		SINGLE	FAMILY
	OVERALL SCHEME BENEFIT LIMIT	866,532	1,009,686
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)	813,225	931,350
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)	393,225	511,350
1.2.1	Professionals fees	157,500	168,000
1.2.1.1	Doctors and Other Professionals	up to limit 1.2.1	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	Radiology fees	up to limit 1.2.1	up to limit 1.2.1
1.2.2	Psychiatry ^ (in-patient cover in a recognised psychiatric facility, includes professional fees)	42,000	52,500
1.2.3	Prosthesis ^ (external and internal)	31,500	42,000
1.2.4	Sub-acute care (post admission step down - maximum 30 days)	14,280	14,280
1.2.5	Confinement * (the following sub-limits will apply)		
1.2.5.1	Normal delivery hospitalisation fees (include forceps delivery and vacuum extraction)	9,450	9,450
1.2.5.2	Birthing unit delivery global fee (by a registered unit/facility)	2,100	2,100
1.2.5.3	Caesarian section delivery hospitalisation fees	13,650	13,650
1.2.5.4	Normal delivery professional fees (includes post natal care)	3,368	3,368
1.2.5.5	Caesarian section professional fees (includes post natal care)	3,186	3,186
1.2.5.6	Anaesthetist fees (for Caesarian Section)	2,393	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)	4,725	5,775
1.3	Managed Care Benefits		
1.3.1	Chemotherapy, radiation therapy and brachytherapy ** (pre-authorisation required)	136,500	157,500
1.3.2	Renal dialysis for chronic renal failure ** (pre-authorisation required)	136,500	157,500
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	37,800	44,100
1.3.4	ARV therapy per beneficiary (supplied through the Managed Care Program) REGISTRATION WITH THE Bomaid MANAGED CARE PROGRAM REQUIRED	12,600	

** Where fixed fee arrangement has been entered into, those fees will apply
° Guaranteed ^ Cover on assessment *Pre-authorisation required

		SINGLE	FAMILY
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)	30,255	43,545
2.1	Consultations * (GPs and Specialists. Includes ante-natal visits, examination and two subsequent follow-up appointments of the newborn baby)	5,460	8,190
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	5,460	7,928
2.3.1	Self medication (prescribed by pharmacist)	210	315
2.3.2	Doctor dispensing (for acute cases only)	788	1,181
2.3.3	Pharmacy dispensed medicine (includes dental & ophthalmic prescribed medications)	3,938	5,906
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	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	14,490	20,528
2.4.1	Laboratory investigations/tests excluding HIV monitoring	2,100	3,150
2.4.2	X-Ray/Ultrasound scans (excludes 2 obstetric ultrasound scans for normal pregnancy)	1,890	2,940
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)	825	825
2.4.4	MRI/CT scan**	7,350	9,975
2.4.5	Infertility diagnostic procedures	2,625	3,938
2.5	Medical/Surgical Procedure Limit	8,400	12,600
2.5.1	Approved specialist major diagnostic procedure**	5,775	7,613
2.5.2	Minor medical procedure	1,313	1,969
2.5.3	Minor surgical procedure	1,313	1,969
2.5.4	Major procedure (ambulatory)	up to limit 2.5	up to limit 2.5

*Refers to rates at agreed tariffs **Pre-authorisation required

		SINGLE	FAMILY
3	DENTAL AND ORAL BENEFIT OVERALL LIMIT	50,661	74,213
3.1	In-patient Dentistry * (the following sub-limits will apply)	23,100	27,300
3.1.1	Hospital fees	12,600	15,750
3.1.2	Dentist fees	5,775	6,300
3.1.3	Anaesthetist fees	4,725	5,250
3.2	Specialised Dental Treatment and Oral Surgery **	21,000	36,750
3.2.1	Simple maxillo-facial surgery: acute or chronic	up to limit 3.2	up to limit 3.2
3.2.2	Orthondontic treatment˜ (braces, retainers and related appliances)	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)	6,561	10,163
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

**Pre-authorisation required ˜ Refers to treatment every 2 years

		SINGLE	FAMILY
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	Non-Designated Service Providers (MANAGED CARE PROTOCOLS APPLY)		
4.2.1	Consultation	121	
4.2.2	Clear aquity single vision lenses (per lens)	184	
4.2.3	Clear aquity bifocal lenses (per lens)	525	
4.2.4	Clear aquity multifocal lenses (per lens)	to the value of bifocal lenses	
4.2.5	Frame and/or any lens enhancements	678	
4.2.6	Contact lenses (only claimable as an alternative to frame and lenses)	1,103	
5	APPLIANCES OVERALL LIMIT	9,450	11,340
5.1	General appliances	4,725	5,670
5.1.1	Medical appliances (including glucometers, nebulisers)	1,235	1,419
5.1.2	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	1,235	1,419
5.2	Wheel chairs, crutches and walking frames (for permanent disability)	up to limit 5.1	up to limit 5.1
5.3	Hearing aid (prescription required) (maximum 1 pair of appliances per 2 year cycle)	up to limit 5.0	up to limit 5.0
5.4	CPAP machines, home oxygen, stoma products (CPAP machines and home oxygen cover subject to pre-authorisation and scheme protocols)	up to limit 5.0	up to limit 5.0
6	ALLIED HEALTH SERVICES OVERALL LIMIT	7,881	11,294
6.1	REHABILITATION THERAPY (Medical Referral Needed for Sub-Limits 6.1.1 to 6.1.5)		
6.1.1	Physiotherapy (motivational report needed for cases requiring more than 20 treatment sessions)	6,831	9,194
6.1.2	Occupational therapy	3,416	5,222
6.1.3	Speech therapy	3,416	5,222
6.1.4	Clinical psychology	3,416	5,222
6.1.5	Clinical dietetics (consultation only) - maximum 5 sessions	3,416	5,222
6.2	ALTERNATIVE TREATMENT		
6.2.1	Homeopathic treatment	1,050	2,100
6.2.2	Chiropractic treatment	1,050	2,100
6.2.3	Naturopathic treatment	1,050	2,100
6.2.4	Acupuncture treatment	1,050	2,100
6.2.5	Traditional healing (cover strictly limited to Ngope, Thobega and Mototwane)	1,050	2,100
6.2.6	Podiatry	1,050	2,100
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)	ˇ 20,000 ˇˇ 4,000	
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	Member/ Spouse/ Parent	10,000	
11.2	Child dependant 14 - 21 years	10,000	
11.3	Child dependant 6 - 13years	5,000	
11.4	Child dependant 1 - 5 years	2,500	
11.5	Child dependant under 1 year	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 contracted service provider. Refer to Page 4.	

ˇ Refers to main member and spouse ˇˇ Refers to child dependant