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| <b>OVERALL SCHEME BENEFIT LIMIT</b>                                                                                                           |                                                                                                                                                                                               | 1,351,121         | 1,785,000         |
| <b>1</b>                                                                                                                                      | <b>IN-PATIENT AND MANAGED CARE BENEFITS OVERALL LIMIT</b><br>(within the above, the following limits apply i.e. 1.1, 1.2 and 1.3)                                                             | 1,249,500         | 1,485,750         |
| 1.1                                                                                                                                           | Dread disease cover * - strictly in accordance with the Bomaïd 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)                                                               | 724,500           | 960,750           |
| 1.2.1                                                                                                                                         | Professionals fees                                                                                                                                                                            | 168,000           | 183,750           |
| 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)                                                                                              | 52,500            | 63,000            |
| 1.2.3                                                                                                                                         | Prosthesis ^ (external and internal)                                                                                                                                                          | 42,000            | 52,500            |
| 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                                                                                                                                       | Birth unit delivery global fee (by a registered unit/facility)                                                                                                                                | 2,100             | 2,100             |
| 1.2.5.3                                                                                                                                       | Caesarian section delivery hospitalisation fees                                                                                                                                               | 14,700            | 14,700            |
| 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)                                                                                                                                | 3,430             | 3,430             |
| 1.2.5.6                                                                                                                                       | Anaesthetist fees (for Caesarian Section)                                                                                                                                                     | 2,992             | 2,992             |
| 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/Optomtrist)                                                                                                           | 5,775             | 6,825             |
| 1.3                                                                                                                                           | Managed Care Benefits                                                                                                                                                                         |                   |                   |
| 1.3.1                                                                                                                                         | Chemotherapy, radiation therapy and brachytherapy ** (pre-authorisation required)                                                                                                             | 157,500           | 168,000           |
| 1.3.2                                                                                                                                         | Renal dialysis for chronic renal failure ** (pre-authorisation required)                                                                                                                      | 157,500           | 168,000           |
| 1.3.3                                                                                                                                         | Chronic medications (supplied through the Managed Care Program in accordance with the Bomaïd list of approved chronic conditions) REGISTRATION WITH THE Bomaïd MANAGED CARE PROGRAM REQUIRED  | 50,400            | 67,200            |
| 1.3.4                                                                                                                                         | ARV therapy per beneficiary (supplied through the Managed Care Program) REGISTRATION WITH THE Bomaïd MANAGED CARE PROGRAM REQUIRED                                                            | 12,600            |                   |
| ** Where fixed fee arrangement has been entered into, those fees will apply<br>° Guaranteed ^ Cover on assessment *Pre-authorisation required |                                                                                                                                                                                               |                   |                   |
| <b>2</b>                                                                                                                                      | <b>MEDICAL/SURGICAL OUT-PATIENT OVERALL LIMIT</b> (Consultations, Drugs, Investigations and Procedures) (within the above overall limit, the following sub-limits will apply i.e. 2.1 to 2.5) | 43,798            | 60,638            |
| 2.1                                                                                                                                           | Consultations* (GPs and Specialists. Includes ante-natal visits, examination and two subsequent follow-up appointments of the newborn baby)                                                   | 7,161             | 9,429             |
| 2.2                                                                                                                                           | Antenatal Classes (by a contracted/approved service provider) REGISTRATION WITH THE Bomaïd BOMBABY PROGRAM REQUIRED                                                                           | 750               | 750               |
| 2.3                                                                                                                                           | Drugs/Prescribed Medicine Limit                                                                                                                                                               | 8,799             | 12,443            |
| 2.3.1                                                                                                                                         | Self medication (prescribed by pharmacist)                                                                                                                                                    | 315               | 473               |
| 2.3.2                                                                                                                                         | Doctor dispensing (for acute cases only)                                                                                                                                                      | 1,498             | 2,310             |
| 2.3.3                                                                                                                                         | Pharmacy dispensed medicine (includes dental & ophthalmic prescribed medications)                                                                                                             | 6,986             | 9,660             |
| 2.3.4                                                                                                                                         | Chronic medications (supplied through the Managed Care Program in accordance with the Bomaïd list of approved chronic conditions) REGISTRATION WITH THE Bomaïd MANAGED CARE PROGRAM REQUIRED  |                   |                   |
| 2.3.5                                                                                                                                         | ARV therapy per beneficiary (supplied through the Managed Care Program) REGISTRATION WITH THE Bomaïd MANAGED CARE PROGRAM REQUIRED                                                            | up to limit 1.3.3 | up to limit 1.3.3 |
| 2.4                                                                                                                                           | Diagnostic/Investigative Procedure Limit                                                                                                                                                      | 19,808            | 27,275            |
| 2.4.1                                                                                                                                         | Laboratory investigations/tests excluding HIV monitoring                                                                                                                                      | 3,323             | 4,489             |
| 2.4.2                                                                                                                                         | X-Ray/Ultrasound scans (excludes 2 obstetric ultrasound scans for normal pregnancy)                                                                                                           | 3,098             | 4,646             |
| 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**                                                                                                                                                                                 | 8,663             | 11,945            |
| 2.4.5                                                                                                                                         | Infertility diagnostic procedures                                                                                                                                                             | 4,200             | 5,670             |
| 2.5                                                                                                                                           | Medical/Surgical Procedure Limit                                                                                                                                                              | 11,733            | 17,599            |
| 2.5.1                                                                                                                                         | Approved specialist major diagnostic procedure**                                                                                                                                              | 7,088             | 10,631            |
| 2.5.2                                                                                                                                         | Minor medical procedure                                                                                                                                                                       | 2,323             | 3,484             |
| 2.5.3                                                                                                                                         | Minor surgical procedure                                                                                                                                                                      | 2,323             | 3,484             |
| 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                                                                               |                                                                                                                                                                                               |                   |                   |
| <b>3</b>                                                                                                                                      | <b>DENTAL AND ORAL BENEFIT OVERALL LIMIT</b>                                                                                                                                                  | 67,326            | 92,925            |
| 3.1                                                                                                                                           | In-patient Dentistry * (the following sub-limits will apply)                                                                                                                                  | 27,300            | 31,500            |
| 3.1.1                                                                                                                                         | Hospital fees                                                                                                                                                                                 | 15,750            | 18,900            |
| 3.1.2                                                                                                                                         | Dentist fees                                                                                                                                                                                  | 6,300             | 6,825             |
| 3.1.3                                                                                                                                         | Anaesthetist fees                                                                                                                                                                             | 5,250             | 5,775             |
| 3.2                                                                                                                                           | Specialised Dental Treatment and Oral Surgery **                                                                                                                                              | 31,500            | 47,250            |
| 3.2.1                                                                                                                                         | Simple maxillo-facial surgery: acute or chronic                                                                                                                                               | up to limit 3.2   | up to limit 3.2   |
| 3.2.2                                                                                                                                         | Orthodontic 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)                                                                                                             | 8,256             | 14,175            |
| 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     | <b>OPTICAL BENEFIT</b> (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)                                                                                                                                                                  | 630                                                                                                                                                                                 |                 |
| 4.2.4 | Clear aquity multifocal lenses (per lens)                                                                                                                                                               | to the value of bifocal lenses                                                                                                                                                      |                 |
| 4.2.5 | Frame and/or any lens enhancements                                                                                                                                                                      | 943                                                                                                                                                                                 |                 |
| 4.2.6 | Contact lenses (only claimable as an alternative to frame and lenses)                                                                                                                                   | 1,418                                                                                                                                                                               |                 |
| 5     | <b>APPLIANCES OVERALL LIMIT</b>                                                                                                                                                                         | 10,500                                                                                                                                                                              | 13,650          |
| 5.1   | General appliances                                                                                                                                                                                      | 5,250                                                                                                                                                                               | 6,825           |
| 5.1.1 | Medical appliances (including glucometers, nebulisers)                                                                                                                                                  | 1,550                                                                                                                                                                               | 1,681           |
| 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 | 1,550                                                                                                                                                                               | 1,681           |
| 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<br>(CPAP machines and home oxygen cover subject to pre-authorisation and scheme protocols)                                                                   | up to limit 5.0                                                                                                                                                                     | up to limit 5.0 |
| 6     | <b>ALLIED HEALTH SERVICES OVERALL LIMIT</b>                                                                                                                                                             | 10,924                                                                                                                                                                              | 17,174          |
| 6.1   | <b>REHABILITATION THERAPY</b> (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)                                                                                                          | 9,349                                                                                                                                                                               | 14,024          |
| 6.1.2 | Occupational therapy                                                                                                                                                                                    | 4,675                                                                                                                                                                               | 7,012           |
| 6.1.3 | Speech therapy                                                                                                                                                                                          | 4,675                                                                                                                                                                               | 7,012           |
| 6.1.4 | Clinical psychology                                                                                                                                                                                     | 4,675                                                                                                                                                                               | 7,012           |
| 6.1.5 | Clinical dietetics (consultation only) - maximum 5 sessions                                                                                                                                             | 4,675                                                                                                                                                                               | 7,012           |
| 6.2   | <b>ALTERNATIVE TREATMENT</b>                                                                                                                                                                            |                                                                                                                                                                                     |                 |
| 6.2.1 | Homeopathic treatment                                                                                                                                                                                   | 1,575                                                                                                                                                                               | 3,150           |
| 6.2.2 | Chiropractic treatment                                                                                                                                                                                  | 1,575                                                                                                                                                                               | 3,150           |
| 6.2.3 | Naturopathic treatment                                                                                                                                                                                  | 1,575                                                                                                                                                                               | 3,150           |
| 6.2.4 | Acupuncture treatment                                                                                                                                                                                   | 1,575                                                                                                                                                                               | 3,150           |
| 6.2.5 | Traditional healing (cover strictly limited to Ngope, Thobega and Mototwane)                                                                                                                            | 1,575                                                                                                                                                                               | 3,150           |
| 6.2.6 | Podiatry                                                                                                                                                                                                | 1,575                                                                                                                                                                               | 3,150           |
| 7     | <b>SAFE MALE CIRCUMCISION</b><br>(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     | <b>SEVERE ILLNESS BENEFIT</b><br>(100% cash payout to the life assured on 1st diagnosis of any one of the pre-defined severe illnesses)                                                                 | ~ 20,000<br>~ 4,000                                                                                                                                                                 |                 |
|       | ~ Refers to main member and spouse    ~ Refers to child dependant                                                                                                                                       |                                                                                                                                                                                     |                 |
| 9     | <b>EXECUTIVE ANNUAL MEDICAL EXAMINATION</b> (PER BENEFICIARY - LIMITED TO 2 FAMILY MEMBERS) (Tests covered as per scheme plan)                                                                          | 3,500                                                                                                                                                                               | 3,500           |
| 10    | <b>SCREENING AND PREVENTION BENEFIT</b>                                                                                                                                                                 | Subject to defined scheme rules, managed care and clinical protocols.                                                                                                               |                 |
| 11    | <b>FUNERAL BENEFIT</b>                                                                                                                                                                                  |                                                                                                                                                                                     |                 |
| 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    | <b>WAIVER OF PREMIUMS ON DEATH</b>                                                                                                                                                                      | Cover for medical aid contributions for registered dependants after death of main member. Refer to Page 6.                                                                          |                 |
| 13    | <b>HOSPITAL INSURANCE</b>                                                                                                                                                                               | Cash payout per night of hospitalisation. Refer to Page 25.                                                                                                                         |                 |
| 14    | <b>EMERGENCY MEDICAL SERVICES</b>                                                                                                                                                                       | Full cover through a contracted service provider. Refer to Page 4.                                                                                                                  |                 |