Gaborone Head Office

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INTERNATIONAL STUDENT SCHEME BENEFIT SCHEDULE 2016

OVERA	ALL SCHEME BENEFIT LIMIT	825,269
1	IN-HOSPITAL BENEFITS	
1.1	Hospitalisation maximum * (daily maximum room rate at agreed tariff **)	374,500
	(within the above, the following sub-limits will apply)	
1.2	Professionals fees	150,000
1.2.1	Doctors and Other Professionals	up to limit 1.2
1.2.2	Radiology	up to limit 1.2
1.2.3	Pathology	up to limit 1.2
1.3	Acute post trauma maxillo-facial and oral surgery limit ^	20,000
1.4	In-patient dentistry *(the following sub-limits will apply)	
1.4.1	Hospital fees	12,000
1.4.2	Dentist fees	5,500
1.4.3	Anaesthetist fees	4,500
1.5	Psychiatry ^ (in-patient cover in a recognised psychiatric facility, includes professional fees)	40,00
1.6	Prosthesis ^(external and internal)	30,000
1.7	Sub-acute carepost admission step down - maximum 30 days)	13,600
1.8	Laser refractive eye surgery (referrals from approved Ophthalmologist/Optometrist)	4,500
1.9	Managed Care	
1.9.1	Chemotherapy, radiation therapy and brachytherapy ** (pre-authorisation required)	130,000
1.9.2	Renal dialysis for chronic renal failure ** (pre-authorisation required)	130,000
1.9.3	Chronic medication(supplied through the Managed Care Program in accordance with the Bomaid list of	36,000
	Bornaid list of	
	approved chronic conditions) REGISTRATION WITH THE BOMAID MANAGED CARE	
1.9.4	approved chronic conditions) REGISTRATION WITH THE BOMAID MANAGED CARE PROGRAM REQUIRED ARV therapy (supplied through the Managed Care Program) REGISTRATION WITH THE BOMAID MANAGED CARE PROGRAM REQUIRED	12,000
**Wher	PROGRAM REQUIRED ARV therapy (supplied through the Managed Care Program) REGISTRATION WITH THE	12,000
**Wher	PROGRAM REQUIRED ARV therapy (supplied through the Managed Care Program) REGISTRATION WITH THE BOMAID MANAGED CARE PROGRAM REQUIRED e fixed fee arrangement has been entered into, those fees will apply	12,000
**Wher ° Guara 2	PROGRAM REQUIRED ARV therapy (supplied through the Managed Care Program) REGISTRATION WITH THE BOMAID MANAGED CARE PROGRAM REQUIRED re fixed fee arrangement has been entered into, those fees will apply anteed ^ Cover on assessment *Pre-authorisation required DAY-TO-DAY BENEFITS	12,000
**Wher of Guara 2	PROGRAM REQUIRED ARV therapy (supplied through the Managed Care Program) REGISTRATION WITH THE BOMAID MANAGED CARE PROGRAM REQUIRED re fixed fee arrangement has been entered into, those fees will apply anteed ^ Cover on assessment *Pre-authorisation required DAY-TO-DAY BENEFITS Outpatient Medical Care	
**Wher ° Guara 2 2.1 2.1.1	PROGRAM REQUIRED ARV therapy (supplied through the Managed Care Program) REGISTRATION WITH THE BOMAID MANAGED CARE PROGRAM REQUIRED re fixed fee arrangement has been entered into, those fees will apply anteed ^ Cover on assessment *Pre-authorisation required DAY-TO-DAY BENEFITS Outpatient Medical Care Consultations (General practitioners and Specialists)	2.07(
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**Wher o Guara 2 2.1 2.1.1 2.1.2	PROGRAM REQUIRED ARV therapy (supplied through the Managed Care Program) REGISTRATION WITH THE BOMAID MANAGED CARE PROGRAM REQUIRED The fixed fee arrangement has been entered into, those fees will apply senteed ^ Cover on assessment *Pre-authorisation required DAY-TO-DAY BENEFITS Outpatient Medical Care Consultations (General practitioners and Specialists) Procedures (medical/surgical) Diagnostic/Investigative Care	2.07(4.45(
**Wher of Guard 2 2.1 2.1.1 2.1.2 2.2 2.2.1	PROGRAM REQUIRED ARV therapy (supplied through the Managed Care Program) REGISTRATION WITH THE BOMAID MANAGED CARE PROGRAM REQUIRED The fixed fee arrangement has been entered into, those fees will apply stated ^ Cover on assessment *Pre-authorisation required DAY-TO-DAY BENEFITS Outpatient Medical Care Consultations (General practitioners and Specialists) Procedures (medical/surgical) Diagnostic/Investigative Care Pathology	2,070 4,450 2,000
**Wher o Guara 2 2.1 2.1.1 2.1.2 2.2 2.2.1 2.2.2	PROGRAM REQUIRED ARV therapy (supplied through the Managed Care Program) REGISTRATION WITH THE BOMAID MANAGED CARE PROGRAM REQUIRED The fixed fee arrangement has been entered into, those fees will apply stated and a content of the fixed fee arrangement and the fixed fee arrangement and the fixed fee arrangement and specialists and specialists. Day-TO-DAY BENEFITS Outpatient Medical Care Consultations (General practitioners and Specialists) Procedures (medical/surgical) Diagnostic/Investigative Care Pathology Xray/Ultrasound	2,070 4,450 2,000 1,800
**Wher of Guard 2 2.1 2.1.1 2.1.2 2.2 2.2.1	PROGRAM REQUIRED ARV therapy (supplied through the Managed Care Program) REGISTRATION WITH THE BOMAID MANAGED CARE PROGRAM REQUIRED The fixed fee arrangement has been entered into, those fees will apply stated ^ Cover on assessment *Pre-authorisation required DAY-TO-DAY BENEFITS Outpatient Medical Care Consultations (General practitioners and Specialists) Procedures (medical/surgical) Diagnostic/Investigative Care Pathology	2,070 4,450 2,000 1,800
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**Wher of Guara 2 2.1 2.1.1 2.1.2 2.2 2.2.1 2.2.2 2.2.3	PROGRAM REQUIRED ARV therapy (supplied through the Managed Care Program) REGISTRATION WITH THE BOMAID MANAGED CARE PROGRAM REQUIRED re fixed fee arrangement has been entered into, those fees will apply anteed ^ Cover on assessment *Pre-authorisation required DAY-TO-DAY BENEFITS Outpatient Medical Care Consultations (General practitioners and Specialists) Procedures (medical/surgical) Diagnostic/Investigative Care Pathology Xray/Ultrasound MRI/CT scans Medications	2,070 4,450 2,000 1,800 7,000
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**Wher of Guara 2.1 2.1.1 2.1.2 2.2 2.2.1 2.2.2 2.2.3 2.3.1 2.3.2	PROGRAM REQUIRED ARV therapy (supplied through the Managed Care Program) REGISTRATION WITH THE BOMAID MANAGED CARE PROGRAM REQUIRED The fixed fee arrangement has been entered into, those fees will apply stanteed ^ Cover on assessment *Pre-authorisation required DAY-TO-DAY BENEFITS Outpatient Medical Care Consultations (General practitioners and Specialists) Procedures (medical/surgical) Diagnostic/Investigative Care Pathology Xray/Ultrasound MR/CT scans Medications Doctor dispensed medications (for acute cases only) Over the counter medications	2,070 4,450 2,000 1,800 7,000
**Wher of Guara 2.1 2.1.1 2.1.2 2.2 2.2.1 2.2.2 2.2.3 2.3.1	PROGRAM REQUIRED ARV therapy (supplied through the Managed Care Program) REGISTRATION WITH THE BOMAID MANAGED CARE PROGRAM REQUIRED re fixed fee arrangement has been entered into, those fees will apply anteed ^ Cover on assessment *Pre-authorisation required DAY-TO-DAY BENEFITS Outpatient Medical Care Consultations (General practitioners and Specialists) Procedures (medical/surgical) Diagnostic/Investigative Care Pathology Xray/Ultrasound MR/CT scans Medications Doctor dispensed medications (for acute cases only)	2,070 4,450 2,000 1,800 7,000
**Wher of Guara 2.1 2.1.1 2.1.2 2.2 2.2.1 2.2.2 2.2.3 2.3.1 2.3.2	PROGRAM REQUIRED ARV therapy (supplied through the Managed Care Program) REGISTRATION WITH THE BOMAID MANAGED CARE PROGRAM REQUIRED The fixed fee arrangement has been entered into, those fees will apply stanteed ^ Cover on assessment *Pre-authorisation required DAY-TO-DAY BENEFITS Outpatient Medical Care Consultations (General practitioners and Specialists) Procedures (medical/surgical) Diagnostic/Investigative Care Pathology Xray/Ultrasound MRI/CT scans Medications Doctor dispensed medications (for acute cases only) Over the counter medications Pharmacy dispensed medicine (includes dental & ophthalmic prescribed medications)	2,070 4,450 1,800 7,000 750 200 3,750
**Wher of Guara 2.1 2.1.1 2.1.2 2.2 2.2.1 2.2.2 2.2.3 2.3.1 2.3.2 2.3.3	PROGRAM REQUIRED ARV therapy (supplied through the Managed Care Program) REGISTRATION WITH THE BOMAID MANAGED CARE PROGRAM REQUIRED The fixed fee arrangement has been entered into, those fees will apply stanteed ^ Cover on assessment *Pre-authorisation required DAY-TO-DAY BENEFITS Outpatient Medical Care Consultations (General practitioners and Specialists) Procedures (medical/surgical) Diagnostic/Investigative Care Pathology Xray/Ultrasound MR/CT scans Medications Doctor dispensed medications (for acute cases only) Over the counter medications Pharmacy dispensed medicine (includes dental & ophthalmic prescribed medications) Dental Care -Dental Overall Limit (subject to managed care protocols)	2,070 4,450 1,800 7,000 750 200 3,750
**Wher of Guara 2.1 2.1.1 2.1.2 2.2 2.2.1 2.2.2 2.2.3 2.3.1 2.3.2 2.3.3 2.4	PROGRAM REQUIRED ARV therapy (supplied through the Managed Care Program) REGISTRATION WITH THE BOMAID MANAGED CARE PROGRAM REQUIRED The fixed fee arrangement has been entered into, those fees will apply stanteed ^ Cover on assessment *Pre-authorisation required DAY-TO-DAY BENEFITS Outpatient Medical Care Consultations (General practitioners and Specialists) Procedures (medical/surgical) Diagnostic/Investigative Care Pathology Xray/Ultrasound MRI/CT scans Medications Doctor dispensed medications (for acute cases only) Over the counter medications Pharmacy dispensed medicine (includes dental & ophthalmic prescribed medications)	2,070 4,450 1,800 7,000 750 200 3,750
**Wher ° Guara 2 2.1 2.1.1 2.1.2 2.2 2.2.1 2.2.2 2.2.3 2.3 2.3.1 2.3.2 2.3.3 2.4 2.4.1	PROGRAM REQUIRED ARV therapy (supplied through the Managed Care Program) REGISTRATION WITH THE BOMAID MANAGED CARE PROGRAM REQUIRED The fixed fee arrangement has been entered into, those fees will apply stated and a control of the fixed fee arrangement as been entered into, those fees will apply stated and a control of the fixed fee arrangement and specialists or required DAY-TO-DAY BENEFITS Outpatient Medical Care Consultations (General practitioners and Specialists) Procedures (medical/surgical) Diagnostic/Investigative Care Pathology Xray/Ultrasound MRI/CT scans Medications Doctor dispensed medications (for acute cases only) Over the counter medications Pharmacy dispensed medicine (includes dental & ophthalmic prescribed medications) Dental Care - Dental Overall Limit (subject to managed care protocols) Basic dentistry (includes consultations, radiology, filling, extraction, cleaning, scaling and polishing incision and drainage, root canal treatment)	2,070 4,450 2,000 1,800 7,000 3,750 0,249 up to limit 2,4
**Wher of Guara 2.1 2.1.1 2.1.2 2.2 2.2.1 2.2.2 2.2.3 2.3.1 2.3.2 2.3.3 2.4	PROGRAM REQUIRED ARV therapy (supplied through the Managed Care Program) REGISTRATION WITH THE BOMAID MANAGED CARE PROGRAM REQUIRED The fixed fee arrangement has been entered into, those fees will apply stanteed ^ Cover on assessment *Pre-authorisation required DAY-TO-DAY BENEFITS Outpatient Medical Care Consultations (General practitioners and Specialists) Procedures (medical/surgical) Diagnostic/Investigative Care Pathology Xray/Ultrasound MRI/CT scans Medications Doctor dispensed medications (for acute cases only) Over the counter medications Pharmacy dispensed medicine (includes dental & ophthalmic prescribed medications) Dental Care - Dental Overall Limit (subject to managed care protocols) Basic dentistry (includes consultations, radiology, filling, extraction, cleaning, scaling and	2,070 4,450 1,800 7,000 750 200 3,750

Level 1 and 2 conservative services and specialised services per specified dental protocols.

3.1 General appliances 3.2 Medical appliances (including glucometers, nebulisers) 3.3 Surgical appliances (for non-permanent disability) (to be recommended by surgeon/orthopaedic surgeon) (includes knee/collar/chest/foot braces, crutches and walking frames) Pre-authorisation required 3.4 Wheel chairs, crutches and walking frames (for permanent disability) 3.5 Hearing aid (prescription required) (maximum 1 pair of appliances per 2 year cycle) 4 ALLIED HEALTH SERVICES 5 7 4.1 REHABILITATION THERAPY (Medical Referral Needed for Sub-Limits 6.1.1 to 6.1.5) 4.1.1 Physiotherapy (motivational report needed for cases requiring more than 20 treatment sessions) 4.1.2 Occupational therapy 4.1.3 Speech therapy 4.1.4 Clinical psychology 5 SAFE MALE CIRCUMCISION (SUBJECT TO MANAGED CARE PROTOCOLS) - Global fee includes related costs of pre-operative testing and post-operative care within 1 month of procedure. 6 SEVERE ILLNESS BENEFIT 100% cash payout to the life assured on 1st diagnosis of any one of the pre-defined severe illnesses) 7 SCREENING AND PREVENTION BENEFIT - subject to scheme rules and managed care protocols.	Level 1 and 2 conservative services and specialised services per specified dental protocols			
2.5.1 Designated Service Providers (MANAGED CARE PROTOCOLS APPLY) - comprehensive cover and reduced levels of copayment. 2.5.2 Non-Designated Service Providers (MANAGED CARE PROTOCOLS APPLY) 2.5.2 Clear aquity single vision lenses (per lens) 2.5.2 Clear aquity bifocal lenses (per lens) 2.5.2 Clear aquity bifocal lenses (per lens) 2.5.2 Frame and/or any lens enhancements 3 APPLIANCES OVERALL LIMIT 5 Medical appliances (including glucometers, nebulisers) 3. Surgical appliances (for non-permanent disability) (to be recommended by surgeon/orthopaedic surgeon) 3. Wheel chairs, crutches and walking frames (for permanent disability) 3. Hearing aid (prescription required) (maximum 1 pair of appliances per 2 year cycle) 4. ALLIED HEALTH SERVICES 7 ALLIED HEALTH SERVICES 7 REHABILITATION THERAPY (Medical Referral Needed for Sub-Limits 6.1.1 to 6.1.5) 4.1 Physiotherapy (motivational report needed for cases requiring more than 20 treatment sessions) 4.1 Clinical psychology 3. SAFE MALE CIRCUMCISION (SUBJECT TO MANAGED CARE PROTOCOLS) - Global fee includes related costs of pre-operative testing and post-operative care within 1 month of procedure.				
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3.1 General appliances 3.2 Medical appliances (including glucometers, nebulisers) 3.3 Surgical appliances (for non-permanent disability) (to be recommended by surgeon/orthopaedic surgeon) (includes knee/collar/chest/foot braces, crutches and walking frames). Pre-authorisation required 3.4 Wheel chairs, crutches and walking frames (for permanent disability). up to limi 3.5 Hearing aid (prescription required) (maximum 1 pair of appliances per 2 year cycle). up to limi 4 ALLIED HEALTH SERVICES. 7 4.1 REHABILITATION THERAPY (Medical Referral Needed for Sub-Limits 6.11 to 6.1.5). 4.1.1 Physiotherapy (motivational report needed for cases requiring more than 20 treatment sessions). 6 4.1.2 Occupational therapy. 4.1.3 Speech therapy. 4.1.4 Clinical psychology. 3.5 SAFE MALE CIRCUMCISION (SUBJECT TO MANAGED CARE PROTOCOLS) - Global fee includes related costs of pre-operative testing and post-operative care within 1 month of procedure. 6 SEVERE ILLNESS BENEFIT 100% cash payout to the life assured on 1st diagnosis of any one of the pre-defined severe illnesses). 7 SCREENING AND PREVENTION BENEFIT - subject to scheme rules and managed care protocols.	2.5.2.3	Clear aquity bifocal lenses (per lens)	50	
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Medical appliances (including glucometers, nebulisers) Surgical appliances (for non-permanent disability) (to be recommended by surgeon/orthopaedic surgeon) (includes knee/collar/chest/foot braces, crutches and walking frames) Pre-authorisation required Meel chairs, crutches and walking frames (for permanent disability) Hearing aid (prescription required) (maximum 1 pair of appliances per 2 year cycle) Up to limi ALLIED HEALTH SERVICES 7 4.1 REHABILITATION THERAPY (Medical Referral Needed for Sub-Limits 6.1.1 to 6.1.5) 4.1.1 Physiotherapy (motivational report needed for cases requiring more than 20 treatment sessions) 4.1.2 Occupational therapy 3.3 Speech therapy 3.4 Clinical psychology 5 SAFE MALE CIRCUMCISION (SUBJECT TO MANAGED CARE PROTOCOLS) - Global fee includes related costs of pre-operative testing and post-operative care within 1 month of procedure. 6 SEVERE ILLNESS BENEFIT 100% cash payout to the life assured on 1st diagnosis of any one of the pre-defined severe illnesses) 7 SCREENING AND PREVENTION BENEFIT - subject to scheme rules and managed care protocols.	3.1	General appliances	4.50	
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5 SAFE MALE CIRCUMCISION (SUBJECT TO MANAGED CARE PROTOCOLS) - Global fee includes related costs of pre-operative testing and post-operative care within 1 month of procedure. 6 SEVERE ILLNESS BENEFIT 100% cash payout to the life assured on 1st diagnosis of any one of the pre-defined severe illnesses) 7 SCREENING AND PREVENTION BENEFIT - subject to scheme rules and managed care protocols.	4.1.3		3,25	
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7 SCREENING AND PREVENTION BENEFIT - subject to scheme rules and managed care protocols.	6	SEVERE ILLNESS BENEFIT		
protocols.			20,00	
8 FUNERAL BENEFIT 10	7			
	8	FUNERAL BENEFIT	10,00	
9 EMERGENCY MEDICAL SERVICES - full cover through a contracted service provider.		EMEDICANOS MEDICAL CEDVICES C. II		