December 2025

Dear Healthcare Professional,

2026 Bankmed GP Network Tariff Increase

As the 2025 year draws to a close, Bankmed Medical Scheme ("Bankmed") extends its sincere gratitude for the exceptional care you offer to members on the Core Saver, Traditional, Comprehensive, and Plus 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.

Provider tariff and reimbursement structure

Plan Name	Non-contracted Healthcare Professional	Bankmed Contracted Healthcare Professional
Core Saver, Traditional, Comprehensive and Plus Plans	R501.80	R620.30

Post-hospital GP consultation

Within 30 days of discharge from hospital (excluding day cases)

Plan Name	Non-contracted Healthcare Professional	Bankmed Contracted Healthcare Professional
Core Saver, Traditional, Comprehensive and Plus Plans	R501.80	R620.30

Higher remuneration for value-added consultations

Contracted network GPs are reimbursed for the following services, where provided, in addition to the normal consultation fee:

Benefit	Non-contracted Healthcare Professional	Bankmed Contracted Healthcare Professional
Completion of Personal Health Assessment (PHA) Using code 99100 and submitting claim through the website	Not applicable	R365.20
HIV Counselling and Testing (HCT) Using code 99200 and submitting claim through the website	Not applicable	R430.20
Pap smear Using code 99400 and submitting through the normal claims process	Not applicable	R650.00

Network conditions reminder

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

OHDTP Management in 2026

Bankmed currently applies rigorous entry criteria for all Prescribed Minimum Benefit (PMB) Chronic Disease List (CDL) conditions (e.g., hypertension and diabetes), and members are required to apply to the Scheme for access to chronic benefits.

Historically, out-of-hospital diagnosis, treatment and procedures (OHDTP) have not required member enrolment or strict management protocols for members on the Core Saver, Traditional, Comprehensive, and Plus Plans. From **January 2026**, these benefits will be proactively managed in line with regulatory and clinical requirements. As part of this evolution, only **correctly coded claims that meet PMB criteria** will qualify for funding from the PMB benefit. Claims that do not meet PMB criteria will be funded from members' available day-to-day benefits, where applicable.

We kindly request your support in ensuring that claims are **accurately and consistently coded** to reflect the clinical diagnosis and treatment provided. This will help to safeguard appropriate benefit allocation, minimise disruption to members, and support a positive care experience. Bankmed values the partnership with its healthcare professionals and appreciates your collaboration in implementing these changes.

In closing, we thank you once again for your unwavering commitment to the health and wellness of our members and wish you and your loved ones a joyful and peaceful holiday season. May it be filled with warmth, happiness, and well-deserved rest.

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

Yours in good health

Bankmed