Bankmed
Yours in good health

ESSENTIAL 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.

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 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 is a PMB?

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?

Treatment is limited to PMB conditions only. For example, cancer is covered, but a corneal transplant is not. Use Healthcare Professionals on the network to avoid co-payments.

DESIGNATED SERVICE PROVIDERS (DSPs)

What is a Designated Service Provider (DSP)?

Bankmed has established various contracted networks, known as **Designated Service Providers (DSPs)**. DSPs are network providers that offer full cover for PMB treatments.

These networks include GPs, specialists, pharmacies, and hospitals. Using a Healthcare Professional on these networks ensures you receive the most competitive rates. (This applies to PMB cover only).

Where can I find DSPs?

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

MEDICATION

What medication is not covered?

Over-the-counter items like vitamins, cough mixtures, cold and flu medications, and homeopathic remedies are not covered on this Plan.

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 e-mail the completed form to **chronicbasicessential@bankmed.co.za**.

Where must I get my chronic medication?

From a pharmacy within the Bankmed Pharmacy Network (DSP). Log in to **www.bankmed.co.za > Doctor Visits > Find a Healthcare Professional** or use the **Bankmed App**.

*Standard benefit limits apply

DISEASE MANAGEMENT PROGRAMMES

Which programmes are available?

Mental Healthcare, Diabetes, HIV, Oncology, and Disease Prevention programmes are available, but only for PMB conditions.

How do I enrol?

Your Healthcare Professional must contact Bankmed at 0800 BANKMED (0800 226 5633). Clinical entry criteria apply.

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.

SPECIALISTS

Do I have access to specialists?

Yes, if the condition is a PMB and you've been referred by your nominated GP. Use Bankmed Network Specialists to avoid co-payments.

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.

Do I have to pay a deductible for day surgery?

If the procedure is PMB-related and done at a DSP facility, no deductible or upfront payment applies. Otherwise, a **R6 570** deductible is charged for each admission.

Which procedures are covered without a deductible at DSP facilities?

Access the **Bankmed's Day Surgery Procedure List** for further detail. Remember, the procedure must be PMB-related and done at a DSP facility for it to be covered on your Plan.

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.
- **Hospital Network Streamlined:** We've streamlined our hospital network by removing 34 hospitals. Don't worry, alternative hospitals are still available within 30 km to ensure you have continued access to care. These changes help keep contributions affordable and your Plan competitive, particularly for younger, healthier members.

* 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 **0%** contribution increase in 2026.