



RETIREE ROADSHOW 2024

BANKMED BENEFITS

MORE THAN A MEMBER. MORE **WITH BANKMED.**

✕ MAXIMISING YOUR PLAN'S BENEFITS

Strategies for extracting the best value from your Plan and reducing out-of-pocket expenditure

USE BANKMED'S EXTENSIVE NETWORKS

Look out for information in this guide to help you choose a network option wherever possible. This helps you avoid co-payments and helps your benefits last longer.

USE BANKMED'S 'FIND A HEALTHCARE PROFESSIONAL' TOOL

Find a Healthcare Professional who has agreed to only charge you the Scheme Rate. We pay them in full.

SAVE YOUR MEDICAL SAVINGS ACCOUNT (MSA)

Manage your MSA wisely. Strategise your spending and take advantage of our Wellness and Preventative Care Benefits that are paid by Bankmed to help your MSA last longer.

OBTAIN PRE-AUTHORISATION BEFORE HAVING A PROCEDURE

Confirm your benefits beforehand to avoid possible non-payment for a procedure or treatment.

BABY-AND-ME PROGRAMME

Maximise your benefits with the Baby-and-Me Programme. If you're pregnant, consider enrolling in our Baby-and-Me Programme to preserve your out-of-hospital benefits for other medical treatments.

USE THE BANKMED DAY SURGERY NETWORK

Extensive day surgery network. Use a facility in Bankmed's Day Surgery Network and avoid paying a deductible for a defined list of procedures and treatments.

JOIN OUR CARE PROGRAMMES

Participate in our Care Programmes and Wellness Programmes. Bankmed's Disease Management Programmes, Care Programmes, Wellness and Preventative Care Benefits, and Chronic Baskets-of-Care provide benefits and support without using your day-to-day benefits.

REGISTER ON THE CIB PROGRAMME

Use chronic medication on our formulary list. Avoid using your day-to-day benefits by registering on the CIB for chronic medication. Use medication on the formulary list (where applicable) to ensure you don't pay co-payments.

AVOID DEDUCTIBLES

The deductible is an upfront payment that you must pay to a hospital, day surgery or other healthcare facility before you can receive treatment. You must contact us to get pre-authorisation before you go to a day surgery or hospital for a procedure. Specific procedures can be performed in a day surgery instead of in a hospital. By using our Day Surgery Network, you can avoid having to pay a deductible.



Bankmed offers you choice!

✕ *We have six different Plan types for you to choose from based on your healthcare needs and affordability.*

A PLAN TO SUIT EVERYONE

Contributions	Plus Plan	Top of the range Plan with a Medical Savings Account (MSA) and an Above Threshold Benefit (ATB) (safety net) for when your funds in your Medical Savings Account are exhausted
	Comprehensive Plan	A comprehensive range of benefits paid from both Insured and Medical Savings Account for out-of-hospital cover
	Traditional Plan	A Network Plan with a wide range of benefits with annual sub-limits for day-to-day expenses
	Core Saver Plan	Hospital Plan with a Medical Savings Account component for day-to-day expenses
	Basic Plan	A wide range of Primary Care benefits (including non-Prescribed Minimum Benefits) available through the Bankmed GP Entry Plan Network
	Essential Plan	A lean, low-cost Plan with benefits limited to Prescribed Minimum Benefits only available through the Bankmed GP Entry Plan Network

BENEFIT RANGE AND SPECIFIC NETWORKS

- Managed Care Programmes
- Wellness and Preventative Care Benefits
- Wellness-based Incentive Programme



Essential and Basic Plan Overview

Plan Benefits	Essential Plan	Basic Plan
Positioned for	An entry-level Plan, suited for low healthcare needs with PMB cover only	A low contribution Plan with in-hospital and out-of-hospital benefits and chronic disease benefits
Wellness and Preventative Care Benefits	Rich spectrum, except for contraception	Rich spectrum
Restricted GP Network	Yes	Yes
Specialist Network	Yes	Yes
GP Specialist Referral	Yes	Yes
Hospital Network	Yes	Yes
Pathology, Radiology and Medication	Restricted medicine lists	
Managed Care Programmes	HIV Programme and Oncology Programme: PMB level of cover only	
Optometry Benefit	No	Isoleso Optometry Network
Basic Dentistry	No	Yes






Core Saver, Traditional, Comprehensive and Plus Plan Overview

Plan benefits	Core Saver Plan	Traditional Plan	Comprehensive Plan	Plus Plan
Positioned for	Young, healthy members with relatively low healthcare needs. Limited MSA for day-to-day expenses	Network Plan with comprehensive medical cover to meet moderate to high healthcare needs.	Plan suitable for moderate to high healthcare needs for members who want a savings component	Designed for moderate to high healthcare needs for members who want a savings component and ATB
Wellness and Preventative Care Benefits	Rich spectrum	Rich spectrum	Rich spectrum	Rich spectrum
Medical Savings Account	Yes	No	Yes	MSA and ATB
GP Network	Yes	Yes	Yes	Yes
Specialist Network	Yes	Yes	Yes	Yes
GP Specialist Referral	Yes	Yes	No	No
Hospital Network	No	Yes	No	No
Managed Care Programmes	PMB level of cover	Cover for both PMBs and non-PMBs subject to pre-authorization		
Optometry Benefit	Subject to MSA	Insured	Insured/MSA	MSA/ATB
Basic Dentistry	Subject to MSA	Yes	Yes	MSA/ATB
Dental Admissions	Emergency/PMB cover only	R2 295		



ALL THINGS WELLNESS!

Balance

 *As a Bankmed member, you have complimentary access to Balance, a comprehensive wellness platform designed to enhance your health journey. To explore this world of wellness, simply follow these easy steps:*



1 KNOW YOUR HEALTH

- Start your health journey by completing the health assessments provided by Balance.
- These assessments are the first steps toward identifying areas for improvement and guiding you on the journey to better health.

2 IMPROVE YOUR HEALTH

- Use the Bankmed App to get personalised, weekly physical activity targets through the Active Rewards feature.
- Track your physical activity with a compatible fitness device, monitoring your progress towards the set weekly goals.

3 GET REWARDED

- As a valued Balance member, you qualify for a variety of rewards that recognise and celebrate your commitment to a healthy lifestyle.
- Rewards range from weekly incentives to exclusive discounts and savings, making your journey towards wellness both fulfilling and rewarding.

Balance focusses on incentivising your efforts to lead a healthier life through these three straightforward steps. The Bankmed App allows you to access and navigate the Balance platform, for a holistic approach to a healthier you.

ALL THINGS WELLNESS!

Balance

✗ *As a Bankmed member, you have complimentary access to Balance, a comprehensive wellness platform designed to enhance your health journey. To explore this world of wellness, simply follow these easy steps:*



Earn points by getting healthier

Earn points by getting active, eating well and doing all your health checks. You'll enjoy a variety of rewards at each status level and the healthier you get, the higher your Balance status.

	BLUE STATUS	BRONZE STATUS	SILVER STATUS	GOLD STATUS	DIAMOND STATUS
Single member	You start at Blue Balance status	7,500	25,000	40,000	50,000
Main member +1 member 18 years or older		15,000	50,000	80,000	100,000
Main member +2 members 18 years or older		18,750	62,000	100,000	125,000
For each additional member 18 years or older		+ 3,750	+ 12,500	+20,000	+ 25,000

All these points add towards reaching the next status level. You'll enjoy a variety of rewards at each status level and the healthier you get, the higher your status. At the start of every year, your points reset to zero, but you keep the rewards and status level that you earned the previous year. So, if you ended the year on Gold status, you start the new year on Gold status too. This is to encourage you to stay healthy year-on-year.



Your rewards in a snapshot

Balance makes a healthier lifestyle more accessible than ever before. Through the programme, you have access to a comprehensive network of healthy-lifestyle partners at significantly reduced costs.

 <p>Up to 15% back on HealthyFood at Pick n Pay or Woolworths.</p> <p>Pick n Pay WOOLWORTHS</p>	 <p>Up to 15% back on thousands of HealthyCare items at Clicks or Dis-Chem stores.</p> <p>CLICKS Dis-Chem PHARMACIES</p>	 <p>You get exclusive access to Active Rewards for free. Active Rewards is a free in-app wellness programme that encourages you to get active and rewards you for doing so.</p>
 <p>Up to 15% upfront discount on qualifying sports gear and equipment from Sportsmans Warehouse and Totalsports.</p> <p>Sportsmans Warehouse TOTALSPORTS</p>	 <p>30% off your monthly gym fees from Virgin Active or Planet Fitness.</p> <p>Virgin active planetfitness</p>	 <p>Up to 80% off Allen Carr's Easyway To Stop Smoking.</p> <p>Allen Carr's Easyway To Stop Smoking</p>

Track your workouts through Active Rewards using your device and earn points for step count, heart rate and speed. You may link multiple devices to your profile, however, we'll only award points for the highest points-earning fitness and health activity for the day. Activate your Balance benefit today, get healthy and get rewarded. Visit www.balancesa.co.za for more. **Terms and conditions apply.*

Important information about Balance:


Bankmed Medical Scheme (Bankmed), registration number 1279, is an independent non-profit organisation registered with the Council for Medical Schemes. Balance is a separate health-management and wellness product developed specifically for Bankmed, offered to its members at no extra cost, and is administered by Discovery Vitality (Pty) Ltd (Vitality), registration number 1999/007736/07. Neither Balance nor Vitality are part of Bankmed.





Active Rewards

As a Balance member, you get exclusive access to Active Rewards for free. Balance makes choosing to lead a healthy lifestyle even more rewarding. It offers you a science-based behaviour-change programme that helps you keep track of your progress towards a healthier you. All while rewarding you for making better choices with a range of health, lifestyle and leisure benefits.

How Active Rewards works

 Each week, you'll get a personalised exercise goal tailored to your unique fitness level.

 When you achieve your exercise goal, you'll get a play on your gameboard to reveal Miles.

 You can then redeem your Miles on a range of exciting rewards, from coffees, smoothies and snacks, to shopping and rewards.

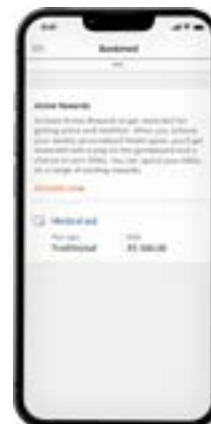
Follow these steps to activate active rewards



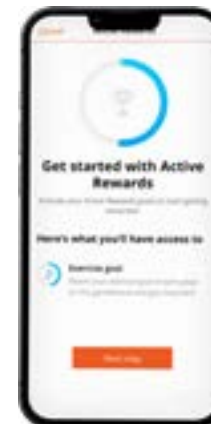
Step 01
Log into the Bankmed App



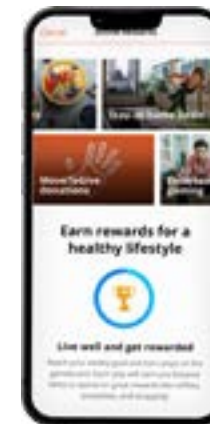
Step 02
Select Active Rewards



Step 03
Click "Get Started"



Step 04
Get Active and start earning points



Step 05
Reach your personalised exercise goals to earn rewards



Wellness and Preventative Care benefits

We firmly believe that health is wealth, and the foundation of good health lies in understanding your health status.

Regular screening plays a pivotal role in early detection of medical conditions, ensuring prompt and effective medical care for positive outcomes.

Optimal health is more than the absence of symptoms, as the body may hide early signs of a medical condition. Untreated conditions or symptoms overlooked without addressing the root cause can progress to a stage needing significant intervention, such as costly surgeries and intensive medical care.

Our Wellness and Preventative Care Benefits provide members with access to crucial screenings for early diagnosis and preventative care.

Key Points Regarding Wellness and Preventative Care Benefits:

COVERAGE UNDER INSURED BENEFIT

- The Wellness and Preventative Care Benefits are covered by your Insured Benefit.
- These benefits do not deplete your out-of-hospital insured sub-limits or your MSA, where applicable.
- Using a DSP ensures that you do not incur any out-of-pocket expenses.
- This benefit excludes the cost of a consultation if billed by the Healthcare Professional. The consultation will be paid from your available day-to-day benefits.

ESSENTIAL SCREENING AND PREVENTATIVE CARE BENEFITS

- This benefit covers specific tests designed to detect early warning signs of serious illnesses.

- Screening tests include blood glucose, cholesterol, HIV, Pap smear for cervical screening, mammograms and/or ultrasounds, and prostate screenings.

- Tests are covered by the Screening and Preventative Care Benefit, ensuring proactive health management.

- Consultations not falling under PMBs are paid from available day-to-day benefits.

Our Wellness and Preventative Care Benefits give you the tools to proactively manage your health, ensuring early detection and intervention. These comprehensive screening benefits are part of our commitment to your long-term health.



POSITIVE IMPACT OF WELLNESS INITIATIVES

- Beyond enhancing longevity and overall mental and physical wellbeing, wellness initiatives contribute to reducing healthcare costs.
- These initiatives lower absenteeism, boost productivity, decrease injuries, compensation, and disability-related costs.
- They foster a positive organisational culture by enhancing morale and loyalty.

Important:

It is important to note that the Wellness and Preventative Care benefits are a proactive screening intervention to prevent and assist with early detection of an underlying medical condition. Bankmed Medical Scheme and our Administrator, Discovery Health (Pty) Ltd make every effort to ensure treatment and Disease Management Programmes are available to you post-screening based on your Plan of choice.

Therefore, the Scheme, the Administrator or any other Healthcare Professional cannot accept responsibility or be held liable for any consequences that may result from neglect, non-compliance, and non-adherence to treatment. Participation is voluntary and at your own risk and therefore, Bankmed Medical Scheme, the Administrator, or any other Healthcare Professional will not be liable for any loss, damage, liability, claim, expense, or injury suffered or incurred by any person as a result of their participation in our Wellness and Preventative Care screening benefits.



Wellness and Preventative Screening benefit summary

SCREENING

Lifestyle Screening

- Personal Health Assessment (PHA)
 - PHA measures health indicators like blood pressure, cholesterol, blood sugar, waist circumference, and BMI
- HIV Counselling and Testing (HCT)
- Bone Density

Cancer Screening

- Mammogram
- Breast MRI
- Prostate-Specific Antigen (PSA)
- Faecal Occult Blood
- Pap Smear Pathology
- Pap Smear Consultation

Mental Health Screening

- Mental Wellbeing Online Assessment

Occupational Health Screening

- Tuberculosis (TB)

Maternity & Newborn Screening

- Ultrasounds under the Baby-and-Me Programme
- Newborn Screening
 - Tests for the presence of certain metabolic and endocrine disorders
- Newborn Hearing Test
- Antenatal Screening
 - T21 Chromosome Test, or
 - Non-invasive Prenatal Testing (NIPT), or
 - Amniocentesis, to test for chromosomal abnormalities
- Personal Health Assessment (PHA)
 - PHA measures health indicators like blood pressure, cholesterol, blood sugar, waist circumference, and BMI
- HIV Counselling and Testing (HCT)
- Bone Density

PREVENTATIVE & PRIMARY HEALTHCARE

Primary Healthcare

- Three x nurse consultations
- Contraceptive Benefit (Family Planning)
- Intra-muscular Injection

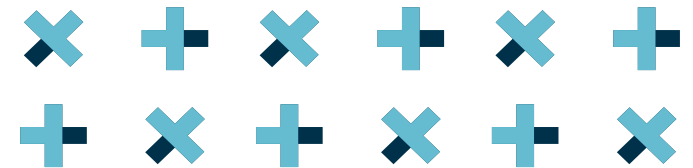
Vaccinations

- Flu Vaccination
- HPV Vaccination
- Pneumococcal Vaccine
- Herpes Zoster Virus Vaccine
- COVID-19 Vaccine
- Childhood Vaccines

Post Wellness Screening Programme

- PHA Basket (Bio & Dietician consult post PHA) – Medium- to High-Risk Members
- Lifestyle Preventative Screening – Cholesterol, BP & Blood Glucose
- Diabetes Management

As a Bankmed member you have access to health screenings as well as preventative and wellness benefits. Through preventative healthcare it is possible to diagnose underlying health issues before they become a risk.





2024 Bankmed Benefit Enhancements

✕ *Some of the 2024 benefit enhancements include the following:*

PRE-DIABETIC PROGRAMME

A proactive outreach to manage members with cardio-metabolic risk syndrome, coordinated by the primary care provider and supported by a dietician and health coach. Risk benefits cover the cost of the programme's basket of care, and eligible members will be proactively identified:

This programme is available to members on all Plans provided they meet eligibility criteria. Members will be supported with behavioural change by a Health Coach, GP and Dietician.

A basket of services will open up once a member is enrolled. Progress will be monitored through the following metrics:

- Blood Glucose
- Body Mass Index
- Waist Circumference
- Diabetes Risk Score

ENHANCED WELLNESS & PREVENTATIVE CARE BENEFITS

Bankmed currently has a benefit in place for medium to high risk members post PHA and/or with a BMI ≥ 35 . The current benefit includes two biokineticist and two 15-minute dietician consultations. 2024 enhancements include:

- Extended length of the dietician consultation to 30 minutes
- BMI range to include members with a BMI of ≥ 30 .



READMISSION BENEFIT

Hospital readmissions are increasing worldwide- internationally up to 20% of patients admitted to hospital have a readmission within 30 days. International literature shows that a 27% reduction in readmission rates can occur with a home health initiative (Journal of the American Medical Association). When integrated into the continuum of care, home health ensures that patients discharged from acute care do not suffer a relapse.

The Bankmed Readmission Benefit aims to improve member readmission rates and outcomes. The benefit has three components:

- Homecare (one physical visit, three virtual consults and a care coordination component);
- A Healthcare Professionals follow up consultation;
- Medication is done at the point of discharge by the treating Healthcare Professional.

These components will occur intensely within the first 10-14 days of a patient leaving the hospital.

The benefit applies to members considered high risk for readmission. Risk for benefit eligibility identified by a predictive model and is initially targeted at four conditions:

- Acute Myocardial Infarction
- Chronic Obstructive Pulmonary Disease
- Heart Failure
- Pneumonia



2024 Bankmed Benefit Enhancements

ENHANCED DAY SURGERY NETWORK

Hospital costs remain one of the main drivers of medical inflation. Determining the setting of care helps schemes to manage these costs while ensuring the most appropriate healthcare delivery mechanism.

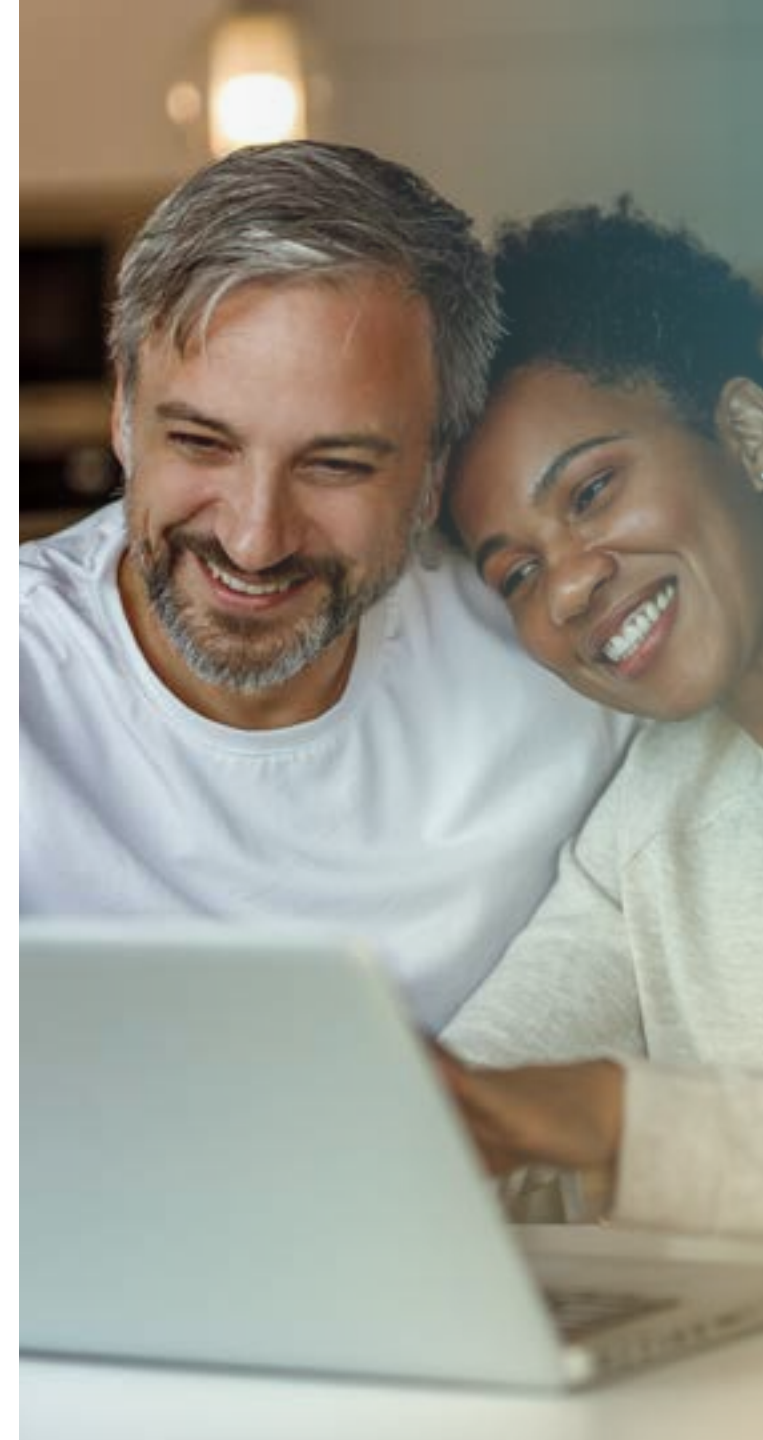
Currently approximately 80% of day-type procedures are performed in acute hospitals instead of day clinics. In 2024, the Day Surgery Network has been enhanced to 27 clinical categories and 422 unique procedure codes.

Within the network, members will have access to a defined list of medical and surgical procedures that can be performed on a same-day basis. This network provides national coverage with selected acute hospitals added to the network to minimise member impact and widen access.

A clinical exceptions process applies to all cases with complex presentations and those procedures that may require an extended length of stay.

The expanded Day Surgery Network has improved access due to the addition of Acute Hospitals (equipment and range of services will ensure that the expanded list of procedures can be carried out safely).

In 2024 the number of procedures has increased from 22 to 27. Furthermore, the number of network facilities will increase from 117 to 422. The expanded network will include Day Clinics and Acute Hospitals. A deductible of R4 100 will apply in 2024.





DIGITAL THERAPEUTICS (DTx)

Internet-Based Cognitive Behavioural Therapy (iCBT)

Digital therapeutics (DTx) is an emerging category of medical care with medical interventions to treat, manage and prevent a broad spectrum of diseases and disorders, delivered directly to patients using evidence-based and clinically evaluated software. Psychiatry is an area where significant development of DTx is taking place.

One such service is Internet-Based Cognitive Behavioural Therapy (iCBT):

- iCBT has been widely used in many countries and settings and has demonstrated similar clinical efficacy to standard CBT,
- Bankmed’s administrator has partnered with SilverCloud (a leading global provider of evidence-based wellbeing and behavioural health solutions) to make guided iCBT available in South Africa.

Initially, the service will only be made available to members with diagnosed depression and on recommendation by a Healthcare Professional where the diagnosis and treatment of depression are within their scope of practice (psychiatrist, psychologist, general practitioner and clinical social worker).

Primary Objectives/Desired Outcomes:

- Increased access to iCBT;
- Reduction in cost for the provision of iCBT;
- Improvement in symptom severity (measured by PHQ-9 scores).

CHRONIC ILLNESS BENEFIT

X You are covered for 27 chronic conditions (including HIV and AIDS).

You must register on the CIB. Once approved we will start paying for your chronic medication.

If you do not register, we pay for your chronic medication from your day-to-day benefits.

MEDICINE ADVISORY SERVICES

Core Saver, Traditional, Comprehensive and Plus Plans

Our aim is to provide structure and make sure your chronic medication works for you. We provide an efficient pre-authorisation process for you when taking chronic medication and combine advanced technology with pharmacological and medical expertise to assess applications for medication in line with clinical guidelines.

HOW TO REGISTER

We ask your treating Healthcare Professional about your medical condition and

may require test results or additional proof to confirm that your medical condition qualifies for cover.

Core Saver, Traditional, Comprehensive or Plus Plans

To get authorisation for immediate chronic medication, your Healthcare Professional or pharmacist can contact Bankmed on 0800 13 23 45. Alternatively, ask your treating Healthcare Professional to fill in a registration form. E-mail the completed form to chronic@bankmed.co.za or fax it to 011 770 6247.

Essential and Basic Plans

Ask your treating Healthcare Professional to fill in a registration form. E-mail the completed form to chronicbasicesential@bankmed.co.za or fax it to 011 539 7000.

TIPS FOR EXTENDING YOUR BENEFITS

When you apply to join the CIB, and Bankmed reviews your application, we suggest that your treating Healthcare Professional prescribes the generic version of the medication. Using generics can reduce the cost of your claim, make your benefits last longer and reduce the risk of

having to pay a co-payment at the pharmacy. By law, only you and your treating Healthcare Professional can decide what treatment is best for you. We will not change your medication without your Healthcare Professional's permission.

Essential and Basic Plans

You must use medication on our medication list (formulary) for it to be covered. Please speak to your Healthcare Professional and consult the Bankmed website or App to check if the medication is on our formulary.



CHRONIC ILLNESS BENEFIT

 **You are covered for 27 chronic conditions (including HIV and AIDS).**

You must register on the CIB. Once approved we will start paying for your chronic medication.

If you do not register, we pay for your chronic medication from your day-to-day benefits.

Core Saver, Traditional, Comprehensive and Plus Plans

Should the medication you require not be included in our approved medication list (formulary), you may be responsible for a portion of the expenses, even if it is a generic drug. Please speak to your Healthcare Professional and consult the Bankmed website or App to check if the medication is on our formulary.

CHOOSE MEDICATION WISELY

As per the International Generic Pharmaceutical Alliance, generics are 20 to 90 percent more cost-effective than original

medications. When obtaining your medication from the pharmacy, ask your pharmacist about the availability of a generic option and its associated costs. You can save further by choosing a single medication that addresses multiple symptoms. For instance, a specific type of medication may effectively relieve a runny nose, congestion, and headache.

What is generic medication?

A generic medication consists of identical active ingredients to the original, but is presented in distinct packaging. It shares the same dosage, strength, quality,

performance characteristics, and intended use as the original product. Generally, generics are more affordable than the original medication. The higher cost of the original is due to exclusive selling rights held by the developing company immediately after production. Generics become available when the patent expires, allowing other companies to produce the medication.

Medications prescribed for the treatment of the PMB conditions are paid at 100% of the Scheme Medication Reference Price, when the medication is obtained via the Scheme's DSP (Bankmed Network GP and

Bankmed Pharmacy Network). This medication is paid at 80% of the Scheme Medicine Reference Price when the medication is obtained via a non-DSP on a voluntary basis. If the medication is obtained via a non-DSP on an involuntary basis, the medication will be funded at cost, subject to the Scheme's review of a valid motivation. Medication is subject to the Scheme's approved Condition Medication List (CML).



The CDL covers specific conditions

The CDL specifies the medication and treatment for the 27 chronic conditions covered under the PMBs. This list applies to all members on all Bankmed Plans.


- Addison's Disease
- Epilepsy
- Asthma
- Glaucoma
- Bipolar Mood Disorder
- Haemophilia
- Bronchiectasis
- Hyperlipidaemia
- Cardiac Failure
- Hypertension
- Cardiomyopathy
- Hypothyroidism
- Chronic Renal Disease
- Multiple Sclerosis
- Chronic Obstructive Pulmonary Disease
- Parkinson's Disease
- Coronary Artery Disease
- Rheumatoid Arthritis
- Crohn's Disease
- Schizophrenia
- Diabetes Insipidus
- Systemic Lupus Erythematosus
- Diabetes Mellitus Type 1 & 2
- Ulcerative Colitis
- Dysrhythmias
- HIV/AIDS (anti-retroviral therapy)

You must obtain pre-authorisation, ensure your treatment follows clinical protocols, and register on our CIB for PMB cover. If you do not, your treatment will be funded from your day-to-day benefits. After reaching the limit for chronic medication, we will only provide funding for medication for PMB conditions, in accordance with PMB regulations. conditions covered under the PMBs. This list applies to all members on all Bankmed Plans.

Additional Disease List (ADL): Applies to Traditional, Comprehensive and Plus Plans

Prescribed medication will be covered in terms of the Scheme rules of the abovementioned Plans' ADL if the required criteria are met:

- Acne
- Allergic Rhinitis
- Ankylosing Spondylitis
- Anxiety Disorder (Chronic)
- Atopic Dermatitis (Eczema)
- Attention deficit disorder
- Cystic Fibrosis
- Depression
- Gastro-oesophageal reflux disease
- Gout
- Motor neuron disease
- Osteoarthritis
- Osteoporosis
- Paget's disease
- Psoriasis
- Alzheimer's Disease (covered on Comprehensive and Plus Plans only)
- Meniere's Disease (covered on Comprehensive and Plus Plans only)
- Interstitial Lung Fibrosis (covered on Comprehensive and Plus Plans only)



Benefits for chronic medication, drugs, and injection material subject to:

- Prior application and approval by the Scheme.
- The conditions applicable to the Medicine Management Programme.
- Each prescription or repeat prescription being limited to one month's supply per beneficiary.
- Such motivations and reports by appropriate Healthcare Professionals, as are required by the Scheme.
- PMB regulations.
- Scheme-approved Condition Medication List (CML).

Dispensing fee limited to the contracted dispensing fee applicable to Bankmed GP Network GPs and Bankmed Pharmacy Network (DSPs). Continued benefits for PMBs, subject to PMB Regulations. Benefits for non-PMB conditions are detailed in the applicable annexures, subject to PMB Regulations.

Additional Disease List (covered on the Basic Plan only)

- Major Depression

Medication prescribed for the treatment of the PMB conditions are paid at 100% of Scheme Medicine Reference Price when the medication is obtained via the Scheme's DSP (Bankmed GP Entry Plan Network GP and Bankmed Pharmacy Network). This medication is paid at 80% of the Scheme Medicine Reference Price when the medication is obtained via a non-DSP on a voluntary basis. If the medication is obtained via a non-DSP on an involuntary basis, the medication will be funded at cost, subject to Scheme's review of a valid motivation. Medication is subject to the Scheme's approved Formulary/Condition Medication List.

Benefits for chronic medication, drugs, and injection material subject to:

- Prior application and approval by the Scheme.
- The conditions applicable to the Medicine Management Programme.
- Each prescription or repeat prescription being limited to one month's supply per beneficiary.
- Such motivations and reports by appropriate Healthcare Professionals, as are required by the Scheme.
- PMB regulations.
- Scheme-approved Formulary/Condition Medication List.

Dispensing fee limited to the contracted dispensing fee applicable to Bankmed GP Entry Plan Network GPs and Bankmed Pharmacy Network (DSPs).



BANKMED'S CARE PROGRAMMES

SPINAL CONSERVATIVE CARE PROGRAMME

Overview

Back pain is one of the most common medical conditions experienced by our members. Appropriate out-of-hospital conservative management for back pain has proven to deliver good outcomes and could prevent the need for surgery. This programme will help you manage your condition with the support of a network of Healthcare Professionals that specialise in the treatment and rehabilitation of back and neck pain. The Spinal Conservative Care Programme is available on all Bankmed Plans from 2024.

Access to the programme subject to clinical entry criteria

There are two ways in which you could qualify as a possible candidate for the Spinal Conservative Care Programme:

- If you meet clinical entry criteria after a recent hospital stay or request for a spinal-related hospital admission and are deemed to be at high risk for spinal surgery. You are then eligible for an assessment, which will be performed by a chiropractor or physiotherapist in the conservative care network.
- If a GP refers you to a Spinal surgeon in the conservative care network, and the surgeon recommends you for non-surgical conservative treatment.
- The Healthcare Professional will enrol you on the programme using HealthID if you meet the clinical entry criteria after assessment.

For your chosen Healthcare Professional to view your medical records on HealthID you must give consent for them to access your Electronic Health Record, under 'Digital Tools' and 'Provide Your Doctor Consent'. Through the programme, you and your treating Healthcare Professional can agree on key goals and track your progress.

Your Chiropractor or Physiotherapist will work with you to manage your condition

The Spinal Conservative Care Programme gives you access to a defined Basket-of-Care for consultations with a network of conservative care Healthcare Professionals over a period of six to 12 weeks. These sessions can be conducted face-to-face or through the Bankmed Connected Care online platform. You can choose to consult either a network Physiotherapist or a network Chiropractor for your treatment.

Your treating Healthcare Professional will decide what is best for you and your condition. Once enrolled, we cover the consultation fee with your Healthcare Professional in full — this will not affect your day-to-day benefits, where applicable. Any additional conservative healthcare services outside of the sessions approved as part of the defined Basket-of-Care, will be covered in accordance with the benefits on your chosen Plan.

Find a Physiotherapist or Chiropractor in the network

1. Bankmed Website

On the Bankmed website www.bankmed.co.za under 'Digital Tools' go to 'Find a Healthcare Professional'. Type in the name or category of Healthcare Professional you would like to find closest to you e.g. Physiotherapist, and your address and select the 'Search' icon. To filter your results for Physiotherapists or Chiropractors in the Spinal Conservative Care Programme, select Care Programmes under the search filters, and tick the box for 'Spinal Conservative Care'.

2. Log on to your Bankmed App

On the Bankmed App, navigate to 'Digital Tools' and go to 'Find a Healthcare Professional'. Type in the name or category of Healthcare Professional you would like to see e.g. Chiropractor. Select 'Filters', then 'Care Programmes', 'Spinal Conservative Care' and then navigate back to the search page and select 'Apply'.

Your cover on the programme

If you are enrolled on the Spinal Conservative Care Programme:

- Any additional conservative healthcare services, outside of the sessions approved as part of the defined Basket-of-Care, will be covered in accordance with your chosen Plan benefits.

- If you change conservative care network Healthcare Professionals, we continue counting the sessions from where you left off with your first Healthcare Professional. Your cover does not reset with the new Healthcare Professional.
- If you stop the programme, we do not pay further costs.
- Where clinically appropriate, your conservative care network Healthcare Professional can refer you for further assessment with a network Spinal surgeon. If you need to have surgery, the Spinal Conservative Care Programme will end.
- You are eligible for the Spinal Conservative Care Programme only once per year, even if your condition recurs or a new area of concern arises.
- If you have had spinal surgery in the past 24 months, you do not qualify for the programme.



ADVANCED ILLNESS BENEFIT (AIB)

The AIB provides access to comprehensive palliative care for members who have an advanced illness. A multidisciplinary team provides care in the comfort of the member's own home or in a hospice facility. The AIB is available on all Plans in 2024.

ENROLLING IN THE AIB

Your Healthcare Professional is responsible for initiating your enrolment in the AIB. To begin the registration process, they need to complete the AIB application form, available on our website www.bankmed.co.za and e-mail it to AIB@bankmed.co.za. Please be aware that access to the AIB is voluntary and you must meet certain clinical entry criteria.

KEY FEATURES OF THE AIB

The AIB is designed to provide funding for palliative care for members in advanced stages of illness, specifically where curative treatment has ceased. The benefit includes a comprehensive palliative care plan aimed at treating symptoms related to the illness. Once your application is approved, you gain access to the benefits offered by the AIB.

BENEFITS OVERVIEW

Support from a dedicated care coordinator:

Upon registration, a registered nurse, serving as a dedicated care coordinator, will liaise with you or your family member. This coordinator offers support, collaborates with your GP and/or specialist, and ensures optimal care.

Personalised support and counselling:

Members and their families enrolled in the AIB receive access to counselling services to provide essential support during challenging times.

Comprehensive home-based care:

Those registered on the AIB qualify for personalised home-based services, including medical care by palliative care-trained Healthcare Professionals, rental of home oxygen concentrators, pain management, psychosocial support, and limited bereavement counselling for the family.

Specialised telephonic support:

Enrolled members can contact 011 529 6797 during working hours for assistance with AIB-related authorisations, oxygen, or benefit and claims-related inquiries.

COVER DETAILS

- The AIB covers services provided by a multidisciplinary team and will not impact day-to-day benefits. Payments are made at the Scheme Rate from your Hospital Benefit.
- Palliative care services must be provided by registered Healthcare Professionals with valid Board of Healthcare Funders (BHF) registration numbers (practice number) and appropriate tariff codes for services.
- Ensure that accounts contain the relevant and correct ICD-10 codes (diagnosis codes) for palliative care, to facilitate seamless claims processing.

NOMINATION AND ASSISTANCE

- You have the option to nominate someone to assist in managing your medical aid by completing a **Third-Party Consent** application form available on www.bankmed.co.za





ADVANCED ILLNESS MEMBER SUPPORT PROGRAMME (AIMSP)

The AIB aims to provide members facing advanced cancer with a comprehensive array of benefits catering to their out-of-hospital palliative (supportive) care requirements. The primary goal of the AIMSP is to afford members with advanced diseases the opportunity to engage with a team comprising a social worker, counsellor, and palliatively-trained GP. This team is dedicated to aiding members in understanding their illness, navigating appropriate care avenues, and devising a personalised care plan. Research indicates that initiating discussions about care plans at an earlier stage significantly enhances the likelihood that members will seek and receive suitable end-of-life care when needed.

DISEASE PREVENTION PROGRAMME

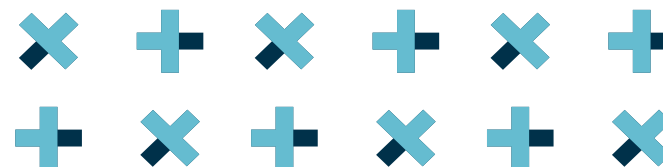
The Disease Prevention Programme aims to enhance access and quality of care, anticipating improvements in health outcomes. All adult dependents on all Plans are eligible – they are identified proactively after completing a PHA. If you are identified as a member with a high risk of developing diabetes, you may be eligible for enrolment on the Disease Prevention Programme.

Enrolment process

Our predictive model uses your PHA results, health claim patterns, family history and other relevant information to determine if you are at risk of developing diabetes. Eligible members are contacted by a Health Coach and referred to a Premier Plus GP for risk confirmation. If you are one of these eligible members, and you are referred to your Premier Plus GP, your Premier Plus GP will register you on HealthID, and refer you to a Dietitian. The programme's clinical care team – the Premier Plus GP, Dietitian, and Health Coach – will support you in preventing Diabetes progression.

The Health Coach will support you with behavioural change for the duration of the programme. You will also be granted access to a Basket-of-Care for specified consultations and pathology tests.

Cover is subject to the Scheme's clinical entry criteria, treatment guidelines, protocols, and preferred providers (where applicable) and is paid up to a maximum of the Scheme Rate.





KIDNEY CARE PROGRAMME

Chronic kidney disease manifests when the kidneys operate below expected levels, impacting crucial functions such as waste excretion, electrolyte balance, and hormone production. This condition can be congenital (you were born with it) or acquired due to factors like high blood pressure, diabetes, HIV, or ageing. Chronic kidney disease often progresses silently, without prominent symptoms. Diagnosis typically occurs at advanced stages, hindering early intervention.

How to register

If you are diagnosed with kidney disease, you must apply for Bankmed's CIB. The application form must be completed by your treating Healthcare Professional and can be returned to Bankmed via e-mail or via HealthID.

Cover for Renal Dialysis services

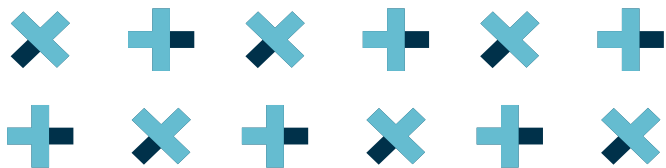
Coverage for renal dialysis services varies based on your chosen Plan type and is payable up to the Scheme Rate. By using Healthcare Professionals in the dialysis network, you can ensure full coverage and avoid co-payments. However, you can receive dialysis at any dialysis Healthcare Professional. We will pay your claims up to the Scheme Rate if you have pre-authorized your treatment.

Kidney Care Programme

Recognising the challenges of managing chronic kidney disease, Bankmed's Kidney Care Programme aligns with international best practice for enhanced care and quality of life.

The programme benefits include:

- A calendar-based blood test schedule
- Yearly reports with essential clinical information
- An informative booklet for understanding and managing the condition
- Additional support





CARDIO CARE PROGRAMME

What is Cardiovascular Disease

Cardiovascular disease (CVD) is a leading cause of death globally. Individuals at risk of CVD may have raised blood pressure, raised glucose levels, high cholesterol or be overweight or obese. Four lifestyle factors increase the risk of fatal complications of CVDs: tobacco use, physical activity, an unhealthy diet, and increased alcohol use.

The Cardio Care Programme

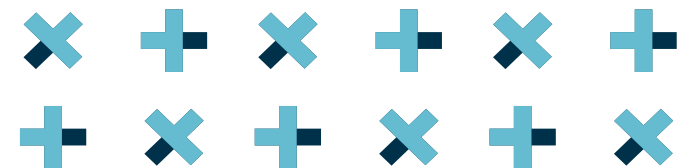
The Cardio Care Programme is designed to offer you optimal cover that ensures the best quality care and outcomes. The Cardio Care Programme enables your Premier Plus GP to diagnose and initiate appropriate treatment, while managing your risk factors with the support of a high- functioning, multidisciplinary care team.

To access the programme, you must consult with a Premier Plus GP and be registered for at least one of the following conditions as part of the CIB:

- Hypertension
- Ischaemic heart disease
- Hyperlipidaemia

Note to Basic Plan members

You must choose a Healthcare Professional who is on both the Bankmed Entry Plan and Premier Plus GP networks.





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