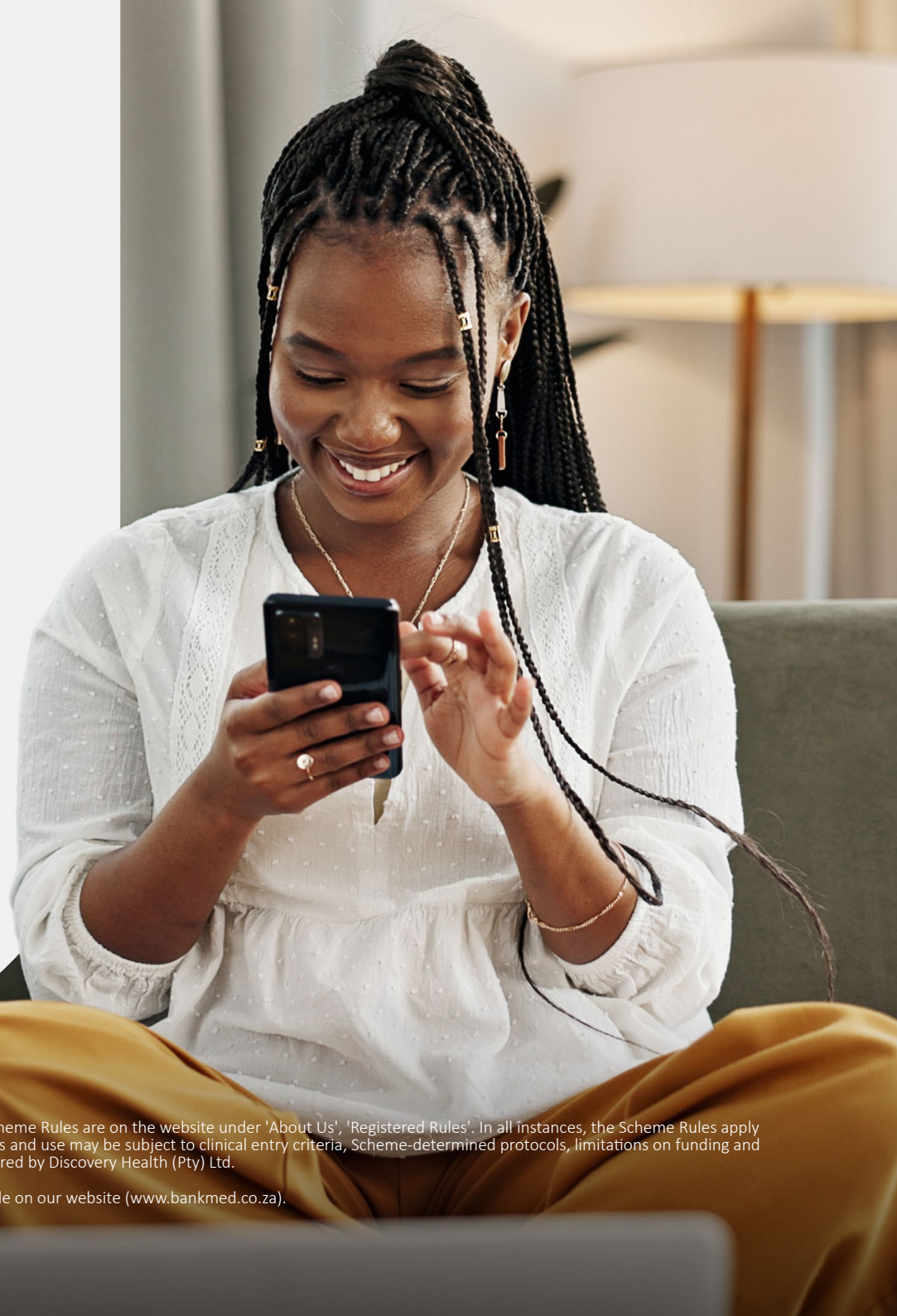
Bankmed
Yours in good health

BENEFIT & CONTRIBUTION SUMMARY SCHEDULE 2026

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 and network provider utilisation. 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).

Bankmed cares **about your health**

Bankmed's commitment to your health and wellness spans over a century, combining the expertise of the banking and healthcare industries. We understand that every individual has unique health needs and are here to provide you with tailored medical cover that prioritises your wellbeing.

Selecting the right Plan type can feel overwhelming, with your medical requirements, family situation, and budget all having to be considered. To assist you in this process, we have created intuitive interactive **digital tools**. Available on our website, they offer user-friendly features designed to guide you through the decision-making journey.

MEMBERS GET MORE VALUE

Bankmed has been awarded the AA+ Global Credit Rating for the 16th year in a row! 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 to choose from based on your healthcare needs and affordability.

(Deadline for 2026 Plan changes is 12 December 2025)

A PLAN TO SUIT EVERYONE

Contributions

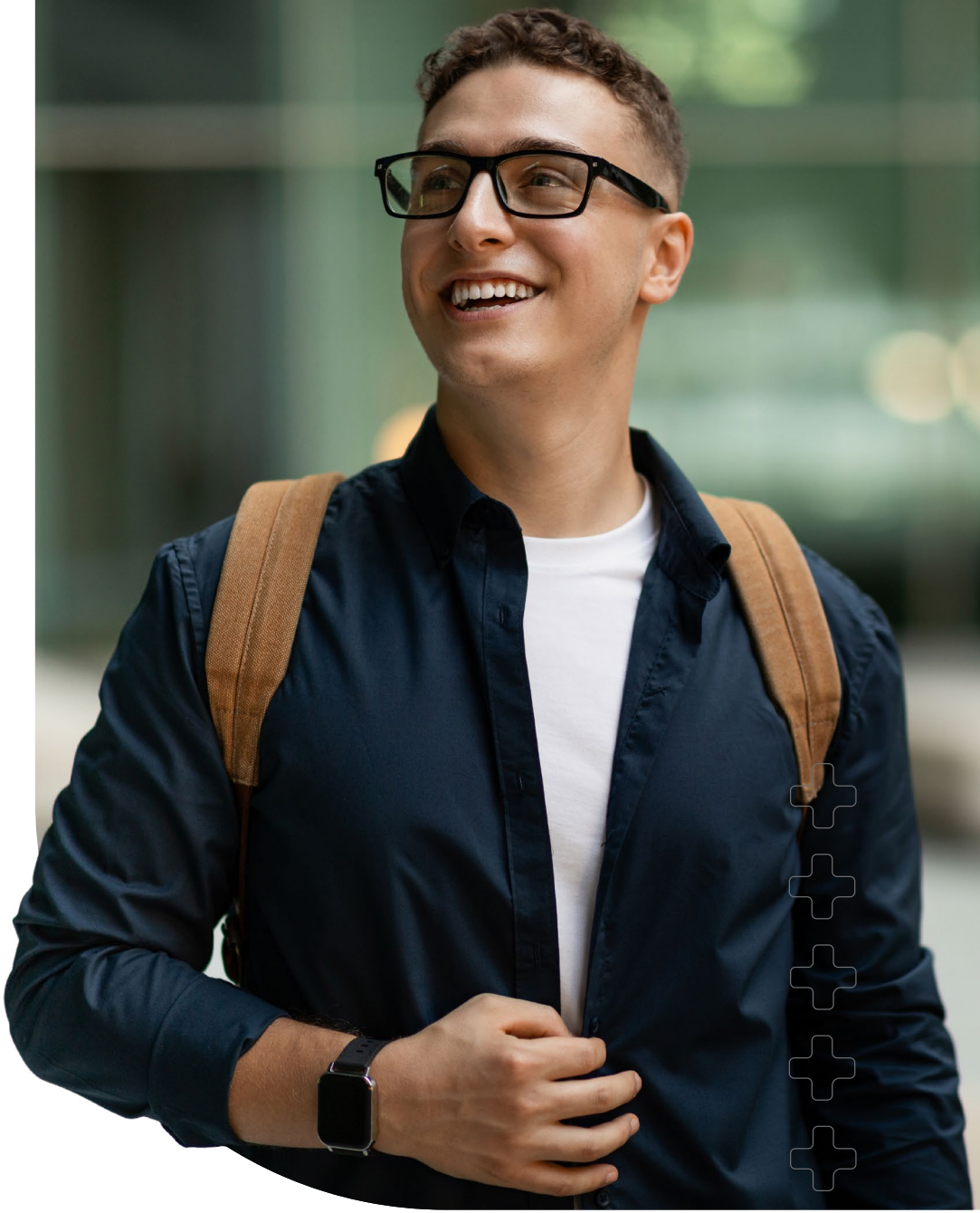
Plus Plan	Top of the range Plan with a Medical Savings Account (MSA) and an Above Threshold Benefit (ATB) (a safety net) for when your funds in your MSA are exhausted
Comprehensive Plan	A comprehensive range of benefits paid from both Insured and MSA for out-of-hospital cover
Traditional Plan	A Network Plan with a wide range of benefits with annual sub-limits for day-to-day expenses
Core Saver Plan	Hospital Plan with a MSA component for day-to-day expenses
Basic Plan	A wide range of Primary Care benefits (including non-Prescribed Minimum Benefits) available through the Bankmed GP Entry Plan Network
Essential Plan	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
Positioned for	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
Wellness and Preventative Care Benefits	Rich spectrum, except for contraception	Rich spectrum
Restricted GP Network	Yes	Yes
Specialist Network	Yes	Yes
GP to Specialist Referral	Yes	Yes
Hospital Network	Yes	Yes
Pathology, Radiology and Medication	Restricted medicine lists	
Managed Care Programmes	HIV Programme and Oncology Programme: PMB level of cover only	
Optometry Benefit	No	Isoleso Optometry Network
Basic Dentistry	No	Yes



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

Plan Benefits	Core Saver Plan	Traditional Plan	Comprehensive Plan	Plus Plan
Positioned for	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
Wellness and Preventative Care Benefits	Rich spectrum	Rich spectrum	Rich spectrum	Rich spectrum
Medical Savings Account	Yes	No	Yes	MSA and ATB
GP Network	Yes	Yes	Yes	Yes
Specialist Network	Yes	Yes	Yes	Yes
GP Specialist Referral	Yes	Yes	No	No
Hospital Network	No	Yes	No	No
Managed Care Programmes	PMB level of cover	Cover for both PMBs and non-PMBs subject to pre-authorisation		
Optometry Benefit	Subject to MSA	Insured	Insured/MSA	MSA/ATB
Basic Dentistry	Subject to MSA	Yes	Yes	MSA/ATB
Dental Admissions	Emergency/PMB cover only	Subject to a deductible		

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

Bankmed: Proposed 2026
Contribution Increases

	2021	2022	2023	2024	2025	2026
Essential Plan	2.5%	1%	6.5%	6.1%	5%	0%
Basic Plan	2.5%	1%	6.5%	7.3%	6%	7%
Core Saver Plan	3.5%	3.5%	7.9%	8.7%	8.8%	7.5%
Traditional Plan	3.5%	3.5%	7.9%	8.7%	8.8%	7.9%
Comprehensive Plan	3.9%	3.5%	7.9%	8.7%	8.8%	7.5%
Plus Plan	3.9%	3.5%	8%	8.7%	9%	7.9%
Average	**3.6%**	**3.2%**	**7.7%**	**8.5%**	**8.4%**	**7.4%**

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

Bankmed: Proposed 2026 **Contribution Tables**

ESSENTIAL PLAN

	2026 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 001+	1 714	1 545	433

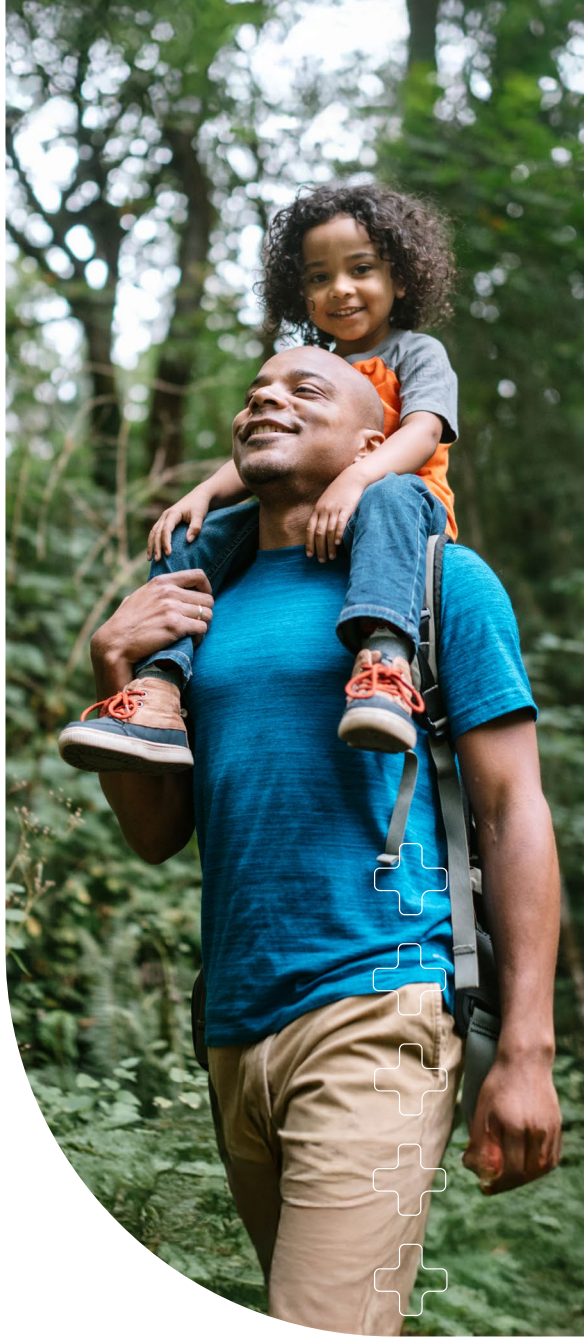
BASIC PLAN

	2026 Total Contribution		
	M	A	C
< R5 000	1 497	1 119	377
R5 001 – R6 000	1 645	1 233	424
R6 001 – R7 000	1 813	1 354	468
R7 001 – R8 000	1 988	1 512	513
R8 001 – R9 000	2 272	1 722	569
R9 001 – R10 000	2 528	1 913	636
R10 001+	2 878	2 157	721

CORE SAVER PLAN

	2026 Total Contribution			2026 Risk Contribution			2026 Savings Contribution		
	M	A	C	M	A	C	M	A	C
< R5 000	2 447	1 843	614	2 200	1 657	552	247	186	62
R5 001 – R6 000	2 622	1 969	656	2 359	1 770	592	263	199	64
R6 001 – R7 000	2 807	2 106	701	2 525	1 894	628	282	212	73
R7 001 – R8 000	2 949	2 211	741	2 652	1 987	665	297	224	76
R8 001 – R9 000	3 177	2 389	802	2 856	2 149	721	321	240	81
R9 001 – R10 000	3 340	2 511	837	3 004	2 260	754	336	251	83
R10 001+	3 683	2 756	926	3 314	2 478	834	369	278	92

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



Bankmed: Proposed 2026 **Contribution Tables**

TRADITIONAL PLAN

	2026 Total Contribution		
	M	A	C
< R5 000	4 096	3 067	1 023
R5 001 – R10 000	4 773	3 577	1 199
R10 001+	4 968	3 731	1 244

COMPREHENSIVE PLAN

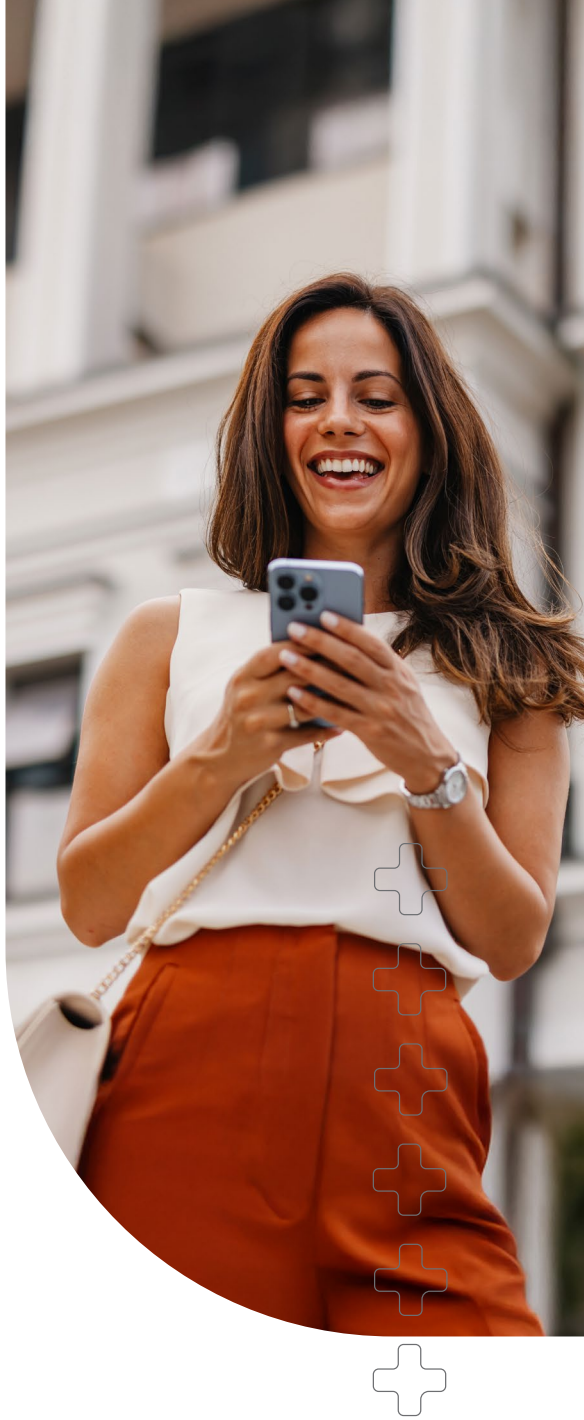
	2026 Total Contribution			2026 Risk Contribution			2026 Savings Contribution		
	M	A	C	M	A	C	M	A	C
R0 – R10 000	5 436	4 071	1 367	4 619	3 460	1 161	817	611	206
R10 001+	5 661	4 243	1 417	4 810	3 605	1 204	851	638	213

PLUS PLAN

	2026 Total Contribution			2026 Risk Contribution			2026 Savings Contribution		
	M	A	C	M	A	C	M	A	C
All Incomes	9 644	7 221	2 414	7 713	5 776	1 931	1 931	1 445	483

	2026 Annual Threshold		
	M	A	C
Threshold Level	25 700	19 100	6 300
Threshold Amount	23 000	17 300	5 700

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



2026 **Benefit Enhancements**

All 2026 updates are focused on keeping your healthcare affordable, accessible and of high quality.

Bankmed remains committed to putting members first, so you can feel confident that your healthcare needs are being looked after.

PREVENTATIVE CARE AND WELLNESS

Self-Screening for Cancer – Early Detection Made Easy

From 2026, Bankmed members can benefit from convenient at-home cancer screening kits for cervical and colorectal cancers, making it easier to take care of your health from home.

DENTAL BENEFITS

Children's Preventative Dental Care

A new benefit for children aged two to 18, covering regular check-ups, hygiene advice, polishing and fluoride treatment to support healthy teeth from an early age.

Wisdom Teeth Removal

For impacted wisdom teeth, removal can be performed safely in a dentist's office, with pre-authorisation and a co-payment, providing members with access to essential dental care.

PLAN-SPECIFIC ENHANCEMENTS AND CHANGES

Hearing Support

Benefit limits for cochlear implant speech processors have increased on the Traditional, Comprehensive and Plus Plans, assisting members to maintain their hearing health.

Diabetes Management

Insulin pump benefits are being expanded across the Core Saver, Traditional, Comprehensive and Plus Plans. Clinical motivation is required, ensuring members receive the support they need.

Out-of-Hospital PMB Management (OHDTP)

Bankmed already applies strict entry rules for PMB Chronic Disease List (CDL) conditions such as Hypertension and Diabetes. Until now, out-of-hospital PMB conditions (OHDTP) have not required enrolment or specific rules on the Core Saver, Traditional, Comprehensive and Plus Plans.

From 2026, we will introduce more structured rules for managing out-of-hospital PMB conditions on these Plans. This change will help ensure claims are correctly managed and that benefits remain sustainable in the long term.

Claims that qualify as PMBs will still be covered in full, while those that do not will be paid from your day-to-day benefits. These updates help protect the Scheme's ability to continue providing quality care for all members.

Making Plans More Affordable

We know that managing everyday healthcare costs is important. That's why we're adjusting MSA contributions to make Plans more manageable:

- Core Saver: 14.7% → 10%
- Comprehensive: 17% → 15%
- Plus: 22.5% → 20%

These changes reduce the financial burden for members while maintaining access to the care you need.

Optimising Networks for Quality Care

Our provider networks are carefully designed to give you access to trusted Healthcare Professionals and Specialists, while supporting affordability and quality outcomes.

For the Traditional Plan, network General Practitioners and Specialists will continue to be reimbursed at 100% of the Scheme Rate, while non-network providers are reimbursed at 80% of the Scheme Rate.

Most benefit limits remain unchanged, with only minor adjustments to reflect inflation, ensuring members continue to receive quality care while keeping contributions sustainable.

A Refreshed Essential Plan

The Essential Plan continues to offer a low-cost option, perfect for younger, healthier members. To keep contributions affordable and the Plan competitive, the hospital network has been streamlined, with 34 hospitals having been removed for 2026. Alternative hospitals remain within 30km, ensuring that care stays accessible.

This update helps the Plan manage contribution increases over time, while still providing reliable access to quality healthcare.

Note: All benefit enhancements are subject to entry criteria

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