



Day-to-day benefits and cover

We cover your day-to-day benefits from your Day-to-Day Insured Benefits, MSA and ATB, according to your Plan type.

WHAT ARE DAY-TO-DAY BENEFITS?

Day-to-day expenses include items such as medication, visits to your GP, X-rays, and blood tests.

- On the Plus, Comprehensive, and Core Saver Plans, we pay these expenses from your MSA.
- On the Traditional, Basic, and Essential Plans, we cover these expenses from the Insured Benefits, subject to limits.

WHAT ARE INSURED BENEFITS?

These are funded from the pool of member contributions, instead of using your personal MSA, if you have one.

MEDICAL SAVINGS ACCOUNT (MSA)

Available on Core Saver, Comprehensive and Plus Plans

The MSA is used to pay for day-to-day medical costs like GP visits, X-rays (radiology), medication and blood tests.

At the start of each year, we give you full access to a yearly amount.

You pay the amount back without interest as part of your monthly contributions.

If you join Bankmed after 1 January 2024, we calculate your MSA amount for the rest of the year by multiplying the monthly amount you contribute towards your MSA, by the number of months left in the year.

If you leave Bankmed and have spent more of your MSA than what you have contributed during the year, you will need to pay a portion of the MSA back to Bankmed. We call this a clawback.



Above Threshold Benefit (ATB), Annual Threshold and Self-Payment Gap (SPG)

Exclusive features of the Plus Plan

ATB

- Provides cover for out-of-hospital treatment for Plus Plan members who reach the Annual Threshold.
- This is an Insured Benefit which is accessed only after reaching the Annual Threshold with specified limits.
- ATB offers additional cover when the yearly MSA amount is depleted.

ANNUAL THRESHOLD

- Calculated based on the number of dependants on the membership, limited to three children.
- We use the Scheme Rate instead of the cost of medication or treatment to calculate when you reach the Annual Threshold. When claims are paid at 100% of the Scheme Rate from your MSA and add up to the Annual Threshold, you can access the ATB.
- Claims at 100% of the Scheme Rate from the MSA contribute to reaching the Annual Threshold, unlocking the ATB.

SPG

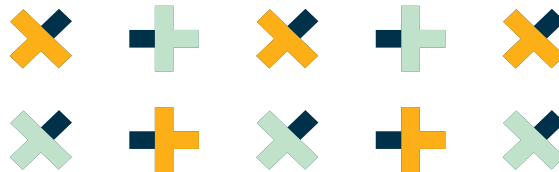
- An SPG will occur when your MSA is depleted, and you have not yet reached your Annual Threshold.
- You will need to pay claims during the SPG from your own pocket, until the Annual Threshold is reached.
- You must continue to submit claims to the Scheme during this period as these will accumulate towards reaching the Annual Threshold.
- Remember that claims accumulate to the Annual Threshold at 100% of the Scheme Rate. However, you can choose to fund claims at cost from your MSA. If your Healthcare Professional charges more than the Scheme Rate, the difference between the claimed amount and the paid amount contributes to your SPG.

LIMITS TO AMOUNTS ADDING UP AND BENEFIT CATEGORIES

There is a limit to how much of your MSA you can use to pay for specific categories of treatments, which adds up to the Annual Threshold. Some of the categories are:

- Prescribed acute medication (short-term medication).
- Claims for tooth and gum care (including preventative and basic dentistry, advanced dentistry, and all other dental services).
- Optometry consultations, prescription lenses and ready-made readers, contact lenses, fitting of contact lenses and other eye care such as refractive surgery. Ask your Healthcare Professional about the available DSP lens options which are covered in full.

Your general limits for the categories can be more than the limits for the ATB. However, we do not pay out more than your family limit for the ATB.





IMPORTANT

Both the Annual Threshold and the ATB are pro-rated (reduced) if a member joins after 1 January each year. This is calculated by dividing the total Annual Threshold and ATB for the year by 12 and multiplying these amounts by the remaining number of months in the year. These amounts are recalculated when a dependant is added or removed during the year, or when a child dependant becomes an adult dependant (and will have to pay the rate for an adult dependant). There is no clawback (debt owing to the Scheme) on overspend on ATB if a dependant is removed or a member resigns during the year.

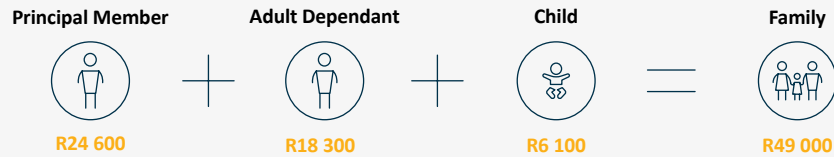
2024 ATB AND ANNUAL THRESHOLD

	Annual Threshold		
	M	A	C
Threshold Level	R24 600	R18 300	R6 100
Threshold Amount	R22 900	R17 200	R5700

Limited to three children.

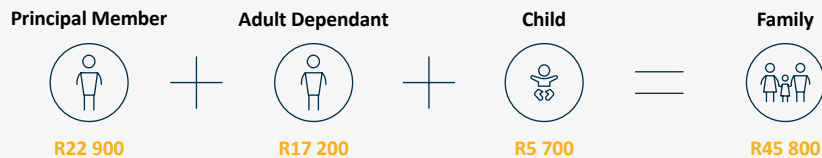
How to calculate the Annual Threshold

The Annual Threshold is a combined family threshold and is calculated by adding the threshold level amount for each family member together. See example below:



How to calculate the ATB

The ATB is a combined (family) limit and is calculated by adding the threshold amount for each family member together. See example below:





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DAY-TO-DAY BENEFITS PER PLAN

	Medical Savings Account (MSA)	Benefit Funding	How the Funding Works
Plus Plan	Yes	MSA ATB	<ul style="list-style-type: none"> All day-to-day claims paid from your MSA until you reach the Annual Threshold. Once you reach the Annual Threshold, you gain access to the ATB, which gives more cover if you have high out-of-hospital expenses. This encompasses payments for GP and specialist consultations, procedures performed in rooms, acute medication (short-term prescriptions), blood tests (pathology), X-rays (radiology), basic dentistry (including dentist consultations, teeth cleaning, and fillings), advanced dentistry, orthodontics, hearing aids, and other specified categories. Network Healthcare Professionals receive full payment. If you opt for a non-network Healthcare Professional, we pay up to the Scheme Rate, and you pay any shortfalls.
Comprehensive Plan	Yes	MSA	<ul style="list-style-type: none"> Day-to-day claims are settled through your MSA, encompassing GP and specialist consultations, acute medication (short-term prescriptions), blood tests (pathology), and X-rays (radiology). Procedures performed by GPs or specialists in their rooms, as well as basic dentistry (including dentist consultations, teeth cleaning, and fillings), are funded from Insured Benefit with no set limits. Coverage for advanced dentistry, orthodontics, hearing aids, and specific categories is limited under the Insured Benefit. Once this limit is reached, expenses are covered from the available funds in your MSA. Network Healthcare Professionals receive full payment. If you opt for a non-network Healthcare Professional, we pay up to the Scheme Rate, and you pay any shortfalls.
Traditional Plan	No	Insured Benefits	<ul style="list-style-type: none"> We pay day-to-day benefits from the Insured Benefit for GP and specialist consultations, acute medication (short-term medication), X-rays (radiology), blood tests (pathology), basic dentistry (including dentist consultations, teeth cleaning, and fillings), advanced dentistry and orthodontics, hearing aids, and other specified categories up to the Plan limits. Unlimited cover from the Insured Benefit for procedures performed by GPs and specialists in their rooms. Limited cover for an eye test, and glasses or contact lenses, every two years. Network Healthcare Professionals receive full payment. If you opt for a non-network Healthcare Professional, we pay up to the Scheme Rate, and you pay any shortfalls.
Core Saver Plan	Yes	MSA Insured Benefits	<ul style="list-style-type: none"> Unlimited cover for PMBs if you use GPs or specialists in our networks and get the recommended care for the condition. Registration on the Chronic Illness Benefit is required for chronic conditions. Two consultations for non-PMB conditions are covered by the Insured Benefit. Once exhausted, day-to-day benefits are covered from the available funds in your Medical Savings Account (MSA). Available funds are utilized to cover non-PMBs, including dentistry, orthodontics, eye care, and acute medication (short-term prescriptions) prescribed by a Healthcare Professional. Limited coverage from the Insured Benefit is available for acute medication prescribed by a pharmacist. Network Healthcare Professionals receive full payment. If you opt for a non-network Healthcare Professional, we pay up to the Scheme Rate, and you pay any shortfalls.
Basic Plan	No	Insured Benefits	<ul style="list-style-type: none"> Unlimited coverage for primary healthcare services, including GP consultations, acute medication (short-term prescriptions) listed on our medication formulary, and basic dentistry provided by Healthcare Professionals in our Dental Network (preferred provider). Claims for basic dentistry administered by non-preferred providers or not listed on the formulary will not be reimbursed. No coverage is provided for advanced dentistry or orthodontic treatment. Limited benefits for eye care are available through the Bankmed Optometry Network every two years. Additional benefits are extended up to a specified limit when obtained from a Bankmed Entry Plan Network GP or upon referral by this GP to another Healthcare Professional within our network (supported by a referral letter). Network Healthcare Professionals receive full payment. If you opt for a non-network Healthcare Professional, we pay up to the Scheme Rate, and you pay any shortfalls.
Essential Plan	No	Insured Benefits	<ul style="list-style-type: none"> Cover limited to PMBs