

BANKMED

ANNEXURE B2: BANKMED BASIC PLAN (NO SAVINGS)

Schedule of benefits with effect from 1 January 2024

REGISTERED BY ME ON

2023/10/25

REGISTRAR OF MEDICAL SCHEMES

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

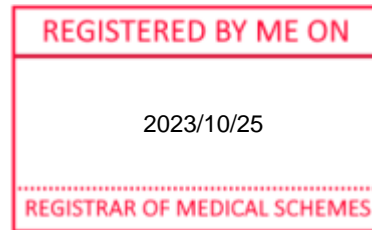
When insured limits are specified in this schedule, the limit will first be utilised for the payment of the relevant claims, and thereafter continued funding will apply for PMB claims only, subject to PMB regulations

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.
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. 		
HOSPITALISATION Hospital Network DSPs Deductibles apply to a <u>specified list</u> of conditions/procedures as set out in Appendix 3 All admissions at network DSP Other hospitals (non-DSPs) PMB admission: involuntary use of non-DSP (deductible does not apply) PMB admission: voluntary use of non-DSP (deductible applies to all admissions) Non-PMB admission (deductible applies to all admissions)	100% of cost 100% of cost 80% of Scheme Rate 80% of Scheme Rate	General ward rates General ward rates General ward rates General ward rates	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. PMBs limited to 80% of Scheme Rate for non-DSPs, subject to PMB regulations.
Deductibles payable on admission Healthcare services reflected in Appendix 3 <div style="border: 2px 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> <p style="text-align: center; border-top: 1px dashed red; color: red; font-weight: bold;">REGISTRAR OF MEDICAL SCHEMES</p> </div>	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.		

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> <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>Unlimited</p> <p>Unlimited</p> <p>Unlimited</p> <p>Unlimited</p> <p>Unlimited</p> <p>Unlimited</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 to be paid from out of hospital specialist consultations and procedures limit.</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 to be paid from out of hospital specialist consultations and procedures limit.</p> <p>The unattached theatre must be registered with the Department of Health.</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>

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 <div style="border: 2px solid red; padding: 5px; text-align: center; margin: 5px 0;">REGISTERED BY ME ON 2023/10/25 REGISTRAR OF MEDICAL SCHEMES</div>	Unlimited 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	Unlimited	Subject to pre-authorisation and PMB regulations.
ORGAN AND BONE MARROW TRANSPLANTS Hospitalisation, and organ and patient preparation Medication (in and out of hospital) Harvesting and transporting of organs, and other donor costs	Benefits as for hospitalisation 100% of cost 100% of cost	Limited to PMBs Limited to PMBs Limited to PMBs	Subject to pre-authorisation and PMB regulations. The organ recipient must be a Bankmed beneficiary for benefits to apply. 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>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) 	<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; margin: 10px 0;"> <p style="color: red; font-weight: bold;">REGISTERED BY ME ON</p> <p style="font-size: 1.2em;">2023/10/25</p> <p style="color: red; font-weight: bold; border-top: 1px dashed red;">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>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
<ul style="list-style-type: none"> Medication via a non-DSP (voluntary use of non-DSP) Medication via a non-DSP (involuntary use of non-DSP) 	<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>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</p> <p>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> <div data-bbox="1581 619 1953 842" 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>WORLD HEALTH ORGANISATION (WHO) RECOGNISED DISEASE OUTBREAKS</p> <p>Benefit for out-of-hospital management and appropriate supportive treatment of global World Health Organisation (WHO) recognised disease outbreaks:</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 - 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.

HEALTHCARE SERVICE	BASIS OF COVER	ANNUAL LIMITS	CONDITIONS/REMARKS
PREGNANCY AND CHILDBIRTH			
Hospitalisation and associated in hospital services (hospital network rules apply)	As specified elsewhere in this schedule		Subject to pre-authorisation and PMB regulations. Benefits for hospitalisation and other in hospital services as specified elsewhere in this schedule.
Midwife care and delivery	100% of cost at a DSP 100% of Scheme Rate at a non-DSP		Subject to pre-authorisation and PMB regulations.
Birthing facilities	100% of cost at a DSP 100% of Scheme Rate at a non-DSP	(Cost of disposables limited to R1 375 per case)	Subject to pre-authorisation. Only available where hospital services are not used (except for registered active birthing units).
Antenatal and post-natal care	100% of cost at a DSP 100% of Scheme Rate at a non-DSP	As specified elsewhere in this schedule	Benefits for General Practitioners, Specialists, radiology, pathology and other associated services as specified elsewhere in this schedule.
Additional insured benefits at or subject to referral by a Bankmed Entry Plan Network GP and subject to registration on the Scheme's Maternity Programme (Baby and Me): <ul style="list-style-type: none"> <li data-bbox="188 979 788 1043">• 6 ante-natal consultations per pregnancy <li data-bbox="188 1075 788 1139">• 3 x 2D ultrasounds per pregnancy <li data-bbox="188 1171 788 1235">• R1 690 per pregnancy for ante-natal and post-natal classes Additional insured pathology benefits subject to Baby and Me Basket of Care	100% of cost for DSP 100% of Scheme Rate for non-DSP 100% of cost for DSP 100% of Scheme Rate for non-DSP 100% of cost for DSP 100% of Scheme Rate for non-DSP 100% of cost for DSP 100% of Scheme Rate for non-DSP	As specified As specified As specified As specified	Additional insured consultations benefits limited to Bankmed GP Entry Plan Network GPs (DSPs) and Bankmed Specialist Network gynaecologists / obstetricians (DSPs). Additional insured pathology benefits subject to Baby-and-Me Basket of Care.

HEALTHCARE SERVICE	BASIS OF COVER	ANNUAL LIMITS	CONDITIONS/REMARKS
Other Antenatal and post-natal care: Radiology and Pathology	100% of cost at a DSP 100% of Scheme Rate at a non-DSP	As specified elsewhere in this schedule	Benefits for Radiology and Pathology as specified elsewhere in this schedule.
ALTERNATIVES TO HOSPITALISATION			
Step-down facilities	100% of cost at a DSP 100% of Scheme Rate at a non-DSP	Unlimited	Step-down facilities: Subject to pre-authorization 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	Unlimited	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	
HomeCare Services	100% of cost at a DSP 100% of Scheme Rate at a non-DSP	Unlimited	

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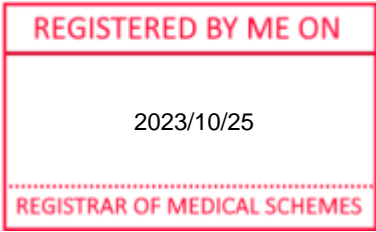
HEALTHCARE SERVICE	BASIS OF COVER	ANNUAL LIMITS	CONDITIONS/REMARKS
WELLNESS AND PREVENTATIVE CARE BENEFITS (VACCINATIONS AND SCREENING)	<div style="border: 2px solid red; padding: 5px; margin: 0 auto; width: fit-content;"> <p style="color: red; margin: 0;">REGISTERED BY ME ON</p> <p style="margin: 0;">2023/10/25</p> <hr style="border-top: 1px dashed red;"/> <p style="color: red; margin: 0;">REGISTRAR OF MEDICAL SCHEMES</p> </div>		Benefits in this section do not contribute to the depletion of any insured limits specified elsewhere in this schedule. 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.
Contraception: oral contraceptives, devices and injectables	100% of Scheme Medicine Reference Price	R2 395 pbpa	For female beneficiaries only. Oral contraceptives limited to one prescription or repeat prescription per beneficiary per month.
Influenza vaccine	100% of Scheme Medicine Reference Price	One pbpa	
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.

HEALTHCARE SERVICE	BASIS OF COVER	ANNUAL LIMITS	CONDITIONS/REMARKS
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.
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 Scheme Rate	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 <div data-bbox="271 1126 645 1353" style="border: 2px solid red; padding: 5px; text-align: center;"> <p style="color: red; font-weight: bold; margin: 0;">REGISTERED BY ME ON</p> <p style="margin: 5px 0 5px 0;">2023/10/25</p> <hr style="border-top: 1px dashed red; margin: 5px 0 5px 0;"/> <p style="color: red; font-weight: bold; margin: 0;">REGISTRAR OF MEDICAL SCHEMES</p> </div>	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.

HEALTHCARE SERVICE	BASIS OF COVER	ANNUAL LIMITS	CONDITIONS/REMARKS
<p>Herpes Zoster Virus vaccine (Reduces the rate of herpes zoster [shingles])</p> <p>Personal Health Assessment (PHA)</p> <div data-bbox="241 395 613 624" 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> <p style="text-align: center; border-top: 1px dashed red; 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 Scheme Medicine Reference Price</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 as follows:</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 vaccination every five years for adults 60 years and older.</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>

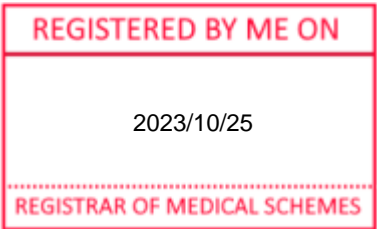
HEALTHCARE SERVICE	BASIS OF COVER	ANNUAL LIMITS	CONDITIONS/REMARKS
<p>New-born Hearing Test</p> <div data-bbox="264 288 638 518" style="border: 1px solid red; padding: 5px; margin: 10px 0;"> <p style="text-align: center; color: red; font-weight: bold;">REGISTERED BY ME ON</p> <p style="text-align: center;">2023/10/25</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.</p> <p>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.</p> <p>Applies to high-risk beneficiaries only, who are aged 35 years and older at delivery. One assessment per beneficiary per pregnancy.</p> <p>Testing limited to services provided within the borders of South Africa.</p> <p>If member does not meet clinical entry criteria, the screening test is not covered on this Plan.</p> <p>Subject to gynaecologist referral.</p> <p>One assessment per beneficiary per pregnancy.</p> <p>Testing limited to services provided within the borders of South Africa.</p>
<p>DIABETES MANAGEMENT</p> <p>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.</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
	100% of Scheme Rate if non-DSP used.	Out-of-network GP Benefit Limit applies if the doctor is not the member's nominated GP.	
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 Hospital Out of hospital	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	Unlimited	Out-of-hospital subject to Bankmed GP Entry Plan Network (DSP) and subject to the Scheme approved formulary. For radiology and pathology requested or carried out via a specialist, the benefit will be subject to the specialists out of hospital consultations and procedures limit as specified elsewhere in this schedule.
MRI / CT SCANS AND RADIONUCLIDE SCANS In Hospital Out of hospital	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	Unlimited Limited to PMBs via radiology facilities at Hospital Network DSPs	Subject to pre-authorisation. Subject to pre-authorisation. PMBs limited to 100% of Scheme Rate for radiology facilities at non-DSPs, subject to PMB regulations.



HEALTHCARE SERVICE	BASIS OF COVER	ANNUAL LIMITS	CONDITIONS/REMARKS
<p>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.</p> <p>Consultations and pathology</p> <p>Associated Medicine/Drugs</p> <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 data-bbox="309 922 678 1150" 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; color: red;">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>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>Unlimited Out-of-network GP Benefit Limit applies if the doctor is not a DSP</p> <p>Unlimited</p> <p>Unlimited</p> <p>Unlimited</p>	<p>Beneficiaries who do not register on the HIV/Aids Programme will be entitled to benefits for PMBs (only), subject to PMB regulations.</p> <p>Subject to benefits available in Scheme's Basket of Care</p> <p>Bankmed Pharmacy Network for HIV/Aids medication: as communicated to registered beneficiaries from time to time.</p> <p>A motivation is required for the use of a non-DSP for medication.</p> <p>Subject to Scheme's approved formulary. Scheme's Medicine Reference Price applies to non-formulary medication.</p>

HEALTHCARE SERVICE	BASIS OF COVER	ANNUAL LIMITS	CONDITIONS/REMARKS
<p>INTERNAL PROSTHESIS</p> <p>Combined limit for all internal prostheses items</p> <p>Internal prosthesis sub-limits:</p> <p>Hip joint prostheses, knee joint prostheses and shoulder joint prostheses</p> <div data-bbox="244 518 618 746" style="border: 2px 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> <p style="text-align: center; color: red; font-weight: bold;">REGISTRAR OF MEDICAL SCHEMES</p> </div> <p>Spinal fusions</p> <p>Cardiac stents</p> <p>Grafts</p> <p>Cardiac Valves</p> <p>Non-specified items</p>	<p>100% of cost via a DSP 100% of Scheme Rate via non-DSP</p> <p>100% of cost via a DSP 100% of Scheme Rate via non-DSP</p> <p>100% of cost via a DSP 100% of Scheme Rate via non-DSP</p> <p>100% of cost via a DSP 100% of Scheme Rate via non-DSP</p> <p>100% of cost via a DSP 100% of Scheme Rate via non-DSP</p> <p>100% of cost via a DSP 100% of Scheme Rate via non-DSP</p> <p>100% of cost via a DSP 100% of Scheme Rate via non-DSP</p>	<p>R87 055 pbpa</p> <p>R57 935 per prosthesis per admission if prosthesis is not supplied by the Scheme's network provider. If supplied by the Schemes network provider, unlimited (not subject to combined limit for all internal prosthesis items)</p> <p>R58 655</p> <p>R86 710</p> <p>R46 940</p> <p>R49 370</p> <p>R27 050</p>	<p>Benefits subject to clinical motivation, the application of clinical / funding protocols, Scheme approval and PMB regulations. Defined as appliances placed in the body as an internal adjuvant, during an operation. Combined limit for all internal prosthesis items, excluding pacemakers and defibrillators; Sub-limits may apply depending on the prosthesis required. All sub-limits as indicated are further subject to the combined limit for all internal prosthesis items, excluding pacemakers, defibrillators. The sub-limits are not "in addition to" the combined limit. Dental implants of any nature are not included in the definition of internal prosthesis. The prostheses accumulate to the limit. The balance of the hospital and related accounts do not accumulate to the annual limit.</p>

HEALTHCARE SERVICE	BASIS OF COVER	ANNUAL LIMITS	CONDITIONS/REMARKS
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 	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.
EXTERNAL PROSTHESIS Artificial limbs and eyes (Combined limit with Medical and Surgical Appliances, Blood Pressure Monitors, Nebulisers and Glucometers)	100% of cost at a DSP 100% of Scheme Rate at a non-DSP	R3 825 pfpa	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: no limit on number of bras that may be purchased in 12 months; Rand limit applies

HEALTHCARE SERVICE	BASIS OF COVER	ANNUAL LIMITS	CONDITIONS/REMARKS
<p>MEDICAL AND SURGICAL APPLIANCES (Combined limit with External Prosthesis Benefit and Blood Pressure Monitors, Nebulisers and Glucometers)</p> <div data-bbox="235 507 609 735" 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> <hr style="border: 0.5px dashed red;"/> <p style="text-align: center;">2023/10/25</p> <hr style="border: 0.5px dashed red;"/> <p style="text-align: center; color: red; font-weight: bold;">REGISTRAR OF MEDICAL SCHEMES</p> </div>	<p>100% of cost at a DSP 100% of Scheme Rate at a non-DSP</p>	<p>R3 825 pfpa</p>	<p>Breast prosthesis: one/two per 24 months (one/two is patient dependent)</p> <p>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.</p> <p>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</p>
<p>BLOOD PRESSURE MONITORS, NEBULISERS AND GLUCOMETERS (Combined limit with External Prosthesis Benefit and Medical and Surgical Appliances)</p>	<p>100% of cost at a DSP 100% of Scheme Rate at a non-DSP</p>	<p>R3 825 pfpa</p> <p>R1 470 pbpa for blood pressure monitors</p> <p>R2 075 pbpa for nebulisers</p> <p>R1 035 pbpa for glucometers</p>	<p>Benefits subject to a doctor's prescription, the application of clinical and funding protocols, and pre-authorisation.</p> <p>Frequency limits apply: Blood pressure monitors: one every 36 months Nebulisers: one every 36 months Glucometers: one every 36 months</p>

HEALTHCARE SERVICE	BASIS OF COVER	ANNUAL LIMITS	CONDITIONS/REMARKS
HEARING AIDS (SUPPLY AND FITMENT)	No benefit, except for PMBs	No benefit, except for PMBs	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	<div style="border: 2px solid red; padding: 5px; display: inline-block;"> <p style="color: red; margin: 0;">REGISTERED BY ME ON</p> <p style="margin: 0;">2023/10/25</p> <hr style="border-top: 1px dotted red;"/> <p style="color: red; margin: 0;">REGISTRAR OF MEDICAL SCHEMES</p> </div>		
Hospitalisation:			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.
Hospital Network DSPs			
All admissions at network DSP	100% of cost for Bankmed Network Psychiatric facilities (DSPs)	Limited to PMBs	
Other hospitals (non-DSPS)			
PMB admission: involuntary use of non-DSP	100% of cost	Limited to PMBs	Subject to PMB regulations.
PMB admission: voluntary use of non-DSP	80% of Scheme Rate for non-DSPs	Limited to PMBs	PMBs limited to 80% of Scheme Rate for non-DSPs, subject to PMB regulations.
Non-PMB admission	No benefit		
In-hospital consultations / sessions	100% of cost for Bankmed Network Specialists: DSPs 100% of Scheme Rate for non-DSPs	Limited to PMBs	Subject to PMB regulations.
Out of hospital consultations / sessions	100% of cost for Bankmed Network Specialists: DSPs 100% of Scheme Rate for non-DSPs	Limited to PMBs	Subject to pre-authorisation and referral from a Bankmed GP Entry Plan Network GP (DSP).

HEALTHCARE SERVICE	BASIS OF COVER	ANNUAL LIMITS	CONDITIONS/REMARKS
<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> <div data-bbox="235 632 609 858" 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>100% of cost for Bankmed Entry Plan Network Psychiatrist: DSPs 100% of Scheme Rate for non-DSP Psychiatrist</p>	<p>Limited to three consultations per beneficiary per annum</p>	<p>PMBs limited to 100% of Scheme Rate for non-DSPs, subject to PMB regulations. 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). PMBs limited to 100% of Scheme rate for non-DSPs, subject to PMB regulations.</p> <p>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>

HEALTHCARE SERVICE	BASIS OF COVER	ANNUAL LIMITS	CONDITIONS/REMARKS
<p>OCCUPATIONAL THERAPY: PSYCHIATRIC CONSULTATIONS / SESSIONS</p> <p>In hospital</p> <p>Out of hospital</p>	<p>100% of cost for Bankmed Network Specialists: DSPs 100% of Scheme Rate for non-DSPs</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 and referral from a Bankmed GP Entry Plan Network GP (DSP). Subject to PMB regulations.</p> <p>Subject to pre-authorisation and referral from a Bankmed GP Entry Plan Network GP (DSP). 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>PHYSIOTHERAPY</p> <p>In hospital</p> <p>Out of hospital (including post-hospitalisation treatment)</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>
<p>SPEECH THERAPY, AUDIO THERAPY AND AUDIOLOGY</p> <p>In and out of hospital</p>	<p>100% of cost at a DSP 100% of Scheme Rate at a Non-DSP</p>	<p>Limited to PMBs</p>	<p>Subject to pre-authorisation, referral from a Bankmed GP Entry Plan Network GP and PMB regulations.</p>

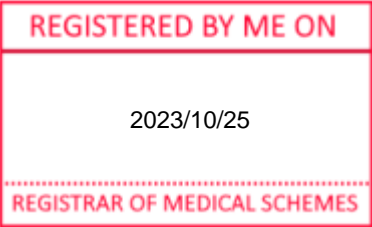
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 2023/10/25
 REGISTRAR OF MEDICAL SCHEMES

HEALTHCARE SERVICE	BASIS OF COVER	ANNUAL LIMITS	CONDITIONS/REMARKS
<p>ADDITIONAL BENEFITS FOR BENEFICIARIES WITH NEURODEVELOPMENTAL DISORDERS</p> <ul style="list-style-type: none"> Occupational therapy: psychiatric consultations/sessions (out of hospital) Occupational therapy: non-psychiatric consultations/sessions (out of hospital) Physiotherapy (out of hospital) Speech therapy (out of hospital) 	<p>100% of cost at a DSP 100% of Scheme Rate at a Non-DSP</p> <div data-bbox="808 435 1180 660" style="border: 1px solid red; padding: 5px; text-align: center;"> <p style="color: red; font-weight: bold;">REGISTERED BY ME ON</p> <p>2023/10/25</p> <hr style="border-top: 1px dashed red;"/> <p style="color: red; font-weight: bold;">REGISTRAR OF MEDICAL SCHEMES</p> </div>	<p>As approved</p>	<p>Additional discretionary insured benefits may be granted for beneficiaries with neurodevelopmental disorders, subject to clinical motivation and Scheme approval.</p> <p>The quantum of additional benefits, if approved, shall be decided on a case-for-case basis, and granted at 100% of the Scheme Rate or contracted rate, whichever applies.</p> <p>These discretionary benefits are in addition to any other insured benefits normally applicable to these services, as specified elsewhere in this schedule.</p>
<p>OTHER AUXILIARY SERVICES In and out of hospital</p> <ul style="list-style-type: none"> Chiropody/Podiatry Dietetics/Nutritional Assessments Orthotics Massage Chiropractors Herbalists Naturopaths Family planning clinics Homeopaths Biokineticists (fitness assessments) 	<p>100% of cost at a DSP 100% of Scheme Rate at a Non-DSP</p>	<p>Limited to PMBs</p>	<p>Subject to pre-authorisation, referral from a Bankmed GP Entry Plan Network GP and PMB regulations.</p> <p>Frequency limits apply: Foot orthotics: one every 24 months If prescribed by a medical practitioner and provided that the supplier of service is registered as such in terms of any law. The fees must have been incurred for a definite complaint and treatment must be for curative purposes only. 100% of cost for PMBs (insured benefit), subject to PMB regulations.</p>

HEALTHCARE SERVICE	BASIS OF COVER	ANNUAL LIMITS	CONDITIONS/REMARKS
<p>CHRONIC MEDICATION</p> <p>Medication via DSP (Bankmed GP Entry Plan Network GP)</p> <p>Medication via non-DSP (voluntary use of non-DSP)</p> <p>Medication via non-DSP (involuntary use of non-DSP)</p>	<p>Subject to Scheme approved formulary</p> <p>100% of cost plus contracted dispensing fee</p> <p>80% of Scheme Medicine Reference Price</p> <p>100% of cost plus dispensing fee</p>	<p>Unlimited</p> <p>Subject to out of network GP consultations and procedures limit of R2 630 pfpa</p> <p>Unlimited</p>	<p>Benefits for chronic medication, drugs and injection material subject to:</p> <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 <p>Dispensing fee limited to the contracted dispensing fee applicable to Bankmed GP Entry Plan Network GPs and Bankmed Pharmacy Network (DSPs).</p>
<p>PRESCRIBED ACUTE MEDICATION</p> <p>Medication via DSP (Bankmed GP Entry Plan Network GP and Bankmed Pharmacy Network)</p> <p>Medication via non-DSP (voluntary use of non-DSP)</p> <p>Medication via non-DSP (involuntary use of non-DSP)</p>	<p>Subject to Scheme approved formulary</p> <p>100% of cost plus contracted dispensing fee</p> <p>100% of cost plus dispensing fee</p> <p>100% of cost plus contracted dispensing fee</p>	<p>Unlimited</p> <p>Subject to Out-of-Network GP Consultations and Procedures Limit of R2 630 pfpa</p> <p>Unlimited</p>	<p>Unlimited benefits for acute medication, drugs and injection material via selected Bankmed GP Entry Plan Network GP and Bankmed Pharmacy Network, subject to Scheme approved formulary.</p> <p>See General Practitioners: Out-of-hospital consultations and procedures in rooms at non-Bankmed Entry Plan Network GPs (non-DSPs). If prescribed by a non-DSP, medication will accumulate to the Out-of-Network GP Consultations and Procedures Limit, even if a DSP pharmacy is used.</p>

HEALTHCARE SERVICE	BASIS OF COVER	ANNUAL LIMITS	CONDITIONS/REMARKS
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
<p>SPECIALISTS</p> <p>In hospital consultations, operations and procedures</p> <p>Out-of-hospital consultations and procedures in rooms</p> <div data-bbox="309 715 680 943" 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>100% of cost for Bankmed Network Specialists: DSPs 100% of Scheme Rate for non-DSPs</p> <p>100% of cost for Bankmed Network Specialists: DSPs 80% of cost if no pre-authorization 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-authorization and no referral from Bankmed GP Entry Plan Network GP</p>	<p>Unlimited</p> <p>Limited to: M = R4 260 pbpa M+ = R6 670 pfpa</p>	<p>Subject to pre-authorization. No benefit for dental surgery except for PMBs. PMBs limited to 100% of Scheme Rate for non-DSPs, subject to PMB regulations.</p> <p>Subject to pre-authorization and referral by a Bankmed GP Entry Plan Network GP. Limit includes costs associated with an out of hospital specialist consultation/ procedure (e.g. basic radiology, scans, pathology and acute medicine prescribed by the specialist/ appearing on the specialist's account), that are not already provided for elsewhere in this schedule. PMBs limited to 100% of Scheme Rate for non-DSPs (with further reduction to 80% of Scheme Rate if no pre-authorization and no referral from Bankmed GP Entry Plan Network GP), subject to PMB regulations. Benefits for MRI/CT scans and radionuclide scans are as described elsewhere in this schedule.</p>

HEALTHCARE SERVICE	BASIS OF COVER	ANNUAL LIMITS	CONDITIONS/REMARKS
<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> <div data-bbox="302 624 676 850" 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>Post hospital GP consultation within 30 days of discharge from hospital (excluding day cases)</p> <p>Virtual GP consultation</p>	<p>100% of cost 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>100% of cost 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 Subject to out-of-network GP limit if non-DSP used</p> <p>100% of cost for Bankmed GP Entry Plan Network GPs: DSPs 100% of Scheme Rate for non-DSPs Subject to out-of-network GP limit if non-DSP used</p>	<p>Unlimited</p> <p>Unlimited</p> <p>Unlimited</p> <p>Limited to three visits and a maximum of R2 630 pfpa (subject to PMBs)</p> <p>Unlimited</p> <p>Limited to three consultations pbpa</p>	<p>In-hospital benefits are subject to pre-authorization.</p> <p>PMBs limited to 100% of Scheme Rate for non-DSPs, subject to PMB regulations.</p> <p>No benefit for dental surgery except for PMBs. All costs associated with the out of network GP visit will accumulate to this limit. Benefits for MRI/CT scans and radionuclide scans are as specified elsewhere in this schedule. 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 cases). PMBs limited to 100% of Scheme rate for non-DSPs, subject to PMB regulations.</p> <p>Subject to member and/or beneficiary having a prior consulting relationship with the GP. Verification notes to be submitted by claiming GP.</p>

HEALTHCARE SERVICE	BASIS OF COVER	ANNUAL LIMITS	CONDITIONS/REMARKS
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 Scale and polish, routine extractions, x-rays to support diagnosis, restorations (amalgam and resin only), basic root canal therapy (including emergency), full and partial plain plastic dentures obtained at a preferred provider and clasps/repairing of dentures (plastic only)	100% of cost for DSPs	Unlimited	At Preferred Provider Network (Bankmed Dental Network), and according to Scheme approved formulary.
ADVANCED DENTISTRY Caps, crowns, bridges and cost of endosteal and ossea-integrated implants	No benefit	No benefit	
ORTHODONTICS	No benefit	No benefit	
ALL OTHER DENTAL SERVICES <ul style="list-style-type: none"> Second and subsequent examinations in the same year; X-rays 	100% of cost for DSPs	Unlimited	At Preferred Provider Network (Bankmed Dental Network), and according to Scheme approved formulary.
OPTOMETRY			
Consultations	100% of cost	One consultation pb every two years	Benefits via Preferred Provider Network (Iso Leso Optometry Network) only.
Frames and extras	100% of cost	One frame pb every two years	No benefit for readymade readers on this plan.
Prescription lenses	100% of cost	One pair of lenses pb every two years	
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 data-bbox="197 229 730 288">CLAIMS FOR SERVICES RENDERED OUTSIDE THE BORDERS OF SOUTH AFRICA</p> <div data-bbox="293 328 667 557" style="border: 1px solid red; padding: 5px; margin: 10px auto; width: fit-content;"> <p data-bbox="322 339 638 371" style="text-align: center; margin: 0;">REGISTERED BY ME ON</p> <p data-bbox="423 435 546 467" style="text-align: center; margin: 0;">2023/10/25</p> <p data-bbox="304 520 658 552" style="text-align: center; margin: 0; border-top: 1px dashed red;">REGISTRAR OF MEDICAL SCHEMES</p> </div>	<p data-bbox="797 229 1010 261">As per Annexure D</p>	<p data-bbox="1234 229 1447 261">As per Annexure D</p>	<p data-bbox="1534 229 2020 357">Foreign claims covered at the relevant Scheme Rate and/or Rand limit normally allowed for an equivalent non-PMB claim in South Africa.</p> <p data-bbox="1534 362 2020 553">In the case of internal prosthesis and/or medical and surgical appliances, funding will be limited to the amount or rate at which the Scheme would normally fund or procure such device within the borders of South Africa.</p> <p data-bbox="1534 558 1962 649">No benefits for emergency/ambulance transport outside the borders of South Africa.</p> <p data-bbox="1534 654 2020 745">Medical motivation and prior approval required for elective/non-emergency surgery outside the borders of South Africa.</p> <p data-bbox="1534 750 2020 941">No benefits for services not normally covered at the Scheme's preferred provider network (Bankmed GP Entry Plan Network) for out of hospital consultations, medicine and treatment (except via Bankmed GP Entry Plan Network providers in Lesotho).</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

