



# **BENEFIT & CONTRIBUTION**

## **SUMMARY SCHEDULE 2025**

**MORE THAN A MEMBER. MORE WITH BANKMED.**

# CONTENTS



The Bankmed Benefit & Contribution Schedule is a summary of the benefits and features of your Plan. The registered Scheme Rules are on the website under 'About Us', 'Registered Rules'. In all instances, the Scheme Rules apply as registered by the Council for Medical Schemes, and supersede any errors or omissions contained herein. Benefit access and use may be subject to clinical entry criteria, Scheme-determined protocols, limitations on funding, network provider utilisation, and so forth. Prescribed Minimum Benefit (PMB) regulations apply in all instances. Bankmed is administered by Discovery Health (Pty) Ltd.

We are constantly improving our communication and the latest version of the Benefit & Contribution Schedule is available on our website ([www.bankmed.co.za](http://www.bankmed.co.za)).



## Bankmed cares about your health

** Bankmed has over 100 years of experience in the Banking and Healthcare industries.**

As such, we are experts in providing insights into the wellness needs of our members. We have the ability to offer them a medical scheme tailored to their unique requirements.

We offer tools to measure and improve our members' health through the Wellness and Preventative Care Benefits. The Bankmed communication platforms such as email, social media, the App and website provides our members with information, news and tips on how to create and maintain a healthy lifestyle. Our members' health and wellbeing is our number one priority!

### MEMBERS GET MORE VALUE

Bankmed has been awarded the AA+ Global Credit Rating for the fifteenth year in a row! We are the only closed medical scheme in South Africa to have achieved this rating. We aim to give our members benefits that are rated above the market average. Bankmed members are currently enjoying an average of 35% better value on lower contributions and/or richer benefits, versus if they were to join the average open medical scheme.



# Bankmed offers you choice!

**✘ We have six different Plan types for you to choose from based on your healthcare needs and affordability.**  
*(Deadline for Plan changes is 13 December 2024)*

## A PLAN TO SUIT EVERYONE

<b>Contributions</b>	<b>Plus Plan</b>	Top of the range Plan with a Medical Savings Account (MSA) and an Above Threshold Benefit (ATB) (safety net) for when your funds in your MSA are exhausted
	<b>Comprehensive Plan</b>	A comprehensive range of benefits paid from both Insured and MSA for out-of-hospital cover
	<b>Traditional Plan</b>	A Network Plan with a wide range of benefits with annual sub-limits for day-to-day expenses
	<b>Core Saver Plan</b>	Hospital Plan with a MSA component for day-to-day expenses
	<b>Basic Plan</b>	A wide range of Primary Care benefits (including non-Prescribed Minimum Benefits) available through the Bankmed GP Entry Plan Network
	<b>Essential Plan</b>	A lean, low-cost Plan with benefits limited to Prescribed Minimum Benefits (PMBs) only available through the Bankmed GP Entry Plan Network

## BENEFIT RANGE AND SPECIFIC NETWORKS

- Managed Care Programmes
- Wellness and Preventative Care Benefits
- Balance – Wellness-based Incentive Programme



# Essential and Basic Plan Overview

Plan Benefits	Essential Plan	Basic Plan
<b>Positioned for</b>	An entry-level Plan, suited for low healthcare needs with PMB cover only	A low contribution Plan with in-hospital and out-of-hospital benefits and chronic disease benefits
<b>Wellness and Preventative Care Benefits</b>	Rich spectrum, except for contraception	Rich spectrum
<b>Restricted GP Network</b>	Yes	Yes
<b>Specialist Network</b>	Yes	Yes
<b>GP Specialist Referral</b>	Yes	Yes
<b>Hospital Network</b>	Yes	Yes
<b>Pathology, Radiology and Medication</b>	Restricted medicine lists	
<b>Managed Care Programmes</b>	HIV Programme and Oncology Programme: PMB level of cover only	
<b>Optometry Benefit</b>	No	Isoleso Optometry Network
<b>Basic Dentistry</b>	No	Yes





## Core Saver, Traditional, Comprehensive and Plus Plan Overview

Plan Benefits	Core Saver Plan	Traditional Plan	Comprehensive Plan	Plus Plan
<b>Positioned for</b>	Young, healthy members with relatively low healthcare needs. Limited MSA for day-to-day expenses	Network Plan with comprehensive medical cover to meet moderate to high healthcare needs	Plan suitable for moderate to high healthcare needs for members who want a savings component	Designed for moderate to high healthcare needs for members who want a savings component and ATB
<b>Wellness and Preventative Care Benefits</b>	Rich spectrum	Rich spectrum	Rich spectrum	Rich spectrum
<b>Medical Savings Account</b>	Yes	No	Yes	MSA and ATB
<b>GP Network</b>	Yes	Yes	Yes	Yes
<b>Specialist Network</b>	Yes	Yes	Yes	Yes
<b>GP Specialist Referral</b>	Yes	Yes	No	No
<b>Hospital Network</b>	No	Yes	No	No
<b>Managed Care Programmes</b>	PMB level of cover	Cover for both PMBs and non-PMBs subject to pre-authorisation		
<b>Optometry Benefit</b>	Subject to MSA	Insured	Insured/MSA	MSA/ATB
<b>Basic Dentistry</b>	Subject to MSA	Yes	Yes	MSA/ATB
<b>Dental Admissions</b>	Emergency/PMB cover only	R2 405		

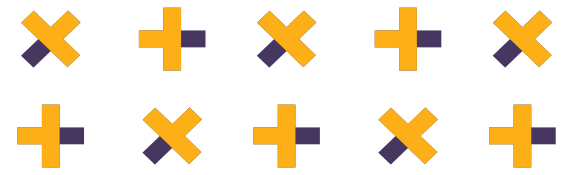
Note: All limits and contribution increases are subject to approval from the Council for Medical Schemes



# Bankmed: Proposed 2025 Contribution Increases

	2020	2021	2022	2023	2024	2025
<b>Essential Plan</b>	5%	2.5%	1%	6.5%	6.1%	5%
<b>Basic Plan</b>	6%	2.5%	1%	6.5%	7.3%	6%
<b>Core Saver Plan</b>	7%	3.5%	3.5%	7.9%	8.7%	8.8%
<b>Traditional Plan</b>	7%	3.5%	3.5%	7.9%	8.7%	8.8%
<b>Comprehensive Plan</b>	7.8%	3.9%	3.5%	7.9%	8.7%	8.8%
<b>Plus Plan</b>	8%	3.9%	3.5%	8%	8.7%	9%
<b>Average</b>	<b>7.3%</b>	<b>3.6%</b>	<b>3.2%</b>	<b>7.7%</b>	<b>8.5%</b>	<b>8.4%</b>

Note: All limits and contribution increases are subject to approval from the Council for Medical Schemes



# Bankmed: Proposed 2025 Contribution Tables

## ESSENTIAL PLAN

	2025 Total Contribution		
	M	A	C
< R5 000	893	801	224
R5 001 – R6 000	975	879	255
R6 001 – R7 000	1 078	970	277
R7 001 – R8 000	1 184	1 065	305
R8 001 – R9 000	1 352	1 220	335
R9 001 – R10 000	1 505	1 352	379
R10 000+	1 714	1 545	433

## BASIC PLAN

	2025 Total Contribution		
	M	A	C
< R5 000	1 399	1 046	352
R5 001 – R6 000	1 537	1 152	396
R6 001 – R7 000	1 694	1 265	437
R7 001 – R8 000	1 858	1 413	479
R8 001 – R9 000	2 123	1 609	532
R9 001 – R10 000	2 363	1 788	594
R10 000+	2 690	2 016	674

## CORE SAVER PLAN

	2025 Total Contribution			2025 Risk Contribution			2025 Savings Contribution		
	M	A	C	M	A	C	M	A	C
< R5 000	2 276	1 714	571	1 939	1 460	487	337	254	84
R5 001 – R6 000	2 439	1 832	610	2 080	1 561	523	359	271	87
R6 001 – R7 000	2 611	1 959	652	2 227	1 670	553	384	289	99
R7 001 – R8 000	2 743	2 057	689	2 338	1 752	585	405	305	104
R8 001 – R9 000	2 955	2 222	746	2 518	1 895	636	437	327	110
R9 001 – R10 000	3 107	2 336	779	2 649	1 994	666	458	342	113
R10 000+	3 426	2 564	861	2 923	2 185	735	503	379	126

Note: All limits and contribution increases are subject to approval from the Council for Medical Schemes



# Bankmed: Proposed 2025 Contribution Tables

## TRADITIONAL PLAN

	2025 Total Contribution		
	M	A	C
< R5 000	3 796	2 842	948
R5 001 – R10 000	4 424	3 315	1 111
R10 000+	4 604	3 458	1 153

## COMPREHENSIVE PLAN

	2025 Total Contribution			2025 Risk Contribution			2025 Savings Contribution		
	M	A	C	M	A	C	M	A	C
R0 – R10 000	5 057	3 787	1 272	4 196	3 143	1 055	861	644	217
R10 000+	5 266	3 947	1 318	4 369	3 275	1 094	897	672	224

## PLUS PLAN

	2025 Total Contribution			2025 Risk Contribution			2025 Savings Contribution		
	M	A	C	M	A	C	M	A	C
All Incomes	8 938	6 692	2 237	6 923	5 184	1 733	2 015	1 508	504

	2025 Annual Threshold		
	M	A	C
Threshold Level	26 800	19 900	6 600
Threshold Amount	24 000	18 100	6 000

Note: All limits and contribution increases are subject to approval from the Council for Medical Schemes



## 2025 Bankmed Benefit Enhancements

✕ *Some of the 2025 benefit enhancements include the following:*

### **POST PHA: PREMIER PLUS GP CONSULTATION**

If a member's PHA screening shows a high risk for hypertension, diabetes, or high cholesterol, they are required to see a Network GP to confirm the diagnosis. For 2024, this Network GP consultation is covered under day-to-day benefits.

In 2025, the risk benefit will cover one Network GP consultation within a specific time frame (six week period) after the PHA. After a diagnosis is confirmed, the member can join the chronic medication and managed care programme (where available). Additionally, a Basket of Care will be activated to ensure ongoing support for managing the chronic condition.

### **EXTENSION OF PHAs TO BENEFICIARIES AGED 16 – 17**

In 2024, the PHA benefit is available to members aged 18 and older. Starting in 2025, this benefit will be extended to include members aged 16 and older. The aim is to detect risks earlier, including high BMI, so that members flagged as high risk can access additional risk benefits. These include consultations with a GP, biokineticist, and dietician.

### **CHILD OBESITY SCREENING ASSESSMENT FOR BENEFICIARIES AGED 9 – 15**

Childhood obesity has become an epidemic in both developed and developing countries. It has a significant impact on children's physical and psychological health, with overweight and obese children more likely to continue being obese into adulthood and to experience early onset of non-communicable diseases such as diabetes and cardiovascular conditions.

To address this issue, an online screening tool will be available to assess children for obesity risk. Those identified as high risk will receive follow-up care similar to that provided to adults. This includes consultations with a dietician, biokineticist, and Network GP to help manage and mitigate their risk.

### **CONTINUOUS GLUCOSE MONITORING (CGM) FOR TYPE 2 DIABETICS**

This initiative aims to expand care by incorporating new treatment methods and improving the quality and outcomes of healthcare. In 2024, CGM is available for members with Type 1 Diabetes. Starting in 2025, CGM will also be offered to Type 2 Diabetics who require intensive insulin therapy.

Note: All benefit enhancements are subject to entry criteria

## EPILOG

Epilog has developed a digital tool for people managing advanced illnesses. Using behavioural science, this tool engages users online to build trust and, through behavioural economics, helps them move to palliative or needs-based care at the right time.

The tool provides early, personalised support based on each member's preferences and life situation. It focuses on managing life rather than just the illness, with a strong emphasis on improving quality of life.

Epilog's user-friendly technology encourages more people to use it, and everything is managed through a WhatsApp interface, making it easy for members to communicate and stay engaged.

## MENTAL HEALTH MANAGEMENT PROGRAMME ENHANCEMENTS

### Generalised Anxiety Disorder

In 2024, the Mental Health Management Programme only manages depression. From 2025, it will also cover Generalised Anxiety Disorder (GAD). Members diagnosed with anxiety, based on certain ICD-10 codes, can get care after their Premier Plus GP or a network psychologist enrolls them, and they complete the GAD-seven assessment.

Once a member qualifies, they will be able to access the following benefits under the Basket of Care (BoC), which are funded from risk:

- Three GP consultations
- Prescribed SSRIs (antidepressants) for six months and/or diazepam for 10 days
- Up to three individual psychotherapy sessions or nine group therapy sessions
- One course of Internet-based Cognitive Behavioural Therapy (ICBT)

Note: All benefit enhancements are subject to entry criteria

### At Risk Consultation

This initiative introduces one risk-funded consultation with a Premier Plus GP or network psychologist for members who have completed a PHQ-9 or GAD-7 assessment, scored above nine, and are not currently enrolled in the Mental Health Management Programme or registered for depression.

The type of consultation (virtual or face-to-face) will be based on the severity of the symptoms:

- Score of 10 – 14: virtual consultation
- Score of 15 or higher: virtual or face-to-face consultation

The Premier Plus GP or network psychologist will evaluate the member, make a diagnosis, and enrol them on the appropriate benefit or programme, if needed. A mental health coach will support this process. Members will be guided through accessing the consultation via WhatsApp and/or e-mail communications.

## ENHANCEMENTS TO THE DEMENTIA BENEFIT

### Dementia Benefit

For 2025, the following enhancements will be made:

- Extension of chronic cover for Alzheimer's disease to members on the Traditional Plan who meet the clinical entry criteria, subject to clinical protocols. Currently, this cover is only available to members on the Comprehensive and Plus Plans
- A risk-funded consultation with an Occupational Therapist (OT) or Psychologist for members aged 65 and older, where OTs are unavailable
- A Comprehensive Cognitive Assessment, funded from risk, conducted by the OT or Psychologist

### Dementia Screening

Following the Comprehensive Cognitive Assessment, if a diagnosis of moderate to severe Alzheimer's is made, the member will be referred to a Neurologist, Physician, or Psychiatrist for further evaluation. The specialist will decide on the next steps in management, including whether the member qualifies for chronic medication. The Out-of-Hospital (OOH) benefits will cover the cost of the specialist consultation.

## MYASTHENIA GRAVIS CHRONIC COVER ENHANCEMENT

Myasthenia Gravis is a chronic autoimmune disorder where antibodies disrupt the communication between nerves and muscles, causing weakness in skeletal muscles. It primarily affects voluntary muscles, including those in the eyes, mouth, throat, and limbs.

For 2025, chronic medication for Myasthenia Gravis will be fully covered, provided it meets clinical protocols and is deemed appropriate. This medication will not count towards the chronic medication limit.

## SPEECH PROCESSOR UPGRADE BENEFIT ENHANCEMENT

This benefit is only available to members on the Traditional, Comprehensive & Plus Plans. It covers 80% of the Scheme Rate, up to a maximum of R161 470.00 over a three-year period. Before, this benefit was spread over five years. The switch to a three-year period took effect on 1 January 2023 to keep up with new technology.

In 2025, the coverage will increase to 100% of the Scheme Rate but will still be subject to the limit.



[www.bankmed.co.za](http://www.bankmed.co.za)



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