

APPENDIX 3: BANKMED DEDUCTIBLES

Introduction

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

Bankmed's Day Surgery Network comprises a defined list of contracted day surgery facilities as well as contracted acute hospitals providing day surgery facilities at day surgery rates.

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

- 1. Deductible applicable to a specific list of treatment/procedures not carried out at one of the contracted day surgery facilities or contracted acute hospitals providing day surgery facilities in the Bankmed Day Surgery Network**

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

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

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

22. Vulva/cone biopsy
23. Oesophagoscopy
24. Simple abdominal hernia repair
25. Eye procedures
 - 25.1. Other eye procedures: removal of foreign body, vitrectomy
26. Gynaecological procedures
 - 26.1. Laparoscopic gynaecological procedures
27. Orthopaedic procedures
 - 27.1. Arthroscopy, arthrotomy, knee, shoulder, elbow, hand, wrist), arthrodesis (hand, wrist,)
 - 27.2. Minor joint arthroplasty (intercarpal, carpometacarpal and metacarpophalangeal, interphalangeal joint arthroplasty)
 - 27.3. Tendon and/or ligament repair, muscle debridement, fascia procedures (tenotomy, tenodesis, tenolysis, repair/reconstruction, capsulotomy, capsulectomy, synovectomy, excision tendon sheath lesion, fasciotomy, fasciectomy).
 - 27.4. Treatment of simple closed fractures and/or dislocations, removal of pins and plates.
 - 27.5. Incision and drainage/excision of abscess and/or cyst/tumour: subcutaneous tissue, soft tissue, bone, bursa
 - 27.6. Biopsies: subcutaneous tissue, soft tissue, muscle, bone
 - 27.7. Treatment of closed fractures and/or dislocations, removal of pins and plates

If the member chooses to have the abovementioned procedures/treatments performed at a facility not in the Bankmed Day Surgery Network (day surgery facility or hospital), the member will be liable for a R4 100 deductible per admission.

Essential Plan members do not have access to the full list of treatments/procedures listed above as their cover is limited to PMB cover. In the event that an Essential Plan member elects to have the PMB procedure/treatment (from the above list) performed at a facility not in the Bankmed Day Surgery Network (day surgery facility or hospital), the member will be liable for a R4 100 deductible per admission.

Other hospitals (non-DSPS)

PMB admission: involuntary use of a non-DSP:	No deductible
PMB admission: voluntary use of non-DSP:	R4 100 per admission
Non-PMB admission:	R4 100 per admission
Deductible payable on admission.	

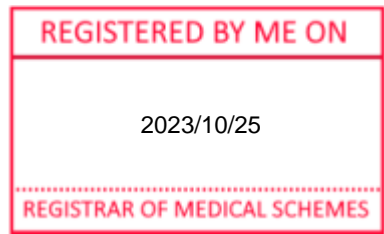
2. Deductible applicable to Dental Admissions to Private Hospitals and Day Surgeries

Applicable to Traditional Plan, Comprehensive Plan and Plus Plan

Member to fund the specified deductible upfront upon admission:

Day surgery: R310 per admission

Hospital: R2 295 per admission



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

The following deductible is applicable to all procedures/treatment not covered in the list of 27 procedures listed above, as well as dental procedures:

Applicable to Basic Plan, Core Saver Plan, Comprehensive Plan and Plus Plan	Applicable to Traditional Plan
Member to fund the specified deductible upfront upon admission:	Member to fund the specified deductible upfront upon admission:
PMB admission: involuntary use of non-DSP No deductible	PMB admission: involuntary use of non-DSP No deductible
PMB admission: voluntary use of non-DSP (deductible applies to all admissions) Day surgery: R310 per admission Hospital: R775 per admission	PMB admission: voluntary use of non-DSP (deductible applies to all admissions) Day surgery: R310 per admission Hospital: R6 425 per admission
Non-PMB admission Day surgery: R310 per admission Hospital: R775 per admission	Non-PMB admission Day surgery: R310 per admission Hospital: R6 425 per admission

4. General Information about Deductibles

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

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