

APPENDIX 3: BANKMED DEDUCTIBLES

Introduction

As per the Benefit Tables, a Beneficiary will be responsible for a Deductible in respect of the hospital account for certain hospital events, unless the admission is related to a Prescribed Minimum Benefit diagnosis typically as a result of an emergency. The Deductible will apply regardless of the whether the procedure attracting the deductible was the primary reason for the admission or not.

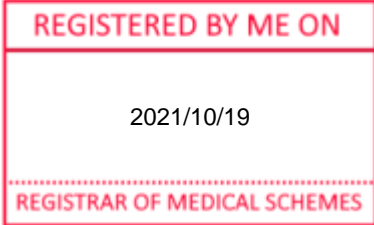
Except where provided for in the Prescribed Minimum Benefits, a Deductible will apply under the following circumstances:

1. Deductible applicable to a use of a Non-DSP Facility

Applicable to Basic Plan, Core Saver Plan, Comprehensive Plan and Plus Plan	Applicable to Traditional Plan
Member to fund the specified deductible upfront upon admission:	Member to fund the specified deductible upfront upon admission:
PMB admission: involuntary use of non-DSP No deductible	PMB admission: involuntary use of non-DSP No deductible
PMB admission: voluntary use of non-DSP (deductible applies to all admissions) Day clinic: R275 per admission Hospital: R690 per admission	PMB admission: voluntary use of non-DSP (deductible applies to all admissions) Day clinic: R275 per admission Hospital: R5 720 per admission
Non-PMB admission Day clinic: R275 per admission Hospital: R690 per admission	Non-PMB admission Day clinic: R275 per admission Hospital: R5 720 per admission

2. Deductible applicable to Dental Admissions to Private Hospitals and Day Clinics

Applicable to Traditional Plan, Comprehensive Plan and Plus Plan
Member to fund the specified deductible upfront upon admission: Day clinic: R275 per admission Hospital: R2 040 per admission



3. Deductible applicable to a specific list of treatment/procedures performed in Hospital Network DSPs

The following conditions/procedures will always attract a deductible at a hospital/day clinic (list of conditions/procedures applies to DSP only):

1. Oesophagoscopy
2. Simple abdominal hernia repair

Applicable to Basic Plan, Core Saver Plan, Traditional Plan, Comprehensive Plan and Plus Plan	
Hospital Network DSPs	
Member to fund the specified deductible upfront upon admission:	
Day clinic:	R275 per admission
Hospital:	R690 per admission

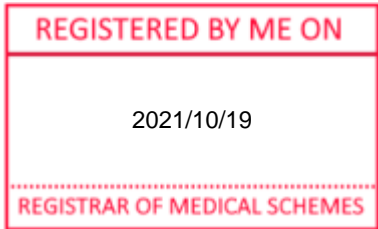
4. Deductible applicable to a specific list of treatment/procedures carried out in a Day Surgery Network

Applicable to Basic Plan, Core Saver Plan, Traditional Plan, Comprehensive Plan and Plus Plan. Deductible applicable to the Essential Plan in so far as PMB admissions are concerned.

The following conditions/procedures will NOT attract a deductible at a Day Surgery Network (list of conditions/procedures applies to DSP only):

- | | |
|---------------------------|--|
| 1. Adenoidectomy | 12. Myringotomy with intubation (grommets) |
| 2. Arthrocentesis | 13. Nasal cautery |
| 3. Cataract Surgery | 14. Nasal plugging for nose bleeds |
| 4. Cautery of vulva warts | 15. Proctoscopy |
| 5. Circumcision | 16. Prostate biopsy |
| 6. Colonoscopy | 17. Removal of pins and plates |
| 7. Cystourethroscopy | 18. Sigmoidoscopy |
| 8. Diagnostic D and C | 19. Tonsillectomy |
| 9. Gastroscopy | 20. Treatment of Bartholins cyst/gland |
| 10. Hysteroscopy | 21. Vasectomy |
| 11. Myringotomy | 22. Vulva/cone biopsy |

If the member chooses to have the abovementioned procedures/treatments performed in a non-network Day Surgery facility or in a hospital, the member will be liable for a R1 805 deductible per admission.



Essential Plan members do not have access to the full list of treatments/procedures listed above as their cover is limited to PMB cover. In the event that an Essential Plan member elects to have the PMB procedure/treatment (from the above list) performed in a non-network Day Surgery facility, or in a hospital, the member will be liable for a R1 805 deductible per admission.

Other hospitals (non-DSPS)

PMB admission: involuntary use of a non-DSP:	No deductible
PMB admission: voluntary use of non-DSP:	R1 805 per admission
Non-PMB admission:	R1 805 per admission
Deductible payable on admission.	

5. General Information about Deductibles

Deductibles are payable in respect of all hospital admissions as per paragraph (k) of the preamble to Annexure B except under the following circumstances:

1. Prescribed Minimum Benefit conditions where admission to a non-DSP is on an involuntary basis. In the case of other PMB conditions, were a non-DSP has been used on a voluntary basis, the deductible will be applied.
2. Confinements are excluded from deductibles.
3. Re-admissions to hospital within 6 weeks of discharge following complications directly related to a prior admission in respect of which a deductible was levied.
4. Admissions to a State Hospital.
5. Authorised day clinic admissions for specified procedures, as communicated to members from time to time.

