs	<ul style="list-style-type: none">100% of cost, unlimited		
13.	ONCOLOGY						
	Subject to: <ul style="list-style-type: none">Pre-authorisation and PMB regulationsEvidence-based medicine, cost-effectiveness and affordabilityScheme’s oncology BOC, formularies and/or protocolsMeeting Scheme’s Clinical Entry CriteriaPeer-review by external panel of specialists as appointed by the SchemeMedication must be dispensed through the DSP. Where a non-network provider is used, funding will be approved up to a maximum of 80% of the Scheme Medicine Reference Price and the balance will be for the member’s own pocketGeneric substitution and/or switching to cost-effective therapeutic equivalents (drug utilisation review)						
13.1	Consultations, treatment, and materials In- and out-of-hospital	<ul style="list-style-type: none">100% of cost at DSP100% of Scheme Rate at non-DSPLimited to PMBs	<ul style="list-style-type: none">100% of cost at DSP100% of Scheme Rate at non-DSPUnlimited	<ul style="list-style-type: none">100% of cost at DSP100% of Scheme Rate at non-DSPLimited to PMBs	<ul style="list-style-type: none">100% of cost at DSP100% of Scheme Rate at non-DSPUnlimited		

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13.2	Radiotherapy fees, chemotherapy facility, and professional fees	<ul style="list-style-type: none">100% of cost at DSP100% of Scheme Rate at non-DSPLimited to PMBs		<ul style="list-style-type: none">100% of cost at DSP100% of Scheme Rate at non-DSPUnlimited	<ul style="list-style-type: none">100% of cost at DSP100% of Scheme Rate at non-DSPLimited to PMBs	<ul style="list-style-type: none">100% of cost at DSP100% of Scheme Rate at non-DSPUnlimited	
13.3	Associated medication and drugs						
	For medicines administered in-rooms <ul style="list-style-type: none">Injectable and infusional chemotherapyExcludes medicines administered in-hospital and medicines administered in-rooms by a dispensing provider						
	Medication via DSP Bankmed’s Oncology Pharmacy DSP (courier pharmacy)	<ul style="list-style-type: none">Limited to PMBs100% of cost, limited to PMBs		<ul style="list-style-type: none">Unlimited100% of cost	<ul style="list-style-type: none">Limited to PMBs100% of cost, limited to PMBs	<ul style="list-style-type: none">Unlimited100% of cost	
	Medication via a non-DSP Voluntary use of non-DSP	<ul style="list-style-type: none">80% of Scheme Medicine Reference Price plus dispensing fee, limited to PMBs		<ul style="list-style-type: none">80% of Scheme Medicine Reference Price plus dispensing fee	<ul style="list-style-type: none">80% of Scheme Medicine Reference Price plus dispensing fee, limited to PMBs	<ul style="list-style-type: none">80% of Scheme Medicine Reference Price plus dispensing fee	
	Medication via non-DSP Involuntary use of non- DSP	<ul style="list-style-type: none">100% of cost, limited to PMBs		<ul style="list-style-type: none">100% of cost	<ul style="list-style-type: none">100% of cost, limited to PMBs	<ul style="list-style-type: none">100% of cost	
	For medicines scripted and dispensed at a retail pharmacy (scripted by treating provider) <ul style="list-style-type: none">Supportive medication, oral chemotherapy and hormonal therapy						
	Medication via DSP Bankmed’s Oncology Pharmacy DSP	<ul style="list-style-type: none">Limited to PMBs100% of cost, limited to PMBs		<ul style="list-style-type: none">Unlimited100% of cost	<ul style="list-style-type: none">Limited to PMBs100% of cost, limited to PMBs	<ul style="list-style-type: none">Unlimited100% of cost	
	Medication via a non-DSP Voluntary use of non-DSP	<ul style="list-style-type: none">80% of Scheme Medicine Reference Price plus dispensing fee, limited to PMBs		<ul style="list-style-type: none">80% of Scheme Medicine Reference Price plus dispensing fee	<ul style="list-style-type: none">80% of Scheme Medicine Reference Price plus dispensing fee, limited to PMBs	<ul style="list-style-type: none">80% of Scheme Medicine Reference Price plus dispensing fee	
	Medication via non-DSP Involuntary use of non- DSP	<ul style="list-style-type: none">100% of cost, limited to PMBs		<ul style="list-style-type: none">100% of cost	<ul style="list-style-type: none">100% of cost, limited to PMBs	<ul style="list-style-type: none">100% of cost	
14.	RENAL DIALYSIS Subject to pre-authorisation and PMB regulations						
14.1	Procedures and treatment	<ul style="list-style-type: none">Limited to PMBs100% of cost at DSP100% of Scheme Rate at non-DSP		<ul style="list-style-type: none">Unlimited100% of cost at DSP100% of Scheme Rate at non-DSP			

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		NON-MSA PLANS			MSA PLANS		
14.2	Medication In- and out-of-hospital	<ul style="list-style-type: none">Limited to PMBs100% of cost, limited to PMBs80% of Scheme Medicine Reference Price plus dispensing fee, limited to PMBs100% of cost, limited to PMBs		<ul style="list-style-type: none">Unlimited100% of cost80% of Scheme Medicine Reference Price plus dispensing fee100% of cost			
	Medication via DSP Bankmed Pharmacy Network						
	Medication via a non-DSP Voluntary use of non-DSP						
	Medication via non-DSP Involuntary use of non-DSP						
15.	PREGNANCY AND CHILDBIRTH Subject to pre-authorisation and PMB regulations						
15.1	Baby-and-Me Programme for expectant mothers	<ul style="list-style-type: none">No benefit	<ul style="list-style-type: none">Call 0800 BANKMED (0800 226 5633) to register				
15.2	Hospitalisation and associated in-hospital services Subject to pre-authorisation	<ul style="list-style-type: none">Refer to ‘Hospitalisation’ benefit sectionHospital network rules applyLimited to PMBs	<ul style="list-style-type: none">Refer to ‘Hospitalisation’ benefit sectionHospital network rules apply				
15.3	Midwife care and delivery Subject to pre-authorisation	<ul style="list-style-type: none">100% of cost at DSP100% of Scheme Rate at non-DSPLimited to PMBs	<ul style="list-style-type: none">100% of cost at DSP100% of Scheme Rate at non-DSPUnlimited				
15.4	Birthing facilities as an alternative to hospitalisation Subject to pre-authorisation <ul style="list-style-type: none">Only available where hospital services are not used, except registered active birthing units	<ul style="list-style-type: none">100% of cost at DSP100% of Scheme Rate at non-DSPLimited to PMBsCost of disposables limited to R1 440 per case	<ul style="list-style-type: none">100% of cost at DSP100% of Scheme Rate at non-DSPUnlimitedCost of disposables limited to R1 440 per case				
15.5	Antenatal and postnatal care GP and specialist consultations and procedures in-rooms	<ul style="list-style-type: none">Refer to ‘GP Consultations In-room or out-of-hospital’, and ‘Specialist Consultations In-room or out-of-hospital’ benefit sectionsLimited to PMBs	<ul style="list-style-type: none">Refer to ‘GP Consultations In-room or out-of-hospital’, and ‘Specialist Consultations In-room or out-of-hospital’ benefit sectionsRefer to additional Insured Benefits under Baby-and-Me Programme				<ul style="list-style-type: none">Refer to ‘GP Consultations In-room or out-of-hospital’, and ‘Specialist Consultations In-room or out-of-hospital’ benefit sections

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		NON-MSA PLANS			MSA PLANS		
15.6	Antenatal and postnatal care Ultrasonic investigations Radiology	<ul style="list-style-type: none">Refer to ‘Radiology and pathology’ benefit sectionLimited to PMBs	<ul style="list-style-type: none">Refer to ‘Radiology and pathology’ benefit sectionRefer to additional Insured Benefits under Baby-and-Me Programme			<ul style="list-style-type: none">Refer to ‘Radiology and pathology’ benefit section	
15.7	Antenatal and postnatal care Pathology	<ul style="list-style-type: none">Refer to ‘Radiology and pathology’ benefit sectionLimited to PMBs	<ul style="list-style-type: none">Refer to ‘Radiology and pathology’ benefit sectionRefer to additional Insured Benefits under Baby-and-Me Programme			<ul style="list-style-type: none">Refer to ‘Radiology and pathology’ benefit section	
15.8	Additional Insured Benefits Subject to registration on the Baby-and-Me Programme	<ul style="list-style-type: none">No benefit	<ul style="list-style-type: none">Additional Insured Benefits subject to referral by GP in Bankmed Entry Plan GP Network (Basic Plan member) or GP in Bankmed GP Network (Core Saver, Traditional and Comprehensive Plan members)Six antenatal consultations per pregnancy at the contracted rate for Bankmed’s GP Network and Prestige A and B Specialist NetworkRefer to ‘GP Consultations In-room or out-of-hospital’, and ‘Specialist Consultations In-room or out-of-hospital’ benefit sectionsThree 2D ultrasounds at 100% of Scheme RateR1 770 per pregnancy for antenatal and postnatal classes at 100% of Scheme RateAdditional pathology at 100% of Scheme Rate, subject to Baby-and-Me approved BOC			<ul style="list-style-type: none">Additional Insured Benefits not applicable on this PlanMembers may register on the programme to obtain information, guidance and support throughout the pregnancy	
16.	RADIOLOGY AND PATHOLOGY						
16.1	Radiology In-hospital	<ul style="list-style-type: none">100% of cost at DSP100% of Scheme Rate at non-DSPLimited to PMBs	<ul style="list-style-type: none">100% of cost at DSP100% of Scheme Rate at non-DSPUnlimited				
16.2	Pathology In-hospital	<ul style="list-style-type: none">100% of cost at DSP100% of Scheme Rate at non-DSPLimited to PMBs	<ul style="list-style-type: none">100% of cost at DSP100% of Scheme Rate at non-DSPUnlimited				
16.3	MRI/CT scans, radionuclide scans In- and out-of-hospital Subject to pre-authorisation and PMB regulations In-hospital Subject to pre-authorisation and PMB regulations	<ul style="list-style-type: none">100% of cost for radiology facilities at hospital network DSPLimited to 100% of Scheme Rate for voluntary use of radiology facilities at non-DSPLimited to PMBs	<ul style="list-style-type: none">100% of cost at DSP100% of Scheme Rate at non-DSPUnlimited	<ul style="list-style-type: none">100% of cost at DSP100% of Scheme Rate at non-DSPUnlimited			

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		ESSENTIAL PLAN 2025	BASIC PLAN 2025	TRADITIONAL PLAN 2025	CORE SAVER PLAN 2025	COMPREHENSIVE PLAN 2025	PLUS PLAN 2025
		NON-MSA PLANS			MSA PLANS		
	Out-of-hospital Subject to pre-authorisation and PMB regulations	<ul style="list-style-type: none"> 100% of cost at DSP 100% of Scheme Rate at non-DSP Limited to PMBs 	<ul style="list-style-type: none"> 100% of cost at DSP 100% of Scheme Rate at non-DSP Limited to PMBs 	<ul style="list-style-type: none"> 100% of cost at DSP 100% of Scheme Rate at non-DSP Unlimited 			
16.4	Radiology and pathology Out-of-hospital	<ul style="list-style-type: none"> Limited to PMBs 100% of cost for PMBs Benefits subject to a CDL (BOC) registration for PMB conditions 	<ul style="list-style-type: none"> Unlimited via DSP 100% of cost at DSP DSP: Bankmed Entry Plan GP Network Subject to Scheme Radiology and Pathology Formulary Specialist requested/performed radiology/pathology subject to available 'Specialist Consultations In-room or out-of-hospital' benefit 	<ul style="list-style-type: none"> 100% of cost at DSP for PMB 100% of Scheme Rate, limited to R7 520 pfpa for non-DSP or non-PMB Combined limit for 'Radiology and pathology out-of-hospital' 	<ul style="list-style-type: none"> 100% of cost at DSP for PMB Subject to referral by GP in Bankmed GP Network (DSP) 100% of Scheme Rate, subject to a CDL (BOC) and referral by GP in Bankmed GP Network (DSP) Benefits approved for beneficiaries registered for PMB CDL conditions Non-CDL benefits subject to available MSA 	Radiology: <ul style="list-style-type: none"> 100% of cost at DSP for PMB 100% of Scheme Rate, limited to R5 040 pfpa (including a sub-limit of R3 195 pfpa for out-of-hospital pathology) Thereafter subject to available MSA Pathology: <ul style="list-style-type: none"> 100% of cost at DSP for PMB 100% of Scheme Rate, limited to R3 195 pfpa (included in the annual limit of R5 040 pfpa for out-of-hospital radiology) Thereafter subject to available MSA 	<ul style="list-style-type: none"> 100% of cost at DSP for PMB 300% of Scheme Rate, subject to available MSA ATB applies once Annual Threshold is reached The maximum amount that can jointly accumulate towards reaching the Annual Threshold (at 100% of Scheme Rate) and/or be paid as an ATB (always subject to available ATB) is R8 010 pfpa
17.	ALTERNATIVES TO HOSPITALISATION Subject to pre-authorisation and PMB regulations						
17.1	Step-down facilities	<ul style="list-style-type: none"> 100% of cost at DSP 100% of Scheme Rate at non-DSP Limited to PMBs 	<ul style="list-style-type: none"> 100% of cost at DSP 100% of Scheme Rate at non-DSP Unlimited 				
17.2	Advanced Illness Benefit End-of-life treatment Subject to pre-authorisation and PMB regulations and the treatment meeting the Scheme's guidelines and managed care criteria	<ul style="list-style-type: none"> 100% of cost at DSP 100% of Scheme Rate at non-DSP Limited to PMBs 		<ul style="list-style-type: none"> 100% of cost at DSP 100% of Scheme Rate at non-DSP Unlimited 			
17.3	Frail care facilities	<ul style="list-style-type: none"> No benefit 		<ul style="list-style-type: none"> 100% of cost, limited to R575 pb per day 	<ul style="list-style-type: none"> No benefit 	<ul style="list-style-type: none"> 100% of cost, limited to R575 pb per day 	

Terminology Reminders:

DSP Designated Service Provider
ASA Accumulated Savings Account
pfpa per family per annum

PMB Prescribed Minimum Benefit
CIB Chronic Illness Benefit
pb per beneficiary

MSA Medical Savings Account
CDL Chronic Disease List
pbpa per beneficiary per annum

BOC Basket-of-Care
ATB Above Threshold Benefit
pbpm per beneficiary per month

		ESSENTIAL PLAN 2025	BASIC PLAN 2025	TRADITIONAL PLAN 2025	CORE SAVER PLAN 2025	COMPREHENSIVE PLAN 2025	PLUS PLAN 2025
		NON-MSA PLANS			MSA PLANS		
17.4	Home nursing	• No benefit		• 100% of cost, limited to R455 pb per day	• No benefit	• 100% of cost, limited to R455 pb per day	
17.5	HomeCare services For procedures not requiring admission to a day surgery or hospital. Subject to clinical entry criteria, pre-authorisation, and PMB regulations	• 100% of cost at DSP • 100% of Scheme Rate at non-DSP • Limited to PMBs	• 100% of cost at DSP • 100% of Scheme Rate at non-DSP • Unlimited				
17.6	Spinal Conservative Care Programme • In-hospital and out-of-hospital management for spinal care and surgery • Limited to a defined list of clinically appropriate procedures which include Lumbar Fusion, Cervical Fusion, Laminectomy, Laminotomy	• 100% of cost for the hospital account at a network facility • Network does not apply to any admissions related to trauma • 100% of the Scheme Rate for the hospital account if performed at a non-network facility • 100% of cost for related accounts at a DSP • 100% of Scheme Rate for related accounts at a non-DSP • Limited to PMBs • Subject to authorisation and the treatment meeting the Scheme's treatment guidelines and clinical criteria • Subject to PMB regulations • BOC as set by the Scheme for out-of-hospital conservative treatment		• 100% of cost for the hospital account at a network facility • Network does not apply to any admissions related to trauma • 100% of the Scheme Rate for the hospital account if performed at a non-network facility • 100% of cost for related accounts at a DSP • 100% of Scheme Rate for related accounts at a non-DSP • Unlimited • Subject to authorisation and the treatment meeting the Scheme's treatment guidelines and clinical criteria • Subject to PMB regulations • BOC as set by the Scheme for out-of-hospital conservative treatment			
18.	INTERNAL PROSTHESIS Subject to clinical motivation, the application of clinical and funding protocols and Scheme approval. Bankmed reserves the right to obtain further quotations prior to granting approval. The prostheses accumulate to the limit and not the hospital and related accounts. All sub-limits are subject to the combined Internal Prosthesis limit of R91 190 pbpa (excluding pacemakers and defibrillators)						
18.1	Internal prosthesis	• 100% of cost at DSP • 100% of Scheme Rate at non-DSP • Limited to PMBs	• 100% of cost at DSP • 100% of Scheme Rate at non-DSP • Subject to the combined 'Internal prosthesis' limit of R91 190 pbpa for all internal prosthesis items				
18.2	Spinal fusions	• 100% of cost at DSP • 100% of Scheme Rate at non-DSP • Limited to PMBs	• 100% of Scheme Rate for device • Limited to R61 440 pbpa • Subject to the combined 'Internal prosthesis' limit				
18.3	Cardiac stents	• 100% of cost at DSP • 100% of Scheme Rate at non-DSP • Limited to PMBs	• 100% of Scheme Rate for device • Limited to R90 830 pbpa • Subject to the combined 'Internal prosthesis' limit				

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BOC Basket-of-Care
ATB Above Threshold Benefit
pbpm per beneficiary per month

		ESSENTIAL PLAN 2025	BASIC PLAN 2025	TRADITIONAL PLAN 2025	CORE SAVER PLAN 2025	COMPREHENSIVE PLAN 2025	PLUS PLAN 2025
		NON-MSA PLANS			MSA PLANS		
18.4	Grafts	<ul style="list-style-type: none">100% of cost at DSP100% of Scheme Rate at non-DSPLimited to PMBs	<ul style="list-style-type: none">100% of Scheme Rate for deviceLimited to R49 170 pbpaSubject to the combined ‘Internal prosthesis’ limit				
18.5	Cardiac valves	<ul style="list-style-type: none">100% of cost at DSP100% of Scheme Rate at non-DSPLimited to PMBs	<ul style="list-style-type: none">100% of Scheme Rate for deviceLimited to R 51 715 pbpaSubject to the combined ‘Internal prosthesis’ limit				
18.6	Hip, knee and shoulder joints	<ul style="list-style-type: none">100% of cost at DSP100% of Scheme Rate at non-DSPLimited to PMBs	<ul style="list-style-type: none">100% of Scheme Rate for deviceIf prosthesis is not supplied by Scheme’s network provider (DSP): Limited to R60 685 per prosthesis per admissionIf prosthesis is supplied by the Scheme’s network provider (DSP): Unlimited and not subject to the combined ‘Internal prosthesis’ limit				
18.7	Non-specified Items	<ul style="list-style-type: none">100% of cost at DSP100% of Scheme Rate at non-DSPLimited to PMBs	<ul style="list-style-type: none">100% of Scheme Rate for deviceLimited to R28 335 pbpaSubject to the combined ‘Internal prosthesis’ limit				
19.	PACEMAKERS AND DEFIBRILLATORS Subject to clinical motivation, the application of clinical/funding protocols and Scheme approval. Bankmed reserves the right to obtain further quotations prior to granting approval						
19.1	Pacemakers and defibrillators	<ul style="list-style-type: none">Limited to PMBs100% of cost at hospital network DSP80% of cost at non-DSP	<ul style="list-style-type: none">100% of cost, unlimited, if preferred provider used100% of Scheme Rate if non-preferred provider used to purchase device				
20.	INTRAOCULAR LENSES FOR CATARACT SURGERY Subject to pre-authorisation and PMB regulations and the treatment meeting the Scheme’s criteria. Covered in full when supplied by the Scheme’s preferred suppliers, otherwise covered up to 100% of the Scheme Rate for the lens						
20.1	Intraocular lenses for cataract surgery Permanent, implantable lenses, inclusive of basic and specialised lens varieties	<ul style="list-style-type: none">100% of cost, unlimited, if preferred supplier’s lens is used100% of Scheme Rate if lens used is not a preferred supplier lensScheme Rate is equal to the lens base price/lens reference price, plus 25% mark-upWhere the provider marks up the lens cost in excess of the agreed rate, the Scheme will not be responsible for the shortfallLimited to PMBs	<ul style="list-style-type: none">100% of cost, unlimited, if preferred supplier’s lens is used100% of Scheme Rate if lens used is not a preferred supplier lensScheme Rate is equal to the lens base price/lens reference price, plus 25% mark-upWhere the provider marks up the lens cost in excess of the agreed rate, the Scheme will not be responsible for the shortfall				

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pbpa per beneficiary per annum

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ATB Above Threshold Benefit
pbpm per beneficiary per month

		ESSENTIAL PLAN 2025	BASIC PLAN 2025	TRADITIONAL PLAN 2025	CORE SAVER PLAN 2025	COMPREHENSIVE PLAN 2025	PLUS PLAN 2025
		NON-MSA PLANS			MSA PLANS		
21.	COCHLEAR IMPLANT Subject to pre-authorisation and PMB regulations and Scheme protocols. Once in a lifetime benefit. Funding only available in recognised Centres of Excellence. Bilateral cochlear implant benefits may be awarded to children under the age of 5 years where clinical entry criteria are met. Subject to special motivation, clinical review and authorisation						
21.1	Hospitalisation	• No benefit	• Refer to ‘Hospitalisation’ benefit section	• No benefit	• Refer to ‘Hospitalisation’ benefit section		
21.2	Pre-operative evaluation and associated preparation costs	• No benefit	• R21 605 pb per lifetime • 100% of Scheme Rate	• No benefit	• R21 605 pb per lifetime • 100% of Scheme Rate		
21.3	Cochlear implant device	• No benefit	• R452 990 pb per lifetime • 100% of Scheme Rate	• No benefit	• R452 990 pb per lifetime • 100% of Scheme Rate		
21.4	Intra-operative audiology testing	• No benefit	• R1 125 pb per lifetime • 100% of Scheme Rate	• No benefit	• R1 125 pb per lifetime • 100% of Scheme Rate		
21.5	Post-operative evaluation costs	• No benefit	• R45 370 pb per lifetime • 100% of Scheme Rate	• No benefit	• R45 370 pb per lifetime • 100% of Scheme Rate		
22.	SPEECH PROCESSORS Subject to clinical motivation, the application of clinical/funding protocols and Scheme approval						
22.1	Upgrade or replacement of speech processors	• No benefit	• 100% of Scheme Rate • Limited to R169 140 pb over a three-year cycle	• No benefit	• 100% of Scheme Rate • Limited to R169 140 pb over a three-year cycle		
23.	HEARING AIDS						
23.1	Hearing aids Supply and fitment	• No benefit, except for PMBs	• 100% of Scheme Rate, limited to R36 335 pb every second year (rolling 24 months)	• 100% of Scheme Rate, subject to available MSA	• 100% of Scheme Rate, limited to R36 335 pb every second year (rolling 24 months)	• 100% of Scheme Rate, limited to R42 540 pb every second year (rolling 24 months)	
23.2	Hearing aid repairs	• No benefit	• 100% of Scheme Rate • Limited to R1 885 pbpa	• 100% of Scheme Rate • Subject to available MSA	• 100% of Scheme Rate • Limited to R1 885 pbpa		
23.3	Bone anchored hearing aids	• No benefit	• 90% of Scheme Rate • Limited to R194 345 pfpa	• 100% of Scheme Rate • Subject to available MSA	• 90% of Scheme Rate • Limited to R194 345 pfpa		

Terminology Reminders:

DSP	Designated Service Provider	PMB	Prescribed Minimum Benefit	MSA	Medical Savings Account	BOC	Basket-of-Care
ASA	Accumulated Savings Account	CIB	Chronic Illness Benefit	CDL	Chronic Disease List	ATB	Above Threshold Benefit
pfpa	per family per annum	pb	per beneficiary	pbpa	per beneficiary per annum	pbpm	per beneficiary per month

		ESSENTIAL PLAN 2025	BASIC PLAN 2025	TRADITIONAL PLAN 2025	CORE SAVER PLAN 2025	COMPREHENSIVE PLAN 2025	PLUS PLAN 2025
		NON-MSA PLANS			MSA PLANS		
24.	EXTERNAL PROSTHESIS, MEDICAL AND SURGICAL APPLIANCES, BLOOD PRESSURE MONITORS, NEBULISERS AND GLUCOMETERS Benefit includes the repair of the prosthesis						
24.1	External prosthesis Benefit for limbs and eyes	<ul style="list-style-type: none">100% of cost at DSP100% of Scheme Rate at non-DSPLimited to PMBs	<ul style="list-style-type: none">100% of cost at DSP100% of Scheme Rate at non-DSPLimited to R4 005 pfpaCombined limit with 'Blood pressure monitors, nebulisers and glucometers' benefits	<ul style="list-style-type: none">100% of cost at DSP100% of Scheme Rate at non-DSPLimited to R31 110 pfpa	<ul style="list-style-type: none">100% of cost at DSP100% of Scheme Rate at non-DSPLimited to R4 005 pfpaCombined limit with 'Medical and surgical appliances', 'Blood pressure monitors, nebulisers and glucometers', and 'Arch supports and shoe insoles' benefits	<ul style="list-style-type: none">100% of cost at DSP100% of Scheme Rate at non-DSPLimited to R31 110 pfpa	
24.2	Medical and surgical appliances Refer to claim 'Frequency limits' in 24.6 below	<ul style="list-style-type: none">100% of cost at DSP100% of Scheme Rate at non-DSPLimited to PMBsNo benefit for wheelchairs and large orthopaedic appliances on this Plan, except for PMBsOnly payable if claimed from a service provider with a valid BHF practice number	<ul style="list-style-type: none">100% of cost at DSP100% of Scheme Rate at non-DSPLimited to PMBsCombined limit of R4 005 pfpa with 'External prosthesis', 'Blood pressure monitors', 'Nebulisers and glucometers' benefitsSubject to pre- authorisation and PMB regulationsNo benefit for wheelchairs and large orthopaedic appliances on this Plan, except for PMBsOnly payable if claimed from a service provider with a valid BHF practice number	Post-surgery appliances: <ul style="list-style-type: none">100% of Scheme RateLimited to R9 145 pbpa Chronic appliances: <ul style="list-style-type: none">100% of costLimited to:<ul style="list-style-type: none">R28 720 pbpa for oxygen/ oxygen delivery systemsR28 720 pbpa for stoma productsR9 145 pbpa for 'Other chronic appliances', including wheelchairsSub-limits as follows:<ul style="list-style-type: none">R1 125 arch supports (Per pair)R1 695 shoe insoles (Per pair)'Other chronic appliances' limit extended to R13 380 for beneficiaries requiring a CPAP machine	<ul style="list-style-type: none">Limit of R4 005 pfpaCombined limit with 'External prosthesis', 'Blood pressure monitors, nebulisers and glucometers', and 'Arch supports and shoe insoles' benefitsBenefits for wheelchairs and large orthopaedic appliances at 100% of Scheme Rate, subject to available MSAOnly payable if claimed from a service provider with a valid BHF practice number	Post-surgery appliances: <ul style="list-style-type: none">100% of Scheme RateLimited to R9 145 pbpa Chronic appliances: <ul style="list-style-type: none">100% of costLimited to:<ul style="list-style-type: none">R28 720 pbpa for oxygen/ oxygen delivery systemsR28 720 pbpa for stoma productsR9 145 pbpa for 'Other chronic appliances', including wheelchairsSub-limits as follows:<ul style="list-style-type: none">R1 125 arch supports (Per pair)R1 695 shoe insoles (Per pair)'Other chronic appliances' limit extended to R13 380 for beneficiaries requiring a CPAP machine	Post-surgery appliances: <ul style="list-style-type: none">100% of Scheme RateLimited to R9 145 pbpa Chronic appliances: <ul style="list-style-type: none">100% of costLimited to:<ul style="list-style-type: none">R28 720 pbpa for oxygen/ oxygen delivery systemsR28 720 pbpa for stoma productsR9 145 pbpa for 'Other chronic appliances', including wheelchairsSub-limits as follows:<ul style="list-style-type: none">R1 125 arch supports (Per pair)R1 695 shoe insoles (Per pair)'Other chronic appliances' limit extended to R13 380 for beneficiaries requiring a CPAP machine


Terminology Reminders:

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CDL Chronic Disease List
pbpa per beneficiary per annum

BOC Basket-of-Care
ATB Above Threshold Benefit
pbpm per beneficiary per month

		ESSENTIAL PLAN 2025	BASIC PLAN 2025	TRADITIONAL PLAN 2025	CORE SAVER PLAN 2025	COMPREHENSIVE PLAN 2025	PLUS PLAN 2025
		NON-MSA PLANS			MSA PLANS		
				Appliances for acute conditions: <ul style="list-style-type: none">100% of Scheme RateLimited to R9 145 pbpaCombined limit with ‘Other chronic appliances’ benefits <ul style="list-style-type: none">Additional discretionary benefits may be granted for wheelchairs, subject to occupational therapist or physiotherapist motivation, at least two cost quotations and Scheme approval <ul style="list-style-type: none">Only payable if claimed from a service provider with a valid BHF practice number		Appliances for acute conditions: <ul style="list-style-type: none">100% of Scheme RateSubject to available MSA <ul style="list-style-type: none">Additional discretionary benefits may be granted for wheelchairs, subject to occupational therapist or physiotherapist motivation, at least two cost quotations and Scheme approval <ul style="list-style-type: none">Only payable if claimed from a service provider with a valid BHF practice number	Appliances for acute conditions: <ul style="list-style-type: none">100% of Scheme RateSubject to available MSAATB applies once the Annual Threshold is reached100% of Scheme Rate in ATB <ul style="list-style-type: none">Additional discretionary benefits may be granted for wheelchairs, subject to occupational therapist or physiotherapist motivation, at least two cost quotations and Scheme approval <ul style="list-style-type: none">Only payable if claimed from a service provider with a valid BHF practice number
24.3	Blood pressure monitors (BPM), nebulisers and glucometers Refer to claim ‘Frequency limits’ in 24.6 below	<ul style="list-style-type: none">Subject to pre-authorisation and PMB regulations100% of cost at DSP100% of Scheme Rate at non-DSPLimited to PMBs	<ul style="list-style-type: none">Subject to pre-authorisation and PMB regulations100% of Scheme RateLimit of R4 005 pfpaCombined limit with ‘External prosthesis’ and ‘Medical and surgical appliances’ benefitsSub-limits as follows:<ul style="list-style-type: none">BPM: R1 540 pbpaNebulisers: R2 175 pbpaGlucometers: R1 085 pbpaOnly payable if claimed from a service provider with a valid BHF practice number	<ul style="list-style-type: none">Available on prescription without additional motivation or Scheme approval100% of Scheme RateLimit of R9 145 pbpaCombined limit with ‘Other chronic appliances’ under ‘Medical and surgical appliances’ benefitsSub-limits as follows:<ul style="list-style-type: none">BPM: R1 540 pbpaNebulisers: R2 175 pbpaGlucometers: R1 085 pbpaOnly payable if claimed from a service provider with a valid BHF practice number	<ul style="list-style-type: none">Available on prescription without additional motivation or Scheme approval100% of Scheme RateLimit of R4 005 pfpaCombined limit with ‘External prosthesis’, ‘Medical and surgical appliances’, and ‘Arch supports and shoe insoles’ benefitsSub-limits as follows:<ul style="list-style-type: none">BPM: R1 540 pbpaNebulisers: R2 175 pbpaGlucometers: R1 085 pbpaOnly payable if claimed from a service provider with a valid BHF practice number	<ul style="list-style-type: none">Available on prescription without additional motivation or Scheme approval100% of Scheme RateLimit of R9 145 pbpaCombined limit with ‘External prosthesis’ and ‘Medical and surgical appliances’ benefitsSub-limits as follows:<ul style="list-style-type: none">BPM: R1 540 pbpaNebulisers: R2 175 pbpaGlucometers: R1 085 pbpaOnly payable if claimed from a service provider with a valid BHF practice number	

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CDL Chronic Disease List
pbpa per beneficiary per annum

BOC Basket-of-Care
ATB Above Threshold Benefit
pbpm per beneficiary per month

		ESSENTIAL PLAN 2025	BASIC PLAN 2025	TRADITIONAL PLAN 2025	CORE SAVER PLAN 2025	COMPREHENSIVE PLAN 2025	PLUS PLAN 2025																																																	
		NON-MSA PLANS			MSA PLANS																																																			
24.4	Arch supports and shoe insoles Refer to claim ‘Frequency limits’ in 24.6 below	<ul style="list-style-type: none">No benefit		<ul style="list-style-type: none">Refer to 24.3	<ul style="list-style-type: none">100% of Scheme RateLimit of R4 005 pfpaCombined limit with ‘External prosthesis’, ‘Medical and surgical appliances’, and ‘Blood pressure monitors, nebulisers and glucometers’ benefitsSub-limits as follows:<ul style="list-style-type: none">R1 125 arch supports (Per pair)R1 695 shoe insoles (Per pair)Only payable if claimed from a service provider with a valid BHF practice number	<ul style="list-style-type: none">Refer to 24.3																																																		
24.5	Breast pumps and baby monitors	<ul style="list-style-type: none">No benefit		<ul style="list-style-type: none">Limit of R9 145 pbpaCombined limit with ‘Other chronic appliances’ under ‘Medical and surgical appliances’ benefitsOnly payable if claimed from a service provider with a valid BHF practice number	<ul style="list-style-type: none">Funded from available MSAOnly payable if claimed from a service provider with a valid BHF practice number																																																			
24.6	Frequency limits pertaining to medical and surgical appliances, blood pressure monitors, nebulisers, glucometers, etc.	<ul style="list-style-type: none">Appliances may be claimed once over a specified periodThe following appliances may be claimed once per the specified period below: <table><tr><th>Appliance/device</th><th>Frequency</th><th>Appliance/device</th><th>Frequency</th><th>Appliance/device</th><th>Frequency</th></tr><tr><td>Blood pressure monitor</td><td>Once every three years</td><td>Breast prosthesis</td><td>Once every two years (single/pair)</td><td>Surgical boot/moon boot</td><td>Once every three years</td></tr><tr><td>Humidifier</td><td>Once every three years</td><td>Wheelchair</td><td>Once every three years</td><td>Brace/callipers</td><td>Once every three years</td></tr><tr><td>CPAP machine</td><td>Once every three years</td><td>Compression stockings</td><td>Two per year</td><td>Wig</td><td>Once every three years</td></tr><tr><td>Crutches</td><td>Once every two years</td><td>Portable oxygen</td><td>Once every four years</td><td>Breast prosthesis bra*</td><td>Once every three years</td></tr><tr><td>Rigid back brace</td><td>Once every two years</td><td>Glucometer</td><td>Once every three years</td><td>Commode</td><td>Once every three years</td></tr><tr><td>Foot orthotics</td><td>Once every two years</td><td>Nebuliser</td><td>Once every three years</td><td>Walking frame</td><td>Once every three years</td></tr><tr><td>Sling/clavicle brace</td><td>Once every two years</td><td></td><td></td><td></td><td></td></tr></table> <ul style="list-style-type: none">The above limits apply to members who qualify for the abovementioned benefits per their Plan Type. Should a member not qualify for the benefit, the frequency limit is not applicable* Where Plans have Rand limits in place, members may claim for more than two breast prosthesis bras, provided that the Rand limit is not exceeded						Appliance/device	Frequency	Appliance/device	Frequency	Appliance/device	Frequency	Blood pressure monitor	Once every three years	Breast prosthesis	Once every two years (single/pair)	Surgical boot/moon boot	Once every three years	Humidifier	Once every three years	Wheelchair	Once every three years	Brace/callipers	Once every three years	CPAP machine	Once every three years	Compression stockings	Two per year	Wig	Once every three years	Crutches	Once every two years	Portable oxygen	Once every four years	Breast prosthesis bra*	Once every three years	Rigid back brace	Once every two years	Glucometer	Once every three years	Commode	Once every three years	Foot orthotics	Once every two years	Nebuliser	Once every three years	Walking frame	Once every three years	Sling/clavicle brace	Once every two years					
Appliance/device	Frequency	Appliance/device	Frequency	Appliance/device	Frequency																																																			
Blood pressure monitor	Once every three years	Breast prosthesis	Once every two years (single/pair)	Surgical boot/moon boot	Once every three years																																																			
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		NON-MSA PLANS			MSA PLANS		
25.	PSYCHIATRY, CLINICAL PSYCHOLOGY AND RELATED OCCUPATIONAL THERAPY						
25.1	<p>Hospitalisation Subject to pre-authorisation and PMB regulations</p> <p>Hospital Network DSP</p> <ul style="list-style-type: none">All admissions at network DSP <p>Other hospitals (non-DSP)</p> <ul style="list-style-type: none">PMB admission Involuntary use of non-DSPPMB admission Voluntary use of non-DSPNon-PMB admission <p>In-hospital consultations/sessions</p>	<ul style="list-style-type: none">Limited to PMBsSubject to referral from a Bankmed Entry Plan GP Network GP (DSP)100% of cost for Bankmed Network Psychiatric facilities (DSP)100% of cost80% of Scheme RateNo benefit100% of cost for Bankmed Entry Plan Specialist Network (DSP)100% of Scheme Rate for non-DSP<ul style="list-style-type: none">Cover for 21 days in hospital in line with PMB regulations	<ul style="list-style-type: none">Limited to R85 215 pbpa100% of cost for Bankmed Network Psychiatric facilities (DSP)100% of cost80% of Scheme Rate80% of Scheme Rate100% of cost for Bankmed Prestige A and B Specialist Network (DSP)100% of Scheme Rate for non-DSP<ul style="list-style-type: none">Cover for 21 days in hospital in line with PMB regulations, with dual accumulation to the Rand limitContinued benefits for PMBs subject to pre-authorisation and PMB regulationsCombined limit with ‘Occupational therapy: psychiatric consultations/sessions in hospital’ benefit				
25.2	<p>30-Day Post-hospital Psychiatric Consultation Benefit Access to psychiatric consultation within 30 days of hospital discharge following a psychiatric admission</p> <p>Applies for psychiatric admissions for Major depression, Schizophrenia and Bipolar mood disorder only (excluding day cases)</p>	<ul style="list-style-type: none">One additional post-hospitalisation Psychiatrist consultation covered pb within 30 days of being discharged from hospital following an authorised psychiatric admissionCovered as an Insured Benefit100% of cost at DSP100% of Scheme Rate for non-DSP<ul style="list-style-type: none">DSP: Bankmed Entry Plan Specialist Network for Psychiatrist onlyLimited to three consultations pbpa, following an authorised admission, thereafter, funded from ‘Specialist Consultations In-room or out-of-hospital’ benefits	<ul style="list-style-type: none">One additional post-hospitalisation Psychiatrist consultation covered pb within 30 days of being discharged from hospital following an authorised psychiatric admissionCovered as an Insured Benefit100% of cost at DSP100% of Scheme Rate for non-DSP<ul style="list-style-type: none">DSP: Bankmed Prestige A and B Specialist Network for Psychiatrist onlyLimited to three consultations pbpa, following an authorised admission, thereafter, funded from ‘Specialist Consultations In-room or out-of-hospital’ benefits or available MSA, as applicable per Plan				

Terminology Reminders:

DSP	Designated Service Provider	PMB	Prescribed Minimum Benefit	MSA	Medical Savings Account	BOC	Basket-of-Care
ASA	Accumulated Savings Account	CIB	Chronic Illness Benefit	CDL	Chronic Disease List	ATB	Above Threshold Benefit
pbpa	per family per annum	pb	per beneficiary	pbpa	per beneficiary per annum	pbpm	per beneficiary per month

		ESSENTIAL PLAN 2025	BASIC PLAN 2025	TRADITIONAL PLAN 2025	CORE SAVER PLAN 2025	COMPREHENSIVE PLAN 2025	PLUS PLAN 2025
		NON-MSA PLANS			MSA PLANS		
25.3	<p>Consultations/sessions Out-of-hospital</p> <p>Important note: Cover for 15 out-of-hospital psychotherapy sessions for PMBs</p>	<ul style="list-style-type: none">Limited to PMBsBenefits subject to pre-authorisation and PMB regulations and referral from a Bankmed Entry Plan GP Network GP (DSP)100% of cost at contracted rate for Bankmed Entry Plan Specialist Network (DSP)100% of Scheme Rate for non-DSP	<ul style="list-style-type: none">Limited to R5 340 pbpa100% of cost at contracted rate for Bankmed Prestige A and B Specialist Network (DSP)100% of Scheme Rate for non-DSPCombined limit with ‘Occupational therapy: Psychiatric consultations/ sessions out-of-hospital’ benefitCombined limit may be extended to R13 300 pbpa for Depression and/or Bipolar mood disorder, subject to pre-authorisation and PMB regulations	<ul style="list-style-type: none">Subject to available MSABenefits subject to pre-authorisation and PMB regulations and referral from a Bankmed Network GP (DSP)100% of cost at contracted rate from Insured Benefits for PMBs at Bankmed Prestige A and B Specialist Network (DSP)100% of Scheme Rate for non-DSP, subject to available MSA	<ul style="list-style-type: none">Limited to R6 240 pbpa100% of cost at contracted rate for Bankmed Prestige A and B Specialist Network (DSP)100% of Scheme Rate for non-DSPCombined limit with ‘Occupational therapy: Psychiatric consultations/ sessions out-of-hospital’ benefitCombined limit may be extended to R14 875 pbpa for Depression and/or Bipolar mood disorder, subject to pre-authorisation and PMB regulations	<ul style="list-style-type: none">Subject to available MSABenefits subject to PMB regulations and Bankmed Prestige A and B Specialist Network (DSP)100% of cost at contracted rate from Insured Benefits for PMBs at Bankmed Prestige A and B Specialist Network (DSP)300% of Scheme Rate for non-DSP, subject to available MSAATB applies once Annual Threshold is reachedThe maximum amount that can accumulate towards reaching the Annual Threshold (at 100% of Scheme Rate) and/or be paid as an ATB (always subject to available ATB) is R18 850 pfpa	
25.4	<p>Mental Health Integrated Disease Management Programme Disease Management for specified mental health conditions for members registered on the Scheme’s Mental Health Integrated Disease Management Programme</p>	<ul style="list-style-type: none">In addition to the cover provided for under the PMB regulations100% of the Scheme Rate for services covered in the Scheme’s BOC if referred by the Scheme’s DSP100% of Scheme Rate for services performed by the Scheme’s DSPLimited to the BOC set by the SchemeSubject to the treatment meeting the Scheme’s treatment guidelines and managed care criteriaSubject to PMB regulations					

Terminology Reminders:

DSP	Designated Service Provider	PMB	Prescribed Minimum Benefit	MSA	Medical Savings Account	BOC	Basket-of-Care
ASA	Accumulated Savings Account	CIB	Chronic Illness Benefit	CDL	Chronic Disease List	ATB	Above Threshold Benefit
pfpa	per family per annum	pb	per beneficiary	pbpa	per beneficiary per annum	pbpm	per beneficiary per month

		ESSENTIAL PLAN 2025	BASIC PLAN 2025	TRADITIONAL PLAN 2025	CORE SAVER PLAN 2025	COMPREHENSIVE PLAN 2025	PLUS PLAN 2025
		NON-MSA PLANS			MSA PLANS		
26.	OCCUPATIONAL THERAPY						
26.1	Psychiatric consultations/sessions In-hospital Subject to pre-authorisation and PMB regulations	• Refer to ‘Psychiatry, clinical psychology and related occupational therapy: Hospitalisation and in-hospital consultations/sessions’ benefit section					
26.2	Psychiatric consultations/sessions Out-of-hospital	• Refer to ‘Psychiatry, clinical psychology and related occupational therapy: Consultations/sessions out-of-hospital’ benefit section					
26.3	Non-psychiatric consultations/sessions In-hospital Subject to pre-authorisation and PMB regulations	<ul style="list-style-type: none">• 100% of cost at DSP• 100% of Scheme Rate at non-DSP• Limited to PMBs	<ul style="list-style-type: none">• 100% of cost at DSP• 100% of Scheme Rate at non-DSP• Unlimited	<ul style="list-style-type: none">• 100% of cost at DSP• 100% of Scheme Rate at non-DSP• Limited to PMBs	<ul style="list-style-type: none">• 100% of cost at DSP• 100% of Scheme Rate at non-DSP• Unlimited		
26.4	Non-psychiatric consultations/sessions Out-of-hospital	<ul style="list-style-type: none">• 100% of cost at DSP• 100% of Scheme Rate at non-DSP• Limited to PMBs• Subject to pre-authorisation and PMB regulations, and referral from a Bankmed Entry Plan GP Network (DSP)	<ul style="list-style-type: none">• 100% of cost for PMB at DSP• 100% of Scheme Rate at non-DSP• Limited to R2 620 pfpa	<ul style="list-style-type: none">• 100% of cost for PMB at DSP• 100% of Scheme Rate at non-DSP• 100% of Scheme Rate, subject to available MSA for non-PMBs	<ul style="list-style-type: none">• 100% of cost for PMB at DSP• 100% of Scheme Rate at non-DSP• Limited to R2 755 pfpa, from Insured Benefits• Thereafter subject to available MSA	<ul style="list-style-type: none">• 100% of cost at DSP from Insured Benefits for PMBs• 300% of Scheme Rate, subject to available MSA for non-PMBs• ATB applies once Annual Threshold is reached• The maximum amount that can accumulate towards reaching the Annual Threshold at 100% of Scheme Rate and/or be paid as an ATB (always subject to available ATB) is R9 505 pfpa.• Subject to PMB regulation	

Terminology Reminders:

DSP Designated Service Provider
ASA Accumulated Savings Account
pfpa per family per annum

PMB Prescribed Minimum Benefit
CIB Chronic Illness Benefit
pb per beneficiary

MSA Medical Savings Account
CDL Chronic Disease List
pbpa per beneficiary per annum

BOC Basket-of-Care
ATB Above Threshold Benefit
pbpm per beneficiary per month

	ESSENTIAL PLAN 2025	BASIC PLAN 2025	TRADITIONAL PLAN 2025	CORE SAVER PLAN 2025	COMPREHENSIVE PLAN 2025	PLUS PLAN 2025	
	NON-MSA PLANS			MSA PLANS			
27.	SPEECH THERAPY, AUDIO THERAPY AND AUDIOLOGY						
27.1	Speech therapy, audio therapy and audiology In- and out-of-hospital	<ul style="list-style-type: none">100% of cost at DSP100% of Scheme Rate at non-DSPLimited to PMBsSubject to pre-authorisation and PMB regulations, and referral from a Bankmed Entry Plan GP Network (DSP)Out-of-hospital cover is subject to PMB application	<ul style="list-style-type: none">100% of cost at DSP100% of Scheme Rate at non-DSPLimited to PMBsSubject to pre-authorisation and PMB regulations, and referral from a Bankmed Entry Plan GP Network (DSP)	<ul style="list-style-type: none">100% of cost at DSP100% of Scheme Rate at non-DSPLimited to R2 620 pfpa	<ul style="list-style-type: none">100% of cost at DSP100% of Scheme Rate at non-DSPSubject to available MSA100% of cost paid from Insured Benefits for PMBs	<ul style="list-style-type: none">100% of cost at DSP100% of Scheme Rate at non-DSPLimited to R2 835 pfpa100% of cost paid from Insured Benefits for PMBsThereafter subject to available MSA	<ul style="list-style-type: none">100% of cost at DSP300% of Scheme Rate at non-DSPSubject to available MSA100% of cost paid from Insured Benefits for PMBsATB applies once Annual Threshold is reachedThe maximum amount that can jointly accumulate towards reaching the Annual Threshold at 100% of Scheme Rate and/ or be paid as an ATB (always subject to available ATB) is R2 835 pfpa
28.	PHYSIOTHERAPY						
28.1	Physiotherapy In-hospital Subject to pre-authorisation	<ul style="list-style-type: none">100% of cost at DSP100% of Scheme Rate at non-DSPLimited to PMBs	<ul style="list-style-type: none">100% of cost at DSP100% of Scheme Rate at non-DSPUnlimited	<ul style="list-style-type: none">100% of cost at DSP100% of Scheme Rate at non-DSPLimited to PMBs	<ul style="list-style-type: none">100% of cost at DSP100% of Scheme Rate at non-DSPUnlimited		
28.2	Post-hospitalisation Physiotherapy Benefit Applies within six weeks of discharge from hospital or approved day surgery facility, following an authorised hospital or approved day surgery facility admission	<ul style="list-style-type: none">Refer to ‘Physiotherapy out-of-hospital’ benefit section	<ul style="list-style-type: none">100% of Scheme RateLimited to R3 795 pfpa100% of cost at DSP100% of Scheme Rate at non-DSP	<ul style="list-style-type: none">Refer to ‘Physiotherapy out-of-hospital’ benefit section	<ul style="list-style-type: none">100% of Scheme RateLimited to R3 145 pbpa from Insured BenefitsThereafter subject to available MSA100% of cost at DSP100% of Scheme Rate at non-DSP	<ul style="list-style-type: none">Refer to ‘Physiotherapy out-of-hospital’ benefit section	
28.3	Physiotherapy Out-of-hospital	<ul style="list-style-type: none">100% of cost at DSP100% of Scheme Rate at non-DSPSubject to pre-authorisation and PMB regulations, and referral from a Bankmed Entry Plan GP Network GP (DSP)Limited to PMBs	<ul style="list-style-type: none">100% of Scheme RateSubject to ‘GP Consultations In-room or out-of-hospital’, and ‘Specialist Consultations In-room or out-of-hospital’ benefits100% of cost at DSP100% of Scheme Rate at non-DSP	<ul style="list-style-type: none">100% of Scheme RateSubject to available MSA for non-PMBs100% of cost for PMBs100% of cost at DSP100% of Scheme Rate at non-DSP		<ul style="list-style-type: none">300% of Scheme RateSubject to available MSA for non-PMBs100% of cost for PMBs100% of cost at DSPATB applies once Annual Threshold is reachedThe maximum amount that can jointly accumulate towards	

Terminology Reminders:

DSP	Designated Service Provider	PMB	Prescribed Minimum Benefit	MSA	Medical Savings Account	BOC	Basket-of-Care
ASA	Accumulated Savings Account	CIB	Chronic Illness Benefit	CDL	Chronic Disease List	ATB	Above Threshold Benefit
pfpa	per family per annum	pb	per beneficiary	pbpa	per beneficiary per annum	pbpm	per beneficiary per month

		ESSENTIAL PLAN 2025	BASIC PLAN 2025	TRADITIONAL PLAN 2025	CORE SAVER PLAN 2025	COMPREHENSIVE PLAN 2025	PLUS PLAN 2025
		NON-MSA PLANS			MSA PLANS		
							reaching the Annual Threshold (at 100% of Scheme Rate) and/ or be paid as an ATB (always subject to available ATB) is R3 795 pbpa
29.	ADDITIONAL BENEFITS FOR BENEFICIARIES WITH NEURODEVELOPMENTAL DISORDERS Subject to approval. Additional discretionary Insured Benefits in the following categories may be granted for beneficiaries with neurodevelopmental disorders, subject to clinical motivation and Scheme approval The quantum of additional benefits, if approved, shall be decided on a case-for-case basis and granted at the applicable contracted rate or Scheme Rate as set out below						
29.1	Occupational therapy: psychiatric consultations/ sessions Out-of-hospital	• No benefit	• 100% of Scheme Rate or contracted rate, whichever applies				
29.2	Occupational therapy: non-psychiatric consultations/ sessions Out-of-hospital	• No benefit	• 100% of cost at DSP • 100% of Scheme Rate at non-DSP				
29.3	Physiotherapy Out-of-hospital	• No benefit	• 100% of cost at DSP • 100% of Scheme Rate at non-DSP				
29.4	Speech therapy Out-of-hospital	• No benefit	• 100% of cost at DSP • 100% of Scheme Rate at non-DSP				
30.	OTHER AUXILIARY SERVICES In- and out-of-hospital						
30.1	Auxiliary allied services Chiropody, Podiatry, Dietetics (nutritional assessments), Orthotics, Massage, Chiropractors, Herbalists, Naturopaths, Family Planning Clinics, Homeopaths and Biokineticists (fitness assessments)	• Limited to PMBs and subject to PMB regulations • 100% of cost at DSP • 100% of Scheme Rate at non-DSP • Out-of-hospital cover is subject to PMB application, referral by GP in the Bankmed Entry Plan GP Network (DSP), and pre-authorisation • Frequency limits apply		• Limited to R4 005 pfpa • 100% of cost at DSP • 100% of Scheme Rate at non-DSP • Frequency limits apply		• Limited to available MSA for non-PMBs • 100% of cost at DSP • 100% of Scheme Rate at non-DSP • Frequency limits apply	
						• Limited to available MSA for non-PMBs • 100% of cost at DSP • Frequency limits apply • ATB applies once Annual Threshold is reached • The maximum amount that can jointly accumulate towards reaching the Annual Threshold (at 100% of Scheme Rate) and/ or be paid as an ATB (always subject to available ATB) is R4 005 pfpa	

Terminology Reminders:

DSP	Designated Service Provider	PMB	Prescribed Minimum Benefit	MSA	Medical Savings Account	BOC	Basket-of-Care
ASA	Accumulated Savings Account	CIB	Chronic Illness Benefit	CDL	Chronic Disease List	ATB	Above Threshold Benefit
pfpa	per family per annum	pb	per beneficiary	pbpa	per beneficiary per annum	pbpm	per beneficiary per month

		ESSENTIAL PLAN 2025	BASIC PLAN 2025	TRADITIONAL PLAN 2025	CORE SAVER PLAN 2025	COMPREHENSIVE PLAN 2025	PLUS PLAN 2025
		NON-MSA PLANS			MSA PLANS		
31.	MAXILLOFACIAL AND ORAL SURGERY Benefits for caps, crowns, bridges, endosteal and ossea-integrated implants are detailed under ‘Advanced dentistry’ whilst orthodontic benefits are detailed under ‘Orthodontics’						
31.1	Maxillofacial and oral surgery Procedures and treatment in- and out-of-hospital Subject to pre-authorisation and PMB regulation	• Limited to PMBs • 100% of cost at contracted rate for Bankmed Entry Plan Specialist Network (DSP) • 100% of Scheme Rate for non-DSP		• Unlimited • 100% of cost at contracted rate for Bankmed Prestige A and B Specialist Network (DSP) • 100% of Scheme Rate for non-DSP • Benefit inclusive of elective treatment	• Limited to PMBs • 100% of cost at contracted rate for Bankmed Prestige A and B Specialist Network (DSP) • 100% of Scheme Rate for non-DSP	• Unlimited • 100% of cost at contracted rate for Bankmed Prestige A and B Specialist Network (DSP) • 100% of Scheme Rate for non-DSP • Benefit inclusive of elective treatment	
32.	DENTISTRY Subject to pre-authorisation and PMB regulations.						
32.1	Preventative and basic dentistry	• No benefit	• Unlimited • 100% of cost at Bankmed Dental Network (DSP) • Bankmed Dental Formulary applies • No benefits for non-DSP or non-Formulary treatment	• Unlimited • 100% of cost at DSP • 100% of Scheme Rate at non-DSP • Sub-limits apply: • One oral examination pbpa • Amalgam and resin fillings only • Plastic dentures only • Two topical fluoride treatments pbpa (age 15 years and younger) • One topical fluoride treatment pfpa • Limited to eight molar teeth pb per lifetime • Scale and polish limited to two pbpa	• Limited to available MSA • 100% of cost at DSP • 100% of Scheme Rate at non-DSP	• Unlimited • 100% of cost at DSP • 100% of Scheme Rate at non-DSP • Funded from Insured Benefit • Sub-limits apply: • One oral examination pbpa • Amalgam and resin fillings only • Plastic dentures only • Two topical fluoride treatments pbpa (age 15 years and younger) • One topical fluoride treatment pfpa • Limited to eight molar teeth pb per lifetime • Scale and polish limited to two pbpa	• 100% of cost at DSP • 300% of Scheme Rate, subject to available MSA • ATB applies once Annual Threshold is reached • The maximum amount that can jointly accumulate towards reaching the Annual Threshold (at 100% of Scheme Rate) and/ or be paid as an ATB (always subject to available ATB), is R22 730 for a single member and R34 430 for a family

Terminology Reminders:

DSP Designated Service Provider
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pfpa per family per annum

PMB Prescribed Minimum Benefit
CIB Chronic Illness Benefit
pb per beneficiary

MSA Medical Savings Account
CDL Chronic Disease List
pbpa per beneficiary per annum

BOC Basket-of-Care
ATB Above Threshold Benefit
pbpm per beneficiary per month

		ESSENTIAL PLAN 2025	BASIC PLAN 2025	TRADITIONAL PLAN 2025	CORE SAVER PLAN 2025	COMPREHENSIVE PLAN 2025	PLUS PLAN 2025
		NON-MSA PLANS			MSA PLANS		
32.2	Advanced dentistry Caps, crowns, bridges and cost of endosteal and ossea-integrated implants	• No benefit		• 100% of cost at DSP • 100% of Scheme Rate at non-DSP • Limited to: • M: R8 770 pbpa • M + 1 +: R13 600 pfpa • Combined limit for ‘Advanced dentistry’, ‘Orthodontics’ and ‘All other dental services’	• 100% of cost at DSP • 100% of Scheme Rate at non-DSP • 100% of cost for PMBs • Subject to available MSA for non-PMBs	• 100% of cost at DSP • 100% of Scheme Rate at non-DSP • Limited to: • M: R6 830 pbpa • M + 1 +: R11 440 pfpa • Thereafter subject to available MSA	
32.3	Orthodontics Subject to orthodontic quotation and prior approval from Scheme	• No benefit		• 100% of cost at DSP • 100% of Scheme Rate at non-DSP • Subject to ‘Advanced dentistry’ limit	• 100% of cost at DSP • 100% of Scheme Rate at non-DSP • Subject to available MSA	• 100% of cost at DSP • 100% of Scheme Rate at non-DSP • Limited to R11 440 pfpa • Thereafter subject to available MSA	
32.4	All other dental services	• No benefit	• 100% of cost at Bankmed Dental Network (DSP), and • Bankmed Dental Formulary applies to: • Second and subsequent exams in same year • X-rays	• 100% of cost at DSP • 100% of Scheme Rate at non-DSP • Subject to ‘Advanced dentistry’ limit	• 100% of cost at DSP • 100% of Scheme Rate at non-DSP • Subject to available MSA		
33.	GENERAL PRACTITIONERS (GPs)						
33.1	GP consultations In-hospital	• Limited to PMBs • 100% of cost at DSP • 100% of Scheme Rate for non-DSP • DSP: Bankmed Entry Plan GP Network	• Unlimited • 100% of cost at DSP • 100% of Scheme Rate for non-DSP • DSP: Bankmed Entry Plan GP Network	• Unlimited • 100% of cost at DSP • 100% of Scheme Rate for non-DSP • DSP: Bankmed GP Network			
33.2	GP procedures In-hospital	• Limited to PMBs • 100% of cost at DSP • 100% of Scheme Rate for non-DSP (including PMBs) • DSP: Bankmed Entry Plan GP Network • No benefit for dental surgery, except for PMBs	• Unlimited • 100% of cost at DSP • 100% of Scheme Rate for non-DSP (including PMBs) • DSP: Bankmed Entry Plan GP Network • No benefit for dental surgery, except for PMBs	• Unlimited • 100% of cost at DSP • 100% of Scheme Rate for non-DSP (including PMBs) • DSP: Bankmed GP Network	• Unlimited • 100% of cost at DSP • 100% of Scheme Rate for non-DSP (including PMBs) • DSP: Bankmed GP Network • No benefit for dental surgery, except for PMBs	• Unlimited • 100% of cost at DSP • 125% of Scheme Rate for non-DSP (including PMBs) • DSP: Bankmed GP Network	• Unlimited • 100% of cost at DSP • 300% of Scheme Rate for non-DSP (including PMBs) • DSP: Bankmed GP Network

Terminology Reminders:

DSP Designated Service Provider
ASA Accumulated Savings Account
pfpa per family per annum

PMB Prescribed Minimum Benefit
CIB Chronic Illness Benefit
pb per beneficiary

MSA Medical Savings Account
CDL Chronic Disease List
pbpa per beneficiary per annum

BOC Basket-of-Care
ATB Above Threshold Benefit
pbpm per beneficiary per month

		ESSENTIAL PLAN 2025	BASIC PLAN 2025	TRADITIONAL PLAN 2025	CORE SAVER PLAN 2025	COMPREHENSIVE PLAN 2025	PLUS PLAN 2025
		NON-MSA PLANS			MSA PLANS		
33.3	30-Day Post-hospital GP Consultation Benefit Consultation within 30 days of discharge from hospital (excluding day cases)	<ul style="list-style-type: none"> Limited to PMBs One additional post-hospitalisation GP consultation covered as an Insured Benefit pb visiting a GP within 30 days of discharge, following an authorised hospital admission 100% of cost at the contracted rate for Bankmed Entry Plan GP Network (DSP) 100% of Scheme Rate for non-DSP 	<ul style="list-style-type: none"> One additional post-hospitalisation GP consultation covered as an Insured Benefit pb visiting a GP within 30 days of discharge, following an authorised hospital admission 100% of cost at the contracted rate via Bankmed Entry Plan GP Network (DSP) 100% of Scheme Rate for non-DSP Subject to the 'Out-of-network GP Benefit' limit 	<ul style="list-style-type: none"> One additional post-hospitalisation GP consultation covered as an Insured Benefit pb visiting a GP within 30 days of discharge, following an authorised hospital admission (excluding day cases): 100% of cost at contracted rate for Bankmed Network GPs (DSP) 100% of Scheme Rate for non-DSP 			
33.4	GP consultations In-room or out-of-hospital	<ul style="list-style-type: none"> Limited to PMBs 100% of cost at DSP 100% of Scheme Rate for non-DSP DSP: Bankmed Entry Plan GP Network 	<ul style="list-style-type: none"> Unlimited 100% of cost at DSP 100% of Scheme Rate for non-DSP DSP: Bankmed Entry Plan GP Network Member to nominate primary GP within network Out-of-network GP Benefit <ul style="list-style-type: none"> Limited to three visits, to a maximum of R2 755 pfpa (at DSP rate) for consultations, procedures and medication at non-network GP When the nominated DSP GP is not available, or the beneficiary is out of town, the 'Out-of-network GP Benefit' includes all costs associated with out-of-network consultation 	<ul style="list-style-type: none"> Combined limit for 'GP Consultations In-room or out-of-hospital', and 'Specialist Consultations In-room or out-of-hospital' benefits: <ul style="list-style-type: none"> M: R4 420 pbpa M + 1: R8 005 pfpa M + 2 +: R9 280 pfpa 100% of cost at DSP 100% of Scheme Rate for non-DSP DSP: Bankmed GP Network Unlimited if DSP used Continued benefits for beneficiaries with PMB conditions, subject to PMB regulations 	<ul style="list-style-type: none"> Bankmed GP Network benefits (DSP): <ul style="list-style-type: none"> Unlimited for PMBs 100% of cost Limited to two consultations from Insured Benefits for non-PMBs, thereafter subject to available MSA Non-network GP benefits (non-DSP): <ul style="list-style-type: none"> 100% of Scheme Rate from Insured Benefits for PMBs 100% of Scheme Rate, subject to available MSA for non-PMBs 	<ul style="list-style-type: none"> Bankmed GP Network benefits (DSP): <ul style="list-style-type: none"> Unlimited for PMBs 100% of cost Non-PMBs subject to available MSA Non-network GP benefits (non-DSP): <ul style="list-style-type: none"> 100% of Scheme Rate from Insured Benefits for PMBs 100% of Scheme Rate, subject to available MSA for non-PMBs 	<ul style="list-style-type: none"> Bankmed GP Network benefits (DSP): <ul style="list-style-type: none"> Unlimited for PMBs 100% of cost Non-PMBs subject to available MSA/ATB Non-network GP benefits (non-DSP): <ul style="list-style-type: none"> 100% of Scheme Rate from Insured Benefits for PMBs 300% of Scheme Rate, subject to available MSA/ATB for non-PMBs ATB applies once Annual Threshold is reached

Terminology Reminders:

DSP Designated Service Provider
ASA Accumulated Savings Account
pfpa per family per annum

PMB Prescribed Minimum Benefit
CIB Chronic Illness Benefit
pb per beneficiary

MSA Medical Savings Account
CDL Chronic Disease List
pbpa per beneficiary per annum

BOC Basket-of-Care
ATB Above Threshold Benefit
pbpm per beneficiary per month

		ESSENTIAL PLAN 2025	BASIC PLAN 2025	TRADITIONAL PLAN 2025	CORE SAVER PLAN 2025	COMPREHENSIVE PLAN 2025	PLUS PLAN 2025
		NON-MSA PLANS			MSA PLANS		
33.5	GP procedures In-room or out-of-hospital	<ul style="list-style-type: none">Limited to PMBs100% of cost at DSP100% of Scheme Rate for non-DSPDSP: Bankmed Entry Plan GP Network	<ul style="list-style-type: none">Refer to ‘GP Consultations In-room or out-of-hospital’ benefit section	<ul style="list-style-type: none">Unlimited100% of cost at DSP100% of Scheme Rate for non-DSPDSP: Bankmed GP Network	<ul style="list-style-type: none">Bankmed GP Network benefits (DSP):<ul style="list-style-type: none">Unlimited for PMBs100% of costNon-PMBs subject to available MSANon-network GP benefits (non-DSP):<ul style="list-style-type: none">100% of Scheme Rate from Insured Benefits for PMBs100% of Scheme Rate, subject to available MSA for non-PMBs	<ul style="list-style-type: none">Bankmed GP Network benefits (DSP):<ul style="list-style-type: none">Unlimited for PMBs100% of costNon-network GP benefits (non-DSP):<ul style="list-style-type: none">100% of Scheme Rate from Insured Benefits for PMBs125% of Scheme Rate from Insured Benefits for non-PMBs	<ul style="list-style-type: none">Bankmed GP Network benefits (DSP):<ul style="list-style-type: none">Unlimited for PMBs100% of costNon-network GP benefits (non-DSP):<ul style="list-style-type: none">100% of Scheme Rate from Insured Benefits for PMBs300% of Scheme Rate from Insured Benefits for non-PMBs
33.6	GP consultations Virtual or online Subject to verification notes submitted by claiming GP Subject to Out-of-hospital GP Benefits and Limits	<ul style="list-style-type: none">100% of cost for Bankmed Entry Plan GP Network GPs (DSP)100% of Scheme Rate for non-DSPLimited to three consultations pbpaLimited to PMBs	<ul style="list-style-type: none">100% of cost for Bankmed Entry Plan GP Network GPs (DSP)100% of Scheme Rate for non-DSPLimited to three consultations pbpaSubject to the ‘Out-of-network GP Benefit’ limit if non-DSP used	<ul style="list-style-type: none">100% of cost for Bankmed Network GPs (DSP)100% of Scheme Rate for non-DSPLimited to three consultations pbpa	<ul style="list-style-type: none">100% of cost for Bankmed Network GPs (DSP)100% of Scheme Rate for non-DSPLimited to three consultations pbpaSubject to available MSA for non-PMBs		<ul style="list-style-type: none">100% of cost for Bankmed Network GPs (DSP)100% of Scheme Rate for non-DSPLimited to three consultations pbpaSubject to available MSA/ATB for non-PMBs
34.	SPECIALISTS NB: Psychiatrists, oncologists, radiologists, pathologists, and other dental practitioners are covered elsewhere in these Benefit Tables						
34.1	Specialist consultations and procedures In-hospital	<ul style="list-style-type: none">Limited to PMBs100% of cost for Bankmed Entry Plan Specialist Network (DSP)100% of Scheme Rate for non-DSP	<ul style="list-style-type: none">Unlimited100% of cost for Bankmed Entry Plan Specialist Network (DSP)100% of Scheme Rate for non-DSP	<ul style="list-style-type: none">Unlimited100% of cost for Bankmed Prestige A and B Specialist Network (DSP)100% of Scheme Rate for non-DSP			<ul style="list-style-type: none">Unlimited100% of cost for Bankmed Prestige A and B Specialist Network (DSP)300% of Scheme Rate for non-DSP

Terminology Reminders:

DSP Designated Service Provider
ASA Accumulated Savings Account
pbpa per family per annum

PMB Prescribed Minimum Benefit
CIB Chronic Illness Benefit
pb per beneficiary

MSA Medical Savings Account
CDL Chronic Disease List
pbpa per beneficiary per annum

BOC Basket-of-Care
ATB Above Threshold Benefit
pbpm per beneficiary per month

		ESSENTIAL PLAN 2025	BASIC PLAN 2025	TRADITIONAL PLAN 2025	CORE SAVER PLAN 2025	COMPREHENSIVE PLAN 2025	PLUS PLAN 2025
		NON-MSA PLANS			MSA PLANS		
34.2	Specialist consultations In-room or out-of-hospital Pre-authorisation required for all Plans, excluding Comprehensive and Plus Make use of our DSP to limit or avoid co-payments	<ul style="list-style-type: none"> Limited to PMBs Benefits subject to referral by GP in Bankmed Entry Plan GP Network and approved BOC registration for PMB conditions 100% of cost for Bankmed Entry Plan Specialist Network (DSP) 80% of cost if no pre-authorisation and no referral from a Bankmed Entry Plan GP Network GP (DSP) 100% of Scheme Rate for non-DSP 80% of Scheme Rate if no pre-authorisation and no referral from Bankmed Entry Plan GP Network GP (DSP) 	<ul style="list-style-type: none"> Limited to: <ul style="list-style-type: none"> M: R4 460 pbpa M + 1 +: R6 985 pfpa Combined limit with 'Specialist procedures: In-room or out-of-hospital' benefit Benefits subject to referral by a Bankmed Entry Plan GP Network GP 100% of cost for Bankmed Entry Plan Specialist Network (DSP) 80% of cost if no pre-authorisation and no referral from a Bankmed Entry Plan GP Network GP (DSP) 100% of Scheme Rate for non-DSP 80% of Scheme Rate if no pre-authorisation and no referral from a Bankmed Entry Plan GP Network GP (DSP) Annual limit includes basic radiology, scans, and pathology prescribed by specialist/ appearing on specialist's claim Continued benefits for PMBs, subject to PMB regulations and approval 	<ul style="list-style-type: none"> Combined limit for GP and specialist consultations in rooms: <ul style="list-style-type: none"> M: R4 420 pbpa M + 1: R8 005 pfpa M + 2 +: R9 280 pfpa Benefits subject to referral by a Bankmed GP Network GP 100% of cost at Bankmed Prestige A and B Specialist Network (DSP) 80% of cost if no pre-authorisation and no referral from Bankmed GP Network GP (DSP) 100% of Scheme Rate for non-DSP (including PMBs) 80% of Scheme Rate if no pre-authorisation and no referral from a Bankmed Network GP (DSP) Continued benefits for PMBs, subject to PMB regulations and approval 	<ul style="list-style-type: none"> Specialist consultations approved for beneficiaries registered for PMB Chronic Disease List (CDL) conditions Benefits subject to approved BOC and referral by a Bankmed Network GP 100% of cost for Bankmed Prestige A and B Specialist Network (DSP) 80% of cost if no pre-authorisation and no referral from a Bankmed Network GP (DSP) 100% of Scheme Rate for non-DSP 80% of Scheme Rate if no pre-authorisation and no referral from a Bankmed Network GP (DSP) Non-BOC benefits covered at 100% of Scheme Rate, subject to available MSA Continued benefits for PMBs, subject to PMB regulations and approval 	<ul style="list-style-type: none"> 100% of Scheme Rate, subject to available MSA 100% of cost for Bankmed Prestige A and B Specialist Network (DSP) 100% of Scheme Rate for non-DSP 	<ul style="list-style-type: none"> 300% of Scheme Rate, subject to available MSA ATB applies once Annual Threshold is reached 100% of cost for Bankmed Prestige A and B Specialist Network (DSP) 300% of Scheme Rate for non-DSP

Terminology Reminders:

DSP Designated Service Provider
ASA Accumulated Savings Account
pfpa per family per annum

PMB Prescribed Minimum Benefit
CIB Chronic Illness Benefit
pb per beneficiary

MSA Medical Savings Account
CDL Chronic Disease List
pbpa per beneficiary per annum

BOC Basket-of-Care
ATB Above Threshold Benefit
pbpm per beneficiary per month

		ESSENTIAL PLAN 2025	BASIC PLAN 2025	TRADITIONAL PLAN 2025	CORE SAVER PLAN 2025	COMPREHENSIVE PLAN 2025	PLUS PLAN 2025
		NON-MSA PLANS			MSA PLANS		
34.3	Specialist procedures In-room or out-of-hospital	<ul style="list-style-type: none"> Limited to PMBs 100% of cost at DSP 100% of Scheme Rate for non-DSP DSP: Bankmed Entry Plan Specialist Network 	<ul style="list-style-type: none"> Refer to 'Specialist consultations In-room or out-of-hospital' benefit section 	<ul style="list-style-type: none"> Unlimited 100% of cost at DSP 100% of Scheme Rate for non-DSP DSP: Bankmed Prestige A and B Specialist Network 	<ul style="list-style-type: none"> Limited to PMBs Bankmed Prestige A and B Specialist Network benefits (DSP): <ul style="list-style-type: none"> 100% of cost 80% of cost if no pre-authorisation or no referral from Bankmed GP Network GP (DSP) Non-PMBs subject to available MSA Non-network GP benefits (non-DSP): <ul style="list-style-type: none"> 100% of Scheme Rate for PMBs 	<ul style="list-style-type: none"> Unlimited Bankmed Prestige A and B Specialist Network benefits (DSP): <ul style="list-style-type: none"> 100% of cost Non-network GP benefits (non-DSP): <ul style="list-style-type: none"> 100% of Scheme Rate for PMBs 	<ul style="list-style-type: none"> Unlimited Bankmed Prestige A and B Specialist Network benefits (DSP): <ul style="list-style-type: none"> 100% of cost Non-network GP benefits (non-DSP): <ul style="list-style-type: none"> 300% of Scheme Rate for PMBs
35.	REGISTERED PRIVATE NURSE PRACTITIONERS						
35.1.	Consultations and procedures	<ul style="list-style-type: none"> Limited to PMBs Procedures: <ul style="list-style-type: none"> 100% of cost at DSP 100% of Scheme Rate at non-DSP For procedures not requiring admission to a day surgery or hospital, includes the cost of vaccination and injection material administered by the Healthcare Professional Consultations: <ul style="list-style-type: none"> 100% of cost at DSP 100% of Scheme Rate at non-DSP Three consultations pbpa at 100% of Scheme Rate for PMBs 	<ul style="list-style-type: none"> Unlimited Procedures: <ul style="list-style-type: none"> 100% of Scheme Rate Consultations: <ul style="list-style-type: none"> Three consultations pbpa at 100% of Scheme Rate 	<ul style="list-style-type: none"> Unlimited Procedures: <ul style="list-style-type: none"> 100% of Scheme Rate Consultations: <ul style="list-style-type: none"> Three consultations pbpa at 100% of Scheme Rate Thereafter, 100% of Scheme Rate, subject to out-of-hospital GP/Specialist limit 	<ul style="list-style-type: none"> Unlimited Procedures: <ul style="list-style-type: none"> 100% of Scheme Rate Consultations: <ul style="list-style-type: none"> Three consultations pbpa at 100% of Scheme Rate from Insured Benefits Thereafter, subject to available MSA 	<ul style="list-style-type: none"> Unlimited Procedures: <ul style="list-style-type: none"> 100% of Scheme Rate Consultations: <ul style="list-style-type: none"> Three consultations pbpa at 100% of Scheme Rate from Insured Benefits Thereafter, subject to available MSA 	<ul style="list-style-type: none"> Unlimited Procedures: <ul style="list-style-type: none"> 100% of Scheme Rate Consultations: <ul style="list-style-type: none"> Three consultations pbpa at 300% of Scheme Rate from Insured Benefits Thereafter, subject to available MSA/ATB ATB applies once the Annual Threshold is reached

Terminology Reminders:

DSP Designated Service Provider
ASA Accumulated Savings Account
pbpa per family per annum

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pb per beneficiary

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CDL Chronic Disease List
pbpa per beneficiary per annum

BOC Basket-of-Care
ATB Above Threshold Benefit
pbpm per beneficiary per month

	ESSENTIAL PLAN 2025	BASIC PLAN 2025	TRADITIONAL PLAN 2025	CORE SAVER PLAN 2025	COMPREHENSIVE PLAN 2025	PLUS PLAN 2025	
	NON-MSA PLANS			MSA PLANS			
36.	OPTOMETRY CONSULTATIONS, SPECTACLES, FRAMES, LENSES AND CONTACT LENSES						
36.1	Optometry consultations Subject to the Optometry Benefit Management Programme and clinical necessity	<ul style="list-style-type: none">No benefit	<ul style="list-style-type: none">Limited to Iso Leso Optometry Network (DSP)No benefit out of network100% of cost at DSPLimited to one consultation pb every two yearsAll services and products subject to selected Iso Leso Optometry Network Scheme-approved and contracted services and products	<ul style="list-style-type: none">100% of Scheme RateBenefits limited to:<ul style="list-style-type: none">One eye test, orOne re-examination, orOne composite examination pb every 24 months from previous date of service	<ul style="list-style-type: none">100% of Scheme RateSubject to available MSA	<ul style="list-style-type: none">100% of Scheme RateBenefits limited to:<ul style="list-style-type: none">One eye test, orOne re-examination, orOne composite examination pb every 24 months from previous date of service	<ul style="list-style-type: none">100% of Scheme RateSubject to available MSAAccumulation to the Annual Threshold is limited to 100% of the Scheme Rate for spectacle lenses, contact lenses, eye tests and all other applicable servicesATB applies once the Annual Threshold is reachedThe maximum amount that can jointly accumulate towards reaching the Annual Threshold and/or be paid as an ATB (always subject to available ATB), is R5 740 pbpa
36.2	Frames and extras	<ul style="list-style-type: none">No benefit	<ul style="list-style-type: none">Limited to Iso Leso Optometry Network (DSP)No benefit out of network100% of cost at DSPLimited to one frame pb every two yearsAll services and products, including frames, subject to selected Iso Leso Optometry Network Scheme-approved and contracted services and products	<ul style="list-style-type: none">100% of Scheme RateLimited to R1 205 pb every 24 months from previous date of serviceOne frame pb every 24 months from previous date of serviceExtras subject to pre-authorisation and PMB regulations and clinical necessity	<ul style="list-style-type: none">100% of Scheme RateSubject to available MSAOne frame pb every 24 months from previous date of serviceExtras subject to pre-authorisation and PMB regulations and clinical necessity	<ul style="list-style-type: none">100% of Scheme RateSubject to available MSAFrames and extras do not accumulate towards reaching the Annual Threshold and are not covered as an ATB benefitExtras subject to pre-authorisation and PMB regulations and clinical necessity	

Did you know?

THE OPTICLEAR OPTOMETRY NETWORK AND HOW IT WORKS

- Bankmed members receive optometry services and material, like spectacles and contact lenses, at a preferred and discounted rate from any Opticlear Network optometrist. This means that by visiting an Opticlear Network optometrist, you will receive services and items at a guaranteed reduced rate.
- The Opticlear Network incorporates 97% of all optometry providers in South Africa, making it more likely that your chosen optometrist is a member of this network. To find your nearest Opticlear Network optometrist, please visit their website at www.opticlear.co.za

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Terminology Reminders:

DSP	Designated Service Provider	PMB	Prescribed Minimum Benefit	MSA	Medical Savings Account	BOC	Basket-of-Care
ASA	Accumulated Savings Account	CIB	Chronic Illness Benefit	CDL	Chronic Disease List	ATB	Above Threshold Benefit
pbpa	per family per annum	pb	per beneficiary	pbpa	per beneficiary per annum	pbpm	per beneficiary per month

		ESSENTIAL PLAN 2025	BASIC PLAN 2025	TRADITIONAL PLAN 2025	CORE SAVER PLAN 2025	COMPREHENSIVE PLAN 2025	PLUS PLAN 2025
		NON-MSA PLANS			MSA PLANS		
36.3	Prescription lenses Clear, standard/generic, single vision, bifocal or multi-focal lenses	<ul style="list-style-type: none"> No benefit 	<ul style="list-style-type: none"> Limited to Iso Leso Optometry Network (DSP) No benefit out of network 100% of cost at DSP Limited to one pair of prescription lenses pb every two years All services and products, including frames, subject to selected Iso Leso Optometry Network Scheme-approved and contracted services and products 	<ul style="list-style-type: none"> Benefits for prescription lenses limited to one pair of lenses pb every 24 months from previous date of service 100% of the Scheme Rate Limited to clear, standard/generic, single vision, bifocal or multi-focal lenses from an Opticlear Network optometrist 	<ul style="list-style-type: none"> 100% of Scheme Rate Subject to available MSA 	<ul style="list-style-type: none"> Benefits for prescription lenses limited to one pair of lenses pb every 24 months from previous date of service 100% of the Scheme Rate Limited to clear, standard/generic, single vision, bifocal or multi-focal lenses from an Opticlear Network optometrist 	<ul style="list-style-type: none"> 100% of Scheme Rate Subject to available MSA
36.4	Readymade readers	<ul style="list-style-type: none"> No benefit 		<ul style="list-style-type: none"> Limited to two pairs of readymade readers pb every two years Limited to R125 per pair 100% of Scheme Rate Readymade readers via optometrists and pharmacies covered from the OTC benefit, subject to benefit availability 	<ul style="list-style-type: none"> 100% of Scheme Rate Subject to available MSA Readymade readers via optometrists and pharmacies covered from the OTC benefit, subject to available MSA 	<ul style="list-style-type: none"> Limited to two pairs of readymade readers pb every two years Limited to R125 per pair 100% of Scheme Rate Subject to available MSA Readymade readers via optometrists and pharmacies covered from the OTC benefit, subject to benefit availability 	<ul style="list-style-type: none"> Limited to two pairs of readymade readers pb every two years Limited to R125 per pair 100% of Scheme Rate Subject to available MSA Readymade readers via optometrists and pharmacies covered from the OTC benefit, subject to benefit availability
36.5	Contact lenses	<ul style="list-style-type: none"> No benefit 		<ul style="list-style-type: none"> 100% of Scheme Rate Limited to R1 890 pbpa at an Opticlear Network optometrist Limited to clear contact lenses A beneficiary may not claim for spectacles (lenses/frame) AND contact lenses in same benefit year OR contact lenses within 24 months from previous date of service after receiving spectacles (lenses/frame) 	<ul style="list-style-type: none"> 100% of Scheme Rate Subject to available MSA Limited to clear contact lenses A beneficiary may not claim for spectacles (lenses or frame) AND contact lenses in the same benefit year 	<ul style="list-style-type: none"> 100% of Scheme Rate Limited to R2 100 pbpa for an Opticlear Network optometrist, paid from Insured Benefits Limited to clear contact lenses A beneficiary may not claim for spectacles (lenses/frame) AND contact lenses in same benefit year OR contact lenses within 24 months from previous date of service after receiving spectacles (lenses/frame) 	<ul style="list-style-type: none"> Refer to 'Optometry consultation' benefit section
36.6	Fitting of contact lenses	<ul style="list-style-type: none"> No benefit 		<ul style="list-style-type: none"> 100% of Scheme Rate One contact lens dispensing and/or assessment pb every 12 months 	<ul style="list-style-type: none"> 100% of Scheme Rate, subject to available MSA 	<ul style="list-style-type: none"> 100% of Scheme Rate One contact lens dispensing and/or assessment pb every 12 months 	<ul style="list-style-type: none"> Refer to 'Optometry consultation' benefit section

Be a better-informed Bankmed member

You can make a difference to your healthcare costs, so next time you receive eye care keep the following in mind:

- Always confirm your available benefits with the optometrists as well as with Bankmed before you have your consultation. Bankmed will be able to assist you with questions regarding your benefits.
- Make 100% certain of the cost of the items that will not be covered by Bankmed and check with your optometrist why these services and/or materials are necessary.

Terminology Reminders:

DSP Designated Service Provider
ASA Accumulated Savings Account
pfpa per family per annum

PMB Prescribed Minimum Benefit
CIB Chronic Illness Benefit
pb per beneficiary

MSA Medical Savings Account
CDL Chronic Disease List
pbpa per beneficiary per annum

BOC Basket-of-Care
ATB Above Threshold Benefit
pbpm per beneficiary per month

	ESSENTIAL PLAN 2025	BASIC PLAN 2025	TRADITIONAL PLAN 2025	CORE SAVER PLAN 2025	COMPREHENSIVE PLAN 2025	PLUS PLAN 2025	
	NON-MSA PLANS			MSA PLANS			
36.7	Sunglasses	• No benefit		• No benefit for sunglasses/prescription sunglasses/spectacles with a tint > 35%			
37.	REFRACTIVE SURGERY AND ASSOCIATED COSTS (INCLUDING HOSPITALISATION)						
37.1	Other optometric services Refractive surgery excimer laser treatment, hospitalisation and associated costs	• No benefit, including the cost of hospitalisation, medication and all other associated services		• 100% of Scheme Rate • Limited to R5 040 pfpa, including the cost of hospitalisation, medication and all other associated services		• 100% of Scheme Rate check for plus plan • Subject to available MSA, including the cost of hospitalisation, medication and all other associated services	
38.	MEDICATION NB: In the case of qualifying prescribed acute and chronic medication, each prescription or repeat prescription shall be limited to one month’s supply pbpm						
38.1	Prescribed acute medication Refer to ‘Contraception’ benefit section for additional Insured Benefits	• Limited to PMBs • Subject to Scheme Medication Formulary (medicine list) • 100% of cost for PMBs • Unlimited via Bankmed GP Entry Plan Network GP (DSP)	• Unlimited • Subject to Scheme Medication Formulary (medicine list) • Medication via DSP • Bankmed GP Entry Plan Network and Bankmed Pharmacy Network • 100% of cost plus contracted dispensing fee, unlimited	• Limited to: • M: R5 010 pbpa • M + 1: R9 230 pfpa • M + 2 +: R10 020 pfpa • The above limits include a maximum allowance of R1 990 pfpa OTC • Medication via DSP • Bankmed GP Network and Bankmed Pharmacy Network • 100% of Scheme Medicine Reference Price plus contracted dispensing fee for generic medication • 80% of Scheme Medicine Reference Price plus contracted dispensing fee for original medication (medication where a generic alternative is available)	• 100% of Scheme Medicine Reference Price • Subject to available MSA	• 100% of Scheme Medicine Reference Price • Subject to available MSA	• 100% of Scheme Medicine Reference Price plus contracted dispensing fee as applicable • to Bankmed GP Network or Bankmed Pharmacy Network (DSP) • Subject to available MSA • ATB applies once Annual Threshold is reached • The maximum amount that can jointly accumulate towards reaching the Annual Threshold (at 100% of Scheme Rate) and/ or be paid as an ATB (always subject to available ATB), is R22 730 for a single member and R34 430 for a family

Important information

Pre-authorisation is required for PMB funding of treatment and care of the PMB Chronic Disease List (CDL) conditions. Have your Healthcare Professional and pharmacist call 0800 132 345 to register your chronic medication or send a motivation confirming your PMB diagnosis to pmb_app_forms@bankmed.co.za if chronic medication has not been prescribed for your condition.

Important information

Pre-authorisation is required for PMB funding of treatment and care of the PMB Chronic Disease List (CDL) conditions. Have your Healthcare Professional and pharmacist call 0800 132 345 to register your chronic medication or send a motivation confirming your PMB diagnosis to pmb_app_forms@bankmed.co.za if chronic medication has not been prescribed for your condition.

Terminology Reminders:

DSP	Designated Service Provider	PMB	Prescribed Minimum Benefit	MSA	Medical Savings Account	BOC	Basket-of-Care
ASA	Accumulated Savings Account	CIB	Chronic Illness Benefit	CDL	Chronic Disease List	ATB	Above Threshold Benefit
pfpa	per family per annum	pb	per beneficiary	pbpa	per beneficiary per annum	pbpm	per beneficiary per month

		ESSENTIAL PLAN 2025	BASIC PLAN 2025	TRADITIONAL PLAN 2025	CORE SAVER PLAN 2025	COMPREHENSIVE PLAN 2025	PLUS PLAN 2025
		NON-MSA PLANS			MSA PLANS		
			<ul style="list-style-type: none"> • Medication via non-DSP <ul style="list-style-type: none"> • Voluntary use of non-DSP • 100% of Scheme Medicine Reference Price • Subject to the 'Out-of-network GP Benefit' limit of R2 755 pfpa • Medication via non-DSP <ul style="list-style-type: none"> • Involuntary use of non-DSP • 100% of cost plus contracted dispensing fee, unlimited • Important note: Medication obtained from a DSP or non-DSP, if prescribed by a non-DSP provider, will accumulate to the 'Out-of-network GP Benefit' limit of R2 755 pfpa 	<ul style="list-style-type: none"> • Medication via non-DSP <ul style="list-style-type: none"> • Voluntary use of non-DSP • 80% of Scheme Medicine Reference Price for generic medication and original medication (medication where a generic alternative is available) • Medication via non-DSP <ul style="list-style-type: none"> • Involuntary use of non-DSP • 100% of Scheme Medicine Reference Price plus contracted dispensing fee for generic medication • 80% of Scheme Medicine Reference Price plus contracted dispensing fee for original medication (medication where a generic alternative is available) 			
38.2	Self-medication Over-the-counter (OTC) medication/pharmacy advised therapy (PAT)	<ul style="list-style-type: none"> • No benefit 		<ul style="list-style-type: none"> • 100% of Scheme Medicine Reference Price for Bankmed Pharmacy Network (DSP) • 80% of the Scheme Medicine Reference Price for non-DSP • Limited to R1 990 pfpa, and further subject to the annual limit for prescribed acute medication 	<ul style="list-style-type: none"> • 100% of Scheme Medicine Reference Price paid from Insured Benefits for acute medication prescribed and dispensed by a pharmacist (PAT) for a limited number of conditions and events, subject to the Core Saver Formulary (medicine list) for PAT • All other acute and over-the-counter medication subject to available MSA 	<ul style="list-style-type: none"> • 100% of Scheme Medicine Reference Price • Subject to available MSA 	<ul style="list-style-type: none"> • 100% of Scheme Medicine Reference Price • Subject to available MSA • Self-medication/PAT does not accumulate towards the Annual Threshold and is not covered as an ATB benefit
38.3	Homeopathic medication On prescription only. Limited to items with NAPPI codes	<ul style="list-style-type: none"> • No benefit 		<ul style="list-style-type: none"> • Refer to 'Prescribed acute medication' and 'Chronic medication' benefit sections • No self-medication benefit for homeopathic medication 			

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ATB Above Threshold Benefit
pbpm per beneficiary per month

		ESSENTIAL PLAN 2025	BASIC PLAN 2025	TRADITIONAL PLAN 2025	CORE SAVER PLAN 2025	COMPREHENSIVE PLAN 2025	PLUS PLAN 2025
		NON-MSA PLANS			MSA PLANS		
38.4	Chronic medication Subject to prior application and approval	<ul style="list-style-type: none"> Limited to PMBs 100% of cost for PMBs at DSP Unlimited via Bankmed Entry Plan GP Network (DSP) Subject to Scheme Medication Formulary (medicine list) 	<ul style="list-style-type: none"> Medication via DSP <ul style="list-style-type: none"> Bankmed GP Entry Plan Network and Bankmed Pharmacy Network 100% of cost at DSP Unlimited via DSP Subject to Scheme Medication Formulary (medicine list) Medication via non-DSP <ul style="list-style-type: none"> Voluntary use of non-DSP 80% of Scheme Medicine Reference Price Subject to 'Out-of-network GP Benefit' limit of R2 755 pfpa Medication via non-DSP <ul style="list-style-type: none"> Involuntary use of non-DSP 100% of cost plus contracted dispensing fee 	<ul style="list-style-type: none"> Medication via DSP <ul style="list-style-type: none"> Bankmed GP Network and Bankmed Pharmacy Network Limited to R26 500 pbpa 100% of Scheme Medicine Reference Price for DSP Medication via non-DSP <ul style="list-style-type: none"> Voluntary use of non-DSP 80% of Scheme Medicine Reference Price Medication via non-DSP <ul style="list-style-type: none"> Involuntary use of non-DSP 100% of cost plus contracted dispensing fee Continued benefits for PMBs after depletion of annual limit, subject to PMB regulations 	<ul style="list-style-type: none"> Medication via DSP <ul style="list-style-type: none"> Bankmed GP Network and Bankmed Pharmacy Network Limited to Core Saver Medication Formulary (medicine list) for PMB conditions 100% of Scheme Medicine Reference Price for DSP Medication via non-DSP <ul style="list-style-type: none"> Voluntary use of non-DSP 80% of Scheme Medicine Reference Price Medication via non-DSP <ul style="list-style-type: none"> Involuntary use of non-DSP 100% of cost plus contracted dispensing fee 	<ul style="list-style-type: none"> Medication via DSP <ul style="list-style-type: none"> Bankmed GP Network and Bankmed Pharmacy Network Limited to R28 695 pbpa (Insured Benefits) 100% of Scheme Medicine Reference Price for DSP Medication via non-DSP <ul style="list-style-type: none"> Voluntary use of non-DSP 80% of Scheme Medicine Reference Price Medication via non-DSP <ul style="list-style-type: none"> Involuntary use of non-DSP 100% of cost plus contracted dispensing fee Continued benefits for PMBs after depletion of annual limit, subject to PMB regulations 	<ul style="list-style-type: none"> Medication via DSP <ul style="list-style-type: none"> Bankmed GP Network and Bankmed Pharmacy Network Limited to R34 215 pbpa (Insured Benefits) 100% of Scheme Medicine Reference Price for DSP Medication via non-DSP <ul style="list-style-type: none"> Voluntary use of non-DSP 80% of Scheme Medicine Reference Price Medication via non-DSP <ul style="list-style-type: none"> Involuntary use of non-DSP 100% of cost plus contracted dispensing fee Continued benefits for PMBs after depletion of annual limit, subject to PMB regulations

Terminology Reminders:

DSP	Designated Service Provider	PMB	Prescribed Minimum Benefit	MSA	Medical Savings Account	BOC	Basket-of-Care
ASA	Accumulated Savings Account	CIB	Chronic Illness Benefit	CDL	Chronic Disease List	ATB	Above Threshold Benefit
pfpa	per family per annum	pb	per beneficiary	pbpa	per beneficiary per annum	pbpm	per beneficiary per month

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		NON-MSA PLANS			MSA PLANS		
38.5	Biologic and high-cost specialised medication Utilised in the management of PMB CDL and non-PMB chronic conditions	<ul style="list-style-type: none">Limited to PMBsSubject to PMB regulations	<ul style="list-style-type: none">Limited to PMBsSubject to PMB regulations	<ul style="list-style-type: none">Includes PMBs and non-PMBsSubject to PMB regulations	<ul style="list-style-type: none">Includes PMBs and non-PMBsSubject to PMB regulations	<ul style="list-style-type: none">Includes PMBs and non-PMBsSubject to PMB regulations	<ul style="list-style-type: none">Includes PMBs and non-PMBsSubject to PMB regulations
	<ul style="list-style-type: none">Includes off-label medications Request for medications not registered for the condition by the Medicines Control Council (MCC)						
	<ul style="list-style-type: none">Includes Section 21 medication Medications not registered by the MCC for use in South Africa						
	<ul style="list-style-type: none">PMB algorithm medication						
	<ul style="list-style-type: none">PMB non-algorithm medication						
<ul style="list-style-type: none">Non-PMB non-algorithm medication	<ul style="list-style-type: none">100% of cost	<ul style="list-style-type: none">100% of cost	<ul style="list-style-type: none">100% of cost	<ul style="list-style-type: none">100% of cost	<ul style="list-style-type: none">100% of cost	<ul style="list-style-type: none">100% of cost	
	<ul style="list-style-type: none">No benefit	<ul style="list-style-type: none">No benefit	<ul style="list-style-type: none">70% of Scheme Rate	<ul style="list-style-type: none">70% of Scheme Rate	<ul style="list-style-type: none">100% of Scheme Rate	<ul style="list-style-type: none">100% of Scheme Rate	
	<ul style="list-style-type: none">No benefit	<ul style="list-style-type: none">No benefit	<ul style="list-style-type: none">70% of Scheme Rate	<ul style="list-style-type: none">No benefit	<ul style="list-style-type: none">100% of Scheme Rate	<ul style="list-style-type: none">100% of Scheme Rate	
39.	WORLD HEALTH ORGANISATION (WHO) RECOGNISED DISEASE OUTBREAKS Benefit for out-of-hospital management and appropriate supportive treatment of global World Health Organisation (WHO) recognised disease outbreaks						
39.1	Out-of-hospital healthcare services related to COVID-19:	Benefits					
		BENEFITS AND LIMITATIONS			BENEFITS AND LIMITATIONS		
		Benefits in excess of the PMB requirements			BOC as defined by Bankmed		
		<ul style="list-style-type: none">Up to a maximum of 100% of the Scheme Rate.Cover for testing is subject to NICD protocol and referral by a Healthcare Professional.Subject to the Scheme’s preferred provider (where applicable), protocols and the condition and treatment meeting the Scheme’s entry criteria and guidelines.			<p>Out-of-hospital healthcare services related to COVID-19:</p> <ul style="list-style-type: none">Screening consultation with a nurse or GP: unlimitedDefined basket of pathology: unlimited tests per person per year subject to appropriate clinical referral for testing for registered Healthcare Professionals except where covered as PMB.Defined basket of X-rays and scansSupportive treatmentContact tracing		

	ESSENTIAL PLAN 2025	BASIC PLAN 2025	TRADITIONAL PLAN 2025	CORE SAVER PLAN 2025	COMPREHENSIVE PLAN 2025	PLUS PLAN 2025
	NON-MSA PLANS			MSA PLANS		

40.

PLAN SPECIFIC INFORMATION

40.1

Core Saver Pharmacy Advised Therapy (PAT) Medication Formulary (medicine list)

- Applicable to the medication on the Core Saver Plan only
- Acute medication covered at 100% of cost from Insured Benefits subject to the Core Saver Pharmacy Advised Therapy (PAT) Medication Formulary (medicine list) for the following conditions and up to the specified number of incidents pbpa, on pharmacist’s recommendation (PAT) only
- Visit www.bankmed.co.za, select ‘2025 Plan Information’ and then ‘Medicine Formularies 2025’ to view the Core Saver Pharmacy Advised Therapy (PAT) Medication Formulary (medicine list)
- Non-formulary medication and other acute medication subject to available MSA

Condition	Incidents covered
Abdominal pain/dyspepsia/heartburn/indigestion (includes reflux)	2
Helminthic (worms) infestation	2
Conjunctivitis, bacterial	2
Topical candidiasis (topical thrush)	2
Oral candidiasis (oral thrush)	2
Headache -analgesia	2

Condition	Incidents covered
Upper respiratory and lower respiratory tract infections	2
Gastroenteritis	2
Urticaria, insect bites and stings	2
Urinary tract infection	2
Treatment of wounds and/or infection of the skin/subcutaneous tissues (excluding post-operative wound care)	2