Bankmed
Yours in good health

BASIC PLAN
FAQs 2026

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

WELLNESS AND PREVENTATIVE CARE

What screenings and preventative care are covered?

Your Insured Benefit covers screenings such as Personal Health Assessments (PHA), Child Weight Assessments (CWA), HIV Counselling and Testing (HCT), annual flu vaccinations, pap smears, dementia screening and mammograms. Please refer to the **Wellness and Preventative Care Benefits** page, and the **Wellness Screening Toolkit** page on our website, for more information.

WELLNESS MANAGEMENT PROGRAMME

What is the post-engagement Wellness Management Programme?

If identified as moderate- to high-risk after your PHA, you qualify for two dietitian and two biokineticist consultations. Members with a BMI ≥ 30 are also eligible, and each dietitian session is 30 minutes. Members identified as high risk are also covered for one consultation with a network GP within six weeks of completing the PHA assessment.

GENERAL PRACTITIONERS (GPs)

How do I find a GP?

Visit **www.bankmed.co.za > Doctor Visits > Find a Healthcare Professional** or use the **Bankmed App**.

Are GP visits limited?

No. You have unlimited visits within the Bankmed GP Entry Plan Network once you nominate a primary and secondary GP.

What if I don't nominate a GP?

Bankmed will assign one based on your previous claims. Until then, GP visits are paid from your out-of-network benefit.

Are in-room procedures covered?

Yes, if the procedure is on the approved list of in-room procedures covered by your Plan. Your GP can check online or contact Bankmed at 0800 BANKMED (0800 226 5633).

PRESCRIBED MINIMUM BENEFITS (PMBs)

What are PMBs?

PMBs include emergency conditions, 271 medical conditions, and 27 chronic conditions that are all covered, regardless of your Plan type.

How do PMBs apply to my Plan?

Your Plan covers only PMB-listed treatments. Full cover is provided if you use Bankmed's Designated Service Providers (DSPs).

DESIGNATED SERVICE PROVIDERS (DSPs)

What is a Designated Service Provider (DSP)?

Bankmed has established various contracted networks, known as **Designated Service Providers (DSPs)**. These networks include GPs, specialists, pharmacies, and hospitals. Using a Healthcare Professional on these networks ensures you receive the most competitive rates.

Where can I find DSPs?

Log in to **www.bankmed.co.za > Doctor Visits > Find a Healthcare Professional** or use the **Bankmed App**.

MEDICATION

Do I pay for medication?

Use medication on the Bankmed formulary (medicine list) to avoid out-of-pocket costs. Over-the-counter and homoeopathic medications are not covered.

CHRONIC MEDICATION

What conditions are covered?

The **Chronic Disease List (CDL)** includes 27 conditions such as diabetes, hypertension, asthma, and epilepsy.

How do I apply?

Download the Chronic Illness Benefit Application form from **www.bankmed.co.za > Find a Document > Application Forms** and email the completed form to **chronicbasicessential@bankmed.co.za**.

*Standard benefit limits apply

DENTISTRY

What dental procedures are covered?

Basic dentistry like scaling and polishing. Orthodontics, crowns, and implants are not covered. Use a dentist in the Bankmed Network to avoid out-of-pocket expenses.

OPTOMETRY

What optometry benefits are included?

One set of frames and prescription lenses every 24 months. Contact lenses are not covered. Use Healthcare Professionals in the Bankmed Optometry Network. View the full list of optometrists that form part of this network at **www.bankmed.co.za > Doctor Visits > Find a Healthcare Professional.**

DISEASE MANAGEMENT PROGRAMMES

Which programmes are available?

Mental Healthcare, Diabetes, HIV, Oncology, and Disease Prevention programmes. Clinical criteria apply.

How do I enrol?

Your Healthcare Professional must contact Bankmed at 0800 BANKMED (0800 226 5633).

MATERNITY BENEFITS

What maternity benefits are included?

Additional coverage is provided during pregnancy for services such as ultrasounds and consultations. You also have access to the maternity Basket of Care (BOC), as long as you are referred by a Bankmed Network GP and you register on the Baby-and-Me Maternity Programme.

SPECIALISTS

Can I see a specialist?

Yes, with a GP referral. Use Bankmed Network Specialists to avoid co-payments. Pre-authorisation is required.

HOSPITALISATION

What if I need to be hospitalised?

Use a hospital in the Bankmed Hospital Network to avoid co-payments. Emergency admissions are exempt from co-payments.

Will I pay anything in hospital?

If admitted to a non-network hospital voluntarily, you will need to pay 20% of the admission fee, plus any costs above the Scheme Rate.

DAY SURGERY DEDUCTIBLES

What is the day surgery upfront payment?

Bankmed's Day Surgery Network consists of a defined list of contracted day surgery facilities, along with contracted acute hospitals that provide day surgery services at day surgery rates.

No deductible or upfront payment applies for surgeries and procedures on **Bankmed's Day Surgery Procedure List** that are performed at Day Surgery Network facilities. If done outside the network, a **R6 570** deductible applies.

PATHOLOGY & RADIOLOGY

Are all tests covered?

Only those on the approved list. There is a limited list of tests and X-rays that your Plan covers. Your GP must refer to this list so that you do not have to pay the claim yourself.

CT and MRI scans are only covered if you are admitted to hospital, and only for PMB conditions. Confirm with your GP to avoid out-of-pocket costs.

2026 BENEFIT AND CONTRIBUTION UPDATES

What are the benefit changes/enhancements for 2026?

- **Preventative Care:** You now have access to convenient at-home screening kits for cervical and colorectal cancers.
- **Children's Dental Care:** We've introduced a new dental benefit for children aged 3 – 17 to support early and ongoing oral health.
- **Wisdom Teeth Removal:** This procedure is now covered when done in a dentist's office, with pre-authorisation required and a co-payment applying.

*Please refer to your 2026 Benefit and Contribution Schedule for detailed information on the updated limits, networks and benefits.

What is the benefit limit increase for 2026?

Approximately 4.25%.

How are contribution increases calculated?

Based on Plan performance, legal requirements, demographics, and medical inflation. Bankmed members receive ~35% more value than comparable open-market plans.

What is the contribution increase for 2026?

There will be a **7%** contribution increase in 2026.

Bankmed Medical Scheme. Registration number: 1279.

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