December 2025

Dear Healthcare Professional,

2026 Bankmed Entry Plan General Practitioner (GP) Network Tariff Increase

Bankmed Medical Scheme ("Bankmed") extends its sincere gratitude for the exceptional care you offer to members on the Bankmed Essential and Basic Plans.

Our commitment continues to ensure members' access to high-quality, cost-effective private healthcare while collaboratively working with Healthcare Professionals to enhance the efficiency of the healthcare system and sustainably improve professional remuneration.

Annual Tariff Increase

In 2026, we'll increase GP Network consultation and procedures and GP Non-Network Consultations by 4%. This increase is above projected average inflation rate of 3.6% for full year 2026.

Tariff schedules will be available on the Healthcare Professional Zone during December 2025.

1. Features of the Bankmed Entry Plan GP Network

Members on the Essential and Basic Plans can access GP services from GPs that participate in the Bankmed Entry Plan GP Network, with consultations and services funded from Insured Benefits.

We would like to highlight the features of this network:

- Consultation fees are paid as per the consultation fee schedule accompanying this letter
- Capitation fee for qualifying Healthcare Professionals, recognising the disease complexity of your patients
- Additional support for procedures that can be performed in the GP rooms
- Provides for a second GP selection
- Contracted Bankmed Entry Plan GP Network GPs are reimbursed for value-added services in addition to the normal consultation fee:
  - Personal Health Assessment (PHA)
  - HIV Counselling and Testing (HCT)
  - Pap smear

2. Network conditions reminder

- No balance-billing, administration fees, levies or any other additional charges may be applied to a claim

In closing, we thank you once again for your unwavering commitment to the health and wellness of our members.

We look forward to continuing our partnership in the coming year.

Yours in good health

Bankmed

Healthcare Professional Fee and Reimbursement Structure

The reimbursement structure will consist of the following:

1. Reimbursement structure

1.1. Participating GPs will receive a Fee for Service payment for **Basic Plan** members until the semi-capitation criteria has been met. The reimbursement model will depend on the number of members who have chosen your practice as their primary GP. We will convert your practice to semi-capitation when your practice reaches **60 members for three consecutive months**. The change will be effective at the beginning of the month after the above highlighted criteria has been met. The reimbursement structure combines a semi-capitation fee per member, adjusted to your specific patient demographics and a fixed Fee for Service. Using this model ensures you earn a regular income based on the members allocated to your practice.

1.2. Reimbursement for GPs servicing Essential Plan members will continue to be based on a Fee for Service model.

2. Members choose their GP

2.1. Members on both the Essential and Basic Plan can select any participating GP as their primary GP. Members need to visit their selected GP for day-to-day consultations and minor procedures.

2.2. All GPs in this network will receive a member listing confirming their member allocations.

2.3. The selected GPs will be reimbursed on the semi-capitation payment arrangement demonstrated in point 5 below (only applicable to the Bankmed Basic Plan).

2.4. Members on the Basic Plan have access to an 'Out-of-network' benefit which provides funding for consultations up to R493 in 2026, subject to benefit availability. The 'Out-of-network' benefit applies when the member seeks treatment via a GP that is not their selected GP.

3. Consultation Fee Schedule

Practice Type	Plan Name	Fee for Service	Semi-capitation (For practices with more than 60 allocated Bankmed Entry Plan GP Network patients*)
Dispensing inclusive of medication dispensed during consultations	Basic Plan	R485.30 per visit	R242.80 per visit plus monthly fee per life as indicated in point 5
	Essential Plan	R485.30 per visit	Not applicable
Non-dispensing	Basic Plan	R357.80 per visit	R178.80 per visit plus monthly fee per life as indicated in point 5
	Essential Plan	R357.80 per visit	Not applicable

4. Capitation Payment Arrangement

The monthly fee takes the age and gender of the patient into consideration. The table below shows the monthly fee your practice will receive for each member allocated to your practice. You receive this fee monthly, irrespective of whether the patient consults with you or not. The fee is payable in the second week of the new month, based on your member listing for the previous month. The fee is inclusive of VAT. The monthly capitation fee is only applicable to the Basic Plan.

GP Capitation Rates applicable 1 January 2026 to 31 December 2026				
Age Band	Dispensing		Non-dispensing	
	Female	Male	Female	Male
0	R 69.01	R 76.81	R 57.89	R 63.63
1-4	R 71.32	R 72.17	R 54.93	R 55.54
5-9	R 51.69	R 52.22	R 40.72	R 40.84
10-19	R 47.02	R 39.04	R 36.18	R 29.32
20-24	R 72.70	R 55.18	R 52.71	R 39.89
25-29	R 79.57	R 64.05	R 57.02	R 46.11
30-34	R 81.74	R 67.30	R 58.85	R 48.33
35-54	R 84.35	R 71.90	R 61.63	R 50.92
55-64	R 88.90	R 86.41	R 67.47	R 57.89
65-74	R 92.58	R 88.39	R 71.27	R 65.13
75+	R 103.38	R 96.77	R 72.59	R 74.21

5. Other additional fees

5.1. Post-hospital GP consultation within 30 days of discharge from hospital (excluding day cases)

5.1.1. GP in-network: 100% of the contracted rate via Bankmed Entry Plan GP Network rates.
5.1.2. GP out-of-network: 100% of the Scheme Rate subject to the 'Out-of-network' limit.

5.2. Completion of Personal Health Assessment (PHA)

5.2.1. PHA: R 365.20
5.2.2. Use tariff code 99100
5.2.3. Must be submitted via the website

5.3. HIV Counselling and Testing (HCT)

5.3.1. HCT: R 430.20
5.3.2. Use tariff code 99200
5.3.3. Must be submitted via the website

5.4. Pap smear

5.4.1. R 650.00
5.4.2. Use tariff code 99400
5.4.3. Must be submitted via the normal claims process

6. Procedures performed in-rooms

6.1. Additional payment for procedures can be billed in addition to the capitation fee if you perform any of these in your rooms.

6.2. These procedures only apply to the Basic Plan.

Procedure Code	Description	Rate
0206	Intravenous treatment: Intravenous infusions: Insertion of cannula – chargeable once per 24 hours	R394.50
0244	Repair of nail bed	R862.60
0255	Drainage of abscess	R499.50
0259	Removal of foreign body	R548.50
0300	Stitching of wound	R533.90
0301	Stitching of additional wound	R123.50
0307	Excision and repair	R620.70
0308	Each additional small procedure done at the same time	R250.10
0316	Fine needle aspiration for soft tissue (all areas)	R386.90
0317	Aspiration of cyst or tumour	R280.00
0321	Biopsy or excision of cyst, benign tumour. Aberrant breast tissue, duct papilloma	R1 833.50
0887	POP	R506.20
0922	Removal of foreign bodies requiring incision	R726.70
1136	Nebulisation (in rooms)	R364.10
1192	Peak expiratory flow only	R160.60
1228	General practitioner's fee for taking of an ECG only: Without effort: ½ (item 1232)	R149.60
1229	General practitioner's fee for taking of an ECG only: Without and with effort: ½ (item 1233)	R185.50
1232	Electrocardiogram: Without effort	R230.20
1233	Electrocardiogram: With and without effort	R301.70
1234	Effort electrocardiogram with the aid of a special bicycle ergometer, monitoring apparatus and availability of associated apparatus	R784.00
1235	Multi-stage treadmill test	R1 141.60
1236	Electrocardiogram without effort: under 4 years old	R391.00
1996	Bladder catheterisation: Male (not at operation)	R285.70
1997	Bladder catheterisation: Female (not at operation)	R232.20
2133	Circumcision: Clamp procedure	R929.80
2137	Circumcision: Surgical excision other than by clamp or dorsal slit, any age	R1 476.20
2139	Circumcision: Dorsal slit of prepuce (independent procedure)	R904.00