



# BENEFIT TABLES 2024

|  | ESSENTIAL PLAN<br>2024 | BASIC PLAN<br>2024 | TRADITIONAL PLAN<br>2024 | CORE SAVER PLAN<br>2024 | COMPREHENSIVE PLAN<br>2024 | PLUS PLAN<br>2024 |
|--|------------------------|--------------------|--------------------------|-------------------------|----------------------------|-------------------|
|  | 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                      | 14.7%*                  | 17.6%*                     | 23.4%*            |
| *Percentage of Gross Contribution allocated to the MSA is not fixed and varies by dependant type, income band, rounding of values and way contribution increases have been calculated. The percentage published in this schedule is an aggregated value. |                        |                    |                          |                         |                            |                   |

## 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"> <li>PMB conditions and life-threatening emergencies only</li> <li>No benefits for emergency/ ambulance transport outside the borders of South Africa</li> <li>No 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)</li> <li>Medical motivation and prior approval required for non-emergency surgery outside the borders of South Africa</li> </ul> | <ul style="list-style-type: none"> <li>Foreign claims covered at the relevant Scheme Rate and/or Rand limit subject to benefits available on your selected Plan</li> <li>No benefits for emergency/ ambulance transport outside the borders of South Africa</li> <li>No 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)</li> <li>Medical motivation and prior approval required for non-emergency surgery outside the borders of South Africa</li> </ul> | <ul style="list-style-type: none"> <li>Foreign claims covered at the relevant Scheme Rate and/or Rand limit subject to benefits available on your selected Plan</li> <li>No benefits for emergency/ ambulance transport outside the borders of South Africa</li> <li>Medical motivation and prior approval required for non-emergency surgery outside the borders of South Africa</li> </ul> |
|-----|---|---|--|

### Terminology Reminders:

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

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|------------|---|---|--------------------------|-------------------------|----------------------------|-------------------|
|            | NON-MSA PLANS   |   |                          | MSA PLANS               |                            |                   |
| <b>3.</b>  | <b>WELLNESS AND PREVENTATIVE CARE BENEFITS (INSURED BENEFITS)</b>   |   |                          |                         |                            |                   |
|            | 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            |   |                          |                         |                            |                   |
| <b>3.1</b> | <b>Flu vaccine</b>  | <ul style="list-style-type: none"> <li>100% of Scheme Medicine Reference Price</li> <li>Limited to one vaccine pbpa</li> </ul>  |                          |                         |                            |                   |
| <b>3.2</b> | <b>Human Papilloma Virus (HPV) vaccine</b>  | <ul style="list-style-type: none"> <li>100% of Scheme Medicine Reference Price</li> <li>Limited three course dose (product and age dependent) per male or female beneficiary, aged nine to 25 years</li> </ul>  |                          |                         |                            |                   |
| <b>3.3</b> | <b>Childhood vaccines</b><br>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"> <li>100% of Scheme Medicine Reference Price</li> <li>For children up to age 12</li> <li>Limited to immunisations per the Department of Health's Expanded Programme on Immunisation (EPI) guidelines</li> </ul>   |                          |                         |                            |                   |
| <b>3.4</b> | <b>Pneumococcal vaccine</b>   | <ul style="list-style-type: none"> <li>100% of Scheme Medicine Reference Price, limited as follows: <ul style="list-style-type: none"> <li>One vaccine every five years for adults 60 years and older</li> <li>One vaccine every five years for beneficiaries younger than 60 years, diagnosed with asthma, chronic obstructive pulmonary disease, diabetes, cardiovascular disease, or HIV/AIDS</li> </ul> </li> </ul>   |                          |                         |                            |                   |
| <b>3.5</b> | <b>Herpes Zoster Virus vaccine</b><br>Reduces the rate of herpes zoster (shingles)  | <ul style="list-style-type: none"> <li>100% of Scheme Medicine Reference Price as follows: <ul style="list-style-type: none"> <li>One vaccination every five years for adults 60 years and older</li> </ul> </li> </ul>   |                          |                         |                            |                   |
| <b>3.6</b> | <b>Mammogram</b>  | <ul style="list-style-type: none"> <li>100% of cost at DSP</li> <li>100% of Scheme Rate at non-DSP <ul style="list-style-type: none"> <li>Limited to one pbpa age 40 years and older</li> <li>Benefits for beneficiaries younger than 40 years subject to motivation and prior approval</li> </ul> </li> </ul>  |                          |                         |                            |                   |
| <b>3.7</b> | <b>Breast MRI</b><br>Limited to high-risk breast cancer beneficiaries<br>Subject to clinical entry criteria<br>Pre-authorization required   | <ul style="list-style-type: none"> <li>100% of cost at DSP</li> <li>100% of Scheme Rate at non-DSP <ul style="list-style-type: none"> <li>Limited to one pbpa</li> <li><a href="#">Breast Cancer Risk Calculator</a> available on website</li> </ul> </li> </ul>  |                          |                         |                            |                   |
| <b>3.8</b> | <b>Bone densitometry</b>  | <ul style="list-style-type: none"> <li>100% of cost at DSP</li> <li>100% of Scheme Rate at non-DSP <ul style="list-style-type: none"> <li>Limited to one pbpa aged 50 years and older</li> <li>Benefits for beneficiaries younger than 50 years subject to motivation and prior approval</li> <li>Where clinical entry criteria not met and member under age 50, test can be claimed from available radiology benefit or MSA, where applicable</li> </ul> </li> </ul> |                          |                         |                            |                   |
| <b>3.9</b> | <b>Prostate-specific antigen</b>  | <ul style="list-style-type: none"> <li>100% of cost at DSP</li> <li>100% of Scheme Rate at non-DSP <ul style="list-style-type: none"> <li>Limited to one pbpa aged 50 years and older</li> <li>Benefits for beneficiaries younger than 50 years subject to motivation and prior approval</li> </ul> </li> </ul>   |                          |                         |                            |                   |

**Terminology Reminders:**

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

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|------|---|--|--------------------|--------------------------|--|----------------------------|-------------------|
|      |   | NON-MSA PLANS  |                    |                          | MSA PLANS  |                            |                   |
| 3.10 | <b>Faecal occult blood test</b>   | <ul style="list-style-type: none"> <li>100% of cost at DSP</li> <li>100% of Scheme Rate at non-DSP               <ul style="list-style-type: none"> <li>Limited to one pbpa aged 50 years and older</li> <li>Benefits for beneficiaries younger than 50 years subject to motivation and prior approval</li> </ul> </li> </ul>  |                    |                          |  |                            |                   |
| 3.11 | <b>Tuberculosis (TB) screening</b>  | <ul style="list-style-type: none"> <li>100% of cost at DSP</li> <li>100% of Scheme Rate at non-DSP               <ul style="list-style-type: none"> <li>Limited to one x-ray pbpa</li> <li>For TB screening requested by onsite registered private nurse at Employer Groups</li> <li>All other TB screenings subject to available out-of-hospital radiology and/or pathology benefits</li> </ul> </li> </ul> |                    |                          |  |                            |                   |
| 3.12 | <b>Bankmed mental wellbeing assessment</b>  | <ul style="list-style-type: none"> <li>Unlimited online <a href="#">Mental Wellbeing Assessments</a></li> </ul>  |                    |                          |  |                            |                   |
| 3.13 | <b>Cholesterol screening, blood sugar screening and blood pressure measurements</b>                     | <ul style="list-style-type: none"> <li>100% of cost at DSP</li> <li>100% of Scheme Rate at non-DSP               <ul style="list-style-type: none"> <li>Limited to R380 pbpa at DSP</li> <li>DSP: clinics, pharmacies, or Bankmed Entry Plan GP Network consulting rooms</li> </ul> </li> </ul>  |                    |                          | <ul style="list-style-type: none"> <li>100% of cost at DSP</li> <li>100% of Scheme Rate at non-DSP               <ul style="list-style-type: none"> <li>Limited to R380 pbpa at DSP</li> <li>DSP: clinics, pharmacies, or Bankmed Network GPs' consulting rooms</li> </ul> </li> </ul>   |                            |                   |
| 3.14 | <b>HIV counselling and testing (HCT)</b>  | <ul style="list-style-type: none"> <li>Unlimited</li> <li>100% of cost for HCT DSP</li> <li>DSP: Bankmed Entry Plan GP Network, Bankmed Pharmacy Network, contracted onsite HCT providers at Employer Groups</li> <li>100% of Scheme Rate at non-DSP</li> <li>Subject to PMB regulations</li> </ul>  |                    |                          | <ul style="list-style-type: none"> <li>Unlimited</li> <li>100% of cost for HCT DSP</li> <li>DSP: Bankmed GP Network, Bankmed Pharmacy Network, contracted onsite HCT providers at Employer Groups</li> <li>100% of Scheme Rate at non-DSP</li> </ul>   |                            |                   |
| 3.15 | <b>Pap smear</b>  | <ul style="list-style-type: none"> <li>100% of cost at DSP</li> <li>100% of Scheme Rate at non-DSP               <ul style="list-style-type: none"> <li>Limited to one pbpa</li> <li>One associated nurse, Bankmed Entry Plan GP Network GP, or Bankmed Entry Plan Specialist Network consultation pb covered as an additional Insured Benefit limited to R600 pbpa</li> </ul> </li> </ul>                   |                    |                          | <ul style="list-style-type: none"> <li>100% of cost at DSP</li> <li>100% of Scheme Rate at non-DSP               <ul style="list-style-type: none"> <li>Limited to one pbpa</li> <li>One associated nurse, Bankmed GP Network, or Bankmed Prestige A and B Specialist Network consultation pb covered as an additional Insured Benefit limited to R600 pbpa</li> </ul> </li> </ul> |                            |                   |
| 3.16 | <b>Personal Health Assessment (PHA)</b><br>Limited to members and beneficiaries aged 18 years and older | <ul style="list-style-type: none"> <li>100% of cost at DSP only</li> <li>DSP: Bankmed Entry Plan GP Network, Bankmed Pharmacy Network and contracted onsite providers at Employer Groups</li> <li>Not covered at non-DSP</li> <li>Limited to one assessment pbpa</li> </ul>  |                    |                          | <ul style="list-style-type: none"> <li>100% of cost at DSP only</li> <li>DSP: Bankmed GP Network, Bankmed Pharmacy Network and contracted onsite providers at Employer Groups</li> <li>Not covered at non-DSP</li> <li>Limited to one assessment pbpa</li> </ul>   |                            |                   |

**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

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|------|---|---|---|--------------------------|-------------------------|----------------------------|-------------------|
|      |   | NON-MSA PLANS   |   |                          | MSA PLANS               |                            |                   |
| 3.17 | <b>Personal Health Assessment (PHA) Post-engagement Wellness Management Programme</b> <ul style="list-style-type: none"> <li>Limited to members and beneficiaries aged 18 years and older</li> <li>Additional consultations for Dietician and Biokineticist subject to clinical entry criteria</li> <li>Members identified and risk-rated using results from the PHA, therefore subject to completion of the PHA</li> </ul> | <ul style="list-style-type: none"> <li>100% of cost at DSP only</li> <li>Not covered at non-DSP</li> <li>Benefit includes two 30-minute Dietician consultations pbpa and two Biokineticist consultations pbpa</li> <li><b>Limited to:</b> <ul style="list-style-type: none"> <li>Medium- and high-risk members identified via the PHA</li> <li>Members with a BMI ≥ 30</li> </ul> </li> <li><b>Benefit use requirements:</b> <ul style="list-style-type: none"> <li>Within 6 weeks of PHA: first visit to Dietician and Biokineticist</li> <li>Within 12 months of PHA: second visit to Dietician and Biokineticist</li> <li>Otherwise funded from day-to-day benefits</li> </ul> </li> </ul>   |   |                          |                         |                            |                   |
| 3.18 | <b>Contraception</b><br>Oral Contraceptives, Devices and Injectables  | <ul style="list-style-type: none"> <li>No benefit</li> </ul>  | <ul style="list-style-type: none"> <li>100% of Scheme Medicine Reference Price               <ul style="list-style-type: none"> <li>Limited to R2 395 per female beneficiary per annum</li> <li>Oral contraceptives limited to one prescription/repeat prescription pbpm</li> </ul> </li> </ul> |                          |                         |                            |                   |
| 3.19 | <b>Antenatal screening</b> <ul style="list-style-type: none"> <li><b>T21 chromosome test or non-invasive prenatal testing (NIPT)</b><br/>To test for chromosomal abnormalities (South African testing only)</li> <li><b>Amniocentesis</b><br/>(South African testing only)</li> </ul>   | <ul style="list-style-type: none"> <li>100% of cost at DSP</li> <li>100% of Scheme Rate at non-DSP               <ul style="list-style-type: none"> <li>Limited to one test pb per pregnancy</li> <li>Test to be conducted at 10 – 12 weeks of pregnancy</li> <li>Subject to clinical entry criteria</li> <li>Applies to high-risk beneficiaries only, who are aged 35 years and older at time of delivery</li> <li>If member does not meet clinical entry criteria, the screening test is not covered by the Scheme</li> </ul> </li> <li>100% of cost at DSP</li> <li>100% of Scheme Rate at non-DSP               <ul style="list-style-type: none"> <li>Limited to one test pb per pregnancy</li> <li>Subject to gynaecologist referral and pre-authorisation</li> </ul> </li> </ul> |   |                          |                         |                            |                   |
| 3.20 | <b>Newborn screening</b><br>To test for the presence of certain metabolic and endocrine disorders (South African testing only)  | <ul style="list-style-type: none"> <li>100% of cost at DSP</li> <li>100% of Scheme Rate at non-DSP               <ul style="list-style-type: none"> <li>Limited to one test pb per pregnancy</li> <li>Test to be carried out within 72 hours of birth</li> </ul> </li> </ul>  |   |                          |                         |                            |                   |

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|------|---|---|---|--|--|----------------------------|-------------------|--|
|      |   | NON-MSA PLANS   |   |  | MSA PLANS  |                            |                   |  |
| 3.21 | <b>Newborn hearing test</b> <ul style="list-style-type: none"> <li>Only hearing test covered from this benefit</li> <li>Consultation costs related to this benefit covered from available consultation benefits</li> </ul>  | <ul style="list-style-type: none"> <li>100% of cost at DSP</li> <li>100% of Scheme Rate at non-DSP               <ul style="list-style-type: none"> <li>Limited to one test pb and must be carried out within eight weeks of birth</li> <li>Test to be performed by a registered Audiologist</li> </ul> </li> </ul> |   |  |  |                            |                   |  |
| 3.22 | <b>Diabetes management</b><br>For members registered on the Scheme's Disease Management Programme BOC set by the Scheme, subject to PMB regulations   | <ul style="list-style-type: none"> <li>Unlimited</li> <li>100% of cost for services covered in the Scheme's BOC if referred by the Scheme's DSP and member utilises the Scheme's DSP as their Healthcare Professional</li> <li>100% of Scheme Rate at non-DSP</li> </ul>  | <ul style="list-style-type: none"> <li>Unlimited</li> <li>100% of cost for services covered in the Scheme's BOC if referred by the Scheme's DSP and member utilises the Scheme's DSP as their Healthcare Professional</li> <li>100% of Scheme Rate at non-DSP</li> <li>The 'Out-of-network GP Benefit' limit applies if the Healthcare Professional is not the member's nominated GP</li> </ul> | <ul style="list-style-type: none"> <li>Unlimited</li> <li>100% of cost for services covered in the Scheme's BOC if referred by the Scheme's DSP and member utilises the Scheme's DSP as their Healthcare Professional</li> <li>100% of Scheme Rate at non-DSP</li> </ul> |  |                            |                   |  |
| 3.23 | <b>Disease Prevention Programme</b><br>Programme designed to support members identified as being at risk of developing diabetes <ul style="list-style-type: none"> <li>Clinical entry criteria apply</li> <li>BOC as specified by the Scheme</li> <li>Subject to PMB regulations</li> </ul>   | <ul style="list-style-type: none"> <li>Limited to BOC determined by Scheme</li> <li>100% of Scheme Rate</li> <li>Subject to authorisation and/or approval</li> <li>Limited to PMBs</li> </ul>   |   |  | <ul style="list-style-type: none"> <li>Limited to BOC determined by Scheme</li> <li>100% of Scheme Rate</li> <li>Subject to authorisation and/or approval</li> </ul> |                            |                   |  |
| 4.   | <b>HIV/AIDS CARE PROGRAMME</b><br>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  | <b>Consultations and pathology</b>  | <ul style="list-style-type: none"> <li>100% of cost at DSP</li> <li>100% of Scheme Rate at non-DSP</li> <li>Subject to benefits available in Scheme's BOC</li> </ul>  |   |  |  |                            |                   |  |

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|             |                             |            |                            |             |                           |             |                           |
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|--|------------------------|--------------------|--------------------------|-------------------------|----------------------------|-------------------|

|  | NON-MSA PLANS |  |  | MSA PLANS |  |  |
|--|---------------|--|--|-----------|--|--|
|--|---------------|--|--|-----------|--|--|

|     |   |  |  |  |  |  |
|-----|---|--|--|--|--|--|
| 4.2 | <b>Medication via DSP</b><br>Bankmed Pharmacy Network         | <ul style="list-style-type: none"> <li>Unlimited</li> <li>100% of cost at DSP</li> <li>100% of Scheme Medicine Reference Price for non-formulary medication</li> <li>Subject to Scheme Medication Formulary (medicine list)</li> <li>Motivation is required for the use of a non-DSP</li> </ul>                    |  |  |  |  |
| 4.3 | <b>Medication via non-DSP</b><br>Voluntary use of a non-DSP   | <ul style="list-style-type: none"> <li>Unlimited</li> <li>80% of Scheme Medicine Reference Price</li> <li>Subject to Scheme Medication Formulary (medicine list)</li> <li>100% of Scheme Medicine Reference Price for non-formulary medication</li> <li>Motivation is required for the use of a non-DSP</li> </ul> |  |  |  |  |
| 4.4 | <b>Medication via non-DSP</b><br>Involuntary use of a non-DSP | <ul style="list-style-type: none"> <li>Unlimited</li> <li>100% of cost</li> <li>100% of Scheme Medicine Reference Price for non-formulary medication</li> <li>Subject to Scheme Medication Formulary (medicine list)</li> <li>Motivation is required for the use of a non-DSP</li> </ul>                           |  |  |  |  |

**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**

- Unlimited
- 100% of cost via the Scheme's DSP
- 100% of Scheme Rate via non-DSP
- No benefit outside the borders of South Africa

**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**

- Pre-authorisation for a hospital admission **does not guarantee** that all claims related to the hospital event will be **covered in full**
- The 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-payments**
- Benefits 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 account
- Any Healthcare Professionals attending to you during your hospital stay must submit a valid account for payment
- The 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 categories
- You are responsible for ensuring the claims are submitted for payment by the Healthcare Professional**

**Terminology Reminders:**

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

|      | ESSENTIAL PLAN<br>2024   | BASIC PLAN<br>2024  | TRADITIONAL PLAN<br>2024  | CORE SAVER PLAN<br>2024   | COMPREHENSIVE PLAN<br>2024  | PLUS PLAN<br>2024   |
|------|--|---|---|---|---|---|
|      | NON-MSA PLANS  |   |   | MSA PLANS   |   |   |
|      | <ul style="list-style-type: none"> <li>Please take care to determine the limits for your Plan (if any) and the rate at which the Scheme will reimburse your claims</li> <li>Always 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 payments</li> <li>Please log in to the <a href="#">website</a> for a list of procedures that can be safely performed in the doctor's rooms as an alternative to hospitalisation</li> </ul>  |   |   |   |   |   |
| 7.1  | <b>Hospitalisation overall annual limit</b>  | <ul style="list-style-type: none"> <li>No overall annual limit</li> <li>Limited to PMBs</li> </ul>  | <ul style="list-style-type: none"> <li>No overall annual limit</li> </ul>                         |   |   |   |
| 7.2  | <b>Hospital network (DSP) applicable</b>   | <ul style="list-style-type: none"> <li>Bankmed Hospital Network DSP for the Essential Plan</li> </ul>   | <ul style="list-style-type: none"> <li>Bankmed Hospital Network DSP for the Basic Plan</li> </ul> | <ul style="list-style-type: none"> <li>Bankmed Hospital Network DSP for the Traditional Plan</li> </ul> | <ul style="list-style-type: none"> <li>All contracted Netcare, National Hospital Network (NHN), Life Healthcare, Mediclinic and Clinix hospitals, and any other independent private hospitals contracted to the Scheme</li> </ul> |   |
| 7.3  | <b>Hospitalisation at a DSP</b><br>All admissions  | <ul style="list-style-type: none"> <li>100% of cost</li> </ul>  |   |   |   |   |
| 7.4  | <b>Hospitalisation at non-DSP for PMB admission</b><br>Involuntary use of non-DSP  | <ul style="list-style-type: none"> <li>100% of cost</li> </ul>  |   |   |   |   |
| 7.5  | <b>Hospitalisation at non-DSP for PMB admission</b><br>Voluntary use of non-DSP  | <ul style="list-style-type: none"> <li>80% of Scheme Rate</li> <li>Deductible applies</li> </ul>  |   | <ul style="list-style-type: none"> <li>100% of Scheme Rate</li> <li>Deductible applies</li> </ul>       |   |   |
| 7.6  | <b>Hospitalisation at non-DSP for non-PMB admission</b>  | <ul style="list-style-type: none"> <li>No benefit</li> </ul>  | <ul style="list-style-type: none"> <li>80% of Scheme Rate</li> <li>Deductible applies</li> </ul>  | <ul style="list-style-type: none"> <li>100% of Scheme Rate</li> <li>Deductible applies</li> </ul>       |   |   |
| 7.7  | <b>Ward rate</b>   | <ul style="list-style-type: none"> <li>General ward</li> </ul>  |   |   |   | <ul style="list-style-type: none"> <li>General and private wards</li> </ul> |
| 7.8  | <b>Referral requirement</b>  | <ul style="list-style-type: none"> <li>Benefits only available on referral from GP in Bankmed Entry Plan GP Network, or referred specialist subject to PMB regulations</li> </ul>   |   | <ul style="list-style-type: none"> <li>Not applicable</li> </ul>  |   |   |
| 7.9  | <b>Other</b>   | <ul style="list-style-type: none"> <li>No benefit for dental surgery and auxiliary services, except for PMBs</li> </ul>   |   | <ul style="list-style-type: none"> <li>Not applicable</li> </ul>  |   |   |
| 7.10 | <b>To-take-out (TTO) medication</b><br>Supplied by the hospital when a patient is discharged   | <ul style="list-style-type: none"> <li>100% of cost</li> <li>Limited to PMBs and a maximum of a seven-day supply per admission</li> <li>Must be charged on the hospital account where a hospital event has taken place</li> <li>Not payable if obtained via a pharmacy after discharge</li> <li>If 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</li> </ul> |   |   |   |   |
| 8.   | <b>DEDUCTIBLES (UPFRONT PAYMENT)</b><br>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  | <b>Deductibles</b><br>Deductible waiver conditions: <ul style="list-style-type: none"> <li>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 applied</li> <li>Confinements are excluded from deductibles</li> <li>Re-admissions to hospital within six weeks of discharge following complications directly related to a prior admission in respect of which a deductible was levied</li> <li>Admissions to a State hospital or facility</li> <li>Authorised day surgery admissions for specified procedures</li> </ul> |   |   |   |   |   |

**Terminology Reminders:**

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

|  |                        |                    |                          |                         |                            |                   |
|--|------------------------|--------------------|--------------------------|-------------------------|----------------------------|-------------------|
|  | ESSENTIAL PLAN<br>2024 | BASIC PLAN<br>2024 | TRADITIONAL PLAN<br>2024 | CORE SAVER PLAN<br>2024 | COMPREHENSIVE PLAN<br>2024 | PLUS PLAN<br>2024 |
|  | NON-MSA PLANS          |                    |                          | MSA PLANS               |                            |                   |

**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

|   |   |   |  |
|---|---|---|--|
| <b>Day surgery deductible waiver conditions</b> | <ul style="list-style-type: none"> <li>• Applicable to Day Surgery Procedure List</li> <li>• Treatment/procedure performed at Bankmed Day Surgery Network facility</li> </ul> | <ul style="list-style-type: none"> <li>• Refer to ‘Bankmed Day Surgery Procedure List’ in 8.3 below</li> <li>• No deductible</li> <li>• Limited to PMBs</li> </ul>        | <ul style="list-style-type: none"> <li>• Refer to ‘Bankmed Day Surgery Procedure List’ in 8.3 below</li> <li>• No deductible</li> </ul>        |
| <b>PMB admission</b>                            | <ul style="list-style-type: none"> <li>• Treatment/procedure NOT performed at Bankmed Day Surgery Network facility</li> <li>• Involuntary use of non-DSP</li> </ul>           | <ul style="list-style-type: none"> <li>• Refer to ‘Bankmed Day Surgery Procedure List’ in 8.3 below</li> <li>• No deductible</li> <li>• Limited to PMBs</li> </ul>        | <ul style="list-style-type: none"> <li>• Refer to ‘Bankmed Day Surgery Procedure List’ in 8.3 below</li> <li>• No deductible</li> </ul>        |
| <b>PMB admission</b>                            | <ul style="list-style-type: none"> <li>• Treatment/procedure NOT performed at Bankmed Day Surgery Network facility</li> <li>• Voluntary use of non-DSP</li> </ul>             | <ul style="list-style-type: none"> <li>• Refer to ‘Bankmed Day Surgery Procedure List’ in 8.3 below</li> <li>• R4 100 per admission</li> <li>• Limited to PMBs</li> </ul> | <ul style="list-style-type: none"> <li>• Refer to ‘Bankmed Day Surgery Procedure List’ in 8.3 below</li> <li>• R4 100 per admission</li> </ul> |
| <b>Non-PMB admission</b>                        | <ul style="list-style-type: none"> <li>• Treatment/procedure NOT performed at Bankmed Day Surgery Network facility</li> </ul>   | <ul style="list-style-type: none"> <li>• No benefit</li> </ul>  | <ul style="list-style-type: none"> <li>• Refer to ‘Bankmed Day Surgery Procedure List’ in 8.3 below</li> <li>• R4 100 per admission</li> </ul> |

**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

|  |   |  |   |
|--|---|--|---|
| <ul style="list-style-type: none"> <li>• Adenoidectomy</li> <li>• Arthrocentesis</li> <li>• Cataract Surgery</li> <li>• Cautery of vulva warts</li> <li>• Circumcision</li> <li>• Colonoscopy</li> <li>• Cystourethroscopy</li> <li>• Diagnostic D and C</li> <li>• Gastrosocopy</li> <li>• Hysteroscopy</li> <li>• Myringotomy</li> <li>• Myringotomy with intubation (grommets)</li> </ul> | <ul style="list-style-type: none"> <li>• Nasal cautery</li> <li>• Nasal plugging for nose bleeds</li> <li>• Proctoscopy</li> <li>• Prostate biopsy</li> <li>• Removal of pins and plates</li> <li>• Sigmoidoscopy</li> <li>• Tonsillectomy</li> <li>• Treatment of Bartholins cyst/gland</li> <li>• Vasectomy</li> <li>• Vulva/cone biopsy</li> <li>• Oesophagoscopy</li> </ul> | <ul style="list-style-type: none"> <li>• Simple abdominal hernia repair</li> <li>• Eye procedures <ul style="list-style-type: none"> <li>• Other eye procedures: removal of foreign body, vitrectomy</li> </ul> </li> <li>• Gynaecological procedures <ul style="list-style-type: none"> <li>• Laparoscopic gynaecological procedures</li> </ul> </li> <li>• Orthopaedic procedures <ul style="list-style-type: none"> <li>• Minor joint arthroplasty (intercarpal, carpometacarpal and metacarpophalangeal, interphalangeal joint arthroplasty)</li> <li>• Biopsies: subcutaneous tissue, soft tissue, muscle, bone</li> <li>• Treatment of simple closed fractures and/or dislocations, removal of pins and plates.</li> </ul> </li> </ul> | <ul style="list-style-type: none"> <li>• Orthopaedic procedures continued <ul style="list-style-type: none"> <li>• Arthroscopy, arthrotomy, knee, shoulder, elbow, hand, wrist), arthrodesis (hand, wrist,)</li> <li>• Tendon and/or ligament repair, muscle debridement, fascia procedures (tenotomy, tenodesis, tenolysis, repair/reconstruction, capsulotomy, capsulectomy, synovectomy, excision tendon sheath lesion, fasciotomy, fasciectomy).</li> <li>• Incision and drainage/excision of abscess and/or cyst/tumour: subcutaneous tissue, soft tissue, bone, bursa</li> <li>• Treatment of closed fractures and/or dislocations, removal of pins and plates</li> </ul> </li> </ul> |
|--|---|--|---|

**Terminology Reminders:**

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



|            | ESSENTIAL PLAN<br>2024   | BASIC PLAN<br>2024   | TRADITIONAL PLAN<br>2024   | CORE SAVER PLAN<br>2024  | COMPREHENSIVE PLAN<br>2024   | PLUS PLAN<br>2024 |
|------------|--|--|--|--|--|-------------------|
|            | NON-MSA PLANS  |  |  | MSA PLANS  |  |                   |
| <b>8.4</b> | <b>Dental admission deductible</b>   |  |  |  |  |                   |
|            | Deductible applies to dental admissions at private hospitals and day surgery facilities (both DSPs and non-DSPs)   |  |  |  |  |                   |
|            | <b>Dental admission deductible</b>   | <ul style="list-style-type: none"> <li>No benefit for in-hospital dental treatment, except PMBs</li> </ul>   | <ul style="list-style-type: none"> <li>Deductible: <ul style="list-style-type: none"> <li>Day surgery: R310</li> <li>Hospital: R2 295</li> </ul> </li> </ul>   | <ul style="list-style-type: none"> <li>No benefit for in-hospital dental treatment, except PMBs</li> </ul>   | <ul style="list-style-type: none"> <li>Deductible: <ul style="list-style-type: none"> <li>Day surgery: R310</li> <li>Hospital: R2 295</li> </ul> </li> </ul>   |                   |
| <b>8.5</b> | <b>Non-DSP facility deductible</b>   |  |  |  |  |                   |
|            | 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  |  |  |  |  |                   |
|            | <b>PMB admission</b> <ul style="list-style-type: none"> <li>Treatment/procedure NOT performed at Bankmed Network Facility</li> <li>Involuntary use of non-DSP</li> </ul> <b>PMB admission</b> <ul style="list-style-type: none"> <li>Treatment/procedure NOT performed at Bankmed Network Facility</li> <li>Voluntary use of non-DSP</li> </ul> <b>Non-PMB admission</b> <ul style="list-style-type: none"> <li>Treatment/procedure NOT performed at Bankmed Network Facility</li> </ul> | <ul style="list-style-type: none"> <li>No deductible payable for PMBs</li> <li>Applies to all admissions</li> <li>Deductible: <ul style="list-style-type: none"> <li>Day surgery: R310</li> <li>Hospital: R775</li> </ul> </li> <li>No benefit</li> </ul>  | <ul style="list-style-type: none"> <li>No deductible payable for PMBs</li> <li>Applies to all admissions</li> <li>Deductible: <ul style="list-style-type: none"> <li>Day surgery: R310</li> <li>Hospital: R775</li> </ul> </li> <li>Applies to all admissions</li> <li>Deductible: <ul style="list-style-type: none"> <li>Day surgery: R310</li> <li>Hospital: R775</li> </ul> </li> </ul> | <ul style="list-style-type: none"> <li>No deductible payable for PMBs</li> <li>Applies to all admissions</li> <li>Deductible: <ul style="list-style-type: none"> <li>Day surgery: R310</li> <li>Hospital: R6 425</li> </ul> </li> <li>Applies to all admissions</li> <li>Deductible: <ul style="list-style-type: none"> <li>Day surgery: R310</li> <li>Hospital: R6 425</li> </ul> </li> </ul> | <ul style="list-style-type: none"> <li>No deductible payable for PMBs</li> <li>Applies to all admissions</li> <li>Deductible: <ul style="list-style-type: none"> <li>Day surgery: R310</li> <li>Hospital: R775</li> </ul> </li> <li>Applies to all admissions</li> <li>Deductible: <ul style="list-style-type: none"> <li>Day surgery: R310</li> <li>Hospital: R775</li> </ul> </li> </ul> |                   |
| <b>9.</b>  | <b>OUTPATIENT CONSULTATIONS AND FACILITY FEES FOR OUTPATIENT VISITS</b>  |  |  |  |  |                   |
| <b>9.1</b> | <b>Casualty and outpatient consultations</b>   | <ul style="list-style-type: none"> <li>Regarded as an out-of-hospital GP/specialist consultation in rooms, unless resulting in an authorised hospital admission</li> <li>Refer to 'GP Consultations In-room or out-of-hospital', and 'Specialist Consultations In-room or out-of-hospital' benefit sections</li> </ul> |  |  |  |                   |
|            | GP or specialist consultation at hospital emergency unit, casualty unit or outpatient unit   |  |  |  |  |                   |
| <b>9.2</b> | <b>Facility fees</b>   | <ul style="list-style-type: none"> <li>Facility fees not covered, unless resulting in an authorised hospital admission</li> <li>Facility fees subject to 'Specialist Consultations In-room or out-of-hospital' benefit, unless resulting in an authorised hospital admission</li> </ul>                                |  |  |  |                   |
|            | For casualty and outpatient consultations at a hospital emergency unit, casualty unit, or outpatient unit  |  |  |  |  |                   |

**Terminology Reminders:**

|             |                             |            |                            |             |                           |             |                           |
|-------------|-----------------------------|------------|----------------------------|-------------|---------------------------|-------------|---------------------------|
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| <b>ASA</b>  | Accumulated Savings Account | <b>CIB</b> | Chronic Illness Benefit    | <b>CDL</b>  | Chronic Disease List      | <b>ATB</b>  | Above Threshold Benefit   |
| <b>pfpa</b> | per family per annum        | <b>pb</b>  | per beneficiary            | <b>pbpa</b> | per beneficiary per annum | <b>pbpm</b> | per beneficiary per month |

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|-------------|--|---|---|---|---|-------------------|
|             | NON-MSA PLANS  |   |   | MSA PLANS   |   |                   |
| <b>10.</b>  | <b>GP CONSULTATION WITHIN 30 DAYS OF DISCHARGE FROM HOSPITAL</b>   |   |   |   |   |                   |
| <b>10.1</b> | <b>Post-hospital GP consultation within 30 days of discharge from hospital</b>   | <ul style="list-style-type: none"> <li>• Additional Insured Benefit</li> <li>• Refer to '30-Day Post-hospital GP Consultation Benefit' section</li> </ul>                                 |   |   |   |                   |
| <b>11.</b>  | <b>BLOOD TRANSFUSIONS</b><br>Subject to pre-authorisation and PMB regulations  |   |   |   |   |                   |
| <b>11.1</b> | <b>Blood transfusions</b>  | <ul style="list-style-type: none"> <li>• 100% of cost</li> <li>• Limited to PMBs</li> </ul>   | <ul style="list-style-type: none"> <li>• 100% of cost</li> <li>• Unlimited</li> </ul>   |   |   |                   |
| <b>12.</b>  | <b>ORGAN AND BONE MARROW TRANSPLANTS</b><br>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  |   |   |   |   |                   |
| <b>12.1</b> | <b>Hospitalisation/organ and patient preparation</b>   | <ul style="list-style-type: none"> <li>• Refer to 'Hospitalisation' benefit section</li> <li>• Limited to PMBs</li> </ul>   | <ul style="list-style-type: none"> <li>• Refer to 'Hospitalisation' benefit section</li> </ul>  | <ul style="list-style-type: none"> <li>• Refer to 'Hospitalisation' benefit section</li> <li>• Limited to PMBs</li> </ul>   | <ul style="list-style-type: none"> <li>• Refer to 'Hospitalisation' benefit section</li> </ul>  |                   |
| <b>12.2</b> | <b>Medication</b><br>In- and out-of-hospital<br><br><b>Medication via DSP</b><br>Designated pharmacy<br><br><b>Medication via non-DSP</b><br>Voluntary use of non-DSP<br><br><b>Medication via non-DSP</b><br>Involuntary use of non- DSP  | <ul style="list-style-type: none"> <li>• Limited to PMBs</li> <li>• 100% of cost</li> <li>• 80% of Scheme Medicine Reference Price plus dispensing fee</li> <li>• 100% of cost</li> </ul> | <ul style="list-style-type: none"> <li>• Unlimited</li> <li>• 100% of cost</li> <li>• 80% of Scheme Medicine Reference Price plus dispensing fee</li> <li>• 100% of cost</li> </ul> | <ul style="list-style-type: none"> <li>• Limited to PMBs</li> <li>• 100% of cost</li> <li>• 80% of Scheme Medicine Reference Price plus dispensing fee</li> <li>• 100% of cost</li> </ul> | <ul style="list-style-type: none"> <li>• Unlimited</li> <li>• 100% of cost</li> <li>• 80% of Scheme Medicine Reference Price plus dispensing fee</li> <li>• 100% of cost</li> </ul> |                   |
| <b>12.3</b> | <b>Harvesting and transporting organs and other donor costs</b>  | <ul style="list-style-type: none"> <li>• 100% of cost, limited to PMBs</li> </ul>   | <ul style="list-style-type: none"> <li>• 100% of cost, unlimited</li> </ul>   | <ul style="list-style-type: none"> <li>• 100% of cost, limited to PMBs</li> </ul>   | <ul style="list-style-type: none"> <li>• 100% of cost, unlimited</li> </ul>   |                   |
| <b>13.</b>  | <b>ONCOLOGY</b>  |   |   |   |   |                   |
|             | <b>Subject to:</b> <ul style="list-style-type: none"> <li>• Pre-authorisation and PMB regulations</li> <li>• Evidence-based medicine, cost-effectiveness and affordability</li> <li>• Scheme's oncology BOC, formularies and/or protocols</li> <li>• Meeting Scheme's Clinical Entry Criteria</li> <li>• Peer-review by external panel of specialists as appointed by the Scheme</li> <li>• Medication 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 pocket</li> <li>• Generic substitution and/or switching to cost-effective therapeutic equivalents (drug utilisation review)</li> </ul> |   |   |   |   |                   |

**Terminology Reminders:**

|             |                             |            |                            |             |                           |             |                           |
|-------------|-----------------------------|------------|----------------------------|-------------|---------------------------|-------------|---------------------------|
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| <b>ASA</b>  | Accumulated Savings Account | <b>CIB</b> | Chronic Illness Benefit    | <b>CDL</b>  | Chronic Disease List      | <b>ATB</b>  | Above Threshold Benefit   |
| <b>pfpa</b> | per family per annum        | <b>pb</b>  | per beneficiary            | <b>pbpa</b> | per beneficiary per annum | <b>pbpm</b> | per beneficiary per month |

|      |  | ESSENTIAL PLAN<br>2024   | BASIC PLAN<br>2024 | TRADITIONAL PLAN<br>2024   | CORE SAVER PLAN<br>2024  | COMPREHENSIVE PLAN<br>2024   | PLUS PLAN<br>2024 |
|------|--|--|--------------------|--|--|--|-------------------|
|      |  | NON-MSA PLANS  |                    |  | MSA PLANS  |  |                   |
| 13.1 | <b>Consultations, treatment, and materials</b><br>In- and out-of-hospital  | <ul style="list-style-type: none"> <li>100% of cost at DSP</li> <li>100% of Scheme Rate at non-DSP</li> <li>Limited to PMBs</li> </ul> |                    | <ul style="list-style-type: none"> <li>100% of cost at DSP</li> <li>100% of Scheme Rate at non-DSP</li> <li>Unlimited</li> </ul> | <ul style="list-style-type: none"> <li>100% of cost at DSP</li> <li>100% of Scheme Rate at non-DSP</li> <li>Limited to PMBs</li> </ul> | <ul style="list-style-type: none"> <li>100% of cost at DSP</li> <li>100% of Scheme Rate at non-DSP</li> <li>Unlimited</li> </ul> |                   |
| 13.2 | <b>Radiotherapy fees, chemotherapy facility, and professional fees</b>   | <ul style="list-style-type: none"> <li>100% of cost at DSP</li> <li>100% of Scheme Rate at non-DSP</li> <li>Limited to PMBs</li> </ul> |                    | <ul style="list-style-type: none"> <li>100% of cost at DSP</li> <li>100% of Scheme Rate at non-DSP</li> <li>Unlimited</li> </ul> | <ul style="list-style-type: none"> <li>100% of cost at DSP</li> <li>100% of Scheme Rate at non-DSP</li> <li>Limited to PMBs</li> </ul> | <ul style="list-style-type: none"> <li>100% of cost at DSP</li> <li>100% of Scheme Rate at non-DSP</li> <li>Unlimited</li> </ul> |                   |
| 13.3 | <b>Associated medication and drugs</b>   |  |                    |  |  |  |                   |
|      | <b>For medicines administered in-rooms</b>   |  |                    |  |  |  |                   |
|      | <ul style="list-style-type: none"> <li>Injectable and infusional chemotherapy</li> <li>Excludes medicines administered in-hospital and medicines administered in-rooms by a dispensing provider</li> </ul> |  |                    |  |  |  |                   |
|      | <b>Medication via DSP</b><br>Bankmed's Oncology Pharmacy DSP (courier pharmacy)  | <ul style="list-style-type: none"> <li>Limited to PMBs</li> <li>100% of cost, limited to PMBs</li> </ul>                               |                    | <ul style="list-style-type: none"> <li>Unlimited</li> <li>100% of cost</li> </ul>  | <ul style="list-style-type: none"> <li>Limited to PMBs</li> <li>100% of cost, limited to PMBs</li> </ul>                               | <ul style="list-style-type: none"> <li>Unlimited</li> <li>100% of cost</li> </ul>  |                   |
|      | <b>Medication via a non-DSP</b><br>Voluntary use of non-DSP  | <ul style="list-style-type: none"> <li>80% of Scheme Medicine Reference Price plus dispensing fee, limited to PMBs</li> </ul>          |                    | <ul style="list-style-type: none"> <li>80% of Scheme Medicine Reference Price plus dispensing fee</li> </ul>                     | <ul style="list-style-type: none"> <li>80% of Scheme Medicine Reference Price plus dispensing fee, limited to PMBs</li> </ul>          | <ul style="list-style-type: none"> <li>80% of Scheme Medicine Reference Price plus dispensing fee</li> </ul>                     |                   |
|      | <b>Medication via non-DSP</b><br>Involuntary use of non- DSP   | <ul style="list-style-type: none"> <li>100% of cost, limited to PMBs</li> </ul>  |                    | <ul style="list-style-type: none"> <li>100% of cost</li> </ul>   | <ul style="list-style-type: none"> <li>100% of cost, limited to PMBs</li> </ul>  | <ul style="list-style-type: none"> <li>100% of cost</li> </ul>   |                   |
|      | <b>For medicines scripted and dispensed at a retail pharmacy (scripted by treating provider)</b>   |  |                    |  |  |  |                   |
|      | <ul style="list-style-type: none"> <li>Supportive medication, oral chemotherapy and hormonal therapy</li> </ul>  |  |                    |  |  |  |                   |
|      | <b>Medication via DSP</b><br>Bankmed's Oncology Pharmacy DSP   | <ul style="list-style-type: none"> <li>Limited to PMBs</li> <li>100% of cost, limited to PMBs</li> </ul>                               |                    | <ul style="list-style-type: none"> <li>Unlimited</li> <li>100% of cost</li> </ul>  | <ul style="list-style-type: none"> <li>Limited to PMBs</li> <li>100% of cost, limited to PMBs</li> </ul>                               | <ul style="list-style-type: none"> <li>Unlimited</li> <li>100% of cost</li> </ul>  |                   |
|      | <b>Medication via a non-DSP</b><br>Voluntary use of non-DSP  | <ul style="list-style-type: none"> <li>80% of Scheme Medicine Reference Price plus dispensing fee, limited to PMBs</li> </ul>          |                    | <ul style="list-style-type: none"> <li>80% of Scheme Medicine Reference Price plus dispensing fee</li> </ul>                     | <ul style="list-style-type: none"> <li>80% of Scheme Medicine Reference Price plus dispensing fee, limited to PMBs</li> </ul>          | <ul style="list-style-type: none"> <li>80% of Scheme Medicine Reference Price plus dispensing fee</li> </ul>                     |                   |
|      | <b>Medication via non-DSP</b><br>Involuntary use of non- DSP   | <ul style="list-style-type: none"> <li>100% of cost, limited to PMBs</li> </ul>  |                    | <ul style="list-style-type: none"> <li>100% of cost</li> </ul>   | <ul style="list-style-type: none"> <li>100% of cost, limited to PMBs</li> </ul>  | <ul style="list-style-type: none"> <li>100% of cost</li> </ul>   |                   |

**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<br>2024  | BASIC PLAN<br>2024   | TRADITIONAL PLAN<br>2024   | CORE SAVER PLAN<br>2024 | COMPREHENSIVE PLAN<br>2024 | PLUS PLAN<br>2024 |
|-------------|---|--|--|-------------------------|----------------------------|-------------------|
|             | NON-MSA PLANS   |  |  | MSA PLANS               |                            |                   |
| <b>14.</b>  | <b>RENAL DIALYSIS</b><br>Subject to pre-authorisation and PMB regulations   |  |  |                         |                            |                   |
| <b>14.1</b> | <b>Procedures and treatment</b>   | <ul style="list-style-type: none"> <li>Limited to PMBs</li> <li>100% of cost at DSP</li> <li>100% of Scheme Rate at non-DSP</li> </ul>   | <ul style="list-style-type: none"> <li>Unlimited</li> <li>100% of cost at DSP</li> <li>100% of Scheme Rate at non-DSP</li> </ul>   |                         |                            |                   |
| <b>14.2</b> | <b>Medication</b><br>In- and out-of-hospital  | <ul style="list-style-type: none"> <li>Limited to PMBs</li> </ul>  | <ul style="list-style-type: none"> <li>Unlimited</li> </ul>  |                         |                            |                   |
|             | <b>Medication via DSP</b><br>Bankmed Pharmacy Network   | <ul style="list-style-type: none"> <li>100% of cost, limited to PMBs</li> </ul>  | <ul style="list-style-type: none"> <li>100% of cost</li> </ul>   |                         |                            |                   |
|             | <b>Medication via a non-DSP</b><br>Voluntary use of non-DSP   | <ul style="list-style-type: none"> <li>80% of Scheme Medicine Reference Price plus dispensing fee, limited to PMBs</li> </ul>  | <ul style="list-style-type: none"> <li>80% of Scheme Medicine Reference Price plus dispensing fee</li> </ul>   |                         |                            |                   |
|             | <b>Medication via non-DSP</b><br>Involuntary use of non-DSP   | <ul style="list-style-type: none"> <li>100% of cost, limited to PMBs</li> </ul>  | <ul style="list-style-type: none"> <li>100% of cost</li> </ul>   |                         |                            |                   |
| <b>15.</b>  | <b>PREGNANCY AND CHILDBIRTH</b><br>Subject to pre-authorisation and PMB regulations   |  |  |                         |                            |                   |
| <b>15.1</b> | <b>Baby-and-Me Programme for expectant mothers</b>  | <ul style="list-style-type: none"> <li>No benefit</li> </ul>   | <ul style="list-style-type: none"> <li>Call 0800 BANKMED (0800 226 5633) to register</li> </ul>  |                         |                            |                   |
| <b>15.2</b> | <b>Hospitalisation and associated in-hospital services</b><br>Subject to pre-authorisation  | <ul style="list-style-type: none"> <li>Refer to 'Hospitalisation' benefit section</li> <li>Hospital network rules apply</li> <li>Limited to PMBs</li> </ul>                                    | <ul style="list-style-type: none"> <li>Refer to 'Hospitalisation' benefit section</li> <li>Hospital network rules apply</li> </ul>   |                         |                            |                   |
| <b>15.3</b> | <b>Midwife care and delivery</b><br>Subject to pre-authorisation  | <ul style="list-style-type: none"> <li>100% of cost at DSP</li> <li>100% of Scheme Rate at non-DSP</li> <li>Limited to PMBs</li> </ul>   | <ul style="list-style-type: none"> <li>100% of cost at DSP</li> <li>100% of Scheme Rate at non-DSP</li> <li>Unlimited</li> </ul>   |                         |                            |                   |
| <b>15.4</b> | <b>Birthing facilities as an alternative to hospitalisation</b><br>Subject to pre-authorisation<br><ul style="list-style-type: none"> <li>Only available where hospital services are not used, except registered active birthing units</li> </ul> | <ul style="list-style-type: none"> <li>100% of cost at DSP</li> <li>100% of Scheme Rate at non-DSP</li> <li>Limited to PMBs</li> <li>Cost of disposables limited to R1 375 per case</li> </ul> | <ul style="list-style-type: none"> <li>100% of cost at DSP</li> <li>100% of Scheme Rate at non-DSP</li> <li>Unlimited</li> <li>Cost of disposables limited to R1 375 per case</li> </ul> |                         |                            |                   |

**Terminology Reminders:**

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

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|------------|--|---|--|---|-------------------------|----------------------------|---|
|            |  | NON-MSA PLANS   |  |   | MSA PLANS               |                            |   |
| 15.5       | <b>Antenatal and postnatal care</b><br>GP and specialist consultations and procedures in-rooms   | <ul style="list-style-type: none"> <li>Refer to 'GP Consultations In-room or out-of-hospital', and 'Specialist Consultations In-room or out-of-hospital' benefit sections</li> <li>Limited to PMBs</li> </ul> | <ul style="list-style-type: none"> <li>Refer to 'GP Consultations In-room or out-of-hospital', and 'Specialist Consultations In-room or out-of-hospital' benefit sections</li> <li>Refer to additional Insured Benefits under Baby-and-Me Programme</li> </ul>   |   |                         |                            | <ul style="list-style-type: none"> <li>Refer to 'GP Consultations In-room or out-of-hospital', and 'Specialist Consultations In-room or out-of-hospital' benefit sections</li> </ul>  |
| 15.6       | <b>Antenatal and postnatal care</b><br>Ultrasonic investigations<br>Radiology  | <ul style="list-style-type: none"> <li>Refer to 'Radiology and pathology' benefit section</li> <li>Limited to PMBs</li> </ul>   | <ul style="list-style-type: none"> <li>Refer to 'Radiology and pathology' benefit section</li> <li>Refer to additional Insured Benefits under Baby-and-Me Programme</li> </ul>   |   |                         |                            | <ul style="list-style-type: none"> <li>Refer to 'Radiology and pathology' benefit section</li> </ul>  |
| 15.7       | <b>Antenatal and postnatal care</b><br>Pathology   | <ul style="list-style-type: none"> <li>Refer to 'Radiology and pathology' benefit section</li> <li>Limited to PMBs</li> </ul>   | <ul style="list-style-type: none"> <li>Refer to 'Radiology and pathology' benefit section</li> <li>Refer to additional Insured Benefits under Baby-and-Me Programme</li> </ul>   |   |                         |                            | <ul style="list-style-type: none"> <li>Refer to 'Radiology and pathology' benefit section</li> </ul>  |
| 15.8       | <b>Additional Insured Benefits</b><br>Subject to registration on the Baby-and-Me Programme   | <ul style="list-style-type: none"> <li>No benefit</li> </ul>  | <ul style="list-style-type: none"> <li>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) <ul style="list-style-type: none"> <li>Six antenatal consultations per pregnancy at the contracted rate for Bankmed's GP Network and Prestige A and B Specialist Network</li> <li>Refer to 'GP Consultations In-room or out-of-hospital', and 'Specialist Consultations In-room or out-of-hospital' benefit sections</li> <li>Three 2D ultrasounds at 100% of Scheme Rate</li> <li>R1 690 per pregnancy for antenatal and postnatal classes at 100% of Scheme Rate</li> <li>Additional pathology at 100% of Scheme Rate, subject to Baby-and-Me approved BOC</li> </ul> </li> </ul> |   |                         |                            | <ul style="list-style-type: none"> <li>Additional Insured Benefits not applicable on this Plan</li> <li>Members may register on the programme to obtain information, guidance and support throughout the pregnancy</li> </ul> |
| <b>16.</b> | <b>RADIOLOGY AND PATHOLOGY</b>   |   |  |   |                         |                            |   |
| 16.1       | <b>Radiology</b><br>In-hospital  | <ul style="list-style-type: none"> <li>100% of cost at DSP</li> <li>100% of Scheme Rate at non-DSP</li> <li>Limited to PMBs</li> </ul>  | <ul style="list-style-type: none"> <li>100% of cost at DSP</li> <li>100% of Scheme Rate at non-DSP</li> <li>Unlimited</li> </ul>   |   |                         |                            |   |
| 16.2       | <b>Pathology</b><br>In-hospital  | <ul style="list-style-type: none"> <li>100% of cost at DSP</li> <li>100% of Scheme Rate at non-DSP</li> <li>Limited to PMBs</li> </ul>  | <ul style="list-style-type: none"> <li>100% of cost at DSP</li> <li>100% of Scheme Rate at non-DSP</li> <li>Unlimited</li> </ul>   |   |                         |                            |   |
| 16.3       | <b>MRI/CT scans, radionuclide scans</b><br>In- and out-of-hospital<br>Subject to pre-authorisation and PMB regulations<br><br><b>In-hospital</b> | <ul style="list-style-type: none"> <li>100% of cost for radiology facilities at hospital network DSP</li> </ul>   | <ul style="list-style-type: none"> <li>100% of cost at DSP</li> </ul>  | <ul style="list-style-type: none"> <li>100% of cost at DSP</li> </ul> |                         |                            |   |

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|-------------|---|--|--|---|--|--|---|
|             |   | NON-MSA PLANS  |  |   | MSA PLANS  |  |   |
|             | <b>Out-of-hospital</b>                            | <ul style="list-style-type: none"> <li>Limited to 100% of Scheme Rate for voluntary use of radiology facilities at non-DSP</li> <li>Limited to PMBs</li> <li>Subject to pre-authorisation in-hospital</li> <li>100% of cost at DSP</li> <li>100% of Scheme Rate at non-DSP</li> <li>Subject to pre-authorisation out-of-hospital</li> <li>Limited to PMBs</li> </ul> | <ul style="list-style-type: none"> <li>100% of Scheme Rate at non-DSP</li> <li>Unlimited</li> <li>Subject to pre-authorisation in-hospital</li> <li>100% of cost at DSP</li> <li>100% of Scheme Rate at non-DSP</li> <li>Subject to pre-authorisation out-of-hospital</li> <li>Limited to PMBs</li> </ul>  | <ul style="list-style-type: none"> <li>100% of Scheme Rate at non-DSP</li> <li>Unlimited</li> <li>Subject to pre-authorisation in-hospital</li> <li>100% of cost at DSP</li> <li>100% of Scheme Rate at non-DSP</li> <li>Subject to pre-authorisation out-of-hospital</li> <li>Unlimited</li> </ul> |  |  |   |
| <b>16.4</b> | <b>Radiology and pathology</b><br>Out-of-hospital | <ul style="list-style-type: none"> <li>Limited to PMBs</li> <li>100% of cost for PMBs</li> <li>Benefits subject to a CDL (BOC) registration for PMB conditions</li> </ul>  | <ul style="list-style-type: none"> <li>Unlimited via DSP</li> <li>100% of cost at DSP</li> <li>DSP: Bankmed Entry Plan GP Network</li> <li>Subject to Scheme Radiology and Pathology Formulary</li> <li>Specialist requested/performed radiology/pathology subject to available 'Specialist Consultations In-room or out-of-hospital' benefit</li> </ul> | <ul style="list-style-type: none"> <li>100% of cost at DSP for PMB</li> <li>100% of Scheme Rate, limited to R7 180 pfpa for non-DSP or non-PMB</li> <li>Combined limit for 'Radiology and pathology out-of-hospital'</li> </ul>   | <ul style="list-style-type: none"> <li>100% of cost at DSP for PMB</li> <li>Subject to referral by GP in Bankmed GP Network (DSP)</li> <li>100% of Scheme Rate, subject to a CDL (BOC) and referral by GP in Bankmed GP Network (DSP)</li> <li>Benefits approved for beneficiaries registered for PMB CDL conditions</li> <li>Non-CDL benefits subject to available MSA</li> </ul> | <p><b>Radiology:</b></p> <ul style="list-style-type: none"> <li>100% of cost at DSP for PMB</li> <li>100% of Scheme Rate, limited to R4 810 pfpa (including a sub-limit of R3 040 pfpa for out-of-hospital pathology)</li> <li>Thereafter subject to available MSA</li> </ul> <p><b>Pathology:</b></p> <ul style="list-style-type: none"> <li>100% of cost at DSP for PMB</li> <li>100% of Scheme Rate, limited to R3 040 pfpa (included in the annual limit of R4 810 pfpa for out-of-hospital radiology)</li> <li>Thereafter subject to available MSA</li> </ul> | <ul style="list-style-type: none"> <li>100% of cost at DSP for PMB</li> <li>300% of Scheme Rate, subject to available MSA</li> <li>ATB applies once Annual Threshold is reached</li> <li>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 R7 645 pfpa</li> </ul> |

**Terminology Reminders:**

|             |                             |            |                            |             |                           |             |                           |
|-------------|-----------------------------|------------|----------------------------|-------------|---------------------------|-------------|---------------------------|
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| <b>ASA</b>  | Accumulated Savings Account | <b>CIB</b> | Chronic Illness Benefit    | <b>CDL</b>  | Chronic Disease List      | <b>ATB</b>  | Above Threshold Benefit   |
| <b>pfpa</b> | per family per annum        | <b>pb</b>  | per beneficiary            | <b>pbpa</b> | per beneficiary per annum | <b>pbpm</b> | per beneficiary per month |

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|--|------------------------|--------------------|--------------------------|-------------------------|----------------------------|-------------------|
|  | NON-MSA PLANS          |                    |                          | MSA PLANS               |                            |                   |

**17. ALTERNATIVES TO HOSPITALISATION**  
Subject to pre-authorisation and PMB regulations

|             |   |   |   |  |  |
|-------------|---|---|---|--|--|
| <b>17.1</b> | <b>Step-down facilities</b>   | <ul style="list-style-type: none"> <li>100% of cost at DSP</li> <li>100% of Scheme Rate at non-DSP</li> <li>Limited to PMBs</li> </ul>  | <ul style="list-style-type: none"> <li>100% of cost at DSP</li> <li>100% of Scheme Rate at non-DSP</li> <li>Unlimited</li> </ul>  |  |  |
| <b>17.2</b> | <b>Advanced Illness Benefit</b><br>End-of-life treatment<br>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"> <li>100% of cost at DSP</li> <li>100% of Scheme Rate at non-DSP</li> <li>Limited to PMBs</li> </ul>  | <ul style="list-style-type: none"> <li>100% of cost at DSP</li> <li>100% of Scheme Rate at non-DSP</li> <li>Unlimited</li> </ul>  |  |  |
| <b>17.3</b> | <b>Frail care facilities</b>  | <ul style="list-style-type: none"> <li>No benefit</li> </ul>  | <ul style="list-style-type: none"> <li>100% of cost, limited to R550 pb per day</li> </ul>  | <ul style="list-style-type: none"> <li>No benefit</li> </ul> | <ul style="list-style-type: none"> <li>100% of cost, limited to R550 pb per day</li> </ul> |
| <b>17.4</b> | <b>Home nursing</b>   | <ul style="list-style-type: none"> <li>No benefit</li> </ul>  | <ul style="list-style-type: none"> <li>100% of cost, limited to R435 pb per day</li> </ul>  | <ul style="list-style-type: none"> <li>No benefit</li> </ul> | <ul style="list-style-type: none"> <li>100% of cost, limited to R435 pb per day</li> </ul> |
| <b>17.5</b> | <b>HomeCare services</b><br>For procedures not requiring admission to a day surgery or hospital. Subject to clinical entry criteria, pre-authorisation, and PMB regulations   | <ul style="list-style-type: none"> <li>100% of cost at DSP</li> <li>100% of Scheme Rate at non-DSP</li> <li>Limited to PMBs</li> </ul>  | <ul style="list-style-type: none"> <li>100% of cost at DSP</li> <li>100% of Scheme Rate at non-DSP</li> <li>Unlimited</li> </ul>  |  |  |
| <b>17.6</b> | <b>Spinal Conservative Care Programme</b><br><ul style="list-style-type: none"> <li>In-hospital and out-of-hospital management for spinal care and surgery</li> <li>Limited to a defined list of clinically appropriate procedures which include Lumbar Fusion, Cervical Fusion, Laminectomy, Laminotomy</li> </ul> | <ul style="list-style-type: none"> <li>100% of cost for the hospital account at a network facility</li> <li>Network does not apply to any admissions related to trauma</li> <li>100% of the Scheme Rate for the hospital account if performed at a non-network facility</li> <li>100% of cost for related accounts at a DSP</li> <li>100% of Scheme Rate for related accounts at a non-DSP</li> <li>Limited to PMBs</li> <li>Subject to authorisation and the treatment meeting the Scheme's treatment guidelines and clinical criteria</li> <li>Subject to PMB regulations</li> <li>BOC as set by the Scheme for out-of-hospital conservative treatment</li> </ul> | <ul style="list-style-type: none"> <li>100% of cost for the hospital account at a network facility</li> <li>Network does not apply to any admissions related to trauma</li> <li>100% of the Scheme Rate for the hospital account if performed at a non-network facility</li> <li>100% of cost for related accounts at a DSP</li> <li>100% of Scheme Rate for related accounts at a non-DSP</li> <li>Unlimited</li> <li>Subject to authorisation and the treatment meeting the Scheme's treatment guidelines and clinical criteria</li> <li>Subject to PMB regulations</li> <li>BOC as set by the Scheme for out-of-hospital conservative treatment</li> </ul> |  |  |

**Terminology Reminders:**

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

|  | ESSENTIAL PLAN<br>2024 | BASIC PLAN<br>2024 | TRADITIONAL PLAN<br>2024 | CORE SAVER PLAN<br>2024 | COMPREHENSIVE PLAN<br>2024 | PLUS PLAN<br>2024 |
|--|------------------------|--------------------|--------------------------|-------------------------|----------------------------|-------------------|
|  | NON-MSA PLANS          |                    |                          | MSA PLANS               |                            |                   |

**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 R87 055 pbpa (excluding pacemakers and defibrillators)

|      |                                      |  |  |
|------|--------------------------------------|--|--|
| 18.1 | <b>Internal prosthesis</b>           | <ul style="list-style-type: none"> <li>100% of cost at DSP</li> <li>100% of Scheme Rate at non-DSP</li> <li>Limited to PMBs</li> </ul> | <ul style="list-style-type: none"> <li>100% of cost at DSP</li> <li>100% of Scheme Rate at non-DSP</li> <li>Subject to the combined 'Internal prosthesis' limit of R87 055 pbpa for all internal prosthesis items</li> </ul>   |
| 18.2 | <b>Spinal fusions</b>                | <ul style="list-style-type: none"> <li>100% of cost at DSP</li> <li>100% of Scheme Rate at non-DSP</li> <li>Limited to PMBs</li> </ul> | <ul style="list-style-type: none"> <li>100% of Scheme Rate for device</li> <li>Limited to R58 655 pbpa</li> <li>Subject to the combined 'Internal prosthesis' limit</li> </ul>   |
| 18.3 | <b>Cardiac stents</b>                | <ul style="list-style-type: none"> <li>100% of cost at DSP</li> <li>100% of Scheme Rate at non-DSP</li> <li>Limited to PMBs</li> </ul> | <ul style="list-style-type: none"> <li>100% of Scheme Rate for device</li> <li>Limited to R86 710 pbpa</li> <li>Subject to the combined 'Internal prosthesis' limit</li> </ul>   |
| 18.4 | <b>Grafts</b>                        | <ul style="list-style-type: none"> <li>100% of cost at DSP</li> <li>100% of Scheme Rate at non-DSP</li> <li>Limited to PMBs</li> </ul> | <ul style="list-style-type: none"> <li>100% of Scheme Rate for device</li> <li>Limited to R46 940 pbpa</li> <li>Subject to the combined 'Internal prosthesis' limit</li> </ul>   |
| 18.5 | <b>Cardiac valves</b>                | <ul style="list-style-type: none"> <li>100% of cost at DSP</li> <li>100% of Scheme Rate at non-DSP</li> <li>Limited to PMBs</li> </ul> | <ul style="list-style-type: none"> <li>100% of Scheme Rate for device</li> <li>Limited to R49 370 pbpa</li> <li>Subject to the combined 'Internal prosthesis' limit</li> </ul>   |
| 18.6 | <b>Hip, knee and shoulder joints</b> | <ul style="list-style-type: none"> <li>100% of cost at DSP</li> <li>100% of Scheme Rate at non-DSP</li> <li>Limited to PMBs</li> </ul> | <ul style="list-style-type: none"> <li>100% of Scheme Rate for device</li> <li>If prosthesis is not supplied by Scheme's network provider (DSP): Limited to R57 935 per prosthesis per admission</li> <li>If prosthesis is supplied by the Scheme's network provider (DSP): Unlimited and not subject to the combined 'Internal prosthesis' limit</li> </ul> |
| 18.7 | <b>Non-specified Items</b>           | <ul style="list-style-type: none"> <li>100% of cost at DSP</li> <li>100% of Scheme Rate at non-DSP</li> <li>Limited to PMBs</li> </ul> | <ul style="list-style-type: none"> <li>100% of Scheme Rate for device</li> <li>Limited to R27 050 pbpa</li> <li>Subject to the combined 'Internal prosthesis' limit</li> </ul>   |

**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 | <b>Pacemakers and defibrillators</b> | <ul style="list-style-type: none"> <li>Limited to PMBs</li> <li>100% of cost at hospital network DSP</li> <li>80% of cost at non-DSP</li> </ul> | <ul style="list-style-type: none"> <li>100% of cost, unlimited, if preferred provider used</li> <li>100% of Scheme Rate if non-preferred provider used to purchase device</li> </ul> |
|------|--------------------------------------|---|--|

**Terminology Reminders:**

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



|             | ESSENTIAL PLAN<br>2024  | BASIC PLAN<br>2024  | TRADITIONAL PLAN<br>2024   | CORE SAVER PLAN<br>2024   | COMPREHENSIVE PLAN<br>2024   | PLUS PLAN<br>2024  |
|-------------|---|---|--|---|--|--|
|             | NON-MSA PLANS   |   |  | MSA PLANS   |  |  |
| <b>20.</b>  | <b>INTRAOCCULAR LENSES FOR CATARACT SURGERY</b><br>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  |   |  |   |  |  |
| <b>20.1</b> | <b>Intraocular lenses for cataract surgery</b><br>Permanent, implantable lenses, inclusive of basic and specialised lens varieties  | <ul style="list-style-type: none"> <li>100% of cost, unlimited, if preferred supplier's lens is used</li> <li>100% of Scheme Rate if lens used is not a preferred supplier lens</li> <li>Scheme Rate is equal to the lens base price/lens reference price, plus 25% mark-up</li> <li>Where the provider marks up the lens cost in excess of the agreed rate, the Scheme will not be responsible for the shortfall</li> <li>Limited to PMBs</li> </ul> | <ul style="list-style-type: none"> <li>100% of cost, unlimited, if preferred supplier's lens is used</li> <li>100% of Scheme Rate if lens used is not a preferred supplier lens</li> <li>Scheme Rate is equal to the lens base price/lens reference price, plus 25% mark-up</li> <li>Where the provider marks up the lens cost in excess of the agreed rate, the Scheme will not be responsible for the shortfall</li> </ul> |   |  |  |
| <b>21.</b>  | <b>COCHLEAR IMPLANT</b><br>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 |   |  |   |  |  |
| <b>21.1</b> | <b>Hospitalisation</b>  | <ul style="list-style-type: none"> <li>No benefit</li> </ul>  | <ul style="list-style-type: none"> <li>Refer to 'Hospitalisation' benefit section</li> </ul>   | <ul style="list-style-type: none"> <li>No benefit</li> </ul>  | <ul style="list-style-type: none"> <li>Refer to 'Hospitalisation' benefit section</li> </ul>                                       |  |
| <b>21.2</b> | <b>Pre-operative evaluation and associated preparation costs</b>  | <ul style="list-style-type: none"> <li>No benefit</li> </ul>  | <ul style="list-style-type: none"> <li>R20 625 pb per lifetime</li> <li>100% of Scheme Rate</li> </ul>   | <ul style="list-style-type: none"> <li>No benefit</li> </ul>  | <ul style="list-style-type: none"> <li>R20 625 pb per lifetime</li> <li>100% of Scheme Rate</li> </ul>                             |  |
| <b>21.3</b> | <b>Cochlear implant device</b>  | <ul style="list-style-type: none"> <li>No benefit</li> </ul>  | <ul style="list-style-type: none"> <li>R432 450 pb per lifetime</li> <li>100% of Scheme Rate</li> </ul>  | <ul style="list-style-type: none"> <li>No benefit</li> </ul>  | <ul style="list-style-type: none"> <li>R432 450 pb per lifetime</li> <li>100% of Scheme Rate</li> </ul>                            |  |
| <b>21.4</b> | <b>Intra-operative audiology testing</b>  | <ul style="list-style-type: none"> <li>No benefit</li> </ul>  | <ul style="list-style-type: none"> <li>R1 075 pb per lifetime</li> <li>100% of Scheme Rate</li> </ul>  | <ul style="list-style-type: none"> <li>No benefit</li> </ul>  | <ul style="list-style-type: none"> <li>R1 075 pb per lifetime</li> <li>100% of Scheme Rate</li> </ul>                              |  |
| <b>21.5</b> | <b>Post-operative evaluation costs</b>  | <ul style="list-style-type: none"> <li>No benefit</li> </ul>  | <ul style="list-style-type: none"> <li>R43 315 pb per lifetime</li> <li>100% of Scheme Rate</li> </ul>   | <ul style="list-style-type: none"> <li>No benefit</li> </ul>  | <ul style="list-style-type: none"> <li>R43 315 pb per lifetime</li> <li>100% of Scheme Rate</li> </ul>                             |  |
| <b>22.</b>  | <b>SPEECH PROCESSORS</b><br>Subject to clinical motivation, the application of clinical/funding protocols and Scheme approval   |   |  |   |  |  |
| <b>22.1</b> | <b>Upgrade or replacement of speech processors</b>  | <ul style="list-style-type: none"> <li>No benefit</li> </ul>  | <ul style="list-style-type: none"> <li>80% of Scheme Rate</li> <li>Limited to R161 470 pb over a three-year cycle</li> </ul>   | <ul style="list-style-type: none"> <li>No benefit</li> </ul>  | <ul style="list-style-type: none"> <li>80% of Scheme Rate</li> <li>Limited to R161 470 pb over a three-year cycle</li> </ul>       |  |
| <b>23.</b>  | <b>HEARING AIDS</b>   |   |  |   |  |  |
| <b>23.1</b> | <b>Hearing aids</b><br>Supply and fitment   | <ul style="list-style-type: none"> <li>No benefit, except for PMBs</li> </ul>   | <ul style="list-style-type: none"> <li>100% of Scheme Rate, limited to R34 685 pb every second year (rolling 24 months)</li> </ul>   | <ul style="list-style-type: none"> <li>100% of Scheme Rate, subject to available MSA</li> </ul>         | <ul style="list-style-type: none"> <li>100% of Scheme Rate, limited to R34 685 pb every second year (rolling 24 months)</li> </ul> | <ul style="list-style-type: none"> <li>100% of Scheme Rate, limited to R40 610 pb every second year (rolling 24 months)</li> </ul> |
| <b>23.2</b> | <b>Hearing aid repairs</b>  | <ul style="list-style-type: none"> <li>No benefit</li> </ul>  | <ul style="list-style-type: none"> <li>100% of Scheme Rate</li> <li>Limited to R1 800 pbpa</li> </ul>  | <ul style="list-style-type: none"> <li>100% of Scheme Rate</li> <li>Subject to available MSA</li> </ul> | <ul style="list-style-type: none"> <li>100% of Scheme Rate</li> <li>Limited to R1 800 pbpa</li> </ul>                              |  |
| <b>23.3</b> | <b>Bone anchored hearing aids</b>   | <ul style="list-style-type: none"> <li>No benefit</li> </ul>  | <ul style="list-style-type: none"> <li>90% of Scheme Rate</li> <li>Limited to R185 530 pfpa</li> </ul>   | <ul style="list-style-type: none"> <li>100% of Scheme Rate</li> <li>Subject to available MSA</li> </ul> | <ul style="list-style-type: none"> <li>90% of Scheme Rate</li> <li>Limited to R185 530 pfpa</li> </ul>                             |  |

**Terminology Reminders:**

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

|      | ESSENTIAL PLAN<br>2024  | BASIC PLAN<br>2024  | TRADITIONAL PLAN<br>2024   | CORE SAVER PLAN<br>2024   | COMPREHENSIVE PLAN<br>2024  | PLUS PLAN<br>2024   |   |
|------|---|---|--|---|---|---|---|
|      | 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 | <b>External prosthesis</b><br>Benefit for limbs and eyes  | <ul style="list-style-type: none"> <li>100% of cost at DSP</li> <li>100% of Scheme Rate at non-DSP</li> <li>Limited to PMBs</li> </ul>  | <ul style="list-style-type: none"> <li>100% of cost at DSP</li> <li>100% of Scheme Rate at non-DSP</li> <li>Limited to R3 825 pfpa</li> <li>Combined limit with 'Blood pressure monitors, nebulisers and glucometers' benefits</li> </ul>  | <ul style="list-style-type: none"> <li>100% of cost at DSP</li> <li>100% of Scheme Rate at non-DSP</li> <li>Limited to R29 700 pfpa</li> </ul>  | <ul style="list-style-type: none"> <li>100% of cost at DSP</li> <li>100% of Scheme Rate at non-DSP</li> <li>Limited to R3 825 pfpa</li> <li>Combined limit with 'Medical and surgical appliances', 'Blood pressure monitors, nebulisers and glucometers', and 'Arch supports and shoe insoles' benefits</li> </ul>  | <ul style="list-style-type: none"> <li>100% of cost at DSP</li> <li>100% of Scheme Rate at non-DSP</li> <li>Limited to R29 700 pfpa</li> </ul>  |   |
| 24.2 | <b>Medical and surgical appliances</b><br>Refer to claim 'Frequency limits' in 24.6 below                 | <ul style="list-style-type: none"> <li>100% of cost at DSP</li> <li>100% of Scheme Rate at non-DSP</li> <li>Limited to PMBs</li> <li>No benefit for wheelchairs and large orthopaedic appliances on this Plan, except for PMBs</li> <li>Only payable if claimed from a service provider with a valid BHF practice number</li> </ul> | <ul style="list-style-type: none"> <li>100% of cost at DSP</li> <li>100% of Scheme Rate at non-DSP</li> <li>Limited to PMBs</li> <li>Combined limit of R3 825 pfpa with 'External prosthesis', 'Blood pressure monitors', 'Nebulisers and glucometers' benefits</li> <li>Subject to pre- authorisation and PMB regulations</li> <li>No benefit for wheelchairs and large orthopaedic appliances on this Plan, except for PMBs</li> <li>Only payable if claimed from a service provider with a valid BHF practice number</li> </ul> | <b>Post-surgery appliances:</b> <ul style="list-style-type: none"> <li>100% of Scheme Rate</li> <li>Limited to R8 730 pbpa</li> </ul> <b>Chronic appliances:</b> <ul style="list-style-type: none"> <li>100% of cost</li> <li>Limited to:               <ul style="list-style-type: none"> <li>R27 420 pbpa for oxygen/oxygen delivery systems</li> <li>R27 420 pbpa for stoma products</li> <li>R8 730 pbpa for 'Other chronic appliances', including wheelchairs</li> </ul> </li> <li>Sub-limits as follows:               <ul style="list-style-type: none"> <li>R1 075 arch supports (Per pair)</li> <li>R1 620 shoe insoles (Per pair)</li> </ul> </li> <li>'Other chronic appliances' limit extended to R12 775 for beneficiaries requiring a CPAP machine</li> </ul> | <ul style="list-style-type: none"> <li>Limit of R3 825 pfpa</li> <li>Combined limit with 'External prosthesis', 'Blood pressure monitors, nebulisers and glucometers', and 'Arch supports and shoe insoles' benefits</li> <li>Benefits for wheelchairs and large orthopaedic appliances at 100% of Scheme Rate, subject to available MSA</li> <li>Only payable if claimed from a service provider with a valid BHF practice number</li> </ul> | <b>Post-surgery appliances:</b> <ul style="list-style-type: none"> <li>100% of Scheme Rate</li> <li>Limited to R8 730 pbpa</li> </ul> <b>Chronic appliances:</b> <ul style="list-style-type: none"> <li>100% of cost</li> <li>Limited to:               <ul style="list-style-type: none"> <li>R27 420 pbpa for oxygen/oxygen delivery systems</li> <li>R27 420 pbpa for stoma products</li> <li>R8 730 pbpa for 'Other chronic appliances', including wheelchairs</li> </ul> </li> <li>Sub-limits as follows:               <ul style="list-style-type: none"> <li>R1 075 arch supports (Per pair)</li> <li>R1 620 shoe insoles (Per pair)</li> </ul> </li> <li>'Other chronic appliances' limit extended to R12 775 for beneficiaries requiring a CPAP machine</li> </ul> | <b>Post-surgery appliances:</b> <ul style="list-style-type: none"> <li>100% of Scheme Rate</li> <li>Limited to R8 730 pbpa</li> </ul> <b>Chronic appliances:</b> <ul style="list-style-type: none"> <li>100% of cost</li> <li>Limited to:               <ul style="list-style-type: none"> <li>R27 420 pbpa for oxygen/oxygen delivery systems</li> <li>R27 420 pbpa for stoma products</li> <li>R8 730 pbpa for 'Other chronic appliances', including wheelchairs</li> </ul> </li> <li>Sub-limits as follows:               <ul style="list-style-type: none"> <li>R1 075 arch supports (Per pair)</li> <li>R1 620 shoe insoles (Per pair)</li> </ul> </li> <li>'Other chronic appliances' limit extended to R12 775 for beneficiaries requiring a CPAP machine</li> </ul> |

**Terminology Reminders:**

|             |                             |            |                            |             |                           |             |                           |
|-------------|-----------------------------|------------|----------------------------|-------------|---------------------------|-------------|---------------------------|
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| <b>ASA</b>  | Accumulated Savings Account | <b>CIB</b> | Chronic Illness Benefit    | <b>CDL</b>  | Chronic Disease List      | <b>ATB</b>  | Above Threshold Benefit   |
| <b>pfpa</b> | per family per annum        | <b>pb</b>  | per beneficiary            | <b>pbpa</b> | per beneficiary per annum | <b>pbpm</b> | per beneficiary per month |

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|-------------|--|---|--|--|---|---|---|
|             | NON-MSA PLANS  |   |  | MSA PLANS  |   |   |   |
|             | <p><b>Important information</b></p> <ul style="list-style-type: none"> <li>• Claims for medical and surgical appliances can only be paid if the appliance has been purchased from a Healthcare Professional with a valid BHF practice number.</li> <li>• Bankmed cannot refund members where the appliance has been purchased from a company or person that is not registered as a Healthcare Professional with the BHF.</li> <li>• For example, members may purchase a wheelchair, breast pump, wheelchair batteries, commodes, crutches, arch supports, blood pressure monitors, nebulisers, etc., from Takealot, Gumtree, old age homes, battery suppliers, and other companies that offer these products to the public.</li> <li>• These “claims” cannot be refunded by Bankmed.</li> <li>• Please ensure that you have checked that the provider is registered with the BHF before ordering or paying for the appliance.</li> </ul> |   |  | <p><b>Appliances for acute conditions:</b></p> <ul style="list-style-type: none"> <li>• 100% of Scheme Rate</li> <li>• Limited to R8 730 pbpa</li> <li>• Combined limit with ‘Other chronic appliances’ benefits</li> </ul> <p>• Additional discretionary benefits may be granted for wheelchairs, subject to occupational therapist or physiotherapist motivation, at least two cost quotations and Scheme approval</p> <p>• Only payable if claimed from a service provider with a valid BHF practice number</p>   |   | <p><b>Appliances for acute conditions:</b></p> <ul style="list-style-type: none"> <li>• 100% of Scheme Rate</li> <li>• Subject to available MSA</li> </ul> <p>• Additional discretionary benefits may be granted for wheelchairs, subject to occupational therapist or physiotherapist motivation, at least two cost quotations and Scheme approval</p> <p>• Only payable if claimed from a service provider with a valid BHF practice number</p>   | <p><b>Appliances for acute conditions:</b></p> <ul style="list-style-type: none"> <li>• 100% of Scheme Rate</li> <li>• Subject to available MSA</li> <li>• ATB applies once the Annual Threshold is reached</li> <li>• 100% of Scheme Rate in ATB</li> </ul> <p>• Additional discretionary benefits may be granted for wheelchairs, subject to occupational therapist or physiotherapist motivation, at least two cost quotations and Scheme approval</p> <p>• Only payable if claimed from a service provider with a valid BHF practice number</p> |
| <b>24.3</b> | <p><b>Blood pressure monitors (BPM), nebulisers and glucometers</b><br/>Refer to claim ‘Frequency limits’ in 24.6 below</p> <ul style="list-style-type: none"> <li>• Subject to pre-authorisation and PMB regulations</li> <li>• 100% of cost at DSP</li> <li>• 100% of Scheme Rate at non-DSP</li> <li>• Limited to PMBs</li> </ul>   | <ul style="list-style-type: none"> <li>• Subject to pre-authorisation and PMB regulations</li> <li>• 100% of Scheme Rate</li> <li>• Limit of R3 825 pfpa</li> <li>• Combined limit with ‘External prosthesis’ and ‘Medical and surgical appliances’ benefits</li> </ul> <p>• Sub-limits as follows:</p> <ul style="list-style-type: none"> <li>• BPM: R1 470 pbpa</li> <li>• Nebulisers: R2 075 pbpa</li> <li>• Glucometers: R1 035 pbpa</li> </ul> <p>• Only payable if claimed from a service provider with a valid BHF practice number</p> | <ul style="list-style-type: none"> <li>• Available on prescription without additional motivation or Scheme approval</li> <li>• 100% of Scheme Rate</li> <li>• Limit of R8 730 pbpa</li> <li>• Combined limit with ‘Other chronic appliances’ under ‘Medical and surgical appliances’ benefits</li> </ul> <p>• Sub-limits as follows:</p> <ul style="list-style-type: none"> <li>• BPM: R1 470 pbpa</li> <li>• Nebulisers: R2 075 pbpa</li> <li>• Glucometers: R1 035 pbpa</li> </ul> <p>• Only payable if claimed from a service provider with a valid BHF practice number</p> | <ul style="list-style-type: none"> <li>• Available on prescription without additional motivation or Scheme approval</li> <li>• 100% of Scheme Rate</li> <li>• Limit of R3 825 pfpa</li> <li>• Combined limit with ‘External prosthesis’, ‘Medical and surgical appliances’, and ‘Arch supports and shoe insoles’ benefits</li> </ul> <p>• Sub-limits as follows:</p> <ul style="list-style-type: none"> <li>• BPM: R1 470 pbpa</li> <li>• Nebulisers: R2 075 pbpa</li> <li>• Glucometers: R1 035 pbpa</li> </ul> <p>• Only payable if claimed from a service provider with a valid BHF practice number</p> | <ul style="list-style-type: none"> <li>• Available on prescription without additional motivation or Scheme approval</li> <li>• 100% of Scheme Rate</li> <li>• Limit of R8 730 pbpa</li> <li>• Combined limit with ‘External prosthesis’ and ‘Medical and surgical appliances’ benefits</li> </ul> <p>• Sub-limits as follows:</p> <ul style="list-style-type: none"> <li>• BPM: R1 470 pbpa</li> <li>• Nebulisers: R2 075 pbpa</li> <li>• Glucometers: R1 035 pbpa</li> </ul> <p>• Only payable if claimed from a service provider with a valid BHF practice number</p> | <ul style="list-style-type: none"> <li>• Available on prescription without additional motivation or Scheme approval</li> <li>• 100% of Scheme Rate</li> <li>• Limit of R8 730 pbpa</li> <li>• Combined limit with ‘External prosthesis’ and ‘Medical and surgical appliances’ benefits</li> </ul> <p>• Sub-limits as follows:</p> <ul style="list-style-type: none"> <li>• BPM: R1 470 pbpa</li> <li>• Nebulisers: R2 075 pbpa</li> <li>• Glucometers: R1 035 pbpa</li> </ul> <p>• Only payable if claimed from a service provider with a valid BHF practice number</p> |   |

**Terminology Reminders:**

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

|                         |   | ESSENTIAL PLAN<br>2024   | BASIC PLAN<br>2024 | TRADITIONAL PLAN<br>2024  | CORE SAVER PLAN<br>2024  | COMPREHENSIVE PLAN<br>2024                                      | PLUS PLAN<br>2024 |                        |              |                        |          |                      |                  |                      |                |                      |                      |                      |  |   |                  |           |                   |                                    |            |                        |                       |              |                 |                       |            |                        |           |                        |  |  |                  |           |                         |                        |                 |                        |     |                        |                        |                        |         |                        |               |                        |  |
|-------------------------|---|--|--------------------|---|--|---|-------------------|------------------------|--------------|------------------------|----------|----------------------|------------------|----------------------|----------------|----------------------|----------------------|----------------------|--|---|------------------|-----------|-------------------|------------------------------------|------------|------------------------|-----------------------|--------------|-----------------|-----------------------|------------|------------------------|-----------|------------------------|--|--|------------------|-----------|-------------------------|------------------------|-----------------|------------------------|-----|------------------------|------------------------|------------------------|---------|------------------------|---------------|------------------------|--|
|                         |   | NON-MSA PLANS  |                    |   | MSA PLANS  |   |                   |                        |              |                        |          |                      |                  |                      |                |                      |                      |                      |  |   |                  |           |                   |                                    |            |                        |                       |              |                 |                       |            |                        |           |                        |  |  |                  |           |                         |                        |                 |                        |     |                        |                        |                        |         |                        |               |                        |  |
| 24.4                    | <b>Arch supports and shoe insoles</b><br>Refer to claim 'Frequency limits' in 24.6 below                                      | <ul style="list-style-type: none"> <li>No benefit</li> </ul>   |                    | <ul style="list-style-type: none"> <li>Refer to 24.3</li> </ul>   | <ul style="list-style-type: none"> <li>100% of Scheme Rate</li> <li>Limit of R3 825 pfpa</li> <li>Combined limit with 'External prosthesis', 'Medical and surgical appliances', and 'Blood pressure monitors, nebulisers and glucometers' benefits</li> <li>Sub-limits as follows:               <ul style="list-style-type: none"> <li>R1 075 arch supports (Per pair)</li> <li>R1 620 shoe insoles (Per pair)</li> </ul> </li> <li>Only payable if claimed from a service provider with a valid BHF practice number</li> </ul> | <ul style="list-style-type: none"> <li>Refer to 24.3</li> </ul> |                   |                        |              |                        |          |                      |                  |                      |                |                      |                      |                      |  |   |                  |           |                   |                                    |            |                        |                       |              |                 |                       |            |                        |           |                        |  |  |                  |           |                         |                        |                 |                        |     |                        |                        |                        |         |                        |               |                        |  |
| 24.5                    | <b>Breast pumps and baby monitors</b>   | <ul style="list-style-type: none"> <li>No benefit</li> </ul>   |                    | <ul style="list-style-type: none"> <li>Limit of R8 730 pbpa</li> <li>Combined limit with 'Other chronic appliances' under 'Medical and surgical appliances' benefits</li> <li>Only payable if claimed from a service provider with a valid BHF practice number</li> </ul> | <ul style="list-style-type: none"> <li>Funded from available MSA</li> <li>Only payable if claimed from a service provider with a valid BHF practice number</li> </ul>  |   |                   |                        |              |                        |          |                      |                  |                      |                |                      |                      |                      |  |   |                  |           |                   |                                    |            |                        |                       |              |                 |                       |            |                        |           |                        |  |  |                  |           |                         |                        |                 |                        |     |                        |                        |                        |         |                        |               |                        |  |
| 24.6                    | <b>Frequency limits pertaining to medical and surgical appliances, blood pressure monitors, nebulisers, glucometers, etc.</b> | <ul style="list-style-type: none"> <li>Appliances may be claimed once over a specified period</li> <li>The following appliances may be claimed once per the specified period below:</li> </ul> <table border="1" data-bbox="405 1042 958 1297"> <thead> <tr> <th>Appliance/device</th> <th>Frequency</th> </tr> </thead> <tbody> <tr><td>Blood pressure monitor</td><td>Once every three years</td></tr> <tr><td>Humidifier</td><td>Once every three years</td></tr> <tr><td>CPAP machine</td><td>Once every three years</td></tr> <tr><td>Crutches</td><td>Once every two years</td></tr> <tr><td>Rigid back brace</td><td>Once every two years</td></tr> <tr><td>Foot orthotics</td><td>Once every two years</td></tr> <tr><td>Sling/clavicle brace</td><td>Once every two years</td></tr> </tbody> </table> | Appliance/device   | Frequency   | Blood pressure monitor   | Once every three years  | Humidifier        | Once every three years | CPAP machine | Once every three years | Crutches | Once every two years | Rigid back brace | Once every two years | Foot orthotics | Once every two years | Sling/clavicle brace | Once every two years |  | <table border="1" data-bbox="999 1042 1552 1265"> <thead> <tr> <th>Appliance/device</th> <th>Frequency</th> </tr> </thead> <tbody> <tr><td>Breast prosthesis</td><td>Once every two years (single/pair)</td></tr> <tr><td>Wheelchair</td><td>Once every three years</td></tr> <tr><td>Compression stockings</td><td>Two per year</td></tr> <tr><td>Portable oxygen</td><td>Once every four years</td></tr> <tr><td>Glucometer</td><td>Once every three years</td></tr> <tr><td>Nebuliser</td><td>Once every three years</td></tr> </tbody> </table> | Appliance/device | Frequency | Breast prosthesis | Once every two years (single/pair) | Wheelchair | Once every three years | Compression stockings | Two per year | Portable oxygen | Once every four years | Glucometer | Once every three years | Nebuliser | Once every three years |  | <table border="1" data-bbox="1592 1042 2145 1265"> <thead> <tr> <th>Appliance/device</th> <th>Frequency</th> </tr> </thead> <tbody> <tr><td>Surgical boot/moon boot</td><td>Once every three years</td></tr> <tr><td>Brace/callipers</td><td>Once every three years</td></tr> <tr><td>Wig</td><td>Once every three years</td></tr> <tr><td>Breast prosthesis bra*</td><td>Once every three years</td></tr> <tr><td>Commode</td><td>Once every three years</td></tr> <tr><td>Walking frame</td><td>Once every three years</td></tr> </tbody> </table> | Appliance/device | Frequency | Surgical boot/moon boot | Once every three years | Brace/callipers | Once every three years | Wig | Once every three years | Breast prosthesis bra* | Once every three years | Commode | Once every three years | Walking frame | Once every three years |  |
| Appliance/device        | Frequency   |  |                    |   |  |   |                   |                        |              |                        |          |                      |                  |                      |                |                      |                      |                      |  |   |                  |           |                   |                                    |            |                        |                       |              |                 |                       |            |                        |           |                        |  |  |                  |           |                         |                        |                 |                        |     |                        |                        |                        |         |                        |               |                        |  |
| Blood pressure monitor  | Once every three years  |  |                    |   |  |   |                   |                        |              |                        |          |                      |                  |                      |                |                      |                      |                      |  |   |                  |           |                   |                                    |            |                        |                       |              |                 |                       |            |                        |           |                        |  |  |                  |           |                         |                        |                 |                        |     |                        |                        |                        |         |                        |               |                        |  |
| Humidifier              | Once every three years  |  |                    |   |  |   |                   |                        |              |                        |          |                      |                  |                      |                |                      |                      |                      |  |   |                  |           |                   |                                    |            |                        |                       |              |                 |                       |            |                        |           |                        |  |  |                  |           |                         |                        |                 |                        |     |                        |                        |                        |         |                        |               |                        |  |
| CPAP machine            | Once every three years  |  |                    |   |  |   |                   |                        |              |                        |          |                      |                  |                      |                |                      |                      |                      |  |   |                  |           |                   |                                    |            |                        |                       |              |                 |                       |            |                        |           |                        |  |  |                  |           |                         |                        |                 |                        |     |                        |                        |                        |         |                        |               |                        |  |
| Crutches                | Once every two years  |  |                    |   |  |   |                   |                        |              |                        |          |                      |                  |                      |                |                      |                      |                      |  |   |                  |           |                   |                                    |            |                        |                       |              |                 |                       |            |                        |           |                        |  |  |                  |           |                         |                        |                 |                        |     |                        |                        |                        |         |                        |               |                        |  |
| Rigid back brace        | Once every two years  |  |                    |   |  |   |                   |                        |              |                        |          |                      |                  |                      |                |                      |                      |                      |  |   |                  |           |                   |                                    |            |                        |                       |              |                 |                       |            |                        |           |                        |  |  |                  |           |                         |                        |                 |                        |     |                        |                        |                        |         |                        |               |                        |  |
| Foot orthotics          | Once every two years  |  |                    |   |  |   |                   |                        |              |                        |          |                      |                  |                      |                |                      |                      |                      |  |   |                  |           |                   |                                    |            |                        |                       |              |                 |                       |            |                        |           |                        |  |  |                  |           |                         |                        |                 |                        |     |                        |                        |                        |         |                        |               |                        |  |
| Sling/clavicle brace    | Once every two years  |  |                    |   |  |   |                   |                        |              |                        |          |                      |                  |                      |                |                      |                      |                      |  |   |                  |           |                   |                                    |            |                        |                       |              |                 |                       |            |                        |           |                        |  |  |                  |           |                         |                        |                 |                        |     |                        |                        |                        |         |                        |               |                        |  |
| Appliance/device        | Frequency   |  |                    |   |  |   |                   |                        |              |                        |          |                      |                  |                      |                |                      |                      |                      |  |   |                  |           |                   |                                    |            |                        |                       |              |                 |                       |            |                        |           |                        |  |  |                  |           |                         |                        |                 |                        |     |                        |                        |                        |         |                        |               |                        |  |
| Breast prosthesis       | Once every two years (single/pair)  |  |                    |   |  |   |                   |                        |              |                        |          |                      |                  |                      |                |                      |                      |                      |  |   |                  |           |                   |                                    |            |                        |                       |              |                 |                       |            |                        |           |                        |  |  |                  |           |                         |                        |                 |                        |     |                        |                        |                        |         |                        |               |                        |  |
| Wheelchair              | Once every three years  |  |                    |   |  |   |                   |                        |              |                        |          |                      |                  |                      |                |                      |                      |                      |  |   |                  |           |                   |                                    |            |                        |                       |              |                 |                       |            |                        |           |                        |  |  |                  |           |                         |                        |                 |                        |     |                        |                        |                        |         |                        |               |                        |  |
| Compression stockings   | Two per year  |  |                    |   |  |   |                   |                        |              |                        |          |                      |                  |                      |                |                      |                      |                      |  |   |                  |           |                   |                                    |            |                        |                       |              |                 |                       |            |                        |           |                        |  |  |                  |           |                         |                        |                 |                        |     |                        |                        |                        |         |                        |               |                        |  |
| Portable oxygen         | Once every four years   |  |                    |   |  |   |                   |                        |              |                        |          |                      |                  |                      |                |                      |                      |                      |  |   |                  |           |                   |                                    |            |                        |                       |              |                 |                       |            |                        |           |                        |  |  |                  |           |                         |                        |                 |                        |     |                        |                        |                        |         |                        |               |                        |  |
| Glucometer              | Once every three years  |  |                    |   |  |   |                   |                        |              |                        |          |                      |                  |                      |                |                      |                      |                      |  |   |                  |           |                   |                                    |            |                        |                       |              |                 |                       |            |                        |           |                        |  |  |                  |           |                         |                        |                 |                        |     |                        |                        |                        |         |                        |               |                        |  |
| Nebuliser               | Once every three years  |  |                    |   |  |   |                   |                        |              |                        |          |                      |                  |                      |                |                      |                      |                      |  |   |                  |           |                   |                                    |            |                        |                       |              |                 |                       |            |                        |           |                        |  |  |                  |           |                         |                        |                 |                        |     |                        |                        |                        |         |                        |               |                        |  |
| Appliance/device        | Frequency   |  |                    |   |  |   |                   |                        |              |                        |          |                      |                  |                      |                |                      |                      |                      |  |   |                  |           |                   |                                    |            |                        |                       |              |                 |                       |            |                        |           |                        |  |  |                  |           |                         |                        |                 |                        |     |                        |                        |                        |         |                        |               |                        |  |
| Surgical boot/moon boot | Once every three years  |  |                    |   |  |   |                   |                        |              |                        |          |                      |                  |                      |                |                      |                      |                      |  |   |                  |           |                   |                                    |            |                        |                       |              |                 |                       |            |                        |           |                        |  |  |                  |           |                         |                        |                 |                        |     |                        |                        |                        |         |                        |               |                        |  |
| Brace/callipers         | Once every three years  |  |                    |   |  |   |                   |                        |              |                        |          |                      |                  |                      |                |                      |                      |                      |  |   |                  |           |                   |                                    |            |                        |                       |              |                 |                       |            |                        |           |                        |  |  |                  |           |                         |                        |                 |                        |     |                        |                        |                        |         |                        |               |                        |  |
| Wig                     | Once every three years  |  |                    |   |  |   |                   |                        |              |                        |          |                      |                  |                      |                |                      |                      |                      |  |   |                  |           |                   |                                    |            |                        |                       |              |                 |                       |            |                        |           |                        |  |  |                  |           |                         |                        |                 |                        |     |                        |                        |                        |         |                        |               |                        |  |
| Breast prosthesis bra*  | Once every three years  |  |                    |   |  |   |                   |                        |              |                        |          |                      |                  |                      |                |                      |                      |                      |  |   |                  |           |                   |                                    |            |                        |                       |              |                 |                       |            |                        |           |                        |  |  |                  |           |                         |                        |                 |                        |     |                        |                        |                        |         |                        |               |                        |  |
| Commode                 | Once every three years  |  |                    |   |  |   |                   |                        |              |                        |          |                      |                  |                      |                |                      |                      |                      |  |   |                  |           |                   |                                    |            |                        |                       |              |                 |                       |            |                        |           |                        |  |  |                  |           |                         |                        |                 |                        |     |                        |                        |                        |         |                        |               |                        |  |
| Walking frame           | Once every three years  |  |                    |   |  |   |                   |                        |              |                        |          |                      |                  |                      |                |                      |                      |                      |  |   |                  |           |                   |                                    |            |                        |                       |              |                 |                       |            |                        |           |                        |  |  |                  |           |                         |                        |                 |                        |     |                        |                        |                        |         |                        |               |                        |  |
|                         |   | <ul style="list-style-type: none"> <li>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</li> <li>* 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</li> </ul>   |                    |   |  |   |                   |                        |              |                        |          |                      |                  |                      |                |                      |                      |                      |  |   |                  |           |                   |                                    |            |                        |                       |              |                 |                       |            |                        |           |                        |  |  |                  |           |                         |                        |                 |                        |     |                        |                        |                        |         |                        |               |                        |  |

**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<br>2024 | BASIC PLAN<br>2024 | TRADITIONAL PLAN<br>2024 | CORE SAVER PLAN<br>2024 | COMPREHENSIVE PLAN<br>2024 | PLUS PLAN<br>2024 |
|--|------------------------|--------------------|--------------------------|-------------------------|----------------------------|-------------------|
|  | NON-MSA PLANS          |                    |                          | MSA PLANS               |                            |                   |

**25. PSYCHIATRY, CLINICAL PSYCHOLOGY AND RELATED OCCUPATIONAL THERAPY**

|                    |   |  |   |
|--------------------|---|--|---|
| <p><b>25.1</b></p> | <p><b>Hospitalisation</b><br/>Subject to pre-authorisation and PMB regulations</p> <p><b>Hospital Network DSP</b></p> <ul style="list-style-type: none"> <li>All admissions at network DSP</li> </ul> <p><b>Other hospitals (non-DSP)</b></p> <ul style="list-style-type: none"> <li><b>PMB admission</b><br/>Involuntary use of non-DSP</li> <li><b>PMB admission</b><br/>Voluntary use of non-DSP</li> <li><b>Non-PMB admission</b></li> </ul> <p><b>In-hospital consultations/sessions</b></p> | <ul style="list-style-type: none"> <li>Limited to PMBs</li> <li>Subject to referral from a Bankmed Entry Plan GP Network GP (DSP)</li> <li>100% of cost for Bankmed Network Psychiatric facilities (DSP)</li> <li>100% of cost</li> <li>80% of Scheme Rate</li> <li>No benefit</li> <li>100% of cost for Bankmed Entry Plan Specialist Network (DSP)</li> <li>100% of Scheme Rate for non-DSP <ul style="list-style-type: none"> <li>Cover for 21 days in hospital in line with PMB regulations</li> </ul> </li> </ul>   | <ul style="list-style-type: none"> <li>Limited to R81 350 pbpa</li> <li>100% of cost for Bankmed Network Psychiatric facilities (DSP)</li> <li>100% of cost</li> <li>80% of Scheme Rate</li> <li>80% of Scheme Rate</li> <li>100% of cost for Bankmed Prestige A and B Specialist Network (DSP)</li> <li>100% of Scheme Rate for non-DSP <ul style="list-style-type: none"> <li>Cover for 21 days in hospital in line with PMB regulations, with dual accumulation to the Rand limit</li> <li>Continued benefits for PMBs subject to pre-authorisation and PMB regulations</li> <li>Combined limit with 'Occupational therapy: psychiatric consultations/sessions in hospital' benefit</li> </ul> </li> </ul> |
| <p><b>25.2</b></p> | <p><b>30-Day Post-hospital Psychiatric Consultation Benefit</b><br/>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"> <li>One additional post-hospitalisation Psychiatrist consultation covered pb within 30 days of being discharged from hospital following an authorised psychiatric admission</li> <li>Covered as an Insured Benefit</li> <li>100% of cost at DSP</li> <li>100% of Scheme Rate for non-DSP <ul style="list-style-type: none"> <li>DSP: Bankmed Entry Plan Specialist Network for Psychiatrist only</li> </ul> </li> <li>Limited to three consultations pbpa, following an authorised admission, thereafter, funded from 'Specialist Consultations In-room or out-of-hospital' benefits</li> </ul> | <ul style="list-style-type: none"> <li>One additional post-hospitalisation Psychiatrist consultation covered pb within 30 days of being discharged from hospital following an authorised psychiatric admission</li> <li>Covered as an Insured Benefit</li> <li>100% of cost at DSP</li> <li>100% of Scheme Rate for non-DSP <ul style="list-style-type: none"> <li>DSP: Bankmed Prestige A and B Specialist Network for Psychiatrist only</li> </ul> </li> <li>Limited 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</li> </ul>                             |

**Terminology Reminders:**

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

|      |  | ESSENTIAL PLAN<br>2024  | BASIC PLAN<br>2024 | TRADITIONAL PLAN<br>2024   | CORE SAVER PLAN<br>2024  | COMPREHENSIVE PLAN<br>2024   | PLUS PLAN<br>2024   |
|------|--|---|--------------------|--|--|--|---|
|      |  | NON-MSA PLANS   |                    |  | MSA PLANS  |  |   |
| 25.3 | <p><b>Consultations/sessions</b><br/>Out-of-hospital</p> <p><b>Important note:</b><br/>Cover for 15 out-of-hospital psychotherapy sessions for PMBs</p>  | <ul style="list-style-type: none"> <li>Limited to PMBs</li> <li>Benefits subject to pre-authorisation and PMB regulations and referral from a Bankmed Entry Plan GP Network GP (DSP)</li> <li>100% of cost at contracted rate for Bankmed Entry Plan Specialist Network (DSP)</li> <li>100% of Scheme Rate for non-DSP</li> </ul>   |                    | <ul style="list-style-type: none"> <li>Limited to R5 100 pbpa</li> <li>100% of cost at contracted rate for Bankmed Prestige A and B Specialist Network (DSP)</li> <li>100% of Scheme Rate for non-DSP</li> <li>Combined limit with 'Occupational therapy: Psychiatric consultations/sessions out-of-hospital' benefit</li> <li>Combined limit may be extended to R12 695 pbpa for Depression and/or Bipolar mood disorder, subject to pre-authorisation and PMB regulations</li> </ul> | <ul style="list-style-type: none"> <li>Subject to available MSA</li> <li>Benefits subject to pre-authorisation and PMB regulations and referral from a Bankmed Network GP (DSP)</li> <li>100% of cost at contracted rate from Insured Benefits for PMBs at Bankmed Prestige A and B Specialist Network (DSP)</li> <li>100% of Scheme Rate for non-DSP, subject to available MSA</li> </ul> | <ul style="list-style-type: none"> <li>Limited to R5 955 pbpa</li> <li>100% of cost at contracted rate for Bankmed Prestige A and B Specialist Network (DSP)</li> <li>100% of Scheme Rate for non-DSP</li> <li>Combined limit with 'Occupational therapy: Psychiatric consultations/sessions out-of-hospital' benefit</li> <li>Combined limit may be extended to R14 200 pbpa for Depression and/or Bipolar mood disorder, subject to pre-authorisation and PMB regulations</li> </ul> | <ul style="list-style-type: none"> <li>Subject to available MSA</li> <li>Benefits subject to PMB regulations and Bankmed Prestige A and B Specialist Network (DSP)</li> <li>100% of cost at contracted rate from Insured Benefits for PMBs at Bankmed Prestige A and B Specialist Network (DSP)</li> <li>300% of Scheme Rate for non-DSP, subject to available MSA</li> <li>ATB applies once Annual Threshold is reached</li> <li>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 R17 995 pfpa</li> </ul> |
| 25.4 | <p><b>Mental Health Integrated Disease Management Programme</b><br/>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"> <li>In addition to the cover provided for under the PMB regulations</li> <li>100% of the Scheme Rate for services covered in the Scheme's BOC if referred by the Scheme's DSP</li> <li>100% of Scheme Rate for services performed by the Scheme's DSP</li> <li>Limited to the BOC set by the Scheme</li> <li>Subject to the treatment meeting the Scheme's treatment guidelines and managed care criteria</li> <li>Subject to PMB regulations</li> </ul> |                    |  |  |  |   |

**Terminology Reminders:**

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

|             | ESSENTIAL PLAN<br>2024   | BASIC PLAN<br>2024   | TRADITIONAL PLAN<br>2024  | CORE SAVER PLAN<br>2024   | COMPREHENSIVE PLAN<br>2024  | PLUS PLAN<br>2024   |   |
|-------------|--|--|---|---|---|---|---|
|             | NON-MSA PLANS  |  |   | MSA PLANS   |   |   |   |
| <b>26.</b>  | <b>OCCUPATIONAL THERAPY</b>  |  |   |   |   |   |   |
| <b>26.1</b> | <b>Psychiatric consultations/sessions</b><br>In-hospital<br>Subject to pre-authorisation and PMB regulations     | • Refer to 'Psychiatry, clinical psychology and related occupational therapy: Hospitalisation and in-hospital consultations/sessions' benefit section  |   |   |   |   |   |
| <b>26.2</b> | <b>Psychiatric consultations/sessions</b><br>Out-of-hospital   | • Refer to 'Psychiatry, clinical psychology and related occupational therapy: Consultations/sessions out-of-hospital' benefit section  |   |   |   |   |   |
| <b>26.3</b> | <b>Non-psychiatric consultations/sessions</b><br>In-hospital<br>Subject to pre-authorisation and PMB regulations | <ul style="list-style-type: none"> <li>• 100% of cost at DSP</li> <li>• 100% of Scheme Rate at non-DSP</li> <li>• Limited to PMBs</li> </ul>   | <ul style="list-style-type: none"> <li>• 100% of cost at DSP</li> <li>• 100% of Scheme Rate at non-DSP</li> <li>• Unlimited</li> </ul>  | <ul style="list-style-type: none"> <li>• 100% of cost at DSP</li> <li>• 100% of Scheme Rate at non-DSP</li> <li>• Limited to PMBs</li> </ul>  | <ul style="list-style-type: none"> <li>• 100% of cost at DSP</li> <li>• 100% of Scheme Rate at non-DSP</li> <li>• Unlimited</li> </ul>  |   |   |
| <b>26.4</b> | <b>Non-psychiatric consultations/sessions</b><br>Out-of-hospital   | <ul style="list-style-type: none"> <li>• 100% of cost at DSP</li> <li>• 100% of Scheme Rate at non-DSP</li> <li>• Limited to PMBs</li> <li>• Subject to pre-authorisation and PMB regulations, and referral from a Bankmed Entry Plan GP Network (DSP)</li> </ul>  | <ul style="list-style-type: none"> <li>• 100% of cost for PMB at DSP</li> <li>• 100% of Scheme Rate at non-DSP</li> <li>• Limited to R2 500 pfpa</li> </ul>   | <ul style="list-style-type: none"> <li>• 100% of cost for PMB at DSP</li> <li>• 100% of Scheme Rate at non-DSP</li> <li>• 100% of Scheme Rate, subject to available MSA for non-PMBs</li> </ul> | <ul style="list-style-type: none"> <li>• 100% of cost for PMB at DSP</li> <li>• 100% of Scheme Rate at non-DSP</li> <li>• Limited to R2 630 pfpa, from Insured Benefits</li> <li>• Thereafter subject to available MSA</li> </ul> | <ul style="list-style-type: none"> <li>• 100% of cost at DSP from Insured Benefits for PMBs</li> <li>• 300% of Scheme Rate, subject to available MSA for non-PMBs</li> <li>• ATB applies once Annual Threshold is reached</li> <li>• 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 075 pfpa.</li> <li>• Subject to PMB regulation</li> </ul> |   |
| <b>27.</b>  | <b>SPEECH THERAPY, AUDIO THERAPY AND AUDIOLOGY</b>   |  |   |   |   |   |   |
| <b>27.1</b> | <b>Speech therapy, audio therapy and audiology</b><br>In- and out-of-hospital                                    | <ul style="list-style-type: none"> <li>• 100% of cost at DSP</li> <li>• 100% of Scheme Rate at non-DSP</li> <li>• Limited to PMBs</li> <li>• Subject to pre-authorisation and PMB regulations, and referral from a Bankmed Entry Plan GP Network (DSP)</li> <li>• Out-of-hospital cover is subject to PMB application</li> </ul> | <ul style="list-style-type: none"> <li>• 100% of cost at DSP</li> <li>• 100% of Scheme Rate at non-DSP</li> <li>• Limited to PMBs</li> <li>• Subject to pre-authorisation and PMB regulations, and referral from a Bankmed Entry Plan GP Network (DSP)</li> </ul> | <ul style="list-style-type: none"> <li>• 100% of cost at DSP</li> <li>• 100% of Scheme Rate at non-DSP</li> <li>• Limited to R2 500 pfpa</li> </ul>   | <ul style="list-style-type: none"> <li>• 100% of cost at DSP</li> <li>• 100% of Scheme Rate at non-DSP</li> <li>• Subject to available MSA</li> <li>• 100% of cost paid from Insured Benefits for PMBs</li> </ul>                 | <ul style="list-style-type: none"> <li>• 100% of cost at DSP</li> <li>• 100% of Scheme Rate at non-DSP</li> <li>• Limited to R2 705 pfpa</li> <li>• 100% of cost paid from Insured Benefits for PMBs</li> <li>• Thereafter subject to available MSA</li> </ul>  | <ul style="list-style-type: none"> <li>• 100% of cost at DSP</li> <li>• 300% of Scheme Rate at non-DSP</li> <li>• Subject to available MSA</li> <li>• 100% of cost paid from Insured Benefits for PMBs</li> <li>• ATB applies once Annual Threshold is reached</li> <li>• The maximum amount that can jointly accumulate towards</li> </ul> |

**Terminology Reminders:**

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

|      |  | ESSENTIAL PLAN<br>2024   | BASIC PLAN<br>2024   | TRADITIONAL PLAN<br>2024   | CORE SAVER PLAN<br>2024   | COMPREHENSIVE PLAN<br>2024  | PLUS PLAN<br>2024  |
|------|--|--|--|--|---|---|--|
|      |  | 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 R2 705 pfpa |
| 28.  | PHYSIOTHERAPY  |  |  |  |   |   |  |
| 28.1 | <b>Physiotherapy</b><br>In-hospital<br>Subject to pre-authorisation  | <ul style="list-style-type: none"> <li>100% of cost at DSP</li> <li>100% of Scheme Rate at non-DSP</li> <li>Limited to PMBs</li> </ul>   | <ul style="list-style-type: none"> <li>100% of cost at DSP</li> <li>100% of Scheme Rate at non-DSP</li> <li>Unlimited</li> </ul>   | <ul style="list-style-type: none"> <li>100% of cost at DSP</li> <li>100% of Scheme Rate at non-DSP</li> <li>Limited to PMBs</li> </ul>   | <ul style="list-style-type: none"> <li>100% of cost at DSP</li> <li>100% of Scheme Rate at non-DSP</li> </ul>   | <ul style="list-style-type: none"> <li>100% of cost at DSP</li> <li>100% of Scheme Rate at non-DSP</li> </ul>   |  |
| 28.2 | <b>Post-hospitalisation Physiotherapy Benefit</b><br>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"> <li>Refer to 'Physiotherapy out-of-hospital' benefit section</li> </ul>   | <ul style="list-style-type: none"> <li>100% of Scheme Rate</li> <li>Limited to R3 625 pfpa</li> <li>100% of cost at DSP</li> <li>100% of Scheme Rate at non-DSP</li> </ul>   | <ul style="list-style-type: none"> <li>Refer to 'Physiotherapy out-of-hospital' benefit section</li> </ul>   | <ul style="list-style-type: none"> <li>100% of Scheme Rate</li> <li>Limited to R3 000 pbpa from Insured Benefits</li> <li>Thereafter subject to available MSA</li> <li>100% of cost at DSP</li> <li>100% of Scheme Rate at non-DSP</li> </ul> | <ul style="list-style-type: none"> <li>Refer to 'Physiotherapy out-of-hospital' benefit section</li> </ul>  |  |
| 28.3 | <b>Physiotherapy</b><br>Out-of-hospital  | <ul style="list-style-type: none"> <li>100% of cost at DSP</li> <li>100% of Scheme Rate at non-DSP</li> <li>Subject to pre-authorisation and PMB regulations, and referral from a Bankmed Entry Plan GP Network GP (DSP)</li> <li>Limited to PMBs</li> </ul> | <ul style="list-style-type: none"> <li>100% of Scheme Rate</li> <li>Subject to 'GP Consultations In-room or out-of-hospital', and 'Specialist Consultations In-room or out-of-hospital' benefits</li> <li>100% of cost at DSP</li> <li>100% of Scheme Rate at non-DSP</li> </ul> | <ul style="list-style-type: none"> <li>100% of Scheme Rate</li> <li>Subject to available MSA for non-PMBs</li> <li>100% of cost for PMBs</li> <li>100% of cost at DSP</li> <li>100% of Scheme Rate at non-DSP</li> </ul> |   | <ul style="list-style-type: none"> <li>300% of Scheme Rate</li> <li>Subject to available MSA for non-PMBs</li> <li>100% of cost for PMBs</li> <li>100% of cost at DSP</li> <li>100% of Scheme Rate at non-DSP</li> <li>ATB applies once Annual Threshold is reached</li> <li>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 R3 625 pbpa</li> </ul> |  |

**Terminology Reminders:**

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



|             | ESSENTIAL PLAN<br>2024  | BASIC PLAN<br>2024   | TRADITIONAL PLAN<br>2024  | CORE SAVER PLAN<br>2024  | COMPREHENSIVE PLAN<br>2024  | PLUS PLAN<br>2024 |
|-------------|---|--|---|--|---|-------------------|
|             | NON-MSA PLANS   |  |   | MSA PLANS  |   |                   |
| <b>29.</b>  | <b>ADDITIONAL BENEFITS FOR BENEFICIARIES WITH NEURODEVELOPMENTAL DISORDERS</b>  |  |   |  |   |                   |
|             | 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 |  |   |  |   |                   |
| <b>29.1</b> | <b>Occupational therapy: psychiatric consultations/sessions</b><br>Out-of-hospital  | <ul style="list-style-type: none"> <li>No benefit</li> </ul>   | <ul style="list-style-type: none"> <li>100% of Scheme Rate or contracted rate, whichever applies</li> </ul>   |  |   |                   |
| <b>29.2</b> | <b>Occupational therapy: non-psychiatric consultations/sessions</b><br>Out-of-hospital  | <ul style="list-style-type: none"> <li>No benefit</li> </ul>   | <ul style="list-style-type: none"> <li>100% of cost at DSP</li> <li>100% of Scheme Rate at non-DSP</li> </ul>   |  |   |                   |
| <b>29.3</b> | <b>Physiotherapy</b><br>Out-of-hospital   | <ul style="list-style-type: none"> <li>No benefit</li> </ul>   | <ul style="list-style-type: none"> <li>100% of cost at DSP</li> <li>100% of Scheme Rate at non-DSP</li> </ul>   |  |   |                   |
| <b>29.4</b> | <b>Speech therapy</b><br>Out-of-hospital  | <ul style="list-style-type: none"> <li>No benefit</li> </ul>   | <ul style="list-style-type: none"> <li>100% of cost at DSP</li> <li>100% of Scheme Rate at non-DSP</li> </ul>   |  |   |                   |
| <b>30.</b>  | <b>OTHER AUXILIARY SERVICES</b>   |  |   |  |   |                   |
|             | In- and out-of-hospital   |  |   |  |   |                   |
| <b>30.1</b> | <b>Auxiliary allied services</b><br>Chiroprody, Podiatry, Dietetics (nutritional assessments), Orthotics, Massage, Chiropractors, Herbalists, Naturopaths, Family Planning Clinics, Homeopaths and Biokineticists (fitness assessments)   | <ul style="list-style-type: none"> <li>Limited to PMBs and subject to PMB regulations</li> <li>100% of cost at DSP</li> <li>100% of Scheme Rate at non-DSP</li> <li>Out-of-hospital cover is subject to PMB application, referral by GP in the Bankmed Entry Plan GP Network (DSP), and pre-authorisation</li> <li>Frequency limits apply</li> </ul> | <ul style="list-style-type: none"> <li>Limited to R3 825 pfpa</li> <li>100% of cost at DSP</li> <li>100% of Scheme Rate at non-DSP</li> <li>Frequency limits apply</li> </ul> | <ul style="list-style-type: none"> <li>Limited to available MSA for non-PMBs</li> <li>100% of cost at DSP</li> <li>100% of Scheme Rate at non-DSP</li> <li>Frequency limits apply</li> </ul> | <ul style="list-style-type: none"> <li>Limited to available MSA for non-PMBs</li> <li>100% of cost at DSP</li> <li>300% of Scheme Rate at a non-DSP</li> <li>Frequency limits apply</li> <li>ATB applies once Annual Threshold is reached</li> <li>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 R3 825 pfpa</li> </ul> |                   |

**Terminology Reminders:**

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

|             | ESSENTIAL PLAN<br>2024  | BASIC PLAN<br>2024  | TRADITIONAL PLAN<br>2024   | CORE SAVER PLAN<br>2024  | COMPREHENSIVE PLAN<br>2024   | PLUS PLAN<br>2024   |   |
|-------------|---|---|--|--|--|---|---|
|             | NON-MSA PLANS   |   |  | MSA PLANS  |  |   |   |
| <b>31.</b>  | <b>MAXILLOFACIAL AND ORAL SURGERY</b>   |   |  |  |  |   |   |
|             | Benefits for caps, crowns, bridges, endosteal and ossea-integrated implants are detailed under 'Advanced dentistry' whilst orthodontic benefits are detailed under 'Orthodontics' |   |  |  |  |   |   |
| <b>31.1</b> | <b>Maxillofacial and oral surgery</b><br>Consultations, procedures and treatment in- and out-of-hospital<br>Subject to pre-authorisation and PMB regulation                       | <ul style="list-style-type: none"> <li>Limited to PMBs</li> <li>100% of cost at contracted rate for Bankmed Entry Plan Specialist Network (DSP)</li> <li>100% of Scheme Rate for non-DSP</li> </ul> | <ul style="list-style-type: none"> <li>Unlimited</li> <li>100% of cost at contracted rate for Bankmed Prestige A and B Specialist Network (DSP)</li> <li>100% of Scheme Rate for non-DSP</li> <li>Benefit inclusive of elective treatment</li> </ul> | <ul style="list-style-type: none"> <li>Limited to PMBs</li> <li>100% of cost at contracted rate for Bankmed Prestige A and B Specialist Network (DSP)</li> <li>100% of Scheme Rate for non-DSP</li> </ul>  | <ul style="list-style-type: none"> <li>Unlimited</li> <li>100% of cost at contracted rate for Bankmed Prestige A and B Specialist Network (DSP)</li> <li>100% of Scheme Rate for non-DSP</li> <li>Benefit inclusive of elective treatment</li> </ul> |   |   |
| <b>32.</b>  | <b>DENTISTRY</b>  |   |  |  |  |   |   |
|             | Subject to pre-authorisation and PMB regulations.   |   |  |  |  |   |   |
| <b>32.1</b> | <b>Preventative and basic dentistry</b>   | <ul style="list-style-type: none"> <li>No benefit</li> </ul>  | <ul style="list-style-type: none"> <li>Unlimited</li> <li>100% of cost at Bankmed Dental Network (DSP)</li> <li>Bankmed Dental Formulary applies</li> <li>No benefits for non-DSP or non-Formulary treatment</li> </ul>                              | <ul style="list-style-type: none"> <li>Unlimited</li> <li>100% of cost at DSP</li> <li>100% of Scheme Rate at non-DSP</li> <li>Sub-limits apply:               <ul style="list-style-type: none"> <li>One oral examination pbpa</li> <li>Amalgam and resin fillings only</li> <li>Plastic dentures only</li> <li>Two topical fluoride treatments pbpa (age 15 years and younger)</li> <li>One topical fluoride treatment pfpa</li> <li>Limited to eight molar teeth pb per lifetime</li> <li>Scale and polish limited to two pbpa</li> </ul> </li> </ul> | <ul style="list-style-type: none"> <li>Limited to available MSA</li> <li>100% of cost at DSP</li> <li>100% of Scheme Rate at non-DSP</li> </ul>  | <ul style="list-style-type: none"> <li>Unlimited</li> <li>100% of cost at DSP</li> <li>100% of Scheme Rate at non-DSP</li> <li>Funded from Insured Benefit</li> <li>Sub-limits apply:               <ul style="list-style-type: none"> <li>One oral examination pbpa</li> <li>Amalgam and resin fillings only</li> <li>Plastic dentures only</li> <li>Two topical fluoride treatments pbpa (age 15 years and younger)</li> <li>One topical fluoride treatment pfpa</li> <li>Limited to eight molar teeth pb per lifetime</li> <li>Scale and polish limited to two pbpa</li> </ul> </li> </ul> | <ul style="list-style-type: none"> <li>100% of cost at DSP</li> <li>300% of Scheme Rate, subject to available MSA</li> <li>ATB applies once Annual Threshold is reached</li> <li>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 R21 700 for a single member and R32 870 for a family</li> </ul> |

**Terminology Reminders:**

|             |                             |            |                            |             |                           |             |                           |
|-------------|-----------------------------|------------|----------------------------|-------------|---------------------------|-------------|---------------------------|
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| <b>ASA</b>  | Accumulated Savings Account | <b>CIB</b> | Chronic Illness Benefit    | <b>CDL</b>  | Chronic Disease List      | <b>ATB</b>  | Above Threshold Benefit   |
| <b>pfpa</b> | per family per annum        | <b>pb</b>  | per beneficiary            | <b>pbpa</b> | per beneficiary per annum | <b>pbpm</b> | per beneficiary per month |

|            |   | ESSENTIAL PLAN<br>2024   | BASIC PLAN<br>2024  | TRADITIONAL PLAN<br>2024   | CORE SAVER PLAN<br>2024   | COMPREHENSIVE PLAN<br>2024   | PLUS PLAN<br>2024   |
|------------|---|--|---|--|---|--|---|
|            |   | NON-MSA PLANS  |   |  | MSA PLANS   |  |   |
| 32.2       | <b>Advanced dentistry</b><br>Caps, crowns, bridges and cost of endosteal and osseal-integrated implants | <ul style="list-style-type: none"> <li>No benefit</li> </ul>   |   | <ul style="list-style-type: none"> <li>100% of cost at DSP</li> <li>100% of Scheme Rate at non-DSP</li> <li>Limited to:               <ul style="list-style-type: none"> <li>M: R8 370 pbpa</li> <li>M + 1 +: R12 985 pfpa</li> </ul> </li> <li>Combined limit for 'Advanced dentistry', 'Orthodontics' and 'All other dental services'</li> </ul> | <ul style="list-style-type: none"> <li>100% of cost at DSP</li> <li>100% of Scheme Rate at non-DSP</li> <li>100% of cost for PMBs</li> <li>Subject to available MSA for non-PMBs</li> </ul>   | <ul style="list-style-type: none"> <li>100% of cost at DSP</li> <li>100% of Scheme Rate at non-DSP</li> <li>Limited to:               <ul style="list-style-type: none"> <li>M: R6 520 pbpa</li> <li>M + 1 +: R10 920 pfpa</li> </ul> </li> <li>Thereafter subject to available MSA</li> </ul> |   |
| 32.3       | <b>Orthodontics</b><br>Subject to orthodontic quotation and prior approval from Scheme                  | <ul style="list-style-type: none"> <li>No benefit</li> </ul>   |   | <ul style="list-style-type: none"> <li>100% of cost at DSP</li> <li>100% of Scheme Rate at non-DSP</li> <li>Subject to 'Advanced dentistry' limit</li> </ul>   | <ul style="list-style-type: none"> <li>100% of cost at DSP</li> <li>100% of Scheme Rate at non-DSP</li> <li>Subject to available MSA</li> </ul>   | <ul style="list-style-type: none"> <li>100% of cost at DSP</li> <li>100% of Scheme Rate at non-DSP</li> <li>Limited to R10 920 pfpa</li> <li>Thereafter subject to available MSA</li> </ul>  |   |
| 32.4       | <b>All other dental services</b>  | <ul style="list-style-type: none"> <li>No benefit</li> </ul>   | <ul style="list-style-type: none"> <li>100% of cost at Bankmed Dental Network (DSP), and</li> <li>Bankmed Dental Formulary applies to:               <ul style="list-style-type: none"> <li>Second and subsequent exams in same year</li> <li>X-rays</li> </ul> </li> </ul> | <ul style="list-style-type: none"> <li>100% of cost at DSP</li> <li>100% of Scheme Rate at non-DSP</li> <li>Subject to 'Advanced dentistry' limit</li> </ul>   | <ul style="list-style-type: none"> <li>100% of cost at DSP</li> <li>100% of Scheme Rate at non-DSP</li> <li>Subject to available MSA</li> </ul>   |  |   |
| <b>33.</b> | <b>GENERAL PRACTITIONERS (GPs)</b>  |  |   |  |   |  |   |
| 33.1       | <b>GP consultations</b><br>In-hospital  | <ul style="list-style-type: none"> <li>Limited to PMBs</li> <li>100% of cost at DSP</li> <li>100% of Scheme Rate for non-DSP</li> <li>DSP: Bankmed Entry Plan GP Network</li> </ul>  | <ul style="list-style-type: none"> <li>Unlimited</li> <li>100% of cost at DSP</li> <li>100% of Scheme Rate for non-DSP</li> <li>DSP: Bankmed Entry Plan GP Network</li> </ul>   | <ul style="list-style-type: none"> <li>Unlimited</li> <li>100% of cost at DSP</li> <li>100% of Scheme Rate for non-DSP</li> <li>DSP: Bankmed GP Network</li> </ul>   |   |  |   |
| 33.2       | <b>GP procedures</b><br>In-hospital   | <ul style="list-style-type: none"> <li>Limited to PMBs</li> <li>100% of cost at DSP</li> <li>100% of Scheme Rate for non-DSP (including PMBs)</li> <li>DSP: Bankmed Entry Plan GP Network</li> <li>No benefit for dental surgery, except for PMBs</li> </ul> | <ul style="list-style-type: none"> <li>Unlimited</li> <li>100% of cost at DSP</li> <li>100% of Scheme Rate for non-DSP (including PMBs)</li> <li>DSP: Bankmed Entry Plan GP Network</li> <li>No benefit for dental surgery, except for PMBs</li> </ul>                      | <ul style="list-style-type: none"> <li>Unlimited</li> <li>100% of cost at DSP</li> <li>100% of Scheme Rate for non-DSP (including PMBs)</li> <li>DSP: Bankmed GP Network</li> </ul>  | <ul style="list-style-type: none"> <li>Unlimited</li> <li>100% of cost at DSP</li> <li>100% of Scheme Rate for non-DSP (including PMBs)</li> <li>DSP: Bankmed GP Network</li> <li>No benefit for dental surgery, except for PMBs</li> </ul> | <ul style="list-style-type: none"> <li>Unlimited</li> <li>100% of cost at DSP</li> <li>125% of Scheme Rate for non-DSP (including PMBs)</li> <li>DSP: Bankmed GP Network</li> </ul>  | <ul style="list-style-type: none"> <li>Unlimited</li> <li>100% of cost at DSP</li> <li>300% of Scheme Rate for non-DSP (including PMBs)</li> <li>DSP: Bankmed GP Network</li> </ul> |

**Terminology Reminders:**

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

|      |   | ESSENTIAL PLAN<br>2024  | BASIC PLAN<br>2024  | TRADITIONAL PLAN<br>2024  | CORE SAVER PLAN<br>2024  | COMPREHENSIVE PLAN<br>2024  | PLUS PLAN<br>2024   |
|------|---|---|---|---|--|---|---|
|      |   | NON-MSA PLANS   |   |   | MSA PLANS  |   |   |
| 33.3 | <b>30-Day Post-hospital GP Consultation Benefit</b><br>Consultation within 30 days of discharge from hospital (excluding day cases) | <ul style="list-style-type: none"> <li>Limited to PMBs</li> <li>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</li> <li>100% of cost at the contracted rate for Bankmed Entry Plan GP Network (DSP)</li> <li>100% of Scheme Rate for non-DSP</li> </ul> | <ul style="list-style-type: none"> <li>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</li> <li>100% of cost at the contracted rate via Bankmed Entry Plan GP Network (DSP)</li> <li>100% of Scheme Rate for non-DSP</li> <li>Subject to the 'Out-of-network GP Benefit' limit</li> </ul>  | <ul style="list-style-type: none"> <li>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):</li> <li>100% of cost at contracted rate for Bankmed Network GPs (DSP)</li> <li>100% of Scheme Rate for non-DSP</li> </ul>   |  |   |   |
| 33.4 | <b>GP consultations</b><br>In-room or out-of-hospital   | <ul style="list-style-type: none"> <li>Limited to PMBs</li> <li>100% of cost at DSP</li> <li>100% of Scheme Rate for non-DSP</li> <li>DSP: Bankmed Entry Plan GP Network</li> </ul>   | <ul style="list-style-type: none"> <li>Unlimited</li> <li>100% of cost at DSP</li> <li>100% of Scheme Rate for non-DSP</li> <li>DSP: Bankmed Entry Plan GP Network</li> <li>Member to nominate primary GP within network</li> <li><b>Out-of-network GP Benefit</b> <ul style="list-style-type: none"> <li>Limited to three visits, to a maximum of R2 630 pfpa (at DSP rate) for consultations, procedures and medication at non-network GP</li> <li>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</li> </ul> </li> </ul> | <ul style="list-style-type: none"> <li>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"> <li>M: R4 220 pbpa</li> <li>M + 1: R7 640 pfpa</li> <li>M + 2 +: R8 860 pfpa</li> </ul> </li> <li>100% of cost at DSP</li> <li>100% of Scheme Rate for non-DSP</li> <li>DSP: Bankmed GP Network</li> <li>Unlimited if DSP used</li> <li>Continued benefits for beneficiaries with PMB conditions, subject to PMB regulations</li> </ul> | <ul style="list-style-type: none"> <li><b>Bankmed GP Network benefits (DSP):</b> <ul style="list-style-type: none"> <li>Unlimited for PMBs</li> <li>100% of cost</li> <li>Limited to two consultations from Insured Benefits for non-PMBs, thereafter subject to available MSA</li> </ul> </li> <li><b>Non-network GP benefits (non-DSP):</b> <ul style="list-style-type: none"> <li>100% of Scheme Rate from Insured Benefits for PMBs</li> <li>100% of Scheme Rate, subject to available MSA for non-PMBs</li> </ul> </li> </ul> | <ul style="list-style-type: none"> <li><b>Bankmed GP Network benefits (DSP):</b> <ul style="list-style-type: none"> <li>Unlimited for PMBs</li> <li>100% of cost</li> <li>Non-PMBs subject to available MSA</li> </ul> </li> <li><b>Non-network GP benefits (non-DSP):</b> <ul style="list-style-type: none"> <li>100% of Scheme Rate from Insured Benefits for PMBs</li> <li>100% of Scheme Rate, subject to available MSA for non-PMBs</li> </ul> </li> </ul> | <ul style="list-style-type: none"> <li><b>Bankmed GP Network benefits (DSP):</b> <ul style="list-style-type: none"> <li>Unlimited for PMBs</li> <li>100% of cost</li> <li>Non-PMBs subject to available MSA/ATB</li> </ul> </li> <li><b>Non-network GP benefits (non-DSP):</b> <ul style="list-style-type: none"> <li>100% of Scheme Rate from Insured Benefits for PMBs</li> <li>300% of Scheme Rate, subject to available MSA/ATB for non-PMBs</li> <li>ATB applies once Annual Threshold is reached</li> </ul> </li> </ul> |

**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<br>2024  | BASIC PLAN<br>2024   | TRADITIONAL PLAN<br>2024   | CORE SAVER PLAN<br>2024   | COMPREHENSIVE PLAN<br>2024   | PLUS PLAN<br>2024  |
|------|--|---|--|--|---|--|--|
|      |  | NON-MSA PLANS   |  |  | MSA PLANS   |  |  |
| 33.5 | <b>GP procedures</b><br>In-room or out-of-hospital   | <ul style="list-style-type: none"> <li>Limited to PMBs</li> <li>100% of cost at DSP</li> <li>100% of Scheme Rate for non-DSP</li> <li>DSP: Bankmed Entry Plan GP Network</li> </ul>                                       | <ul style="list-style-type: none"> <li>Refer to 'GP Consultations In-room or out-of-hospital' benefit section</li> </ul>   | <ul style="list-style-type: none"> <li>Unlimited</li> <li>100% of cost at DSP</li> <li>100% of Scheme Rate for non-DSP</li> <li>DSP: Bankmed GP Network</li> </ul>                 | <ul style="list-style-type: none"> <li><b>Bankmed GP Network benefits (DSP):</b></li> <li>Unlimited for PMBs</li> <li>100% of cost</li> <li>Non-PMBs subject to available MSA</li> <li><b>Non-network GP benefits (non-DSP):</b></li> <li>100% of Scheme Rate from Insured Benefits for PMBs</li> <li>100% of Scheme Rate, subject to available MSA for non-PMBs</li> </ul> | <ul style="list-style-type: none"> <li><b>Bankmed GP Network benefits (DSP):</b></li> <li>Unlimited for PMBs</li> <li>100% of cost</li> <li><b>Non-network GP benefits (non-DSP):</b></li> <li>100% of Scheme Rate from Insured Benefits for PMBs</li> <li>125% of Scheme Rate from Insured Benefits for non-PMBs</li> </ul> | <ul style="list-style-type: none"> <li><b>Bankmed GP Network benefits (DSP):</b></li> <li>Unlimited for PMBs</li> <li>100% of cost</li> <li><b>Non-network GP benefits (non-DSP):</b></li> <li>100% of Scheme Rate from Insured Benefits for PMBs</li> <li>300% of Scheme Rate from Insured Benefits for non-PMBs</li> </ul> |
| 33.6 | <b>GP consultations</b><br>Virtual or online<br>Subject to verification notes submitted by claiming GP<br>Subject to Out-of-hospital GP Benefits and Limits                                    | <ul style="list-style-type: none"> <li>100% of cost for Bankmed Entry Plan GP Network GPs (DSP)</li> <li>100% of Scheme Rate for non-DSP</li> <li>Limited to three consultations pbpa</li> <li>Limited to PMBs</li> </ul> | <ul style="list-style-type: none"> <li>100% of cost for Bankmed Entry Plan GP Network GPs (DSP)</li> <li>100% of Scheme Rate for non-DSP</li> <li>Limited to three consultations pbpa</li> <li>Subject to the 'Out-of-network GP Benefit' limit if non-DSP used</li> </ul> | <ul style="list-style-type: none"> <li>100% of cost for Bankmed Network GPs (DSP)</li> <li>100% of Scheme Rate for non-DSP</li> <li>Limited to three consultations pbpa</li> </ul> | <ul style="list-style-type: none"> <li>100% of cost for Bankmed Network GPs (DSP)</li> <li>100% of Scheme Rate for non-DSP</li> <li>Limited to three consultations pbpa</li> <li>Subject to available MSA for non-PMBs</li> </ul>   | <ul style="list-style-type: none"> <li>100% of cost for Bankmed Network GPs (DSP)</li> <li>100% of Scheme Rate for non-DSP</li> <li>Limited to three consultations pbpa</li> <li>Subject to available MSA/ATB for non-PMBs</li> </ul>  |  |
| 34.  | <b>SPECIALISTS</b><br>NB: Psychiatrists, oncologists, radiologists, pathologists, maxillofacial and oral surgeons and other dental practitioners are covered elsewhere in these Benefit Tables |   |  |  |   |  |  |
| 34.1 | <b>Specialist consultations and procedures</b><br>In-hospital  | <ul style="list-style-type: none"> <li>Limited to PMBs</li> <li>100% of cost for Bankmed Entry Plan Specialist Network (DSP)</li> <li>100% of Scheme Rate for non-DSP</li> </ul>  | <ul style="list-style-type: none"> <li>Unlimited</li> <li>100% of cost for Bankmed Entry Plan Specialist Network (DSP)</li> <li>100% of Scheme Rate for non-DSP</li> </ul>   | <ul style="list-style-type: none"> <li>Unlimited</li> <li>100% of cost for Bankmed Prestige A and B Specialist Network (DSP)</li> <li>100% of Scheme Rate for non-DSP</li> </ul>   |   |  | <ul style="list-style-type: none"> <li>Unlimited</li> <li>100% of cost for Bankmed Prestige A and B Specialist Network (DSP)</li> <li>300% of Scheme Rate for non-DSP</li> </ul>   |

**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<br>2024  | BASIC PLAN<br>2024   | TRADITIONAL PLAN<br>2024   | CORE SAVER PLAN<br>2024  | COMPREHENSIVE PLAN<br>2024   | PLUS PLAN<br>2024  |
|-------------|--|---|--|--|--|--|--|
|             |  | NON-MSA PLANS   |  |  | MSA PLANS  |  |  |
| <b>34.2</b> | <p><b>Specialist consultations</b><br/>In-room or out-of-hospital<br/>Pre-authorisation required for all Plans, excluding Comprehensive and Plus<br/>Make use of our DSP to limit or avoid co-payments</p> | <ul style="list-style-type: none"> <li>Limited to PMBs</li> <li>Benefits subject to referral by GP in Bankmed Entry Plan GP Network and approved BOC registration for PMB conditions</li> <li>100% of cost for Bankmed Entry Plan Specialist Network (DSP)</li> <li>80% of cost if no pre-authorisation and no referral from a Bankmed Entry Plan GP Network GP (DSP)</li> <li>100% of Scheme Rate for non-DSP</li> <li>80% of Scheme Rate if no pre-authorisation and no referral from Bankmed Entry Plan GP Network GP (DSP)</li> </ul> | <ul style="list-style-type: none"> <li>Limited to: <ul style="list-style-type: none"> <li>M: R4 260 pbpa</li> <li>M + 1 +: R6 670 pfpa</li> </ul>           Combined limit with 'Specialist procedures: In-room or out-of-hospital' benefit         </li> <li>Benefits subject to referral by a Bankmed Entry Plan GP Network GP</li> <li>100% of cost for Bankmed Entry Plan Specialist Network (DSP)</li> <li>80% of cost if no pre-authorisation and no referral from a Bankmed Entry Plan GP Network GP (DSP)</li> <li>100% of Scheme Rate for non-DSP</li> <li>80% of Scheme Rate if no pre-authorisation and no referral from a Bankmed Entry Plan GP Network GP (DSP)</li> <li>Annual limit includes basic radiology, scans, and pathology prescribed by specialist/ appearing on specialist's claim</li> <li>Continued benefits for PMBs, subject to PMB regulations and approval</li> </ul> | <ul style="list-style-type: none"> <li>Combined limit for GP and specialist consultations in rooms: <ul style="list-style-type: none"> <li>M: R4 220 pbpa</li> <li>M + 1: R7 640 pfpa</li> <li>M + 2 +: R8 860 pfpa</li> </ul> </li> <li>Benefits subject to referral by a Bankmed GP Network GP</li> <li>100% of cost at Bankmed Prestige A and B Specialist Network (DSP)</li> <li>80% of cost if no pre-authorisation and no referral from Bankmed GP Network GP (DSP)</li> <li>100% of Scheme Rate for non-DSP (including PMBs)</li> <li>80% of Scheme Rate if no pre-authorisation and no referral from a Bankmed Network GP (DSP)</li> <li>Continued benefits for PMBs, subject to PMB regulations and approval</li> </ul> | <ul style="list-style-type: none"> <li>Specialist consultations approved for beneficiaries registered for PMB Chronic Disease List (CDL) conditions</li> <li>Benefits subject to approved BOC and referral by a Bankmed Network GP</li> <li>100% of cost for Bankmed Prestige A and B Specialist Network (DSP)</li> <li>80% of cost if no pre-authorisation and no referral from a Bankmed Network GP (DSP)</li> <li>100% of Scheme Rate for non-DSP</li> <li>80% of Scheme Rate if no pre-authorisation and no referral from a Bankmed Network GP (DSP)</li> <li>Non-BOC benefits covered at 100% of Scheme Rate, subject to available MSA</li> <li>Continued benefits for PMBs, subject to PMB regulations and approval</li> </ul> | <ul style="list-style-type: none"> <li>100% of Scheme Rate, subject to available MSA</li> <li>100% of cost for Bankmed Prestige A and B Specialist Network (DSP)</li> <li>100% of Scheme Rate for non-DSP</li> </ul> | <ul style="list-style-type: none"> <li>300% of Scheme Rate, subject to available MSA</li> <li>ATB applies once Annual Threshold is reached</li> <li>100% of cost for Bankmed Prestige A and B Specialist Network (DSP)</li> <li>300% of Scheme Rate for non-DSP</li> </ul> |

**Terminology Reminders:**

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

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

**Terminology Reminders:**

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

|      | ESSENTIAL PLAN<br>2024   | BASIC PLAN<br>2024   | TRADITIONAL PLAN<br>2024   | CORE SAVER PLAN<br>2024   | COMPREHENSIVE PLAN<br>2024  | PLUS PLAN<br>2024  |  |
|------|--|--|--|---|---|--|--|
|      | NON-MSA PLANS  |  |  | MSA PLANS   |   |  |  |
| 36.  | OPTOMETRY CONSULTATIONS, SPECTACLES, FRAMES, LENSES AND CONTACT LENSES   |  |  |   |   |  |  |
| 36.1 | <b>Optometry consultations</b><br>Subject to the Optometry Benefit Management Programme and clinical necessity | <ul style="list-style-type: none"> <li>No benefit</li> </ul> | <ul style="list-style-type: none"> <li>Limited to Iso Leso Optometry Network (DSP)</li> <li>No benefit out of network</li> <li>100% of cost at DSP</li> <li>Limited to one consultation pb every two years</li> <li>All services and products subject to selected Iso Leso Optometry Network Scheme-approved and contracted services and products</li> </ul>             | <ul style="list-style-type: none"> <li>100% of Scheme Rate</li> <li>Benefits limited to:               <ul style="list-style-type: none"> <li>One eye test, or</li> <li>One re-examination, or</li> <li>One composite examination pb every 24 months from previous date of service</li> </ul> </li> </ul>     | <ul style="list-style-type: none"> <li>100% of Scheme Rate</li> <li>Subject to available MSA</li> </ul>   | <ul style="list-style-type: none"> <li>100% of Scheme Rate</li> <li>Benefits limited to:               <ul style="list-style-type: none"> <li>One eye test, or</li> <li>One re-examination, or</li> <li>One composite examination pb every 24 months from previous date of service</li> </ul> </li> </ul>                | <ul style="list-style-type: none"> <li>100% of Scheme Rate</li> <li>Subject to available MSA</li> <li>Accumulation to the Annual Threshold is limited to 100% of the Scheme Rate for spectacle lenses, contact lenses, eye tests and all other applicable services</li> <li>ATB applies once the Annual Threshold is reached</li> <li>The 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 480 pbpa</li> </ul> |
| 36.2 | <b>Frames and extras</b>   | <ul style="list-style-type: none"> <li>No benefit</li> </ul> | <ul style="list-style-type: none"> <li>Limited to Iso Leso Optometry Network (DSP)</li> <li>No benefit out of network</li> <li>100% of cost at DSP</li> <li>Limited to one frame pb every two years</li> <li>All services and products, including frames, subject to selected Iso Leso Optometry Network Scheme-approved and contracted services and products</li> </ul> | <ul style="list-style-type: none"> <li>100% of Scheme Rate</li> <li>Limited to R1 150 pb every 24 months from previous date of service</li> <li>One frame pb every 24 months from previous date of service</li> <li>Extras subject to pre-authorization and PMB regulations and clinical necessity</li> </ul> | <ul style="list-style-type: none"> <li>100% of Scheme Rate</li> <li>Subject to available MSA</li> <li>One frame pb every 24 months from previous date of service</li> <li>Extras subject to pre-authorization and PMB regulations and clinical necessity</li> </ul> | <ul style="list-style-type: none"> <li>100% of Scheme Rate</li> <li>Subject to available MSA</li> <li>Frames and extras do not accumulate towards reaching the Annual Threshold and are not covered as an ATB benefit</li> <li>Extras subject to pre-authorization and PMB regulations and clinical necessity</li> </ul> |  |

**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](http://www.opticlear.co.za)

**Terminology Reminders:**

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



|      |   | ESSENTIAL PLAN<br>2024                                       | BASIC PLAN<br>2024   | TRADITIONAL PLAN<br>2024   | CORE SAVER PLAN<br>2024  | COMPREHENSIVE PLAN<br>2024  | PLUS PLAN<br>2024  |
|------|---|--|--|--|--|---|--|
|      |   | NON-MSA PLANS  |  |  | MSA PLANS  |   |  |
| 36.3 | <b>Prescription lenses</b><br>Clear, standard/generic, single vision, bifocal or multi-focal lenses | <ul style="list-style-type: none"> <li>No benefit</li> </ul> | <ul style="list-style-type: none"> <li>Limited to Iso Leso Optometry Network (DSP)</li> <li>No benefit out of network</li> <li>100% of cost at DSP</li> <li>Limited to one pair of prescription lenses pb every two years</li> <li>All services and products, including frames, subject to selected Iso Leso Optometry Network Scheme-approved and contracted services and products</li> </ul> | <ul style="list-style-type: none"> <li>Benefits for prescription lenses limited to one pair of lenses pb every 24 months from previous date of service</li> <li>100% of the Scheme Rate</li> <li>Limited to clear, standard/generic, single vision, bifocal or multi-focal lenses from an Opticlear Network optometrist</li> </ul>   | <ul style="list-style-type: none"> <li>100% of Scheme Rate</li> <li>Subject to available MSA</li> </ul>  | <ul style="list-style-type: none"> <li>Benefits for prescription lenses limited to one pair of lenses pb every 24 months from previous date of service</li> <li>100% of the Scheme Rate</li> <li>Limited to clear, standard/generic, single vision, bifocal or multi-focal lenses from an Opticlear Network optometrist</li> </ul>  | <ul style="list-style-type: none"> <li>100% of Scheme Rate</li> <li>Subject to available MSA</li> </ul>  |
| 36.4 | <b>Readymade readers</b>  | <ul style="list-style-type: none"> <li>No benefit</li> </ul> |  | <ul style="list-style-type: none"> <li>Limited to two pairs of readymade readers pb every two years</li> <li>Limited to R120 per pair</li> <li>100% of Scheme Rate</li> <li>Readymade readers via optometrists and pharmacies covered from the OTC benefit, subject to benefit availability</li> </ul>   | <ul style="list-style-type: none"> <li>100% of Scheme Rate</li> <li>Subject to available MSA</li> <li>Readymade readers via optometrists and pharmacies covered from the OTC benefit, subject to available MSA</li> </ul>  | <ul style="list-style-type: none"> <li>Limited to two pairs of readymade readers pb every two years</li> <li>Limited to R120 per pair</li> <li>100% of Scheme Rate</li> <li>Subject to available MSA</li> <li>Readymade readers via optometrists and pharmacies covered from the OTC benefit, subject to benefit availability</li> </ul>  | <ul style="list-style-type: none"> <li>Limited to two pairs of readymade readers pb every two years</li> <li>Limited to R120 per pair</li> <li>100% of Scheme Rate</li> <li>Subject to available MSA</li> <li>Readymade readers via optometrists and pharmacies covered from the OTC benefit, subject to benefit availability</li> </ul> |
| 36.5 | <b>Contact lenses</b>   | <ul style="list-style-type: none"> <li>No benefit</li> </ul> |  | <ul style="list-style-type: none"> <li>100% of Scheme Rate</li> <li>Limited to R1 805 pbpa at an Opticlear Network optometrist</li> <li>Limited to clear contact lenses</li> <li>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)</li> </ul> | <ul style="list-style-type: none"> <li>100% of Scheme Rate</li> <li>Subject to available MSA</li> <li>Limited to clear contact lenses</li> <li>A beneficiary may not claim for spectacles (lenses or frame) AND contact lenses in the same benefit year</li> </ul> | <ul style="list-style-type: none"> <li>100% of Scheme Rate</li> <li>Limited to R2 005 pbpa for an Opticlear Network optometrist, paid from Insured Benefits</li> <li>Limited to clear contact lenses</li> <li>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)</li> </ul> | <ul style="list-style-type: none"> <li>Refer to 'Optometry consultation' benefit section</li> </ul>  |



**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:**

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

|      |  | ESSENTIAL PLAN<br>2024   | BASIC PLAN<br>2024  | TRADITIONAL PLAN<br>2024  | CORE SAVER PLAN<br>2024  | COMPREHENSIVE PLAN<br>2024  | PLUS PLAN<br>2024  |
|------|--|--|---|---|--|---|--|
|      |  | NON-MSA PLANS  |   |   | MSA PLANS  |   |  |
| 36.6 | Fitting of contact lenses  | <ul style="list-style-type: none"> <li>No benefit</li> </ul>   |   | <ul style="list-style-type: none"> <li>100% of Scheme Rate</li> <li>One contact lens dispensing and/or assessment pb every 12 months</li> </ul>   | <ul style="list-style-type: none"> <li>100% of Scheme Rate, subject to available MSA</li> </ul>  | <ul style="list-style-type: none"> <li>100% of Scheme Rate</li> <li>One contact lens dispensing and/or assessment pb every 12 months</li> </ul> | <ul style="list-style-type: none"> <li>Refer to 'Optometry consultation' benefit section</li> </ul>  |
| 36.7 | Sunglasses   | <ul style="list-style-type: none"> <li>No benefit</li> </ul>   |   | <ul style="list-style-type: none"> <li>No benefit for sunglasses/prescription sunglasses/spectacles with a tint &gt; 35%</li> </ul>   |  |   |  |
| 37.  | <b>REFRACTIVE SURGERY AND ASSOCIATED COSTS (INCLUDING HOSPITALISATION)</b>   |  |   |   |  |   |  |
| 37.1 | Other optometric services<br>Refractive surgery excimer laser treatment, hospitalisation and associated costs  | <ul style="list-style-type: none"> <li>No benefit, including the cost of hospitalisation, medication and all other associated services</li> </ul>  |   | <ul style="list-style-type: none"> <li>100% of Scheme Rate</li> <li>Limited to R4 810 pfpa, including the cost of hospitalisation, medication and all other associated services</li> </ul>  | <ul style="list-style-type: none"> <li>100% of Scheme Rate check for plus plan</li> <li>Subject to available MSA, including the cost of hospitalisation, medication and all other associated services</li> </ul> |   |  |
| 38.  | <b>MEDICATION</b><br>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<br>Refer to 'Contraception' benefit section for additional Insured Benefits  | <ul style="list-style-type: none"> <li>Limited to PMBs</li> <li>Subject to Scheme Medication Formulary (medicine list)</li> <li>100% of cost for PMBs</li> <li>Unlimited via Bankmed GP Entry Plan Network GP (DSP)</li> </ul> | <ul style="list-style-type: none"> <li>Unlimited</li> <li>Subject to Scheme Medication Formulary (medicine list)</li> <li><b>Medication via DSP</b><br/>Bankmed GP Entry Plan Network and Bankmed Pharmacy Network</li> <li>100% of cost plus contracted dispensing fee, unlimited</li> </ul> | <ul style="list-style-type: none"> <li>Limited to: <ul style="list-style-type: none"> <li>M: R4 785 pbpa</li> <li>M + 1: R8 810 pfpa</li> <li>M + 2 +: R9 565 pfpa</li> </ul> </li> <li>The above limits include a maximum allowance of R1 800 pfpa OTC</li> <li><b>Medication via DSP</b><br/>Bankmed GP Network and Bankmed Pharmacy Network</li> <li>100% of Scheme Medicine Reference Price plus contracted dispensing fee for generic medication</li> <li>80% of Scheme Medicine Reference Price plus contracted dispensing fee for original medication (medication where a generic alternative is available)</li> </ul> | <ul style="list-style-type: none"> <li>100% of Scheme Medicine Reference Price</li> <li>Subject to available MSA</li> </ul>  | <ul style="list-style-type: none"> <li>100% of Scheme Medicine Reference Price</li> <li>Subject to available MSA</li> </ul>                     | <ul style="list-style-type: none"> <li>100% of Scheme Medicine Reference Price plus contracted dispensing fee as applicable</li> <li>to Bankmed GP Network or Bankmed Pharmacy Network (DSP)</li> <li>Subject to available MSA</li> <li>ATB applies once Annual Threshold is reached</li> <li>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 R21 700 for a single member and R32 870 for a family</li> </ul> |

**Terminology Reminders:**

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

|      |  | ESSENTIAL PLAN<br>2024                                       | BASIC PLAN<br>2024   | TRADITIONAL PLAN<br>2024   | CORE SAVER PLAN<br>2024   | COMPREHENSIVE PLAN<br>2024  | PLUS PLAN<br>2024  |
|------|--|--|--|--|---|---|--|
|      |  | NON-MSA PLANS  |  |  | MSA PLANS   |   |  |
|      |  |  | <ul style="list-style-type: none"> <li><b>Medication via non-DSP</b><br/>Voluntary use of non-DSP</li> <li>100% of Scheme Medicine Reference Price</li> <li>Subject to the 'Out-of-network GP Benefit' limit of R2 630 pfpa</li> </ul> <ul style="list-style-type: none"> <li><b>Medication via non-DSP</b><br/>Involuntary use of non-DSP</li> <li>100% of cost plus contracted dispensing fee, unlimited</li> </ul> <ul style="list-style-type: none"> <li><b>Important note:</b><br/>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 630 pfpa</li> </ul> | <ul style="list-style-type: none"> <li><b>Medication via non-DSP</b><br/>Voluntary use of non-DSP</li> <li>80% of Scheme Medicine Reference Price for generic medication and original medication (medication where a generic alternative is available)</li> </ul> <ul style="list-style-type: none"> <li><b>Medication via non-DSP</b><br/>Involuntary use of non-DSP</li> <li>100% of Scheme Medicine Reference Price plus contracted dispensing fee for generic medication</li> <li>80% of Scheme Medicine Reference Price plus contracted dispensing fee for original medication (medication where a generic alternative is available)</li> </ul> | <div style="background-color: #1a3d4d; color: white; padding: 10px; border: 1px solid #1a3d4d;"> <p style="margin: 0;"><b>Important information</b></p> <p style="margin: 5px 0 0 20px;">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 <a href="mailto:pmb_app_forms@bankmed.co.za">pmb_app_forms@bankmed.co.za</a> if chronic medication has not been prescribed for your condition.</p> </div> |   |  |
| 38.2 | <b>Self-medication</b><br>Over-the-counter (OTC) medication/pharmacy advised therapy (PAT) | <ul style="list-style-type: none"> <li>No benefit</li> </ul> |  | <ul style="list-style-type: none"> <li>100% of Scheme Medicine Reference Price for Bankmed Pharmacy Network (DSP)</li> <li>80% of the Scheme Medicine Reference Price for non-DSP</li> <li>Limited to R1 900 pfpa, and further subject to the annual limit for prescribed acute medication</li> </ul>  | <ul style="list-style-type: none"> <li>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</li> <li>All other acute and over-the-counter medication subject to available MSA</li> </ul>   | <ul style="list-style-type: none"> <li>100% of Scheme Medicine Reference Price</li> <li>Subject to available MSA</li> </ul> | <ul style="list-style-type: none"> <li>100% of Scheme Medicine Reference Price</li> <li>Subject to available MSA</li> <li>Self-medication/PAT does not accumulate towards the Annual Threshold and is not covered as an ATB benefit</li> </ul> |
| 38.3 | <b>Homeopathic medication</b><br>On prescription only. Limited to items with NAPP1 codes   | <ul style="list-style-type: none"> <li>No benefit</li> </ul> |  | <ul style="list-style-type: none"> <li>Refer to 'Prescribed acute medication' and 'Chronic medication' benefit sections</li> <li>No self-medication benefit for homeopathic medication</li> </ul>  |   |   |  |

**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<br>2024   | BASIC PLAN<br>2024   | TRADITIONAL PLAN<br>2024  | CORE SAVER PLAN<br>2024  | COMPREHENSIVE PLAN<br>2024   | PLUS PLAN<br>2024  |
|------|--|--|--|---|--|--|--|
|      |  | NON-MSA PLANS  |  |   | MSA PLANS  |  |  |
| 38.4 | <b>Chronic medication</b><br>Subject to prior application and approval | <ul style="list-style-type: none"> <li>Limited to PMBs</li> <li>100% of cost for PMBs at DSP</li> <li>Unlimited via Bankmed Entry Plan GP Network (DSP)</li> <li>Subject to Scheme Medication Formulary (medicine list)</li> </ul> | <ul style="list-style-type: none"> <li><b>Medication via DSP</b><br/>Bankmed GP Entry Plan Network and Bankmed Pharmacy Network</li> <li>100% of cost at DSP</li> <li>Unlimited via DSP</li> <li>Subject to Scheme Medication Formulary (medicine list)</li> <li><b>Medication via non-DSP</b><br/>Voluntary use of non-DSP</li> <li>80% of Scheme Medicine Reference Price</li> <li>Subject to 'Out-of-network GP Benefit' limit of R2 630 pfpa</li> <li><b>Medication via non-DSP</b><br/>Involuntary use of non-DSP</li> <li>100% of cost plus contracted dispensing fee</li> </ul> | <ul style="list-style-type: none"> <li><b>Medication via DSP</b><br/>Bankmed GP Network and Bankmed Pharmacy Network</li> <li>Limited to R25 300 pbpa</li> <li>100% of Scheme Medicine Reference Price for DSP</li> <li><b>Medication via non-DSP</b><br/>Voluntary use of non-DSP</li> <li>80% of Scheme Medicine Reference Price</li> <li><b>Medication via non-DSP</b><br/>Involuntary use of non-DSP</li> <li>100% of cost plus contracted dispensing fee</li> <li>Continued benefits for PMBs after depletion of annual limit, subject to PMB regulations</li> </ul> | <ul style="list-style-type: none"> <li><b>Medication via DSP</b><br/>Bankmed GP Network and Bankmed Pharmacy Network</li> <li>Limited to Core Saver Medication Formulary (medicine list) for PMB conditions</li> <li>100% of Scheme Medicine Reference Price for DSP</li> <li><b>Medication via non-DSP</b><br/>Voluntary use of non-DSP</li> <li>80% of Scheme Medicine Reference Price</li> <li><b>Medication via non-DSP</b><br/>Involuntary use of non-DSP</li> <li>100% of cost plus contracted dispensing fee</li> </ul> | <ul style="list-style-type: none"> <li><b>Medication via DSP</b><br/>Bankmed GP Network and Bankmed Pharmacy Network</li> <li>Limited to R27 395 pbpa (Insured Benefits)</li> <li>100% of Scheme Medicine Reference Price for DSP</li> <li><b>Medication via non-DSP</b><br/>Voluntary use of non-DSP</li> <li>80% of Scheme Medicine Reference Price</li> <li><b>Medication via non-DSP</b><br/>Involuntary use of non-DSP</li> <li>100% of cost plus contracted dispensing fee</li> <li>Continued benefits for PMBs after depletion of annual limit, subject to PMB regulations</li> </ul> | <ul style="list-style-type: none"> <li><b>Medication via DSP</b><br/>Bankmed GP Network and Bankmed Pharmacy Network</li> <li>Limited to R32 665 pbpa (Insured Benefits)</li> <li>100% of Scheme Medicine Reference Price for DSP</li> <li><b>Medication via non-DSP</b><br/>Voluntary use of non-DSP</li> <li>80% of Scheme Medicine Reference Price</li> <li><b>Medication via non-DSP</b><br/>Involuntary use of non-DSP</li> <li>100% of cost plus contracted dispensing fee</li> <li>Continued benefits for PMBs after depletion of annual limit, subject to PMB regulations</li> </ul> |

**Terminology Reminders:**

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

|             |   | ESSENTIAL PLAN<br>2024  | BASIC PLAN<br>2024   | TRADITIONAL PLAN<br>2024  | CORE SAVER PLAN<br>2024   | COMPREHENSIVE PLAN<br>2024  | PLUS PLAN<br>2024   |
|-------------|---|---|--|---|---|---|---|
|             |   | NON-MSA PLANS   |  |   | MSA PLANS   |   |   |
| <b>38.5</b> | <p><b>Biologic and high-cost specialised medication</b><br/>Utilised in the management of PMB CDL and non-PMB chronic conditions</p> <ul style="list-style-type: none"> <li>Includes off-label medications<br/>Request for medications not registered for the condition by the Medicines Control Council (MCC)</li> <li>Includes Section 21 medication<br/>Medications not registered by the MCC for use in South Africa</li> </ul> <ul style="list-style-type: none"> <li><b>PMB algorithm medication</b></li> <li><b>PMB non-algorithm medication</b></li> <li><b>Non-PMB non-algorithm medication</b></li> </ul> | <ul style="list-style-type: none"> <li>Limited to PMBs</li> <li>Subject to PMB regulations</li> </ul> <ul style="list-style-type: none"> <li>100% of cost</li> <li>No benefit</li> <li>No benefit</li> </ul>  | <ul style="list-style-type: none"> <li>Limited to PMBs</li> <li>Subject to PMB regulations</li> </ul> <ul style="list-style-type: none"> <li>100% of cost</li> <li>No benefit</li> <li>No benefit</li> </ul> | <ul style="list-style-type: none"> <li>Includes PMBs and non-PMBs</li> <li>Subject to PMB regulations</li> </ul> <ul style="list-style-type: none"> <li>100% of cost</li> <li>70% of Scheme Rate</li> <li>70% of Scheme Rate</li> </ul> | <ul style="list-style-type: none"> <li>Includes PMBs and non-PMBs</li> <li>Subject to PMB regulations</li> </ul> <ul style="list-style-type: none"> <li>100% of cost</li> <li>70% of Scheme Rate</li> <li>No benefit</li> </ul>   | <ul style="list-style-type: none"> <li>Includes PMBs and non-PMBs</li> <li>Subject to PMB regulations</li> </ul> <ul style="list-style-type: none"> <li>100% of cost</li> <li>100% of Scheme Rate</li> <li>100% of Scheme Rate</li> </ul> | <ul style="list-style-type: none"> <li>Includes PMBs and non-PMBs</li> <li>Subject to PMB regulations</li> </ul> <ul style="list-style-type: none"> <li>100% of cost</li> <li>100% of Scheme Rate</li> <li>100% of Scheme Rate</li> </ul> |
| <b>39.</b>  | <p><b>WORLD HEALTH ORGANISATION (WHO) RECOGNISED DISEASE OUTBREAKS</b><br/>Benefit for out-of-hospital management and appropriate supportive treatment of global World Health Organisation (WHO) recognised disease outbreaks</p>   |   |  |   |   |   |   |
| <b>39.1</b> | <p><b>Out-of-hospital healthcare services related to COVID-19:</b></p>  | <p><b>Benefits</b></p> <p><b>BENEFITS AND LIMITATIONS</b><br/><b>Benefits in excess of the PMB requirements</b></p> <ul style="list-style-type: none"> <li>Up to a maximum of 100% of the Scheme Rate.</li> <li>Cover for testing is subject to NICD protocol and referral by a Healthcare Professional.</li> <li>Subject to the Scheme's preferred provider (where applicable), protocols and the condition and treatment meeting the Scheme's entry criteria and guidelines.</li> </ul> |  |   | <p><b>BENEFITS AND LIMITATIONS</b><br/><b>BOC as defined by Bankmed</b></p> <p>Out-of-hospital healthcare services related to COVID-19:</p> <ul style="list-style-type: none"> <li>Screening consultation with a nurse or GP: unlimited</li> <li>Defined 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.</li> <li>Defined basket of X-rays and scans</li> <li>Supportive treatment</li> <li>Contact tracing</li> </ul> |   |   |

**Terminology Reminders:**

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

|  |                               |                           |                                 |                                |                                   |                          |
|--|-------------------------------|---------------------------|---------------------------------|--------------------------------|-----------------------------------|--------------------------|
|  | <b>ESSENTIAL PLAN</b><br>2024 | <b>BASIC PLAN</b><br>2024 | <b>TRADITIONAL PLAN</b><br>2024 | <b>CORE SAVER PLAN</b><br>2024 | <b>COMPREHENSIVE PLAN</b><br>2024 | <b>PLUS PLAN</b><br>2024 |
|  | 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](http://www.bankmed.co.za), select '2024 Plan Information' and then 'Medicine Formularies 2024' 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                 |

**Terminology Reminders:**

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