APPENDIX 3: BANKMED DEDUCTIBLES

Introduction

As per the Benefit Tables, a Beneficiary will be responsible for a Deductible in respect of the hospital account for certain hospital events, unless the admission is related to a Prescribed Minimum Benefit diagnosis typically as a result of an emergency. The Deductible will apply regardless of the whether the procedure attracting the deductible was the primary reason for the admission or not. In addition, a Beneficiary will be responsible for a Deductible in respect of a specified in-rooms procedure, unless the event is related to a Prescribed Minimum Benefit diagnosis typically as a result of an emergency. All deductibles are subject to the PMB regulations.

Bankmed Day Surgery Network

Bankmed's Day Surgery Network comprises a defined list of contracted day surgery facilities as well as contracted acute hospitals providing day surgery facilities at day surgery rates.

Except where provided for in the Prescribed Minimum Benefits, a Deductible will apply under the following circumstances:

1. **Deductible applicable to a specific list of treatment/procedures not carried out at one of the contracted day surgery facilities or contracted acute hospitals providing day surgery facilities in the Bankmed Day Surgery Network**

   Applicable to Basic Plan, Core Saver Plan, Traditional Plan, Comprehensive Plan and Plus Plan. Deductible applicable to the Essential Plan in so far as PMB admissions are concerned.

   The following conditions/procedures will NOT attract a deductible in the Bankmed Day Surgery Network (list of conditions/procedures applies to DSP only):

   1. Anorectal procedures
      - 1.1. Treatment of haemorrhoids, fissure, fistula

   2. Biopsies
      - 2.1. Skin, subcutaneous tissue, soft tissue, muscle, bone, lymph, eye, mouth, throat, breast, cervix, vulva, prostate, penis, testes

   3. Colonoscopy

   4. Cystourethroscopy

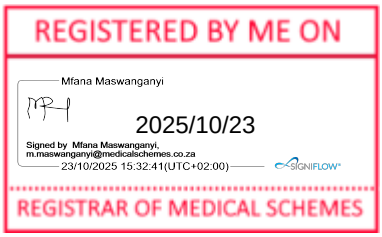
   5. Ear, Nose and Throat Procedures
      - 5.1. Tonsillectomy and/or adenoidectomy
      - 5.2. Simple procedures for nose bleed (extensive cautery, nasal plugging)
      - 5.3. Scopes (nasal endoscopy, laryngoscopy)
      - 5.4. Repair nasal turbinates, nasal septum

5.5. Sinus lavage
5.6. Middle ear procedures (mastoidectomy, myringoplasty, myringotomy and/or grommets)

6. Eye procedures
   6.1. Cataract surgery
   6.2. Treatment of glaucoma
   6.3. Other eye procedures: removal of foreign body, vitrectomy, conjunctivital surgery (repair laceration, pterygium), glaucoma surgery, probing and repair of tear ducts, retinal surgery, eyelid surgery, strabismus repair

7. Ganglionectomy

8. Gastroscopy



9. Gynaecological procedures
   9.1. Diagnostic laparoscopy
   9.2. Cautery of vulva warts
   9.3. Colposcopy with LLETZ
   9.4. Diagnostic Dilation and Curettage (D&C)
   9.5. Endometrial ablation
   9.6. Diagnostic Hysteroscopy
   9.7. Examination under anaesthesia
   9.8. Simple vulva and introitus procedures: Simple hymenotomy, partial hymenectomy, simple vulvectomy, excision/treatment Bartholin's gland cyst
   9.9. Vaginal, cervix and oviduct procedures: excision vaginal septum, cyst or tumour, tubal ligation or occlusion, uterine cervix cerclage, removal cerclage suture
   9.10. Suction curettage
   9.11. Uterine evacuation and curettage

10. Incision and drainage of abscess and/or cyst
   10.1. Subcutaneous tissue, soft tissue, bone, bursa, mouth, tonsil, pilonidal, ovary, Bartholin's gland, vagina

11. Nerve Procedures
   11.1. Neuroplasty median nerve, ulnar nerve, digital, nerve of hand or foot

12. Orthopaedic procedures
   12.1. Arthrocentesis
   12.2. Arthroscopy, arthrotomy (knee, shoulder, elbow, hand, wrist, ankle, foot, temporomandibular joint), arthrodesis (hand, wrist, foot)
   12.3. Minor joint arthroplasty (intercarpal, carpometacarpal and metacarpophalangeal, interphalangeal joint arthroplasty)
   12.4. Tendon and/or ligament repair, muscle debridement, fascia procedures (tenotomy, tenodesis, tenolysis, repair/reconstruction, capsulotomy,

capsulectomy, synovectomy, excision tendon sheath lesion, fasciotomy, fasciectomy)

12.5. Repair bunion or toe deformity

12.6. Treatment of simple closed fractures and/or dislocations, removal of pins and plates.

12.7. Incision and drainage/excision of abscess and/or cyst/tumour: subcutaneous tissue, soft tissue, bone, bursa

12.8. Biopsies: subcutaneous tissue, soft tissue, muscle, bone

12.9. Treatment of closed fractures and/or dislocations, removal of pins and plates

13. Oesophagoscopy

14. Proctoscopy

15. Removal of foreign body

15.1. Subcutaneous tissue, muscle, external auditory canal under general anaesthesia.

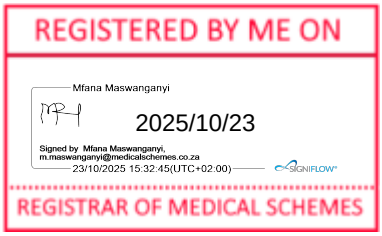
16. Sigmoidoscopy

17. Simple Hernia Procedures

17.1. Simple abdominal hernia repair

17.2. Umbilical hernia repair

17.3. Inguinal hernia repair



18. Simple superficial lymphadenectomy

19. Skin Procedures

19.1. Debridement

19.2. Removal of lesions (dependent on site and diameter)

19.3. Simple repair of superficial wounds

20. Urological Procedures

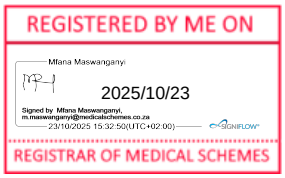
20.1. Male genital procedures (circumcision, repair of penis, exploration of testes and scrotum, orchiectomy, epididymectomy, excision hydrocoele, excision varicocele vasectomy)

21. Lumpectomy (fibroadenoma)

If the member chooses to have the abovementioned procedures/treatments performed at a facility not in the Bankmed Day Surgery Network (day surgery facility or hospital), the member will be liable for a R6 570 deductible per admission.

Essential Plan members do not have access to the full list of treatments/procedures listed above as their cover is limited to PMB cover. In the event that an Essential Plan member elects to have the PMB procedure/treatment (from the above list) performed at

a facility not in the Bankmed Day Surgery Network (day surgery facility or hospital), the member will be liable for a R6 570 deductible per admission.



Other hospitals (non-DSPS)

PMB admission: involuntary use of a non-DSP:	No deductible
PMB admission: voluntary use of non-DSP:	R6 570 per admission
Non-PMB admission:	R6 570 per admission

Deductible payable on admission.

2. Deductible applicable to Dental Admissions to Private Hospitals and Day Surgeries

Applicable to Traditional Plan, Comprehensive Plan and Plus Plan
Member to fund the specified deductible upfront upon admission: Day surgery: R340 per admission Hospital: R2 505 per admission

3. Deductible applicable to Extraction of Impacted Wisdom Tooth/Teeth In-rooms

Applicable to All Plans
Member to fund the specified deductible: In-rooms: R1 750 per event

4. Deductible applicable to a use of a Non-DSP Facility

The following deductible is applicable to all procedures/treatment not covered in the list of 27 procedures listed above, as well as dental procedures:

Applicable to Basic Plan, Core Saver Plan, Comprehensive Plan and Plus Plan	**Applicable to Traditional Plan**
Member to fund the specified deductible upfront upon admission: **PMB admission: involuntary use of non-DSP** No deductible **PMB admission: voluntary use of non-DSP (deductible applies to all admissions)** Day surgery: R340 per admission Hospital: R845 per admission **Non-PMB admission** Day surgery: R340 per admission Hospital: R845 per admission	Member to fund the specified deductible upfront upon admission: **PMB admission: involuntary use of non-DSP** No deductible **PMB admission: voluntary use of non-DSP (deductible applies to all admissions)** Day surgery: R340 per admission Hospital: R7 015 per admission **Non-PMB admission** Day surgery: R340 per admission Hospital: R7 015 per admission

5. General Information about Deductibles

Deductibles are payable in respect of all hospital admissions as per paragraph (k) of the preamble to Annexure B except under the following circumstances:

1. Prescribed Minimum Benefit conditions where admission to a non-DSP is on an involuntary basis. In the case of other PMB conditions, where a non-DSP has been used on a voluntary basis, the deductible will be applied.
2. Confinements are excluded from deductibles.
3. Re-admissions to hospital within 6 weeks of discharge following complications directly related to a prior admission in respect of which a deductible was levied.
4. Admissions to a State Hospital.
5. Authorised day surgery admissions for specified procedures, as communicated to members from time to time.