

BANKMED

ANNEXURE B1: BANKMED ESSENTIAL PLAN (NO MEDICAL SAVINGS ACCOUNT)

Schedule of benefits with effect from 1 January 2024

STATUTORY PRESCRIBED MINIMUM BENEFITS

Notwithstanding any provisions to the contrary in this schedule, the Scheme will fund:

- 100% of the diagnosis, treatment and care costs of the Statutory Prescribed Minimum Benefits (PMBs), subject to PMB regulations, if those services are obtained from a Designated Service Provider (DSP) in South Africa; or
 - the relevant Scheme Rate for the diagnosis, treatment and care costs of the Statutory Prescribed Minimum Benefits if a beneficiary voluntarily accesses PMBs via a non-DSP in South Africa, when provision is made for a DSP according to this schedule; or
 - 100% of cost for involuntary use of a non-DSP in South Africa, subject to PMB regulations

Pre-authorisation, medicine formularies and Scheme protocols (previously known as “Care Plans” and now known as “Baskets of Care”) may apply

Diagnosis costs are only regarded as a PMB if the result of diagnostic investigations confirms a PMB diagnosis

Where a benefit is indicated as “no benefit” in this schedule, insured benefits shall nevertheless be provided for PMBs in South Africa, subject to PMB regulations

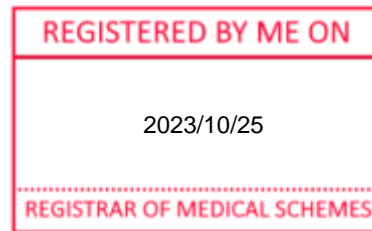
When insured limits are specified in this schedule, the limit will first be utilised for the payment of the relevant claims, and thereafter continued funding will apply for PMB claims only, subject to PMB regulations

Additional arrangements pertaining to PMBs (subject to PMB regulations) are set out in the Preamble to Annexure B and in Annexure D (Claims Procedure and General Provisions Regarding Benefits)

STATUTORY PRESCRIBED MINIMUM BENEFITS

PRO RATING OF BENEFITS FOR MEMBERS JOINING DURING THE COURSE OF A FINANCIAL YEAR

Beneficiaries admitted during the course of a financial year are entitled to the benefits set out in this schedule, with the maximum benefits being adjusted in proportion to the period of membership calculated from the date of admission to the end of the financial year (rule 16.1.5), except for stated wellness and preventative care benefits, which shall not be subject to pro-ration



HEALTHCARE SERVICE	BASIS OF COVER	ANNUAL LIMITS	CONDITIONS/REMARKS
OVERALL ANNUAL LIMIT		Unlimited	This plan has no overall annual limit. However, benefits are limited to PMBs, except for wellness and preventative benefits (such as vaccinations and screenings), which are covered as specified herein.
HOSPITAL NETWORK/DSPs	<p>Hospital Network DSPs are applicable on this plan. Reduced benefits apply for accommodation and associated fees charged by non-DSP hospitals, subject to PMB regulations.</p> <p>Hospital Network DSPs on this plan are:</p> <ul style="list-style-type: none"> Contracted private hospitals/facilities (restricted network) as communicated to members from time to time. 		
<p>HOSPITALISATION</p> <p>Hospital Network DSPs Deductibles apply to a <u>specified list</u> of conditions/procedures as set out in Appendix 3</p> <p>All admissions at network DSP</p> <p>Other hospitals (non-DSPs)</p> <p>PMB admission: involuntary use of non-DSP</p> <p>PMB admission: voluntary use of non-DSP</p> <p>Non-PMB admission</p>	<p>100% of cost</p> <p>100% of cost</p> <p>80% of Scheme Rate</p> <p>No benefit</p>	<p>Limited to PMBs (at general ward rates)</p> <p>Limited to PMBs (at general ward rates)</p> <p>Limited to PMBs (at general ward rates)</p>	<p>Benefits subject to pre-authorisation, and only available on referral from a Bankmed GP Entry Plan Network GP or referred specialist, subject to PMB regulations. Emergencies must be authorised within 24 hours of admission. No benefit for dental surgery except for PMBs. No benefit for auxiliary services except for PMBs.</p> <p>PMBs limited to 80% of Scheme Rate for non-DSPs, subject to PMB regulations.</p>
<p>Deductibles payable on admission Healthcare services reflected in Appendix 3</p>	<p>Beneficiary 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.</p>		

REGISTERED BY ME ON

 2023/10/25

REGISTRAR OF MEDICAL SCHEMES

HEALTHCARE SERVICE	BASIS OF COVER	ANNUAL LIMITS	CONDITIONS/REMARKS
<p>Benefits provided on admission to:</p> <p>1. Hospital Network DSPs</p> <ul style="list-style-type: none"> • Ward Fees (general ward rate) • ICU and high care unit fees • Theatre fees • Ward and theatre drugs, dressings, materials and equipment consumed / utilised in hospital • Outpatient services • Recovery beds <p>• Ward and theatre drugs, dressings, materials, equipment and disposables consumed / utilised in the theatre (at hospital network DSPs)</p> <p>2. Other hospitals (non-DSPs)</p> <ul style="list-style-type: none"> • Ward Fees (general ward rate) • ICU and high care unit fees • Theatre fees • Outpatient services • Recovery beds <p>• Ward and theatre drugs, dressings, materials, equipment and disposables consumed / utilised in hospital (at non-DSP hospitals)</p> <p>3. Unattached Theatre Units (Private)</p> <ul style="list-style-type: none"> • Theatre fees • Recovery beds <p>• Ward and theatre drugs, dressings, materials, equipment and disposables consumed / utilised in hospital (at unattached theatre unit)</p>	<p>100% of cost</p> <div style="border: 2px solid red; padding: 5px; text-align: center; margin: 10px 0;"> <p style="color: red; font-weight: bold; font-size: 1.2em;">REGISTERED BY ME ON</p> <p style="font-size: 1.2em;">2023/10/25</p> <p style="color: red; font-weight: bold; font-size: 1.2em;">REGISTRAR OF MEDICAL SCHEMES</p> </div> <p>100% of cost</p> <p>80% of Scheme Rate</p> <p>80% of Scheme Rate</p> <p>100% of cost at a DSP 80% of Scheme Rate at a non-DSP</p> <p>100% of cost at a DSP 80% of Scheme Rate at a non-DSP</p>	<p>Limited to PMBs</p> <p>Limited to PMBs</p> <p>Limited to PMBs</p> <p>Limited to PMBs</p> <p>Limited to PMBs</p> <p>Limited to PMBs</p>	<p>In accordance with a per diem or negotiated rate.</p> <p>Facility fees charged by hospitals for outpatient visits that do not result in authorised admissions are not covered on this plan, unless resulting in an authorised hospital admission (subject to PMB regulations).</p> <p>PMBs limited to 80% of Scheme Rate for non-DSPs, subject to PMB regulations.</p> <p>Facility fees charged by hospitals for outpatient visits that do not result in authorised admissions are not covered on this plan, unless resulting in an authorised hospital admission.</p> <p>The unattached theatre must be registered with the Department of Health.</p> <p>PMBs limited to 80% of Scheme Rate for non-DSPs, subject to PMB regulations.</p>

HEALTHCARE SERVICE	BASIS OF COVER	ANNUAL LIMITS	CONDITIONS/REMARKS
OUTPATIENT CONSULTATIONS WITH GPs/SPECIALISTS AT HOSPITAL EMERGENCY ROOMS AND OUTPATIENT UNITS		See General Practitioners/ Specialists: out of hospital consultations in rooms	Regarded as out of hospital GP/Specialist consultations in rooms, unless resulting in an authorised hospital admission.
HOME-BASED HEALTHCARE For clinically appropriate chronic and acute treatment and conditions, where treatment is possible at home	100% of Scheme Rate REGISTERED BY ME ON 2023/10/25 REGISTRAR OF MEDICAL SCHEMES	Limited to PMBs Subject to the Scheme's preferred provider (where applicable) and the treatment meeting the Scheme's treatment guidelines and clinical and benefit criteria.	Subject to pre-authorisation and PMB regulations. Basket of care as set by the Scheme.
TO TAKE OUT DRUGS	100% of cost	Limited to PMBs and a maximum of 7 days' supply per admission	Benefit for medicine supplied by the hospital when a patient is discharged. 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.
AMBULANCE SERVICES	100% of cost via the Scheme's DSP 100% of Scheme Rate through a non-DSP	Unlimited	Subject to pre-authorisation and PMB regulations. No benefit for services outside the borders of South Africa.
BLOOD TRANSFUSIONS Blood products, materials, apparatus and operator's fees	100% of cost	Limited to PMBs	Subject to pre-authorisation and PMB regulations.
ORGAN AND BONE MARROW TRANSPLANTS Hospitalisation, and organ and patient preparation	Benefits as for hospitalisation	Limited to PMBs	Subject to pre-authorisation and PMB regulations.
Medication (in and out of hospital)	100% of cost	Limited to PMBs	The organ recipient must be a Bankmed beneficiary for benefits to apply.
Harvesting and transporting of organs, and other donor costs	100% of cost	Limited to PMBs	Benefits for Specialists will be as specified elsewhere this schedule. No benefit for travelling and non-hospital accommodation expenses.

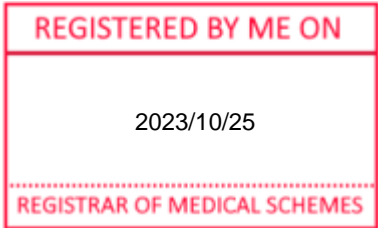
HEALTHCARE SERVICE	BASIS OF COVER	ANNUAL LIMITS	CONDITIONS/REMARKS
<p>ONCOLOGY (CHEMOTHERAPY AND RADIOTHERAPY)</p> <p>In and out of hospital consultations, treatment and materials</p> <p>Associated Medicine/Drugs</p> <p>For medicines administered in-rooms: (Injectable and infusional chemotherapy)</p> <ul style="list-style-type: none"> Medication via the Oncology Pharmacy Designated Service Provider (DSP) (Courier pharmacy) Medication via a non-DSP (voluntary use of non-DSP) Medication via a non-DSP (involuntary use of non-DSP) <p>Excludes medicines administered in-hospital and medicines administered in-rooms by a dispensing provider.</p>	<p>100% of cost at a DSP 100% of Scheme Rate at a non-DSP</p> <div style="border: 2px solid red; padding: 5px; text-align: center;"> <p>REGISTERED BY ME ON</p> <p>2023/10/25</p> <p>REGISTRAR OF MEDICAL SCHEMES</p> </div> <p>100% of cost</p> <p>80% of Scheme Medicine Reference Price plus dispensing fee</p> <p>100% of cost</p>	<p>Limited to PMBs</p> <p>Limited to PMBs</p> <p>Limited to PMBs</p> <p>Limited to PMBs</p>	<p>Subject to:</p> <ul style="list-style-type: none"> Pre-authorisation and PMB regulations Evidence-based medicine, cost-effectiveness and affordability Scheme's oncology baskets of care, formularies and/or protocols Meeting Scheme's Clinical Entry Criteria Peer-review by external panel of specialists as appointed by the Scheme <p>Subject to:</p> <ul style="list-style-type: none"> Pre-authorisation and PMB regulations Evidence-based medicine, cost-effectiveness and affordability Scheme's oncology baskets of care, formularies and/or protocols Meeting Scheme's Clinical Entry Criteria Peer-review by external panel of specialists as appointed by the Scheme Medication must be dispensed through a designated service provider. 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 Generic substitution and/or switching to cost-effective therapeutic equivalents (drug utilisation review)

HEALTHCARE SERVICE	BASIS OF COVER	ANNUAL LIMITS	CONDITIONS/REMARKS
<p>For medicines scripted and dispensed at a retail pharmacy (scripted by treating provider): (Supportive medication, oral chemotherapy and hormonal therapy)</p> <ul style="list-style-type: none"> Medication via the Oncology Pharmacy Designated Service Provider (DSP) Medication via a non-DSP (voluntary use of non-DSP) Medication via a non-DSP (involuntary use of non-DSP) 	<p>100% of cost</p> <p>80% of Scheme Medicine Reference Price plus dispensing fee</p> <p>100% of cost</p>	<p>Limited to PMBs</p> <p>Limited to PMBs</p> <p>Limited to PMBs</p>	<div style="border: 2px solid red; padding: 10px; text-align: center;"> <p>REGISTERED BY ME ON</p> <p>2023/10/25</p> <p>REGISTRAR OF MEDICAL SCHEMES</p> </div>
<p>RENAL DIALYSIS</p> <p>Procedures and Treatment</p> <p>Associated Medicine/Drugs</p> <ul style="list-style-type: none"> Medication via designated courier pharmacy (DSP) Medication via non-DSP (voluntary use of non-DSP) Medication via non-DSP (involuntary use of non-DSP) 	<p>100% of cost at a DSP 100% of Scheme Rate at a non-DSP</p> <p>100% of cost</p> <p>80% of Scheme Medicine Reference Price plus dispensing fee</p> <p>100% of cost</p>	<p>Limited to PMBs</p> <p>Limited to PMBs</p> <p>Limited to PMBs</p> <p>Limited to PMBs</p>	<p>Subject to pre-authorisation and PMB regulations.</p>

HEALTHCARE SERVICE	BASIS OF COVER	ANNUAL LIMITS	CONDITIONS/REMARKS
<p>WORLD HEALTH ORGANISATION (WHO) RECOGNISED DISEASE OUTBREAKS Benefit for out-of-hospital management and appropriate supportive treatment of global World Health Organisation (WHO) recognised disease outbreaks Out-of-hospital healthcare services related to COVID-19:</p> <ul style="list-style-type: none"> - Screening consultation with a nurse or GP - Defined basket of pathology - Defined basket of x-rays and scans - Consultations with a nurse or GP - Supportive treatment - Contact tracing 	<p>Over and above the PMB requirements.</p> <p>Up to a maximum of 100% of the Scheme Rate.</p> <p>Cover for testing is subject to NICD protocol and referral.</p> <p>Subject to the Scheme's preferred provider (where applicable), protocols and the condition and treatment meeting the Scheme's entry criteria and guidelines.</p>	<p>Up to a 100% of the Scheme Rate for registered healthcare providers.</p>	<p>Basket of care as set by the Scheme</p> <p>Out-of-hospital healthcare services related to COVID-19:</p> <ul style="list-style-type: none"> - Screening consultation with a nurse or GP: unlimited - Defined basket of pathology: unlimited tests per person per year subject to appropriate clinical referral for testing for registered healthcare providers except where covered as PMB.
<p>PREGNANCY AND CHILDBIRTH</p> <p>Hospitalisation and associated in hospital services (hospital network rules apply)</p> <p>Midwife care and delivery</p> <p>Birthing facilities</p> <p>Antenatal and post-natal care</p>	<p>As specified elsewhere in this schedule</p> <p>100% of cost at a DSP 100% of Scheme Rate at a non-DSP</p> <p>100% of cost at a DSP 100% of Scheme Rate at a non-DSP</p> <p>Limited to PMBs</p>	<p>Limited to PMBs</p> <p>Limited to PMBs</p> <p>Limited to PMBs (Cost of disposables limited to R1 375 per case)</p> <p>Limited to PMBs</p>	<p>Subject to pre-authorisation and PMB regulations. Benefits for hospitalisation and other in hospital services as specified elsewhere in this schedule.</p> <p>Subject to pre-authorisation and PMB regulations.</p> <p>Subject to pre-authorisation and PMB regulations. Only available where hospital services are not used (except for registered active birthing units).</p> <p>Benefits for General Practitioners, Specialists, radiology, pathology and other associated services as specified elsewhere in this schedule.</p>

REGISTERED BY ME ON
 2023/10/25

REGISTRAR OF MEDICAL SCHEMES

HEALTHCARE SERVICE	BASIS OF COVER	ANNUAL LIMITS	CONDITIONS/REMARKS
ALTERNATIVES TO HOSPITALISATION Step-down facilities 	100% of cost at DSP 100% Scheme Rate at non-DSP	Limited to PMBs	Step-down facilities: Subject to pre-authorization and PMB regulations, and available only as an alternative to hospitalisation. Such service follows pre-authorized hospitalisation or operation and is in lieu of further hospitalisation. The facility must be registered with the Department of Health.
Frail Care Facilities	No benefit	No benefit	
Home nursing services	No benefit	No benefit	
ADVANCED ILLNESS BENEFIT	100% of cost at a DSP 100% of Scheme Rate at a non-DSP	Limited to PMBs	Subject to pre-authorization, PMB regulations, and the treatment meeting the Scheme's guidelines and managed care criteria.
REGISTERED PRIVATE NURSE PRACTITIONERS (registered with the S. A. Nursing Council or its legal successor)			
Procedures	100% of cost at a DSP 100% of Scheme Rate at a non-DSP	Limited to PMBs	For procedures not requiring admission to a day surgery facility or hospital; Includes the cost of vaccination and injection material administered by the Practitioner.
Consultations	100% of cost at a DSP 100% of Scheme Rate at a non-DSP	Three pbpa, limited to PMBs	Subject to PMB regulations.
HomeCare Services	100% of cost at a DSP 100% of Scheme Rate at a non-DSP	Limited to PMBs	For procedures not requiring admission to a day surgery facility or hospital. Subject to Scheme Clinical Entry Criteria. Subject to preauthorization.

HEALTHCARE SERVICE	BASIS OF COVER	ANNUAL LIMITS	CONDITIONS/REMARKS
WELLNESS AND PREVENTATIVE CARE BENEFITS (ADDITIONAL INSURED BENEFITS)			Benefits in this section do not contribute to the depletion of any insured limits specified elsewhere in this schedule.
Influenza vaccine	100% of Scheme Medicine Reference Price	One pbpa	Associated consultation fees are not provided for in this section, unless indicated. See General Practitioners (GPs): out of hospital consultations and procedures in rooms for consultation benefits.
Human Papilloma Virus (HPV) vaccine	100% of Scheme Medicine Reference Price	Three doses pb	For male and female beneficiaries aged 9 to 25 years and limited to a total course of three doses (depending on product and age).
Cholesterol screening, blood sugar screening and blood pressure measurements	100% of cost at a DSP 100% of Scheme Rate at a non-DSP	R380 pbpa	At clinics, pharmacies or Bankmed GP Entry Plan Network GPs' consulting rooms.
HIV Counselling and Testing (HCT)	100% of cost at a DSP 100% of Scheme Rate at a non-DSP	Unlimited	HCT DSPs: Bankmed GP Entry Plan Network GPs, Bankmed Pharmacy Network and contracted HCT providers rendering onsite services at employer groups, subject to PMB regulations.
Mammogram	100% of cost at a DSP 100% of Scheme Rate at a non-DSP	One pbpa	For beneficiaries aged 40 years and older; Benefits for beneficiaries younger than 40 years, subject to motivation and prior approval.
Breast MRI (breast cancer risk only)	100% of cost at a DSP 100% of Scheme Rate at a non-DSP	One pbpa	For high-risk beneficiaries only. Subject to clinical entry criteria and pre-authorisation.
Pap smear	100% of cost at a DSP 100% of Scheme Rate at a non-DSP	One pbpa	One associated nurse, Bankmed GP Entry Plan Network GP or Bankmed Specialist Network consultation per beneficiary covered as an additional insured benefit, limited to R600 pbpa.

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REGISTRAR OF MEDICAL SCHEMES

HEALTHCARE SERVICE	BASIS OF COVER	ANNUAL LIMITS	CONDITIONS/REMARKS
Bone densitometry Prostate specific antigen Faecal occult blood test	100% of cost at a DSP 100% of Scheme Rate at a non-DSP	One pbpa One pbpa One pbpa	For beneficiaries aged 50 years and older; Benefits for beneficiaries younger than 50 years, subject to motivation and prior approval.
Tuberculosis (TB) screening	100% of cost at a DSP 100% of Scheme Rate at a non-DSP	One chest x-ray pbpa	For TB screening requested by private nurse practitioners rendering onsite services at employer groups; All other TB screenings subject to available out of hospital radiology and/or pathology benefits, and PMB regulations.
Childhood vaccinations (BCG, Oral Polio, Rotavirus, Diphtheria, Tetanus, Acellular Pertussis, Inactivated Polio and Haemophilus influenza type B, Hepatitis B, Measles, Pneumococcal vaccine)	100% of Scheme Medicine Reference Price	Subject to EPI guidelines	For immunisations administered in accordance with the Department of Health's Expanded Programme on Immunisation (EPI) guidelines for children up to 12 years.
Pneumococcal vaccine	100% of Scheme Medicine Reference Price	Limited as follows:	One vaccination every five years for adults 60 years and older.
Herpes Zoster Virus vaccine (Reduces the rate of herpes zoster [shingles])	100% of Scheme Medicine Reference Price	Limited as follows:	<ul style="list-style-type: none"> • One vaccination every five years for adults 60 years and older. • One vaccination every five years for beneficiaries younger than 60 years, who have been diagnosed with Asthma, Chronic Obstructive Pulmonary Disease, Diabetes, Cardiovascular Disease, or HIV/Aids.
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HEALTHCARE SERVICE	BASIS OF COVER	ANNUAL LIMITS	CONDITIONS/REMARKS
<p>Personal Health Assessment (PHA)</p> <div data-bbox="235 284 607 512" style="border: 1px solid red; padding: 5px; margin: 10px 0;"> <p style="text-align: center; color: red; font-weight: bold;">REGISTERED BY ME ON</p> <p style="text-align: center;">2023/10/25</p> <hr style="border-top: 1px dashed red;"/> <p style="text-align: center; color: red; font-weight: bold;">REGISTRAR OF MEDICAL SCHEMES</p> </div> <p>Personal Health Assessment (PHA) Additional Consultations for Dietician and Biokineticist</p> <p>Bankmed Mental Wellbeing Assessments</p> <p>New-born Screening Test</p>	<p>100% of cost at a DSP 100% of Scheme Rate at a non-DSP</p> <p>100% of cost at a DSP 100% of Scheme Rate at a non-DSP</p> <p>100% of cost at a DSP 100% of Scheme Rate at a non-DSP</p>	<p>Limited to one pbpa</p> <p>Limited to two dietician visits per year plus two Biokineticist visits per year First visit to dietician and biokineticist to take place within 6 weeks of the PHA and second visit within 12 months of the PHA, otherwise funded from day-to-day benefits</p> <p>Limited to one per beneficiary</p>	<p>One assessment pbpa. Benefit limited to Bankmed GP Entry Plan Network GPs, Bankmed Pharmacy Network and contracted providers rendering onsite services at employer groups; subject to completion and follow up of the assessment. Applies to members and beneficiaries aged 18 years and older only.</p> <p>Limited to medium and high-risk members and/or members with a Body Mass Index (BMI) of 30 and more. Members identified and risk-rated using results from the PHA, therefore subject to completion of the PHA. Clinical Entry Criteria applies. Applies to members and beneficiaries aged 18 years and older only.</p> <p>Free online assessment via www.bankmed.co.za; there is no limit on the number of assessments per beneficiary per annum.</p> <p>Testing limited to services provided within the borders of South Africa. Test funded only if performed within 72 hours of birth.</p>

HEALTHCARE SERVICE	BASIS OF COVER	ANNUAL LIMITS	CONDITIONS/REMARKS
<p>New-born Hearing Test</p> <div data-bbox="264 272 638 501" style="border: 1px solid red; padding: 5px; margin: 10px 0;"> <p style="text-align: center; color: red; font-weight: bold;">REGISTERED BY ME ON</p> <p style="text-align: center;">2023/10/25</p> <hr style="border-top: 1px dashed red;"/> <p style="text-align: center; color: red; font-weight: bold;">REGISTRAR OF MEDICAL SCHEMES</p> </div> <p>T21 Chromosome Test or Non-Invasive Prenatal Test (NIPT) (Member may have either of the two tests, not both)</p> <p>Amniocentesis</p>	<p>100% of cost at a DSP 100% of Scheme Rate at a non-DSP</p> <p>100% of cost at a DSP 100% of Scheme Rate at a non-DSP</p> <p>100% of cost for DSP 100% of Scheme Rate for non-DSP</p>	<p>Limited to one per beneficiary</p> <p>Limited to one per pregnancy</p> <p>Limited to one per pregnancy</p>	<p>Testing limited to service provided by a registered Audiologist. Only the test is funded. Should the provider charge a consultation fee, the consultation fee will be funded from available consultation benefits. Test only funded if performed within eight weeks of birth. Thereafter funded from standard benefits.</p> <p>Subject to the Scheme's protocols and clinical entry criteria. Applies to high-risk beneficiaries only, who are aged 35 years and older at delivery. One assessment per beneficiary per pregnancy. Testing limited to services provided within the borders of South Africa. If member does not meet clinical entry criteria, the screening test is not covered on this Plan.</p> <p>Subject to gynaecologist referral. One assessment per beneficiary per pregnancy. Testing limited to services provided within the borders of South Africa.</p>
<p>DIABETES MANAGEMENT For members registered on the Scheme's Disease Management Programme</p>	<p>100% of cost for services covered in the Scheme's Basket of Care if referred by the Scheme's DSP and member utilises the Scheme's DSP as their service provider. 100% of Scheme Rate at a non-DSP</p>	<p>Unlimited</p>	<p>Basket of Care set by the Scheme, subject to PMB regulations.</p>

HEALTHCARE SERVICE	BASIS OF COVER	ANNUAL LIMITS	CONDITIONS/REMARKS
DISEASE MANAGEMENT FOR CARDIO-METABOLIC RISK SYNDROME Disease Management for cardiometabolic risk syndrome for members registered on the Scheme's Disease Management Programme	Up to a maximum of 100% of the Scheme Rate. Subject to authorisation and/or approval and the treatment meeting the Scheme's clinical entry criteria, treatment guidelines and protocols.	Limited to PMBs and the basket of care set by the Scheme.	Subject to PMB regulations. Subject to authorisation and/or approval and the treatment meeting the Scheme's clinical entry criteria, treatment guidelines and protocols.
RADIOLOGY AND PATHOLOGY In and out of hospital	100% of cost at a DSP 100% of Scheme Rate at a non-DSP	Limited to PMBs	Out of hospital benefits subject to care plan registration for PMB conditions.
MRI / CT SCANS AND RADIONUCLIDE SCANS In and out of hospital	100% of cost at a DSP 100% of Scheme Rate at a non-DSP	Limited to PMBs via radiology facilities at Hospital Network DSPs	Subject to pre-authorisation. PMBs limited to 100% of Scheme Rate for radiology facilities at non-DSPs, subject to PMB regulations.
HIV/AIDS PROGRAMME Additional benefits subject to registration on HIV/Aids Programme. These additional benefits do not contribute to the depletion of other insured benefits provided by the Scheme. Consultations and pathology Associated Medicine/Drugs <ul style="list-style-type: none"> Medication via Bankmed Pharmacy Network (DSP) Medication via non-DSP (voluntary use of non-DSP) Medication via non-DSP (involuntary use of non-DSP) 	<div style="border: 2px solid red; padding: 5px; text-align: center; margin-bottom: 10px;"> REGISTERED BY ME ON 2023/10/25 REGISTRAR OF MEDICAL SCHEMES </div> 100% of cost at a DSP 100% of Scheme Rate at a non-DSP 100% of cost 80% of Scheme Medicine Reference Price plus dispensing fee 100% of cost	Subject to benefits available in Scheme's Basket of Care Unlimited Unlimited Unlimited Unlimited	Beneficiaries who do not register on the HIV/Aids Programme will be entitled to benefits for PMBs (only), subject to PMB regulations. Subject to benefits available in Scheme's Basket of Care Bankmed Pharmacy Network for HIV/Aids medication: as communicated to registered beneficiaries from time to time. A motivation is required for the use of a non-DSP for medication. Subject to Scheme's approved formulary. Scheme's Medicine Reference Price applies to non-formulary medication.

HEALTHCARE SERVICE	BASIS OF COVER	ANNUAL LIMITS	CONDITIONS/REMARKS
INTERNAL PROSTHESIS	100% of cost at a DSP 100% of Scheme Rate at a non-DSP	Limited to PMBs	Defined as appliances placed in the body as an internal adjuvant, during an operation. Benefits subject to clinical motivation, the application of clinical / funding protocols, Scheme approval and PMB regulations.
SPINAL CARE (SPINAL CARE PROGRAMME) In-hospital and out-of-hospital management for spinal care and surgery. Limited to a defined list of clinically appropriate procedures which include Lumbar Fusion, Cervical Fusion, Laminectomy, Laminotomy <div data-bbox="356 580 730 810" style="border: 1px solid red; padding: 5px; margin: 10px auto; width: fit-content;"> <p style="text-align: center; color: red; font-weight: bold;">REGISTERED BY ME ON</p> <p style="text-align: center;">2023/10/25</p> <hr style="border-top: 1px dashed red;"/> <p style="text-align: center; color: red; font-weight: bold;">REGISTRAR OF MEDICAL SCHEMES</p> </div>	100% of cost for the hospital account at a network facility. Network does not apply to any admissions related to trauma. 100% of the Scheme Rate for the hospital account if performed at a non-network facility. 100% of cost for related accounts at a DSP 100% of Scheme Rate for related accounts at a non-DSP	Limited to PMBs	Subject to authorisation and the treatment meeting the Scheme's treatment guidelines and clinical criteria. Subject to PMB regulations. Unlimited at a network provider for in-hospital treatment Basket of care as set by the Scheme for out-of-hospital conservative treatment
PACEMAKERS AND DEFIBRILLATORS	100% of cost at hospital network DSPs 80% of cost at non-DSPs	Limited to PMBs	Subject to clinical motivation, the application of clinical / funding protocols, Scheme approval and PMB regulations.
INTRAOCULAR LENSES FOR CATARACT SURGERY (Permanent, implantable lenses, inclusive of basic and specialised lens varieties)	Up to a maximum of 100% of the Scheme Rate Scheme Rate is equal to the negotiated and agreed lens price plus 25% mark-up	Limited to PMBs	Subject to pre-authorisation and the treatment meeting the Scheme's criteria. Covered in full when supplied by the Scheme's preferred suppliers, otherwise covered up to the Scheme Rate for the lens. Scheme Rate is equal to the negotiated and agreed lens price plus 25% mark-up Where the provider marks up the lens cost in excess of the agreed rate, the Scheme will not be responsible for the shortfall.

HEALTHCARE SERVICE	BASIS OF COVER	ANNUAL LIMITS	CONDITIONS/REMARKS
EXTERNAL PROSTHESIS <div style="border: 2px solid red; padding: 5px; margin: 10px 0; text-align: center;"> <p style="color: red; font-weight: bold; font-size: 1.2em;">REGISTERED BY ME ON</p> <p style="font-size: 1.2em;">2023/10/25</p> <p style="color: red; font-weight: bold; font-size: 1.2em;">REGISTRAR OF MEDICAL SCHEMES</p> </div>	100% of cost at a DSP 100% of Scheme Rate at a non-DSP	Limited to PMBs	Benefit for limbs and eyes. Subject to clinical motivation, the application of clinical / funding protocols and Scheme approval. Benefit includes the repair of the prosthesis. Frequency limits apply: Breast prosthesis bra: two every 12 months Breast prosthesis: one/two per 24 months (one/two is patient dependent)
MEDICAL AND SURGICAL APPLIANCES	100% of cost at a DSP 100% of Scheme Rate at a non-DSP	Limited to PMBs	Benefits subject to a doctor’s prescription, the application of clinical and funding protocols, and Scheme approval. No benefit for wheelchairs and large orthopaedic appliances on this plan, except for PMBs Frequency limits apply: Surgical/moonboot: one every 24 months Crutches: one set every 24 months Brace callipers: one set every 24 months Rigid back brace: one every 24 months Wig: one every 24 months Commodes: one every 36 months Walking frames: one every 24 months Surgical compression stockings: two pairs per 12-month period Sling/clavicle brace: one every 24 months Humidifier: one every 36 months
BLOOD PRESSURE MONITORS, NEBULISERS AND GLUCOMETERS	100% of cost at a DSP 100% of Scheme Rate at a non-DSP	Limited to PMBs	Benefits subject to a doctor’s prescription, the application of clinical and funding protocols, and pre-authorisation. Frequency limits apply: Blood pressure monitors: one every 36 months Nebulisers: one every 36 months Glucometers: one every 36 months

HEALTHCARE SERVICE	BASIS OF COVER	ANNUAL LIMITS	CONDITIONS/REMARKS
HEARING AIDS (SUPPLY AND FITMENT)	No benefit, except for PMBs	No benefit, except for PMBs	Subject to PMB regulations. Frequency limits apply: Benefit only available where the beneficiary has not claimed for hearing aid/s in the previous calendar year. Rolling limit every 24 months. No benefit for replacement batteries.
HEARING AID REPAIRS	No benefit	No benefit	
BONE ANCHORED HEARING AIDS	No benefit	No benefit	
COCHLEAR IMPLANTS	No benefit	No benefit	
UPGRADE OR REPLACEMENT OF SPEECH PROCESSORS	No benefit	No benefit	
PSYCHIATRY, CLINICAL PSYCHOLOGY, & RELATED OCCUPATIONAL THERAPY Hospitalisation: Hospital Network DSPs All admissions at network DSP Other hospitals (non-DSPS) PMB admission: involuntary use of non-DSP PMB admission: voluntary use of non-DSP Non-PMB admission In-hospital consultations / sessions	<div style="border: 2px solid red; padding: 5px; text-align: center; margin-bottom: 10px;"> REGISTERED BY ME ON 2023/10/25 <hr style="border-top: 1px dotted red;"/> REGISTRAR OF MEDICAL SCHEMES </div> 100% of cost for Bankmed Network Psychiatric facilities (DSPs) 100% of cost 80% of Scheme Rate for non-DSPs No benefit 100% of cost for Bankmed Network Specialists: DSPs 100% of Scheme Rate for non-DSPs	Limited to PMBs Limited to PMBs Limited to PMBs Limited to PMBs	Subject to pre-authorisation and referral from a Bankmed GP Entry Plan Network GP (DSP). Cover for 21 days in hospital in line with PMB regulations. PMBs limited to 80% of Scheme Rate for non-DSPs, subject to PMB regulations. Subject to PMB regulations. Subject to PMB regulations Subject to pre-authorisation and referral from a Bankmed GP Entry Plan Network GP (DSP). Subject to PMB regulations.

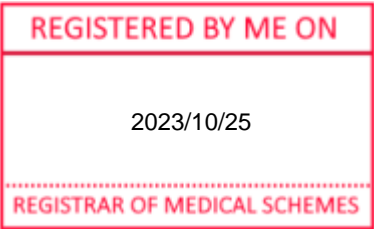
HEALTHCARE SERVICE	BASIS OF COVER	ANNUAL LIMITS	CONDITIONS/REMARKS
<p>Out of hospital consultations / sessions</p> <p>Post-hospital psychiatric consultation within 30 days of discharge from hospital (excluding day cases) for a psychiatric admission (Related to Major Depression, Schizophrenia and Bipolar Mood Disorder only)</p>	<p>100% of cost for Bankmed Network Specialists: DSPs 100% of Scheme Rate for non-DSPs</p> <p>100% of cost for Bankmed Entry Plan Network Psychiatrist: DSPs 100% of Scheme Rate for non-DSP Psychiatrist</p>	<p>Limited to PMBs</p> <p>Limited to three consultations per beneficiary per annum</p>	<p>Cover for 15 out-of-hospital psychotherapy sessions for PMBs, in line with PMB regulations.</p> <p>An additional consultation will be granted as an insured benefit, per beneficiary visiting a psychiatrist within 30 days of discharge, following an authorised psychiatric hospital admission (excluding day cases). Subject to PMB regulations. In the event that the member exceeds the three-consultation limit (following three hospital admissions), the consultations will be subject to the standard psychiatry, clinical psychology and related occupational therapy benefit limits.</p>
<p>MENTAL HEALTH INTEGRATED DISEASE MANAGEMENT PROGRAMME Disease Management for specified mental health conditions for members registered on the Scheme's Mental Health Integrated Disease Management Programme</p>	<p>In addition to the cover provided for under the PMB regulations, up to 100% of the Scheme Rate for services covered in the Scheme's basket of care if referred by the Scheme's DSP. 100% of Scheme Rate for services performed by the Scheme's DSP.</p>	<p>Limited to the basket of care set by the Scheme.</p>	<p>Subject to the treatment meeting the Scheme's treatment guidelines and managed care criteria. Subject to PMB regulations.</p>
<p>OCCUPATIONAL THERAPY: NON-PSYCHIATRIC CONSULTATIONS / SESSIONS</p> <p>In hospital</p> <p>Out of hospital</p>	<p>100% of cost at a DSP 100% of Scheme Rate at a Non-DSP</p> <p>100% of cost at a DSP 100% of Scheme Rate at a Non-DSP</p>	<p>Limited to PMBs</p> <p>Limited to PMBs</p>	<p>Subject to pre-authorisation and PMB regulations.</p> <p>Subject to pre-authorisation and referral from a Bankmed GP Entry Plan Network GP (DSP).</p>

REGISTERED BY ME ON

 2023/10/25

REGISTRAR OF MEDICAL SCHEMES

HEALTHCARE SERVICE	BASIS OF COVER	ANNUAL LIMITS	CONDITIONS/REMARKS
PHYSIOTHERAPY In hospital Out of hospital (including post-hospitalisation treatment)	100% of cost at a DSP 100% of Scheme Rate at a Non-DSP 100% of cost at a DSP 100% of Scheme Rate at a Non-DSP	Limited to PMBs Limited to PMBs	Subject to pre-authorisation and PMB regulations. Subject to pre-authorisation and referral from a Bankmed GP Entry Plan Network GP (DSP).
SPEECH THERAPY, AUDIO THERAPY AND AUDIOLOGY In and out of hospital	Limited to PMBs <div style="border: 2px solid red; padding: 5px; text-align: center;"> <p>REGISTERED BY ME ON</p> <p>2023/10/25</p> </div>	Limited to PMBs	Subject to pre-authorisation, referral from a Bankmed GP Entry Plan Network GP and PMB regulations. Out of hospital cover is subject to PMB application.
OTHER AUXILIARY SERVICES In and out of hospital Chiropody / Podiatry Dietetics / Nutritional Assessments Orthotics Massage Chiropractors Herbalists Naturopaths Family planning clinics Homeopaths Biokineticists (fitness assessments)	<div style="border: 2px solid red; padding: 5px; text-align: center;"> <p>REGISTRAR OF MEDICAL SCHEMES</p> </div> Limited to PMBs	Limited to PMBs	Subject to pre-authorisation, referral from a Bankmed GP Entry Plan Network GP and PMB regulations. Frequency limits apply: Foot orthotics: one every 24 months Out of hospital cover is subject to PMB application

HEALTHCARE SERVICE	BASIS OF COVER	ANNUAL LIMITS	CONDITIONS/REMARKS
CHRONIC MEDICATION 	100% of cost via Bankmed GP Entry Plan Network and subject to Scheme approved formulary Dispensing fee limited to the contracted dispensing fee applicable to Bankmed GP Entry Plan Network GPs and Bankmed Pharmacy Network: DSPs	Limited to PMBs	Benefits for chronic medication, drugs and injection material subject to: <ul style="list-style-type: none"> • Prior application and approval of the Scheme • Each prescription or repeat prescription being limited to one month's supply per beneficiary • Such motivations and reports by appropriate medical practitioners, as are required by the Scheme • PMB regulations • Scheme approved formulary Dispensing fee limited to the contracted dispensing fee applicable to Bankmed GP Entry Plan Network GPs and Bankmed Pharmacy Network: DSPs
PRESCRIBED ACUTE MEDICATION	100% of cost via Bankmed GP Entry Plan Network GPs and subject to Scheme approved formulary	Limited to PMBs	Subject to PMB regulations
SELF-MEDICATION (OVER THE COUNTER MEDICINE) AND PHARMACY ADVISED THERAPY (PAT)	No benefit	No benefit	For member's own account
HOMEOPATHIC MEDICATION	No benefit	No benefit	For member's own account
SPECIALISTS In hospital consultations, operations and procedures	100% of cost for Bankmed Network Specialists: DSPs 100% of Scheme Rate for non-DSPs	Limited to PMBs	Subject to pre-authorisation and PMB regulations. No benefit for dental surgery except for PMBs. PMBs limited to 100% of Scheme Rate for non-DSPs, subject to PMB regulations.

HEALTHCARE SERVICE	BASIS OF COVER	ANNUAL LIMITS	CONDITIONS/REMARKS
<p>Out-of-hospital consultations in rooms</p> <div data-bbox="241 325 613 552" style="border: 2px solid red; padding: 5px; margin: 10px auto; width: fit-content;"> <p style="text-align: center; color: red; font-weight: bold; margin: 0;">REGISTERED BY ME ON</p> <p style="text-align: center; margin: 5px 0 0 0;">2023/10/25</p> <p style="text-align: center; color: red; font-weight: bold; margin: 0;">REGISTRAR OF MEDICAL SCHEMES</p> </div> <p>Out of hospital procedures in rooms</p>	<p>100% of cost for Bankmed Network Specialists: DSPs 80% of cost if no pre-authorisation and no referral from Bankmed GP Entry Plan Network GP</p> <p>100% of Scheme Rate for non-DSPs 80% of Scheme Rate if no pre-authorisation and no referral from Bankmed GP Entry Plan Network GP</p> <p>100% of cost for Bankmed Network Specialists: DSPs 100% of Scheme Rate for non-DSPs</p>	<p>Limited to PMBs</p> <p>Limited to PMBs</p>	<p>Subject to pre-authorisation, referral by Bankmed GP Entry Plan Network GP and Care Plan registration for PMB conditions</p> <p>PMBs limited to 100% of Scheme Rate for non-DSPs (with further reduction to 80% of Scheme Rate if no pre-authorisation and no referral from Bankmed GP Entry Plan Network GP), subject to PMB regulations</p> <p>PMBs limited to 100% of Scheme Rate for non-DSPs, subject to PMB regulations.</p>
<p>GENERAL PRACTITIONERS (GPs)</p> <p>In hospital consultations</p> <p>In hospital operations and procedures</p> <p>Out of hospital consultations and procedures in rooms</p> <p>Post hospital GP consultation within 30 days of discharge from hospital</p>	<p>100% of cost at contracted rate for Bankmed GP Entry Plan Network GPs: DSPs 100% of Scheme Rate for non-DSPs</p> <p>100% of cost at contracted rate for Bankmed GP Entry Plan Network GPs: DSPs 100% of Scheme Rate for non-DSPs</p> <p>100% of cost for Bankmed GP Entry Plan Network GPs: DSPs 100% of Scheme Rate for non-DSPs</p>	<p>Limited to PMBs</p> <p>Limited to PMBs</p> <p>Limited to PMBs</p>	<p>In-hospital benefits are Subject to pre-authorisation and PMB regulations. PMBs limited to 100% of Scheme Rate for non-DSPs, subject to PMB regulations. No benefit for dental surgery except for PMBs.</p> <p>At selected Bankmed GP Entry Plan Network GP (DSP) in accordance with preferred provider contract. PMBs limited to 100% of Scheme Rate for non-DSPs, subject to PMB regulations</p> <p>An additional consultation will be granted as an insured benefit, per beneficiary visiting a GP within 30 days of discharge, following an authorised hospital admission (excluding day</p>

HEALTHCARE SERVICE	BASIS OF COVER	ANNUAL LIMITS	CONDITIONS/REMARKS
Virtual GP consultation	100% of cost for Bankmed GP Entry Plan Network GPs: DSPs 100% of Scheme Rate for non-DSPs	Limited to PMBs Limited to three consultations pbpa	cases). PMBs limited to 100% of Scheme Rate for non-DSPs, subject to PMB regulations. Subject to member and/or beneficiary having a prior consulting relationship with the GP. Verification notes to be submitted by claiming GP.
MAXILLO-FACIAL AND ORAL SURGERY	100% of cost for Bankmed Network Specialists: DSPs 100% of Scheme Rate for non-DSPs	Limited to PMBs	Subject to pre-authorisation and PMB regulations.
PREVENTATIVE AND BASIC DENTISTRY	No benefit	No benefit	
ADVANCED DENTISTRY Caps, crowns, bridges and cost of endosteal and ossea-integrated implants	No benefit	No benefit	<div style="border: 2px solid red; padding: 5px; text-align: center;"> <p>REGISTERED BY ME ON</p> <p>2023/10/25</p> <p>.....</p> <p>REGISTRAR OF MEDICAL SCHEMES</p> </div>
ORTHODONTICS	No benefit	No benefit	
ALL OTHER DENTAL SERVICES	No benefit	No benefit	
OPTOMETRY			
Consultations	No benefit	No benefit	
Frames and extras	No benefit	No benefit	
Prescription lenses and readymade readers	No benefit	No benefit	
Contact lenses	No benefit	No benefit	
Fitting of contact lenses	No benefit	No benefit	
Other optometric services Refractive surgery/excimer laser treatment, hospitalisation and associated costs	No benefit	No benefit	No benefit, including the cost of hospitalisation, medication and all other associated services.

HEALTHCARE SERVICE	BASIS OF COVER	ANNUAL LIMITS	CONDITIONS/REMARKS
<p>CLAIMS FOR SERVICES RENDERED OUTSIDE THE BORDERS OF SOUTH AFRICA</p> <div data-bbox="226 327 600 555" style="border: 1px solid red; padding: 5px; margin: 10px auto; width: fit-content;"> <p style="text-align: center; color: red; margin: 0;">REGISTERED BY ME ON</p> <hr style="border: 0; border-top: 1px solid red; margin: 2px 0;"/> <p style="text-align: center; margin: 0;">2023/10/25</p> <hr style="border: 0; border-top: 1px dashed red; margin: 2px 0;"/> <p style="text-align: center; color: red; margin: 0;">REGISTRAR OF MEDICAL SCHEMES</p> </div>	<p>100% of Bankmed GP Entry Plan Network rate or Scheme Rate or contracted rate (whichever applies)</p>	<p>Limited to PMBs</p>	<p>As per Annexure D: Cover available for PMB conditions and life-threatening emergencies only. Associated benefits calculated as if the services were rendered in South Africa at the relevant Bankmed GP Entry Plan Network rate or Scheme Rate or other contracted rate (whichever would normally apply) for an equivalent non-PMB service covered by the Scheme in South Africa. In the case of internal prosthesis and/or medical and surgical appliances (cover for PMBs only), funding will be limited to the amount or rate at which the Scheme would normally fund or procure such a device within the borders of South Africa. No benefits for emergency/ambulance transport outside the borders of South Africa. Medical motivation and prior approval required for non-emergency surgery outside the borders of South Africa.</p>

LEGEND:

Contracted rate	=	The rate determined in terms of an agreement between the Scheme and a service provider or group of service providers in respect of payment of relevant services
Cost	=	The net cost (after discount) charged for a relevant health service or, in respect of a contracted or negotiated service, the contracted rate. In respect of surgical items and procedures provided in hospital, “cost” shall be the nett acquisition price (also see Annexure B)
DSP	=	Designated Service Provider (may also be referred to as Preferred Provider or Contracted Provider in this schedule): A healthcare provider or group of providers contracted by the Scheme as preferred provider/s to provide diagnosis, treatment and care to beneficiaries in respect of one or more prescribed minimum benefit conditions
M	=	Member without dependants
M+	=	Member plus dependants
pb	=	per beneficiary
pbpa	=	per beneficiary per annum
pfpa	=	per family per annum
pmpa	=	per member per annum
PMB	=	Prescribed Minimum Benefits - a set of minimum benefits to be funded by all medical schemes as per the Medical Schemes Act and Regulations, in respect of the Prescribed Minimum Benefit Conditions (A Prescribed Minimum Benefit Condition is “a condition contemplated in the Diagnosis and Treatment Pairs and Chronic Disease List conditions listed in Annexure A of the Regulations, or any emergency medical condition”)
Scheme Medicine Reference Price	=	the maximum price that the Scheme shall pay for a drug or a class of drugs, where cost-effective alternatives exist. In the event that a member voluntarily chooses a drug that is more expensive than an alternative available drug that falls within the Scheme Medicine Reference Price, the price difference shall be a co-payment payable by the member at point of sale, subject to PMB regulations, where applicable
Scheme Rate	=	the rate at which health services are reimbursed by the Scheme in accordance with the applicable benefit schedule and shall be determined by the Scheme from time to time