Bankmed
Yours in good health

TRADITIONAL 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 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?

Full cover is provided when using Healthcare Professionals who form part of the Bankmed network. Using non-network providers may result in 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)**. 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**.

CHRONIC MEDICATION

What is the Chronic Illness Benefit?

You must apply to receive cover. Once approved, chronic medication is paid from your Insured Benefit. If not registered, it's paid from your day-to-day benefits.

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 **chronic@bankmed.co.za**.

*Standard benefit limits apply

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 or 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.

DISEASE MANAGEMENT PROGRAMMES

Which programmes are available?

Mental Healthcare, Diabetes, HIV, Spinal Care, Oncology, and Disease Prevention programmes are available for PMB and non-PMB treatment (subject to pre-authorisation).

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.

HOSPITALISATION

What happens if I need to be hospitalised?

The Traditional Plan offers full cover for hospitalisation and most in-hospital services through a restricted hospital network (DSPs), including Netcare, NHN, Life Healthcare, Mediclinic, Clinix, and other contracted private hospitals.

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.
- **Hearing Support:** Benefit limits for cochlear implant speech processors have been increased, helping members access improved hearing support.
- **Diabetes Management:** Insulin pump benefits have been expanded. Clinical motivation from your healthcare provider is required to access this benefit.
- **Out-of-Hospital PMB Management (OHDTP):** We've introduced stricter rules for OHDTP claims. If your claim qualifies as a PMB, it will still be paid in full. If it does not qualify, the cost will be paid from your day-to-day benefits. These updates help ensure the Scheme can continue to provide quality care for all members.
- **Provider Network Reimbursement:** When you use GPs and specialists in our network, they are reimbursed at 100% of the Scheme Rate. If you use non-network healthcare professionals, they will be reimbursed at 80% of the Scheme Rate.

*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 **7.9%** contribution increase in 2026.