

















SINGLE FAMILY	
OVERALL SCHEME BENEFIT LIMIT 37,790 44,568	
1 IN-PATIENT AND MANAGED CARE BENEFITS OVERALL LIMIT (within the above, the following limits apply i.e. 1.1, 1.2 and 1.3)	
1.1 Dread disease cover * - strictly in accordance with the Bomaid list of approved dread diseases	,
1.2.1 Professionals fees 1.2.1.1 Doctors and Other Professionals 1.2.1.2 Laboratory fees excluding HIV monitoring 1.2.1.3 Radiology fees 1.2.2 Psychiatry ^ (in-patient cover in a recognised psychiatric facility, includes professional fees) 1.2.2 Psychiatry ^ (in-patient cover in a recognised psychiatric facility, includes professional fees) 1.2.3 Prosthesis ^ (external and internal) 1.2.4 Sub-acute care (post admission step down - maximum 30 days) 1.2.5 Confinement * (the following sub-limits will apply) 1.2.5.1 Normal delivery hospitalisation fees (include forceps delivery and vacuum extraction) 1.2.5.2 Birthing unit delivery global fee (by a registered unit/facility) 1.2.5.3 Caesarian section delivery hospitalisation fees 1.2.5.4 Normal delivery professional fees (includes post natal care) 1.2.5.5 Caesarian section professional fees (includes post natal care) 1.2.5.6 Anaesthetist fees (for Caesarian Section)	)
1.2.1 Professionals fees 1.2.1.1 Doctors and Other Professionals	
1.2.1.2 Laboratory fees excluding HIV monitoring	
<ul> <li>1.2.1.3 Radiology fees</li> <li>1.2.2 Psychiatry \(^\) (in-patient cover in a recognised psychiatric facility, includes professional fees)</li> </ul>	•
1.2.3 Prosthesis ^ (external and internal)	
1.2.4 Sub-acute care (post admission step down - maximum 30 days) 1.2.5 Confinement * (the following sub-limits will apply)	
<ul> <li>1.2.5.1 Normal delivery hospitalisation fees (include forceps delivery and vacuum extraction)</li> <li>1.2.5.2 Birthing unit delivery global fee (by a registered unit/facility)</li> </ul>	
1.2.5.3 Caesarian section delivery hospitalisation fees	
<ul> <li>1.2.5.4 Normal delivery professional fees (includes post natal care)</li> <li>1.2.5.5 Caesarian section professional fees (includes post natal care)</li> </ul>	
1.2.5.6 Anaesthetist fees (for Caesarian Section) 1.2.6 Neonatal hospitalisations (from 0 to 28 days of age)	
1.2.7 Laser refractive eye surgery * (referrals from approved Ophthalmologist/Optometrist)	
1.3 Managed Care Benefits	
1.3.1 Chemotherapy, radiation therapy and brachytherapy ** (pre-authorisation required)  1.3.2 Renal dialysis for chronic renal failure ** (pre-authorisation required)	
1.3.3 Chronic medications (supplied through the Managed Care Program in accordance with the Bomaid list of approved chronic conditions) REGISTRATION WITH THE Bomaid MANAGED CARE PROGRAM	
1.3.2 Renal dialysis for chronic renal failure ** (pre-authorisation required)  1.3.3 Chronic medications (supplied through the Managed Care Program in accordance with the Bomaid list of approved chronic conditions) REGISTRATION WITH THE Bomaid MANAGED CARE PROGRAM REQUIRED  1.3.4 ARV therapy per beneficiary (supplied through the Managed Care Program) REGISTRATION WITH THE Bomaid MANAGED CARE PROGRAM REQUIRED  ** Where fixed fee arrangement has been entered into, those fees will apply	
** Where fixed fee arrangement has been entered into, those fees will apply	
° Guaranteed ^ Cover on assessment *Pre-authorisation required	
2 MEDICAL/SURGICAL OUT-PATIENT OVERALL LIMIT (Consultations, Drugs, Investigations and Procedures) (within the above overall limit, the following sub-limits will apply i.e. 2.1 to 2.5)	
2.1 Consultations* (GPs and Specialists. Includes ante-natal visits, examination and two subsequent follow-up appointments of the newborn baby)  3,129  4,064	
2.2 Antenatal Classes (by a contracted/approved service provider) REGISTRATION WITH THE Bomaid BOMBABY PROGRAM REQUIRED 750 750	
REGISTRATION WITH THE Bomaid BOMBABY PROGRAM REQUIRED 750 750	
2.3 Drugs/Prescribed Medicine Limit 3,491 4,935	
2.3 Drugs/Prescribed Medicine Limit 3,491 4,935 2.3.1 Self medication (prescribed by pharmacist) 105 210	
2.3 Drugs/Prescribed Medicine Limit 3,491 4,935 2.3.1 Self medication (prescribed by pharmacist) 105 210 2.3.2 Doctor dispensing (for acute cases only) 525 788 2.3.3 Pharmacy dispensed medicine (includes dental & ophthalmic prescribed medications) 2,625 3,938	
2.3 Drugs/Prescribed Medicine Limit 3,491 4,935 2.3.1 Self medication (prescribed by pharmacist) 105 210 2.3.2 Doctor dispensing (for acute cases only) 525 788 2.3.3 Pharmacy dispensed medicine (includes dental & ophthalmic prescribed medications) 2,625 3,938 2.3.4 Chronic medications (supplied through the Managed Care Program in accordance with the Bomaid list of approved chronic conditions) REGISTRATION WITH THE Bomaid MANAGED CARE PROGRAM	
2.3 Drugs/Prescribed Medicine Limit 2.3.1 Self medication (prescribed by pharmacist) 2.3.2 Doctor dispensing (for acute cases only) 2.3.3 Pharmacy dispensed medicine (includes dental & ophthalmic prescribed medications) 2.3.4 Chronic medications (supplied through the Managed Care Program in accordance with the Bomaid list of approved chronic conditions) REGISTRATION WITH THE Bomaid MANAGED CARE PROGRAM REQUIRED 2.3.5 ARV therapy per beneficiary (supplied through the Managed Care Program) REGISTRATION WITH	
2.3 Drugs/Prescribed Medicine Limit 2.3.1 Self medication (prescribed by pharmacist) 2.3.2 Doctor dispensing (for acute cases only) 2.3.3 Pharmacy dispensed medicine (includes dental & ophthalmic prescribed medications) 2.3.4 Chronic medications (supplied through the Managed Care Program in accordance with the Bomaid list of approved chronic conditions) REGISTRATION WITH THE Bomaid MANAGED CARE PROGRAM REQUIRED 2.3.5 ARV therapy per beneficiary (supplied through the Managed Care Program) REGISTRATION WITH THE Bomaid MANAGED CARE PROGRAM REQUIRED 10,500 12,600	
2.3 Drugs/Prescribed Medicine Limit 2.3.1 Self medication (prescribed by pharmacist) 2.3.2 Doctor dispensing (for acute cases only) 2.3.3 Pharmacy dispensed medicine (includes dental & ophthalmic prescribed medications) 2.3.4 Chronic medications (supplied through the Managed Care Program in accordance with the Bomaid list of approved chronic conditions) REGISTRATION WITH THE Bomaid MANAGED CARE PROGRAM REQUIRED 2.3.5 ARV therapy per beneficiary (supplied through the Managed Care Program) REGISTRATION WITH	
2.3 Drugs/Prescribed Medicine Limit 2.3.1 Self medication (prescribed by pharmacist) 2.3.2 Doctor dispensing (for acute cases only) 2.3.2 Doctor dispensing (for acute cases only) 2.3.3 Pharmacy dispensed medicine (includes dental & ophthalmic prescribed medications) 2.3.4 Chronic medications (supplied through the Managed Care Program in accordance with the Bomaid list of approved chronic conditions) REGISTRATION WITH THE Bomaid MANAGED CARE PROGRAM REQUIRED 2.3.5 ARV therapy per beneficiary (supplied through the Managed Care Program) REGISTRATION WITH THE Bomaid MANAGED CARE PROGRAM REQUIRED 10,500 12,600 2.4 Diagnostic/Investigative Procedure Limit 2.4 Laboratory investigations/tests excluding HIV monitoring 1,139 1,657 2.4.2 X-Ray/Ultrasound scans (excludes 2 obstetric ultrasound scans for normal pregnancy) 1,034 1,447	
2.3 Drugs/Prescribed Medicine Limit 2.3.1 Self medication (prescribed by pharmacist) 2.3.2 Doctor dispensing (for acute cases only) 2.3.3 Pharmacy dispensed medicine (includes dental & ophthalmic prescribed medications) 2.3.4 Chronic medications (supplied through the Managed Care Program in accordance with the Bomaid list of approved chronic conditions) REGISTRATION WITH THE Bomaid MANAGED CARE PROGRAM REQUIRED 2.3.5 ARV therapy per beneficiary (supplied through the Managed Care Program) REGISTRATION WITH THE Bomaid MANAGED CARE PROGRAM REQUIRED 2.4 Diagnostic/Investigative Procedure Limit 2.4.1 Laboratory investigations/tests excluding HIV monitoring 2.4.2 X-Ray/Ultrasound scans (excludes 2 obstetric ultrasound scans for normal pregnancy) 2.4.3 Obstetric ultrasound (maximum 2 scans in a normal pregnancy, motivation and pre-authorisation required for high risk cases needing more than two scans)	
2.3 Drugs/Prescribed Medicine Limit 2.3.1 Self medication (prescribed by pharmacist) 2.3.2 Doctor dispensing (for acute cases only) 2.3.3 Pharmacy dispensed medicine (includes dental & ophthalmic prescribed medications) 2.3.4 Chronic medications (supplied through the Managed Care Program in accordance with the Bomaid list of approved chronic conditions) REGISTRATION WITH THE Bomaid MANAGED CARE PROGRAM REQUIRED 2.3.5 ARV therapy per beneficiary (supplied through the Managed Care Program) REGISTRATION WITH THE Bomaid MANAGED CARE PROGRAM REQUIRED 2.4 Diagnostic/Investigative Procedure Limit 2.4.1 Laboratory investigations/fests excluding HIV monitoring 2.4.2 X-Ray/Ultrasound scans (excludes 2 obstetric ultrasound scans for normal pregnancy) 2.4.3 Obstetric ultrasound (maximum 2 scans in a normal pregnancy, motivation and pre-authorisation) 3,491 4,935 210 225 788 22625 3,938 22625 3	
2.3 Drugs/Prescribed Medicine Limit 2.3.1 Self medication (prescribed by pharmacist) 2.3.2 Doctor dispensing (for acute cases only) 2.3.3 Pharmacy dispensed medicine (includes dental & ophthalmic prescribed medications) 2.3.4 Chronic medications (supplied through the Managed Care Program in accordance with the Bomaid list of approved chronic conditions) REGISTRATION WITH THE Bomaid MANAGED CARE PROGRAM REQUIRED 2.3.5 ARV therapy per beneficiary (supplied through the Managed Care Program) REGISTRATION WITH THE Bomaid MANAGED CARE PROGRAM REQUIRED 2.4 Diagnostic/Investigative Procedure Limit 2.4.1 Laboratory investigative Procedure Limit 2.4.2 X-Ray/Ultrasound scans (excludes 2 obstetric ultrasound scans for normal pregnancy) 2.4.3 Obstetric ultrasound (maximum 2 scans in a normal pregnancy, motivation and pre-authorisation required for high risk cases needing more than two scans) 2.4.4 MRI/CT scan** 3.150 4.725 2.4.5 Infertility diagnostic procedures 3.6825  Medical/Surgical Procedure Limit 4,673 6,825	
2.3 Drugs/Prescribed Medicine Limit 2.3.1 Self medication (prescribed by pharmacist) 2.3.2 Doctor dispensing (for acute cases only) 2.3.3 Pharmacy dispensed medicine (includes dental & ophthalmic prescribed medications) 2.3.4 Chronic medications (supplied through the Managed Care Program in accordance with the Bomaid list of approved chronic conditions) REGISTRATION WITH THE Bomaid MANAGED CARE PROGRAM REQUIRED 2.3.5 ARV therapy per beneficiary (supplied through the Managed Care Program) REGISTRATION WITH THE Bomaid MANAGED CARE PROGRAM REQUIRED 2.4 Diagnostic/Investigative Procedure Limit 2.4.1 Laboratory investigative Procedure Limit 2.4.2 X-Ray/Ultrasound scans (excludes 2 obstetric ultrasound scans for normal pregnancy) 2.4.3 Obstetric ultrasound (maximum 2 scans in a normal pregnancy, motivation and pre-authorisation required for high risk cases needing more than two scans) 2.4.4 MRI/CT scan** 3,150 4,725 2.4.5 Infertility diagnostic procedures 3,150 4,673 4,6825 2.5.1 Approved specialist major diagnostic procedure** 2,888 4,331	
2.3 Drugs/Prescribed Medicine Limit 2.3.1 Self medication (prescribed by pharmacist) 2.3.2 Doctor dispensing (for acute cases only) 2.3.3 Pharmacy dispensed medicine (includes dental & ophthalmic prescribed medications) 2.3.4 Chronic medications (supplied through the Managed Care Program in accordance with the Bomaid list of approved chronic conditions) REGISTRATION WITH THE Bomaid MANAGED CARE PROGRAM REQUIRED 2.3.5 ARV therapy per beneficiary (supplied through the Managed Care Program) REGISTRATION WITH THE Bomaid MANAGED CARE PROGRAM REQUIRED 10,500 12,600 2.4 Diagnostic/Investigative Procedure Limit 2.4.1 Laboratory investigations/tests excluding HIV monitoring 2.4.2 X-Ray/Ultrasound scans (excludes 2 obstetric ultrasound scans for normal pregnancy) 2.4.3 Obstetric ultrasound (maximum 2 scans in a normal pregnancy, motivation and pre-authorisation required for high risk cases needing more than two scans) 2.4.4 MRIVCT scan** 2.4.5 Infertility diagnostic procedures 1.5 Medical/Surgical Procedure Limit 2.5 Medical/Surgical Procedure Limit 2.5 Medical/Surgical procedure 3.7.5 Minor surgical procedure 3.7.6 Minor surgical procedure 3.7.7 Minor surgical procedure 3.7.8 Minor surgical procedure 3.7.8 Minor surgical procedure 3.7.8 Minor surgical procedure 3.7.8 Minor surgical procedure 3.7.9 Minor surgical procedure	
2.3 Drugs/Prescribed Medicine Limit 2.3.1 Self medication (prescribed by pharmacist) 2.3.2 Doctor dispensing (for acute cases only) 2.3.3 Pharmacy dispensed medicine (includes dental & ophthalmic prescribed medications) 2.3.4 Chronic medications (supplied through the Managed Care Program in accordance with the Bomaid list of approved chronic conditions) REGISTRATION WITH THE Bomaid MANAGED CARE PROGRAM REQUIRED 2.3.5 ARV therapy per beneficiary (supplied through the Managed Care Program) REGISTRATION WITH THE Bomaid MANAGED CARE PROGRAM REQUIRED 2.4 Diagnostic/Investigative Procedure Limit 2.4.1 Laboratory investigations/tests excluding HIV monitoring 2.4.2 X-Ray/Ultrasound scans (excludes 2 obstetric ultrasound scans for normal pregnancy) 2.4.3 Obstetric ultrasound (maximum 2 scans in a normal pregnancy, motivation and pre-authorisation required for high risk cases needing more than two scans) 2.4.4 MRI/CT scan** 2.4.5 Infertility diagnostic procedures 2.5 Medical/Surgical Procedure Limit 2.5 Medical/Surgical Procedure Limit 2.5.1 Approved specialist major diagnostic procedure** 2.5.2 Minor medical procedure 3.7.5 Minor surgical procedure 3.83 1,181 3.5.5 Minor surgical procedure (ambulatory) 3.7.5 up to limit 2.5 up to limit 2.5	5
2.3 Drugs/Prescribed Medicine Limit 2.3.1 Self medication (prescribed by pharmacist) 2.3.2 Doctor dispensing (for acute cases only) 2.3.3 Pharmacy dispensed medicine (includes dental & ophthalmic prescribed medications) 2.3.4 Chronic medications (supplied through the Managed Care Program in accordance with the Bomaid list of approved chronic conditions) REGISTRATION WITH THE Bomaid MANAGED CARE PROGRAM REQUIRED 2.3.5 ARV therapy per beneficiary (supplied through the Managed Care Program) REGISTRATION WITH THE Bomaid MANAGED CARE PROGRAM REQUIRED  2.4 Diagnostic/Investigative Procedure Limit 2.4.1 Laboratory investigations/tests excluding HIV monitoring 2.4.2 X-Ray/Ultrasound scans (excludes 2 obstetric ultrasound scans for normal pregnancy) 2.4.3 Obstetric ultrasound (maximum 2 scans in a normal pregnancy, motivation and pre-authorisation required for high risk cases needing more than two scans) 2.4.4 MRI/CT scan** 2.5.4 Medical/Surgical Procedure Limit 2.5 Medical/Surgical Procedure Limit 2.5.1 Approved specialist major diagnostic procedure** 2.5.2 Minor medical procedure 3.7.5 Minor surgical procedure 3.893 1,181 3.151 3.151 3.151 3.152 3.153 3.153 3.153 3.154 3.155 3.151 3	.5
2.3 Drugs/Prescribed Medicine Limit 2.3.1 Self medication (prescribed by pharmacist) 2.3.2 Doctor dispensing (for acute cases only) 2.3.3 Pharmacy dispensed medicine (includes dental & ophthalmic prescribed medications) 2.3.4 Chronic medications (supplied through the Managed Care Program in accordance with the Bomaid list of approved chronic conditions) REGISTRATION WITH THE Bomaid MANAGED CARE PROGRAM REQUIRED 2.3.5 ARV therapy per beneficiary (supplied through the Managed Care Program) REGISTRATION WITH THE Bomaid MANAGED CARE PROGRAM REQUIRED 2.4 Diagnostic/Investigative Procedure Limit 2.4.1 Laboratory investigative Procedure Limit 2.4.2 X-Ray/Ultrasound scans (excludes 2 obstetric ultrasound scans for normal pregnancy) 2.4.3 Obstetric ultrasound (maximum 2 scans in a normal pregnancy, motivation and pre-authorisation required for high risk cases needing more than two scans) 4.4.4 MRI/CT scan** 2.5.1 Infertility diagnostic procedures 2.5 Medical/Surgical Procedure Limit 2.5 Medical/Surgical Procedure 2.5 Medical/Surgical Procedure 3 Minor surgical procedure 4 Major procedure (ambulatory) 3 DENTAL AND ORAL BENEFIT OVERALL LIMIT 4 4,935 2,510 Therefore a decided a surgical procedure 3 DENTAL AND ORAL BENEFIT OVERALL LIMIT 4 4,935 2,510 Therefore a surgical procedure 3 DENTAL AND ORAL BENEFIT OVERALL LIMIT 5 2,268 3,187	5
2.3 Drugs/Prescribed Medicine Limit 2.3.1 Self medication (prescribed by pharmacist) 2.3.2 Doctor dispensing (for acute cases only) 2.3.2 Doctor dispensing (for acute cases only) 2.3.3 Pharmacy dispensed medicine (includes dental & ophthalmic prescribed medications) 2.3.4 Chronic medications (supplied through the Managed Care Program in accordance with the Bomaid list of approved chronic conditions) REGISTRATION WITH THE Bomaid MANAGED CARE PROGRAM REQUIRED 2.3.5 ARV therapy per beneficiary (supplied through the Managed Care Program) REGISTRATION WITH THE Bomaid MANAGED CARE PROGRAM REQUIRED 2.4 Diagnostic/Investigative Procedure Limit 2.4.1 Laboratory investigations/tests excluding HIV monitoring 2.4.2 X-Ray/Ultrasound scans (excludes 2 obstetric ultrasound scans for normal pregnancy) 2.4.3 Obstetric ultrasound (maximum 2 scans in a normal pregnancy, motivation and pre-authorisation required for high risk cases needing more than two scans) 2.4.4 MRI/CT scan** 2.4.5 Infertility diagnostic procedures 3 Nedical/Surgical Procedure Limit 2.5 Medical/Surgical Procedure Limit 2.5.1 Approved specialist major diagnostic procedure** 2.5.2 Minor medical procedure 3 DENTAL AND ORAL BENEFIT OVERALL LIMIT 3.1 In-patient Dentistry* (the following sub-limits will apply) 3.1.1 In-patient Dentistry* (the following sub-limits will apply) 3.1.1 In-patient Dentistry* (the following sub-limits will apply) 3.1.1 Hospital fees	5
2.3 Drugs/Prescribed Medicine Limit 2.3.1 Self medication (prescribed by pharmacist) 2.3.2 Doctor dispensing (for acute cases only) 2.3.2 Doctor dispensing (for acute cases only) 2.3.3 Pharmacy dispensed medicine (includes dental & ophthalmic prescribed medications) 2.3.4 Chronic medications (supplied through the Managed Care Program in accordance with the Bomaid list of approved chronic conditions) REGISTRATION WITH THE Bomaid MANAGED CARE PROGRAM REQUIRED 2.3.5 ARV therapy per beneficiary (supplied through the Managed Care Program) REGISTRATION WITH THE Bomaid MANAGED CARE PROGRAM REQUIRED 2.4 Diagnostic/Investigative Procedure Limit 2.4.1 Laboratory investigations/tests excluding HIV monitoring 2.4.2 XRay/Ultrasound scans (excludes 2 obstetric ultrasound scans for normal pregnancy) 2.4.3 Obstetric ultrasound (maximum 2 scans in a normal pregnancy, motivation and pre-authorisation required for high risk cases needing more than two scans) 2.4.4 MRI/CT scan** 2.4.5 Infertility diagnostic procedures 2.5 Medical/Surgical Procedure Limit 2.5 Medical/Surgical Procedure Limit 2.5.1 Approved specialist major diagnostic procedure** 2.5.2 Minor medical procedure 2.5.3 Minor surgical procedure 3 DENTAL AND ORAL BENEFIT OVERALL LIMIT 3.1 In-patient Dentistry* (the following sub-limits will apply) 3.1.1 In-patient Dentistry* (the following sub-limits will apply) 3.1.2 Dentist fees 4,935 2,349 2,469 3,170	5
2.3 Drugs/Prescribed Medicine Limit 2.3.1 Self medication (prescribed by pharmacist) 2.3.2 Doctor dispensing (for acute cases only) 2.3.2 Doctor dispensing (for acute cases only) 2.3.3 Pharmacy dispensed medicine (includes dental & ophthalmic prescribed medications) 2.3.4 Chronic medications (supplied through the Managed Care Program in accordance with the Bomaid list of approved chronic conditions) REGISTRATION WITH THE Bomaid MANAGED CARE PROGRAM REQUIRED 2.3.5 ARV therapy per beneficiary (supplied through the Managed Care Program) REGISTRATION WITH THE Bomaid MANAGED CARE PROGRAM REQUIRED 2.3.5 THE Bomaid MANAGED CARE PROGRAM REQUIRED 2.4 Diagnostic/Investigative Procedure Limit 2.4 Laboratory investigations/tests excluding HIV monitoring 2.4.1 Laboratory investigations/tests excluding HIV monitoring 2.4.2 X-Ray/Ultrasound scans (excludes 2 obstetric ultrasound scans for normal pregnancy) 2.4.3 Obstetric ultrasound (maximum 2 scans in a normal pregnancy, motivation and pre-authorisation required for high risk cases needing more than two scans) 2.4.4 MRI/CT scan** 3,150 4,725 2.4.5 Infertility diagnostic procedures 3,150 4,725 2.5.1 Approved specialist major diagnostic procedure** 2.5.2 Minor medical procedure 3,313 Minor surgical procedure 3,313 Minor surgical procedure 3,313 Minor surgical procedure 3,314 Major procedure (ambulatory) 4,673 6,825 2,52 Minor medical procedure 3,315 Up to limit 2.5 Up to limit 2.5 4,686 3,187 3,181 Up to limit 2.5 Up to limit 2.5 4,686 3,187 3,181 Up to limit 2.5 Up to limit 2.5 4,686 3,187 3,181 Up to limit 2.5 Up to limit 2.5 4,686 3,187 3,192 Up to limit 2.5 4,686 3,187 3,193 Up to limit 2.5 4,686 3,187 3,194 Up to limit 2.5 4,686 3,187 4,687 4,688 4,381 4,381 4,381 4,381 4,381 4,687 4,688 4,381 4,889 6,884 4,889 6,884 4,589 6	5
2.3 Drugs/Prescribed Medicine Limit 2.3.1 Self medication (prescribed by pharmacist) 2.3.2 Doctor dispensing (for acute cases only) 2.3.3 Pharmacy dispensed medicine (includes dental & ophthalmic prescribed medications) 2.3.4 Chronic medications (supplied through the Managed Care Program in accordance with the Bomaid list of approved chronic conditions) REGISTRATION WITH THE Bomaid MANAGED CARE PROGRAM REQUIRED 2.3.5 ARV therapy per beneficiary (supplied through the Managed Care Program) REGISTRATION WITH THE Bomaid MANAGED CARE PROGRAM REQUIRED 2.4 Diagnostic/Investigative Procedure Limit 2.4.1 Laboratory investigations/tests excluding HIV monitoring 2.4.2 X-Ray/Ultrasound scans (seculdes 2 obstetric ultrasound scans for normal pregnancy) 2.4.3 Obstetric ultrasound (maximum 2 scans in a normal pregnancy, motivation and pre-authorisation required for high risk cases needing more than two scans) 2.4.4 MRI/CT scan** 2.4.5 Infertility diagnostic procedures 2.5 Medical/Surgical Procedure Limit 2.5 Medical/Surgical Procedure Limit 2.5 Medical/Surgical Procedure Limit 2.5 Medical/Surgical Procedure Major diagnostic procedure* 3.15 Minor surgical procedure 4.673 6,825 2.51 Approved specialist major diagnostic procedure* 893 1,181 2.5.4 Major procedure (ambulatory) 4.786fers to rates at agreed tariffs **Pre-authorisation required 3 DENTAL AND ORAL BENEFIT OVERALL LIMIT 3.1 In-patient Dentistry * (the following sub-limits will apply) 3.1.1 Hospital fees 3.2 Dentist fees 3.3 Dentist fees 3.3 In obsenfit no benefit	5
2.3.1 Drugs/Prescribed Medicine Limit 2.3.1 Self medication (prescribed by pharmacist) 2.3.2 Doctor dispensing (for acute cases only) 2.3.3 Pharmacy dispensed medicine (includes dental & ophthalmic prescribed medications) 2.3.2 Chronic medications (supplied through the Managed Care Program in accordance with the Bomaid list of approved chronic conditions) REGISTRATION WITH THE Bomaid MANAGED CARE PROGRAM REQUIRED 2.3.5 ARV therapy per beneficiary (supplied through the Managed Care Program) REGISTRATION WITH THE Bomaid MANAGED CARE PROGRAM REQUIRED 2.3.5 ARV therapy per beneficiary (supplied through the Managed Care Program) REGISTRATION WITH THE Bomaid MANAGED CARE PROGRAM REQUIRED 2.4 Diagnostic/Investigative Procedure Limit 2.4.1 Laboratory investigations/tests excluding HIV monitoring 2.4.2 X-fayl/Ultrasound cscan (sexcludes 2 obstetric ultrasound scans) 2.4.2 X-fayl/Ultrasound cscan (sexcludes 2 obstetric ultrasound scans) 2.4.3 Obstetric ultrasound (maximum 2 scans in a normal pregnancy, motivation and pre-authorisation required for high risk cases needing more than two scans) 2.4.4 MRIVCT scan** 2.4.5 Infertility diagnostic procedures 3.150 4,725 4.6 Medical/Surgical Procedure Limit 4,673 6,825 2.5.1 Approved specialist major diagnostic procedure* 2.5.1 Approved specialist major diagnostic procedure* 2.5.2 Minor medical procedure 2.5.3 Minor surgical procedure 2.5.4 Major procedure (ambulatory) 2.6 Major procedure (ambulatory) 3.1 In-patient Dentistry* (the following sub-limits will apply) 3.1 In-patient Dentistry* (the following sub-limits will apply) 3.1 In-patient Dentistry* (the following sub-limits will apply) 3.1 In-patient Dentistry* no benefit no benef	5
2.3.1 Self medication (prescribed by pharmacist) 2.3.2 Doctor dispensing (for acute cases only) 2.3.3 Pharmacy dispensed medicine (includes dental & ophthalmic prescribed medications) 2.3.4 Chronic medications (supplied through the Managed Care Program in accordance with the Bomaid list of approved hronic conditions) REGISTRATION WITH THE Bomaid MANAGED CARE PROGRAM REQUIRED 2.3.5 ARV therapy per beneficiary (supplied through the Managed Care Program) REGISTRATION WITH THE Bomaid MANAGED CARE PROGRAM REQUIRED 2.3.5 ARV therapy per beneficiary (supplied through the Managed Care Program) REGISTRATION WITH THE Bomaid MANAGED CARE PROGRAM REQUIRED 2.4 Diagnostic/Investigative Procedure Limit 2.4.1 Laboratory investigations/tests excluding HIV monitoring 2.4.2 X-Rayl/Ultrasound scans (sexdudes 2 obstetric ultrasound scans for normal pregnancy) 2.4.3 Obstetric ultrasound (maximum 2 scans in a normal pregnancy, motivation and pre-authorisation required for high risk cases needing more than two scans) 2.4.4 MRI/CT scans* 2.4.5 Infertility diagnostic procedures 2.5 Medical/Surgical Procedure Limit 2.5 Medical/Surgical Procedure Limit 2.5.1 Approved specialist major diagnostic procedure* 2.5.3 Minor surgical procedure 2.5.4 Major procedure (ambulatory) 3 DENTAL AND ORAL BENEFIT OVERALL LIMIT 3.1 In-patient Dentistry * (the following sub-limits will apply) 3.1.1 In-patient Dentistry * (the following sub-limits will apply) 3.1.1 In-patient Dentistry * (the following sub-limits will apply) 3.1.1 Anaesthetist fees 3.1.2 Dentist fees 3.1.3 Anaesthetist fees 3.1.3 Chronic returned and Oral Surgery ** 3.1.4 Specialised Dental Treatment and Oral Surgery ** 3.1.5 In-patient Creatment (treats, eat a drivers and related appliances)	5

















4	OPTICAL BENEFIT (2 year benefit cycle from anniversary of claiming per beneficiary)		
4.1	Designated Service Providers (MANAGED CARE PROTOCOLS APPLY)	Comprehensive cover in accordance with scheme rules, managed care protocols, benefit limits and agreed tariffs. Reduced levels of co-payments. Settlement discount on frame claims.	
4.2 4.2.1 4.2.2 4.2.3 4.2.4 4.2.5 4.2.6	Non-Designated Service Providers (MANAGED CARE PROTOCOLS APPLY) Consultation Clear aquity single vision lenses (per lens) Clear aquity bifocal lenses (per lens) Clear aquity multifocal lenses (per lens) Frame and/or any lens enhancements Contact lenses (only claimable as an alternative to frame and lenses)	121 184 394 to the value of bifocal lenses 308 473	
5	APPLIANCES OVERALL LIMIT	5,250	6,195
5.1 5.1.1 5.1.2	General appliances  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	2,625 1,025	3,098 1,235
5.2 5.3 5.4	Wheel chairs, crutches and walking frames (for permanent disability) Hearing aid (prescription required) (maximum 1 pair of appliances per 2 year cycle) CPAP machines, home oxygen, stoma products (CPAP machines and home oxygen cover subject to pre-authorisation and scheme protocols)	up to limit 5.1 up to limit 5.0 up to limit 5.0	up to limit 5.1 up to limit 5.0 up to limit 5.0
6	ALLIED HEALTH SERVICES OVERALL LIMIT	2,909	4,541
6.1 6.1.1 6.1.2 6.1.3 6.1.4 6.1.5	REHABILITATION THERAPY (Medical Referral Needed for Sub-Limits 6.1.1 to 6.1.5) Physiotherapy (motivational report needed for cases requiring more than 20 treatment sessions) Occupational therapy Speech therapy Clinical psychology Clinical dietetics (consultation only) - maximum 5 sessions	2,121 1,061 1,061 1,061 1,061	3,360 1,680 1,680 1,680 1,680
6.2 6.2.1 6.2.2 6.2.3 6.2.4 6.2.5 6.2.6	ALTERNATIVE TREATMENT Homeopathic treatment Chiropractic treatment Naturopathic treatment Acupuncture treatment Traditional healing (cover strictly limited to Ngope, Thobega and Mototwane) Podiatry	788 788 788 788 788 788	1,181 1,181 1,181 1,181 1,181 1,181
7	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	1,600	
8	SEVERE ILLNESS BENEFIT (100% cash payout to the life assured on 1st diagnosis of any one of the pre-defined severe illnesses)	20,000 4,000	
	main member and spouse Frefers to child dependant		
9	EXECUTIVE ANNUAL MEDICAL EXAMINATION (PER BENEFICIARY - LIMITED TO 2 FAMILY MEMBERS) (Tests covered as per scheme plan)	No benefit	No benefit
10	SCREENING AND PREVENTION BENEFIT	Subject to defined scheme rules, managed care and clinical protocols.	
11	FUNERAL BENEFIT		
11.1 11.2 11.3 11.4 11.5	Member/ Spouse/ Parent Child dependant 14 - 21 years Child dependant 6 - 13years Child dependant 1 - 5 years Child dependant 1 - 5 years Child dependant under 1 year	10,000 10,000 5,000 2,500 1,500	
12	WAIVER OF PREMIUMS ON DEATH	Cover for medical aid contributions for registered dependants after death of main member. Refer to Page 6.	
13	HOSPITAL INSURANCE	Cash payout per night of hospitalisation. Refer to Page 25.	
14	EMERGENCY MEDICAL SERVICES	Full cover through a c provider. Refer to Pa	



















		SINGLE	FAMILY
OVEDALL	SCHEME BENEFIT LIMIT	274,145	290,772
1	IN-PATIENT AND MANAGED CARE BENEFITS OVERALL LIMIT (within the above, the following limits apply i.e. 1.1, 1.2 and 1.3)	236,250	252,000
1.1	Dread disease cover * - strictly in accordance with the Bomaid list of approved dread diseases	up to limit 1.0	up to limit 1.0
1.2	Hospitalisation maximum * (daily maximum room rate at agreed tariff **) (within the above, the following sub-limits will apply)	89,250	105,000
1.2.1 1.2.1.1	Professionals fees Doctors and Other Professionals	10,500 up to limit 1.2.1	12,600 up to limit 1,2,1
1.2.1.2	Laboratory fees excluding HIV monitoring	up to limit 1.2.1	up to limit 1.2.1
1.2.1.3 1.2. 2	Radiology fees  Psychiatry \(^\) (in-patient cover in a recognised psychiatric facility, includes professional fees)	up to limit 1.2.1 15,750	up to limit 1.2.1 15,750
1.2.3 1.2.4	Prosthesis ^ (external and internal) Sub-acute care (post admission step down - maximum 30 days)	6,300 14,280	6,825 14,280
1.2.5 1.2.5.1	Confinement * (the following sub-limits will apply)  Normal delivery hospitalisation fees (include forceps delivery and vacuum extraction)	3,675	3,675
1.2.5.2	Birthing unit delivery global fee (by a registered unit/facility)	788	788
1.2.5.3 1.2.5.4	Caesarian section delivery hospitalisation fees  Normal delivery professional fees (includes post natal care)	6,825 3,368	6,825 3,368
1.2.5.5 1.2.5.6	Caesarian section professional fees (includes post natal care) Anaesthetist fees (for Caesarian Section)	3,186 2,393	3,186 2,393
1.2.6	Neonatal hospitalisations (from 0 to 28 days of age)	up to limit 1.2	up to limit 1.2
1.2.7	Laser refractive eye surgery * (referrals from approved Ophthalmologist/Optometrist)	2,646	3,528
1.3 1.3.1	Managed Care Benefits Chemotherapy, radiation therapy and brachytherapy ** (pre-authorisation required)	31,500	42,000
1.3.2 1.3.3	Renal dialysis for chronic renal failure ** (pre-authorisation required)  Chronic medications (supplied through the Managed Care Program in accordance with the Bomaid	31,500	42,000
	list of approved chronic conditions) REGISTRATION WITH THE Bomaid MANAGED CARE PROGRAM REOUIRED	10,500	12,600
1.3.4	ARV therapy per beneficiary (supplied through the Managed Care Program) REGISTRATION WITH		12,000
	THE Bomaid MANAGED CARE PROGRAM REQUIRED	12,600	
	fixed fee arrangement has been entered into, those fees will apply eed ^ Cover on assessment *Pre-authorisation required		
2	MEDICAL/SURGICAL OUT-PATIENT OVERALL LIMIT (Consultations, Drugs, Investigations and Procedures) (within the above overall limit, the following sub-limits will apply i.e. 2.1 to 2.5)	16,790	23,568
2.1	Consultations* (GPs and Specialists. Includes ante-natal visits, examination and two subsequent follow-up appointments of the newborn baby)	3,129	4,064
2.2	Antenatal Classes (by a contracted/approved service provider) REGISTRATION WITH THE Bomaid BOMBABY PROGRAM REQUIRED	750	750
2.3	Drugs/Prescribed Medicine Limit	3,491	4,935
2.3.1 2.3.2	Self medication (prescribed by pharmacist) Doctor dispensing (for acute cases only)	105 525	210 788
2.3.3 2.3.4	Pharmacy dispensed medicine (includes dental & ophthalmic prescribed medications)  Chronic medications (supplied through the Managed Care Program in accordance with the Bomaid	2,625	3,938
2.3.4	list of approved chronic conditions) REGISTRATION WITH THE Bomaid MANAGED CARE PROGRAM REQUIRED	up to limit 1.3.3	up to limit 1.3.3
2.3.5	ARV therapy per beneficiary (supplied through the Managed Care Program) REGISTRATION WITH THE Bomaid MANAGED CARE PROGRAM REQUIRED	up to limit 1.3.4	up to limit 1.3.4
2.4	Diagnostic/Investigative Procedure Limit	7,949	10,454
2.4.1	Laboratory investigations/tests excluding HIV monitoring	1,139	1,657
2.4.2 2.4.3	X-Ray/Ultrasound scans (excludes 2 obstetric ultrasound scans for normal pregnancy) Obstetric ultrasound (maximum 2 scans in a normal pregnancy, motivation and pre-authorisation	1,034 825	1,447 825
2.4.4	required for high risk cases needing more than two scans) MRI/CT scan**	5,250	6,825
2.4.5	Infertility diagnostic procedures	no benefit	no benefit
2.5	Medical/Surgical Procedure Limit	4,673	6,825
2.5.1 2.5.2	Approved specialist major diagnostic procedure** Minor medical procedure	2,888 893	4,331 1,181
2.5.3	Minor surgical procedure	893	1,181
2.5.4 *Pofors to	Major procedure (ambulatory)  rates at agreed tariffs **Pre-authorisation required	up to limit 2.5	up to limit 2.5
3	DENTAL AND ORAL BENEFIT OVERALL LIMIT	14,343	20,512
3.1	In-patient Dentistry * (the following sub-limits will apply)	no benefit	no benefit
3.1.1	Hospital fees	no benefit	no benefit
3.1.2 3.1.3	Dentist fees Anaesthetist fees	no benefit no benefit	no benefit no benefit
3.2	Specialised Dental Treatment and Oral Surgery **	10,500	15,750
3.2.1 3.2.2	Simple maxillo-facial surgery: acute or chronic Orthondontic treatment <sup>-</sup> (braces, retainers and related appliances)	up to limit 3.2 up to limit 3.2	up to limit 3.2 up to limit 3.2
3.2.3	Orthognatic surgery (once-off benefit)	up to limit 3.2	up to limit 3.2
3.3	Out-patient Dental Overall Limit (Subject to Managed Care and Clinical Protocols)	3,843	4,672
3.3.1	Basic dentistry (includes consultations, radiology, filling, extraction, cleaning, scaling and polishing, incision and drainage, root canal treatment)	up to limit 3.3	up to limit 3.3
3.3.2	Specialised Dentistry (includes crowns, bridges and dentures)**	up to limit 3.3	up to limit 3.3



















		SINGLE	TAIVILI
4	OPTICAL BENEFIT (2 year benefit cycle from anniversary of claiming per beneficiary)		
4.1	Designated Service Providers (MANAGED CARE PROTOCOLS APPLY)	Comprehensive cover in accordance with scheme rules, managed care protocols, benefit limits and agreed tariffs. Reduced levels of co-payments. Settlement discount on frame claims.	
4.2 4.2.1 4.2.2 4.2.3 4.2.4 4.2.5 4.2.6	Non-Designated Service Providers (MANAGED CARE PROTOCOLS APPLY) Consultation Clear aquity single vision lenses (per lens) Clear aquity bifocal lenses (per lens) Clear aquity multifocal lenses (per lens) Frame and/or any lens enhancements Contact lenses (only claimable as an alternative to frame and lenses)	121 184 394 to the value of bifocal lenses 308 473	
5	APPLIANCES OVERALL LIMIT	5,250	6,195
5.1 5.1.1 5.1.2	General appliances 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	2,625 1,025	3,098 1,235
5.2 5.3 5.4	Wheel chairs, crutches and walking frames (for permanent disability) Hearing aid (prescription required) (maximum 1 pair of appliances per 2 year cycle) CPAP machines, home oxygen, stoma products (CPAP machines and home oxygen cover subject to pre-authorisation and scheme protocols)	up to limit 5.1 up to limit 5.0 up to limit 5.0	up to limit 5.1 up to limit 5.0 up to limit 5.0
6	ALLIED HEALTH SERVICES OVERALL LIMIT	2,909	4,541
6.1 6.1.1 6.1.2 6.1.3 6.1.4 6.1.5	REHABILITATION THERAPY (Medical Referral Needed for Sub-Limits 6.1.1 to 6.1.5) Physiotherapy (motivational report needed for cases requiring more than 20 treatment sessions) Occupational therapy Speech therapy Clinical psychology Clinical dietetics (consultation only) - maximum 5 sessions	2,121 1,061 1,061 1,061 1,061	3,360 1,680 1,680 1,680 1,680
6.2 6.2.1 6.2.2 6.2.3 6.2.4 6.2.5 6.2.6	ALTERNATIVE TREATMENT Homeopathic treatment Chiropractic treatment Naturopathic treatment Acupuncture treatment Traditional healing (cover strictly limited to Ngope, Thobega and Mototwane) Podiatry  SAFE MALE CIRCUMCISION	788 788 788 788 788 788 1,600	1,181 1,181 1,181 1,181 1,181 1,181
	(SUBJECT TO MANAGED CARE PROTOCOLS) Global fee includes related costs of pre-operative testing and post-operative care within 1 month of procedure		
8	SEVERE ILLNESS BENEFIT (100% cash payout to the life assured on 1st diagnosis of any one of the pre-defined severe illnesses)	20,000 4,000	
* Refers to m	nain member and spouse Refers to child dependant		
9	EXECUTIVE ANNUAL MEDICAL EXAMINATION (PER BENEFICIARY - LIMITED TO 2 FAMILY MEMBERS) (Tests covered as per scheme plan)	No benefit	No benefit
10	SCREENING AND PREVENTION BENEFIT	Subject to defined scheme rules, managed care and clinical protocols.	
11	FUNERAL BENEFIT		
11.1 11.2 11.3 11.4 11.5	Member/ Spouse/ Parent Child dependant 14 - 21 years Child dependant 6 - 13years Child dependant 1 - 5 years Child dependant under 1 year	10,000 10,000 5,000 2,500 1,500	
12	WAIVER OF PREMIUMS ON DEATH	Cover for medical aid contributions for registered dependants after death of main member. Refer to Page 6.	
13	HOSPITAL INSURANCE	Cash payout per night of hospitalisation. Refer to Page 25.	
14	EMERGENCY MEDICAL SERVICES	Full cover through a coprovider. Refer to Page	