



PRODUCTS BROCHURE

Bomaid Health & Happiness at heart

BE YOUR BEST WITH THE NEW YOU

We've revamped our entire offering to bring out the best in

INPATIENT SELECTION

PRESTIGE

This package offers the highest level of in hospital benefit, wellness features, convenience and even a dedicated relationship manager

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COMPREHENSIVE

start- up families and individuals. The wide range of in hospital benefits cover most family encounters and the wellness benefit are great for healthy, happy

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CHOOSE HEALTH AND

After selecting a base, you can add more inpatient and outpatient benefits to match your budgets and needs.

Unlock maximum outpatient benefits unlimited consultations, maternity, paternity & child wellness consultations, basic and specialized dental cover, Radiology and pathology benefits

Unlock all outpatient benefits, provides access to more cover for consultations, screening benefit, maternity & child wellness, specialized and basic dental cover, chronic illness cover & pathology benefits

ACCESS

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EXECUTIVE

established professionals

It's the ideal low-cost base for young and healthy people. This plan offers

With a perfect and broad balance of in hospital benefits plus wellness features.

Its perfect for a mature family and

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Unlock access to basic outpatient cover, gives access to screening benefits, medication, dental cover, radiology and pathology

PLUS

CORE

Unlock more inpatient benefits plus full cover for Screening benefits, Maternity, Paternity & Child Wellness, Consultations, Dental Cover, Chronic Illness Cover, Radiology & Pathology

OUTPATIENT SELECTION

HAPPINESS YOUR WAY

MAX

EXTRA

ACCESS

	Core	Plus		Extra	Max
Benefit Level	Single Limit Family Limit	Single Limit	Family Limit	Single Limit Family Limit	Single Limit Family Limit
Wellness Benefits					
Breast cancer screening		Mammogram f	for women aged	40-70 years (once in 2 years)	
Cervical cancer screening				d 25-55 years once in 2 years	
Cardiovascular disease screening		rap silieal test	Blood chole		
Diabetes screening		Di	Blood glu		
Prostate cancer screening		P:		aged 40 and over	
HIV/AIDS test			Members		
Flu vaccine			1 per a		
Yellow Fever Vaccine			When r		
HPV Vaccine			Females 13		
Child immunisations			As per governi	ment schedule	
Covid-19 vaccination			Administration	costs covered	
Notes: Benefits available only where s					100% payout by plan.
Innetions Bourses	No 10 % copayiii	nent. No VAT. Bomaid ta	ппо запсаў арр	ny.	
Inpatient Benefits					
Overall limit					
Dread disease					
Hospitalisation					
Sub-acute care (as alternative to hospital - up to 21 days).					
Home care (as alternative to hospital - up to 21 days). Includes basic care such as IV drips and wound care.					
Mental health hospital (including drug and alcohol rehabilitation)			No be	enefit	
Inpatient dental					
Maxilo facial					
Overall Prosthesis					
Internal Prosthesis (subject to prosthesis limit)					
External Prosthesis (subject to prosthesis limit)					
Laser refractive surgery					
Maternity Benefits					
Global maternity benefit (Normal delivery, Caesarean section delivery and associated professional fees)			No be	enefit	
Birthing unit					
Outpatient Benefits - Maternity and Child Wellness					
Antenatal classes			4 cla	sses	
Antenatal Visits			4 visits per		
Ultrasound scans	2 x 2D scans			3 scans	
Iron and folate	scas	Su	biect to approve	I by managed care	
Basic pathology tests	No benefit	30		ject to recommended tests per trimes	ster
	1.10 Deficite		300	, 222 23 recommended tests per times	
Maternal serum screening Nuchal translucency ultrasound				1 per a	annum
Nuchal translucency ultrasound NIPT					
				No benefit	1 per annum
Amniocentesis or CVS screening	. No	o benefit			
Postnatal consultation				1 per annum	Included with home visit
Lactation consultation					annum I
Mental health consultation				No benefit	1 per annum
Child immunisations	As per gove	ernment schedule		Hepatitis A, IPV (polio), Hepatitis	ent schedule plus: s B Immunoglobulin for HbSAg+ Rubella and Mumps"
Newborn hearing screening				Subject to s	cheme tariff
TSH test		6.		1 per a	annum
Casualty visits for children	No	o benefit		1 after hours visit per annum	2 after hours visits per annum
Infant nutrition consultation				No benefit	1 visit
Paternity benefits		E	ducation and par	renting resources	

	Core Plus			lue	Ex	Max		
Benefit Level	Single Limit	Family Limit	Single Limit	Family Limit	Single Limit	Family Limit	Single Limit	Family Limit
Outpatient Benefits				, ,				
Outpatient limit (Includes consultations, medications, investigations and procedures)	No ove	rall limit	27,750	34,950	59,600	66,800	66,800	92,500
GP consultations - Physical visits	5 visits p	er family	5 visits pe	beneficiary	10 visits pe	r beneficiary		its, subject to ent limit
Additional GP Consultations (Available for Hypertension, Diabetes, Hypertension, Rheumatoid arthritis, HIV/AIDS and Chronic renal disease)	No b	enefit	No t	No benefit		4 visits per beneficiary		its, subject to ent limit
Specialist consultations	No b	enefit	2 visits per	beneficiary	4 visits per	beneficiary	6 visits per	beneficiary
Additional Specialist consultations (Available for Hypertension, Diabetes, Hypertension, Rheumatoid arthritis, HIV/AIDS and Chronic renal disease)	No b	enefit	No t	No benefit		2 visits per beneficiary		beneficiary
GP consultations - Virtual Visits		O	nline consults subj	line consults subject to outpatient limi		quired after 6th vis	it)	
Overall medicine limit	3,000	5,000	4,050	5,550	7,500	11,900	15,400	19,750
Self medication sublimit	100	150	200	400	300	600	500	700
Contraceptives (subject to formulary)	50	00	5	00	7(00	1,0	50
Doctor dispensed medication	500	750	750	400	1,050	2,050	2,550	3,600
Pharmacy dispensed medication	2,400	4,100	3,100	4,100	6,150	9,250	12,350	15,400
Chronic medication (Managed Care Benefit available through registration)			10,800	12,950	38,850	45,350	51,800	69,100
ARV medication (subject to registration)	No b	enefit			12,	950		
ARV medication (without registration)					6,5	00		
Radiology and Pathology	Subject to	basic tests	18,500	22,600	21,600	36,000	36,000	46,250
HIV pathology (subject to registration)		recommended			3,6	600		
HIV pathology		nonitoring			1,8	800		
Food handlers tests (PUS Swab, Stool Culture, Urine MCS, x-ray)				1 per a	annum			
Infertility diagnostic		No b	enefit		8.2	200	11.	300
Covid-19 test				4 Rapi				
Medical / surgical procedures (Minor procedures in	NI. I	64	F 1F0			12.250	12.250	18.500
doctors' rooms)	INO D	enefit	5,150	7,200	9,250	12,350	12,350	18,500
Overall dental limit Basic dentistry (includes consultations, radiology, filling, extraction, cleaning, scaling and polishing, incision and drainage, root canal treatment Specialised dentistry *(includes crowns, bridges and dentures) and oral surgery	consultation p includes fillings,	imited to 1 basic er beneficiary , extractions and a control	14,900	21,050	36,000	46,250	46,250	56,550
Orthodontic treatment	No b	enefit	10,800	16,200	23,650	38,050	36,000	49,350
Optical overall limit	n	/a	3,	100	4,4	100	5,6	550
Optical consultation				290 per b	eneficiary			
Single vision lenses (per lens)	200 p	er lens						
Bifocal lenses		6.	20	050	28	50	36	00
Multifocal lenses	INO D	enefit						
Frame	21	00	1,050		1,550		2,050	
Contact lenses (Only claimable as an alternative to frame and lenses)			Up to 3100 as	an alternative to tacles	Up to	4400	56	50
Medical and surgical appliances			7,200	15,400	15,400	20,550	21,600	26,750
Allied health (Rehabilitation therapy, podiatry, occupational therapy, speech therapy, physiotherapy, clinical psychology and clinical dietetics)	No b	enefit	3,100	5,150	8,200	13,350	12,350	18,500
Alternative treatments (Homoeopathic treatments, chiropractic, naturopathic, acupuncture, biokinetics, and traditional healing)			1,550	2,550	1,550	2,550	1,550	2,550
Safe male circumcision					1,6	50		
Mental health helpline				Online cor	nsultations			
Insurance Benefits								
Severe illness					20,000 for adult	s, 4,000 for child		
Personal accident disability					Cash payout deper	nding on the injury		
Premium waiver				12 mg	onths cover upon d	eath of principal me	ember	
Travel insurance			No t	enefit	P2 m	nillion	P5 n	nillion
Funeral Cover	No B	enefit						
Member/Spouse/Parent								
• Child dependant 14-21					10,0	000		
Child dependant 6-13					5,0	000		

Bomaid

COMPREHENSIVE

	Co	ore	P	us	Ex	tra	Max	
Benefit Level	Single Limit	Family Limit	Single Limit	Family Limit	Single Limit	Family Limit	Single Limit	Family Limi
Wellness Outpatient Benefits								
Breast cancer screening			Mammogra	m for women aged	40-70 years (once	e in 2 years)		
Cervical cancer screening			Pap smear	test for women age	d 25-55 years onc	e in 2 years		
Cardiovascular disease screening				Blood chol	esterol test			
Diabetes screening				Blood glu	cose test			
Prostate cancer screening				PSA test for men	aged 40 and over			
HIV/AIDS test				Members				
Flu vaccine				1 per a				
Yellow Fever Vaccine				When				
HPV Vaccine				Females 13				
Covid-19 vaccination				Administration				
						alama malama ana ka	100%	la ir
Notes: Benefits available only where se	ervice is given by I	Bomaid approved : No 10 % copaymei	service providers. nt. No VAT. Bomaio	Managed Care, clir I tariffs strictly app	nical protocols and oly.	plans rules apply.	100% payout by p	ian.
Inpatient Benefits								
Overall limit	275,000	300,000	275,000	300,000	275,000	300,000	275,000	300,000
Dread disease	236,250	252,000	236,250	252,000	236,250	252,000	236,250	252,000
Hospitalisation	89,250	105,000	89,250	105,000	89,250	105,000	89,250	105,000
	03,230	103,000	35,230	100,000	03,230	103,000	35,230	103,000
Sub-acute care (as alternative to hospital - up to 21 days).								
Home care (as alternative to hospital - up to 21 days). Includes basic care such as IV drips and wound care.				No be	enefit			
Mental health hospital (including drug and alcohol rehabilitation)				16,	200			
Inpatient dental				No be	enefit			
Maxilo facial	14,400	20,550	14,400	20,550	14,400	20,550	14,400	20,550
Overall Prosthesis	10,300	15,400	10,300	15,400	10.300	15,400	10,300	15,400
Internal Prosthesis (subject to prosthesis limit)	10,500	10,100	10,500	Subject to pr	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	10,100	10,500	10,100
External Prosthesis (subject to prosthesis limit)	2.700	2.050	2.700	5,1		2.650	2.700	2.000
Laser refractive surgery	2,700	3,650	2,700	3,650	2,700	3,650	2,700	3,650
Maternity Benefits Global maternity benefit (Normal delivery, Caesarean section delivery and associated professional fees)				Up to 2	27,063			
Normal delivery				6,0	00			
C-Section delivery				21,0	000			
Normal delivery professional fees				3,6	60			
Caesarian delivery professional fees				3,4	62			
Anaesthetic fee for C-Section				2,6	01			
Birthing unit				80	00			
Outpatient Benefits - Maternity and Child								
Wellness								
Antenatal classes				4 cla	isses			
Antenatal Visits				4 visits per	beneficiary			
	225	conc			3 sc	ans		
Ultrasound scans	2 x 2L	scans		Cubiaat to		.di 15		
Iron and folate		6.			l by managed care			
Basic pathology tests	No b	enefit		Sub	ject to recommend	ded tests per trime	ster	
Maternal serum screening						1 per	annum	
Nuchal translucency ultrasound						, , ,		
NIPT					No be	enefit	1 per	annum
Amniocentesis or CVS screening		No b	enefit		140 0		1 per	
Postnatal consultation					1 per annum		Included wit	h home visit
Lactation consultation						1 per	annum	
Mental health consultation					No be	enefit	1 per	annum
Child immunisations		As per govern	ment schedule		Hepatitis A, II	PV (polio), Hepatiti	ent schedule plus: s B Immunoglobulir Rubella and Mump	n for HbSAg+
Newborn hearing screening							cheme tariff	
TSH test							annum	
Casualty visits for children		No b	enefit		1 after hours	visit per annum	2 after hours v	isits ner annun
Infant nutrition consultation					No benefit	note per armorn	1 visit	S.ES PCT BITTOIT
mant noundon consoliation					140 perient		T AISIT	

Benefit Level	Single Limit	Family Limit	Single Limit	Family Limit	Single Limit	Family Limit	Single Limit	Family Li	
Outpatient Benefits									
Outpatient limit (Includes consultations, medications, investigations and procedures)	No over	rall limit	27,750	34,950	59,600	66,800	66,800	92,500	
GP consultations - Physical visits	5 visits p	er family	5 visits per	beneficiary	10 visits per	- beneficiary		sits, subject to ent limit	
Additional GP Consultations (Available for lypertension, Diabetes, Hypertension, Rheumatoid arthritis, HIWAIDS and Chronic renal lisease)	No be	enefit	No be	No benefit		4 visits per beneficiary		Unlimited	
Specialist consultations	No be	enefit	2 visits per	beneficiary	4 visits per	beneficiary	6 visits per	beneficiary	
Additional Specialist consultations (Available or Hypertension, Diabetes, Hypertension, Rheumatoid arthritis, HIV/AIDS and Chronic renal disease)	No be	enefit	No b	enefit	2 visits per	beneficiary	2 visits per	beneficiary	
GP consultations - Virtual Visits		Or	nline consults subje	ct to outpatient lin	nit (authorisation re	quired after 6th vi	sit)		
Overall medicine limit	3,000	5,000	4,050	5,550	7,500	11,900	15,400	19,75	
elf medication sublimit	100	150	200	400	300	600	500	700	
Contraceptives (subject to formulary)	50	00	50	00	70	00	1,0	050	
Ooctor dispensed medication	500	750	750	400	1,050	2,050	2,550	3,600	
harmacy dispensed medication	2,400	4,100	3,100	4,100	6,150	9,250	12,350	15,40	
Chronic medication (Managed Care Benefit vailable through registration)	No be	onofit	10,800	12,950	38,850	45,350	51,800	69,100	
RV medication (subject to registration)	INO DE	enent			12,9				
RV medication (without registration)					6,5				
adiology and Pathology	Subject to	basic tests	18,500	22,600	21,600	36,000	36,000	46,25	
IIV pathology (subject to registration)	Subject to basic	recommended			3,6				
IIV pathology	tests for fi	nonitoring			1,8	00			
ood handlers tests (PUS Swab, Stool Culture, Irine MCS, x-ray)				1 per	annum				
nfertility diagnostic		No be	enefit		8,2	100	11.	300	
ovid-19 test				4 Rapi	d Tests				
Medical / surgical procedures (Minor procedures in	No be		5,150		9,250	12,350	12.250	10 50	
octors' rooms)	INO DE	enent	5,150	7,200	9,250	12,350	12,350	18,50	
Dverall dental limit Basic dentistry (includes consultations, radiology, filling, extraction, cleaning, scaling and polishing, incision and drainage, root canal treatment Specialised dentistry *(includes crowns, bridges and dentures) and oral surgery	consultation pe	imited to 1 basic er beneficiary , extractions and a control	14,900	21,050	36,000	46,250	46,250	56,550	
Orthodontic treatment	No be	enefit	10,800	16,200	23,650	38,050	36,000	49,35	
Optical overall limit	n,	/a	3,1	00	4,4	-00	5,6	550	
Optical consultation				290 per beneficiary					
ingle vision lenses (per lens)	200 pe	er lens	20		20	50	20	200	
ifocal lenses fultifocal lenses	No be	enefit	20	50	2850		3600		
rame	20	00	1,0	50	1,5	50	2,0	50	
ontact lenses					Subject to d	optical limit			
ledical and surgical appliances			7,200	15,400	15,400	20,550	21,600	26,75	
Illied health (Rehabilitation therapy, podiatry, ccupational therapy, speech therapy, hysiotherapy, clinical psychology and clinical ietetics)			3,100	5,150	8,200	13,350	12,350	18,50	
Iternative treatments (Homoeopathic treatments, hiropractic, naturopathic, acupuncture, iokinetics, and traditional healing)	No be	enefit	1,550	2,550	1,550	2,550	1,550	2,550	
afe male circumcision					1,6	50			
1ental health helpline				Online cor	nsultations				
nsurance benefits									
evere illness					20,000 for adults	s, 4,000 for child			
ersonal accident disability					Cash payout deper	nding on the injury			
remium waiver					2 months on death				
ravel insurance			No be	enefit	P2 m	nillion	P5 n	nillion	
uneral Cover	No Be	enefit							
Member/Spouse/Parent									
Child dependant 14-21					10,0	000			
					5,0	00			
Child dependant 6-13									

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BOMAID NEW YOU HEALTHY PLAN GUIDE 2024

EXECUTIVE

Benefit Level Wellness Benefits Breast cancer screening Cervical cancer screening Cardiovascular disease screening Diabetes screening	Single Limit	Family Limit	Single Limit	Family Limit m for women aged	Single Limit	Family Limit	Single Limit	ax Family Limit
Breast cancer screening Cervical cancer screening Cardiovascular disease screening			Mammogra	m for women aged	40-70 years (once	e in 2 years)		
Breast cancer screening Cervical cancer screening Cardiovascular disease screening			Mammogra	m for women aged	40-70 years (once	e in 2 years)		
Cervical cancer screening Cardiovascular disease screening			3					
Cardiovascular disease screening			Pap smear t	est for women age	d 25-55 years onc			
					esterol test	,		
Diabetes sereciming					cose test			
Prostate cancer screening					aged 40 and over			
HIV/AIDS test					s over 16			
Flu vaccine					annum			
Yellow Fever Vaccine				When				
HPV Vaccine					3-26 years			
Covid-19 vaccination					costs covered			
Notes: Benefits available only where se	rvice is given by Bomaid approved service providers. Managed Care, clinical protocols and plans rule No 10 % copayment. No VAT. Bomaid tariffs strictly apply.						100% payout by p	lan.
Inpatient Benefits				, , ,				
Overall limit	880,000	1,010,000	880,000	1,010,000	880,000	1,010,000	880,000	1,010,000
Dread disease	813,225	931,350	813,225	931,350	813,225	931,350	813,225	931,350
	393,225	511,350	393,225	511,350	393,225	511,350	393,225	511,350
Hospitalisation	393,225	311,350	333,223	311,350	393,223	311,350	393,223	511,350
Sub-acute care (as alternative to hospital - up to 21 days).								
Home care (as alternative to hospital - up to 21			Up to 70	0, 000 (Subject to	protocols and hospi	ital limit)		
days). Includes basic care such as IV drips and wound care.								
Mental health hospital (including drug and alcohol rehabilitation)	43,200	53,950	43,200	53,950	43,200	53,950	43,200	53,950
Inpatient dental	53,050	106,100	53,050	106,100	53,050	106,100	53,050	106,100
Maxilo facial				Subject to in	patient dental			
Prosthesis	61,700	82,250	61.700	82,250	61,700	82,250	61.700	82,250
Internal Prosthesis (subject to prosthesis limit)	01,700	02,200	01,700		osthesis limit	02,200	01,700	02,200
External Prosthesis (subject to prosthesis limit)	4.050	5.050	4.050		850	5.050	4050	5.050
Laser refractive surgery	4,850	5,950	4,850	5,950	4,850	5,950	4,850	5,950
Maternity Benefits								
Global maternity benefit (Normal delivery, Caesarean section delivery and associated				Up to 2	27,063			
professional fees)								
Normal delivery				10,	000			
C-Section delivery				21,	000			
Normal delivery professional fees				3,6	60			
Caesarian delivery professional fees				3,4	62			
Anaesthetic fee for C-Section				2,6	01			
Birthing unit				2,1	.50			
Outpatient Benefits - Maternity and Child								
Wellness								
Antenatal classes				4 cla	asses			
Antenatal Visits				4 visits per	beneficiary			
Ultrasound scans	2 x 20) scans			3 sc	ans		
Iron and folate				Subject to approve	al by managed care			
Basic pathology tests	No b	enefit			ject to recommend	ded tests per trimes	ster	
Maternal serum screening								
Nuchal translucency ultrasound						1 per a	annum	
NIPT								
		No be	apolit		No b	enefit	1 per a	annum
Amniocentesis or CVS screening		INO DE	enelit		1 000 000		lander de de S	h home wisit
Postnatal consultation					1 per annum	1		h home visit
Lactation consultation							annum	
Mental health consultation						enefit		annum
Pierical riediu i Consoliduori	As per governm		ment schedule Hepatitis A,			"As per governme PV (polio), Hepatitis	ent schedule plus: s B Immunoglobulir Rubella and Mumps	n for HbSAg+
Child immunisations					n	ewdorns. Measies		
Child immunisations		7.5 per governi			n			
Child immunisations Newborn hearing screening		, is per governi			n	Subject to s	cheme tariff	
Child immunisations Newborn hearing screening TSH test		No be				Subject to s	cheme tariff annum	
Child immunisations Newborn hearing screening					1 after hours v	Subject to s	cheme tariff annum 2 after hours v	isits per annum

							1	
		ore		lus		tra		ax
Benefit Level	Single Limit	Family Limit	Single Limit	Family Limit	Single Limit	Family Limit	Single Limit	Family Limit
Outpatient Benefits								
Outpatient limit (Includes consultations, medications, investigations and procedures)	No ove	rall limit	27,750	34,950	59,600	66,800	66,800	92,500
GP consultations - Physical visits	5 visits p	er family	5 visits per	beneficiary	10 visits pe	r beneficiary		its, subject to ent limit
Additional GP Consultations (Available for Hypertension, Diabetes, Hypertension, Rheumatoid arthritis, HIV/AIDS and Chronic renal disease)	No b	enefit	No b	enefit	4 visits per beneficiary		Unlimited	
Specialist consultations	No b	enefit	2 visits per	beneficiary	4 visits per beneficiary		6 visits per	beneficiary
Additional Specialist consultations (Available for Hypertension, Diabetes, Hypertension, Rheumatoid arthritis, HIV/AIDS and Chronic renal disease)	No b	enefit	No b	enefit	2 visits per	2 visits per beneficiary		beneficiary
GP consultations - Virtual Visits		Or	nline consults subje	ect to outpatient lim	nit (authorisation re	equired after 6th vis	sit)	
Overall medicine limit	3,000	5,000	4,050	5,550	7,500	11,900	15,400	19,750
Self medication sublimit	100	150	200	400	300	600	500	700
Contraceptives (subject to formulary)	5	00	5	00	7(00	1,0	50
Doctor dispensed medication	500	750	750	400	1,050	2,050	2,550	3,600
Pharmacy dispensed medication	2,400	4,100	3,100	4,100	6,150	9,250	12,350	15,400
Chronic medication (Managed Care Benefit available through registration)	3,	,,,,,,,	10,800	12,950	38,850	45,350	51,800	69,100
	No b	enefit			121	neo.		
ARV medication (subject to registration)						950		
ARV medication (without registration)	0.11		40.500	00.000		000	2000	45.550
Radiology and Pathology	Subject to	basic tests	18,500	22,600	21,600	36,000	36,000	46,250
HIV pathology (subject to registration)		recommended			3,6	00		
HIV pathology	tests for r	nonitoring			1,8	00		
Food handlers tests (PUS Swab, Stool Culture, Urine MCS, x-ray)				1 per a	annum			
Infertility diagnostic		No b	enefit		8,2	200	11,	300
Covid-19 test				4 Rapi	d Tests			
Medical / surgical procedures (Minor procedures in doctors' rooms)	No b	enefit	5,150	7,200	9,250	12,350	12,350	18,500
Overall dental limit Basic dentistry (includes consultations, radiology, filling, extraction, cleaning, scaling and polishing, incision and drainage, root canal treatment Specialised dentistry *(includes crowns, bridges and dentures) and oral surgery	consultation p includes fillings	imited to 1 basic er beneficiary , extractions and n control	14,900	21,050	36,000	46,250	46,250	56,550
Orthodontic treatment	No b	enefit	10,800	16,200	23,650	38,050	36,000	49,350
			3,100		4,400		5,650	
Optical overall limit	n	/a	3,.			100	5,6	50
Optical consultation				290 per b	eneficiary			
Single vision lenses (per lens)	200 p	er lens						
Bifocal lenses Multifocal lenses	No b	enefit	20	050	28	350	36	000
Frame	2	00	1 (050	1 6	550	2 ()50
Contact lenses	2		1,0			optical limit	2,0	
Medical and surgical appliances			7,200	15,400	15,400	20,550	21,600	26,750
Allied health (Rehabilitation therapy, podiatry, occupational therapy, speech therapy, physiotherapy, clinical psychology and clinical dietetics)	No b	enefit	3,100	5,150	8,200	13,350	12,350	18,500
Alternative treatments (Homoeopathic treatments, chiropractic, naturopathic, acupuncture, biokinetics, and traditional healing)			1,550	2,550	1,550	2,550	1,550	2,550
Safe male circumcision					1,6	50		
Mental health helpline				Online cor	nsultations			
Insurance Benefits								
Severe illness					20,000 for adult	s, 4,000 for child		
Personal accident disability					Cash payout deper	nding on the injury		
Premium waiver				12	2 months on death	on principal memb	er	
Travel insurance			No h	enefit		nillion		nillion
Funeral Cover	No B	enefit						
Member/Spouse/Parent	110 0							
					10.	000		
• Child dependant 14-21						000		
Child dependant 6-13 Child dependant 6-13						000		
Child dependant 0-5					2,5	00		



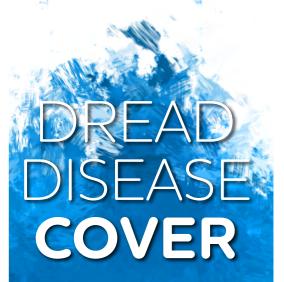
PRESTIGE

PRESTIGE								
	Co	ore	P	us	Ex	tra	М	ax
Benefit Level	Single Limit	Family Limit	Single Limit	Family Limit	Single Limit	Family Limit	Single Limit	Family Limit
Wellness Benefits								
Breast cancer screening			Mammogra	m for women aged	40-70 years (once	in 2 years)		
Cervical cancer screening			Pap smear t	est for women age	d 25-55 years onc	e in 2 years		
Cardiovascular disease screening				Blood chole	esterol test			
Diabetes screening				Blood glu	cose test			
Prostate cancer screening				PSA test for men	aged 40 and over			
HIV/AIDS test				Members	over 16			
Flu vaccine				1 per a	nnum			
Yellow Fever Vaccine				When r	needed			
HPV Vaccine				Females 13	-26 years			
Covid-19 vaccination				Administration	costs covered			
Notes: Benefits available only where s						plans rules apply.	100% payout by p	lan.
	, 	No 10 % copaymer	nt. No VAI. Bomaio	I tariffs strictly app	ly.			
Inpatient Benefits								
Overall limit				Unlin				
Dread disease	1,351,121	1,785,000	1,351,121	1,785,000	1,351,121	1,785,000	1,351,121	1,785,000
Hospitalisation			Subj	ect to Bomaid case	management proto	ocols		
Mental health hospital (including drug and alcohol rehabilitation)	54,500	71,950	54,500	71,950	54,500	71,950	54,500	71,950
Sub-acute care (as alternative to hospital - up to 21 days).				Up to 9	0.000			
Home care (as alternative to hospital - up to 21 days). Includes basic care such as IV drips and wound care.			(Subject to protocol)		
Inpatient dental	66,800	133,650	66,800	133,650	66,800	133,650	66,800	133,650
Maxilo facial		200,000		Subject to in-pat				200,000
Overall Prosthesis	82,250	102,800	82,250	102,800	82,250	102,800	82,250	102,800
Internal Prosthesis (subject to prosthesis limit)	02,230	102,000	02,230	Subject to pro		102,000	02,230	102,000
External Prosthesis (subject to prosthesis limit)				41,1				
Laser refractive surgery	5,950 7,000		5,950	7.000	5,950	7,000	5,950	7,000
Maternity Benefits	3,550	7,000	3,330	7,000	3,330	7,000	3,550	7,000
Global maternity benefit (Normal delivery, Caesarean section delivery and associated professional fees)				Up to 2	7,063			
Normal delivery				10,0	000			
C-Section delivery				21,0				
Normal delivery professional Fees				3,6				
Caesarian Delivery Professional Fees				3,4				
Anaesthetic fee for C-Section				2,6				
Birthing unit				2,1				
Outpatient Benefits - Maternity and Child Wellness								
Antenatal Classes				4 cla	sses			
Antenatal Visits				4 visits per	beneficiary			
Ultrasound scans	2 x 20) scans			3 sc	ans		
Iron and folate				Subject to approva	I by managed care			
Basic pathology tests	No b	enefit				ded tests per trime:	ster	
Maternal serum screening								
Nuchal translucency ultrasound						1 per	annum	
NIPT								
Amniocentesis or CVS screening		No b	enefit		No b	enefit	1 per a	ennum
Postnatal consultation					1 per annum		Included wit	h home visit
Lactation consultation						1 per	annum	
Mental health consultation					No h	enefit	1 per a	annum
Child immunisations		As per govern	ment schedule		Hepatitis A, II	"As per governme PV (polio), Hepatitis	ent schedule plus: s B Immunoglobulir Rubella and Mump:	n for HbSAg+
Newborn hearing screening							cheme tariff	
TSH test						1 per a		
Casualty visits for children		No b	enefit		1 after hours	visit per annum		isits per annum
Infant nutrition consultation					No benefit		1 visit	,
Paternity benefits				Education and par				
- derinity benefits				Laucadori arid par	chang resources			

		ore		us		tra		ax
Benefit Level	Single Limit	Family Limit	Single Limit	Family Limit	Single Limit	Family Limit	Single Limit	Family Li
Outpatient Benefits								
Outpatient limit (Includes consultations, medications, investigations and procedures)	No ove	rall limit	27,750	34,950	59,600	66,800	66,800	92,500
GP consultations - Physical visits	5 visits p	per family	5 visits per	beneficiary	10 visits per	- beneficiary	Unlimited vis outpati	its, subject to ent limit
Additional GP Consultations (Available for Hypertension, Diabetes, Hypertension, Rheumatoid arthritis, HIV/AIDS and Chronic renal disease)	No b	enefit	No b	enefit	4 visits per	beneficiary	Unlir	nited
Specialist consultations	No b	enefit	2 visits per	beneficiary	4 visits per	beneficiary	6 visits per	beneficiary
Additional Specialist consultations (Available for Hypertension, Diabetes, Hypertension, Rheumatoid arthritis, HIV/AIDS and Chronic renal disease)	No b	enefit	No b	enefit	2 visits per	beneficiary	2 visits per	beneficiary
GP consultations - Virtual Visits		Or	nline consults subje	ct to outpatient lin	mit (authorisation re	quired after 6th vi	sit)	
Overall medicine limit	3,000	5,000	4,050	5,550	7,500	11,900	15,400	19,750
Self medication sublimit	100	150	200	400	300	600	500	700
Contraceptives (subject to formulary)	50	00	50	00	70	00	1,0	50
Doctor dispensed medication	500	750	750	400	1,050	2,050	2,550	3,600
Pharmacy dispensed medication	2,400	4,100	3,100	4,100	6,150	9,250	12,350	15,400
Chronic medication (Managed Care Benefit available through registration)			10,800	12,950	38,850	45,350	51,800	69,10
ARV medication (subject to registration)	No b	enefit			12,9	950		
ARV medication (without registration)					6,5	00		
Radiology and Pathology	Subject to	basic tests	18,500	22,600	21,600	36,000	36,000	46,250
HIV pathology (subject to registration)	Subject to basic	c recommended			3,6	00		
HIV pathology		monitoring			1,8	00		
Food handlers tests (PUS Swab, Stool Culture, Jrine MCS, x-ray)				1 per	annum			
nfertility diagnostic		No b	enefit		8,2	200	11,	300
Covid-19 test				4 Rapi	id Tests			
Medical / surgical procedures (Minor procedures in doctors' rooms)	No b	enefit	5,150	7,200	9,250	12,350	12,350	18,50
Overall dental limit Basic dentistry (includes consultations, radiology, filling, extraction, cleaning, scaling and polishing, incision and drainage, root canal treatment Specialised dentistry *(includes crowns, bridges and dentures) and oral surgery	consultation p includes fillings,	imited to 1 basic ser beneficiary , extractions and n control	14,900	21,050	36,000	46,250	46,250	56,550
Orthodontic treatment	No b	enefit	10,800	16,200	23,650	38,050	36,000	49,350
Optical overall limit	n	/a	3,1	.00	4,4	00	5,6	50
Optical consultation				290 per t	peneficiary			
Single vision lenses (per lens)	200 p	er lens						
Bifocal lenses	No b	enefit	20	50	28	50	36	00
Multifocal lenses	110 5	criciic						
rame	21	00	1,0	50	1,5	50	2,0	50
Contact lenses					Subject to	optical limit		
Medical and surgical appliances			7,200	15,400	15,400	20,550	21,600	26,75
Allied health (Rehabilitation therapy, podiatry, cocupational therapy, speech therapy, shysiotherapy, clinical psychology and clinical dietetics)	No b	enefit	3,100	5,150	8,200	13,350	12,350	18,500
Alternative treatments (Homoeopathic treatments, chiropractic, naturopathic, acupuncture, biokinetics, and traditional healing)			1,550	2,550	1,550	2,550	1,550	2,550
Safe male circumcision					1,6	50		
Mental health helpline				Online co	nsultations			
nsurance Benefits								
					20,000 5	4,000 5		
Severe illness					20,000 for adult			
Personal accident disability					Cash payout deper			
Premium waiver					2 months on death			
Travel insurance	N- D	enefit	No b	enefit	P2 m	nillion	P5 m	illion
Funeral Cover	INO B	enent						
Member/Spouse/Parent					10,0	000		
Child dependant 14-21								
Child dependant 6-13					5,0	00		
Child dependant 0-5					2,5	00		



6



ONCE-IN-A-LIFETIME COVER

This is offered in terms of rule 15 (1) of the Society rules and in accordance with the levels defined below. Dread diseases covered under this benefit are as outlined below:





CORONARY ARTERY DISEASE

Dread disease benefit will ONLY be considered where coronary arteries are severely narrowed resulting in a need for coronary artery bypass surgery or open heart surgery.

•••••••



VALVULAR HEART DISEASE

Dread disease benefit will ONLY be considered where there is medical proof of severe cardiac vulvular dysfunction needing a surgical intervention such as valve repair or replacement.



CEREBROVASCULAR ACCIDENT/STROKE

Dread disease benefit will ONLY be considered where there is medical proof that the member requires major surgical intervention such as craniotomy. This cover also includes rehabilitation therapy at an agreed daily or global tariff for a period not exceeding 36 days.



HEART FAILLIRE

Dread disease benefit will ONLY be considered where there is medical proof that the member requires major surgical intervention.



END STAGE RENAL FAILURE

Dread disease benefit will ONLY be considered where there is medical proof that the member requires kidney transplant. The benefit covers only the recipient Bomaid member.

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LEUKAEMIA

Dread disease benefit will ONLY be considered where there is medical proof that the member requires bone marrow transplant. The benefit covers only the recipient Bomaid member. Any other related treatments fall within benefit 1.0



CANCER/MALIGNANT NEOPLASM

Dread disease benefit will ONLY be considered where there is medical proof that the member has a malignant type of cancer and requires a major surgical intervention.



CEREBRAL ANEURYSM - GRADE III TO V

Dread disease benefit will ONLY be considered where there is medical proof that the aneurysm is of grade III or above and that the member requires a major surgical intervention such as craniotomy or ligation of blood vessels. The benefit also covers rehabilitation therapy at an agreed daily or global tariff for a period not exceeding 36 days.



RGAN TRANSPLANT

The benefit covers transplantation of the following organs only: Heart, Bone Marrow, Kidney, Liver, Lung and Pancreas. Cover is only for the recipient Bomaid member.



SEVERE BURNS

Burns of multiple regions, at least one burn of third degree mentioned: A severe burn involving >20% of the total body surface or>10% in the elderly or very young; > 5% is in full thickness

SEVERE ILLNESS BENEFIT

This benefit is designed to provide a 100% cash payout to the life assured on 1st diagnosis of any of the pre-defined severe illnesses regardless of the actual medical expenses incurred.

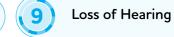
The cash payout can be used among other things to:

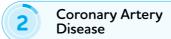
- Assist members with additional medical costs which might be above the allocated health plan limits.
- Pay for alternative care or rehabilitation therapies not covered by the health plan.
- c) Fund lifestyle changes that might be required following diagnosis and/or treatment of a severe illness.

The following severe illnesses are covered under this benefit:

















Blindness



Paraplegia

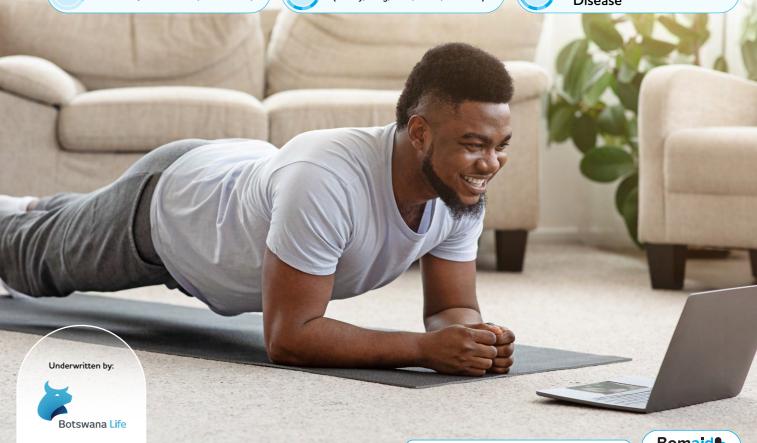








Valvular Heart Disease









GET MEDICAL COVER FOR STUDY IN SOUTH AFRICA

Switch to the ISS plan and pay just one subscription for cover in both Botswana and South Africa. The cover is FREE for all current Bomaid dependants.

Summary Benefits

- Unlimited GP services
- Unlimited medicines (chronic)
- Ambulance for emergencies
- Basic, fillings and extractions



MANAGED CARE PROGRAM

The program assists members with management of chronic conditions and includes both benefit management and clinical advice. The following conditions are covered under the program:

1	Allergic Rhinitis	9	Chronic Depression	24	Multiple Sclerosis
2	Arthritis	10	Chronic Bronchitis	25	Osteopoenia
3	Ankylosing	11	Chronic Heart	26	Osteoporosis
_	Spondylitis		Diseases	27	Parkinson's Disease
4	Asthma	12	Chronic Renal Failure	28	Peptic Ulcer Disease
5	Attention Deficit Hyperactivity		Chronic Obstructive	29	Psoriasis
	Disorder (ADHD)	13	Pulmonary Disease	30	Schizophrenia
6	Benign prostate	14	Diabetes	31	Systemic Lupus
_	Hypertrophy	15	Epilepsy		Erythematosus
7	Bipolar Disorder	16	Glaucoma	32	Thyroid Dysfunction
8	Chronic Anxiety	17	Hyperuricemia		
establi.		18	HIV/AIDS		
		19	Hypercholesterolaemia		
ů.		20	Hypertension		
		21	Bowel Disease		5
		22	Migraine (excludes acute attacks)		
		23	Macular Degeneration		

HIV/AIDS IS COVERED UNDER THE HIV/AIDS ASSISTANCE PROGRAM. PLEASE READ THE FOLLOWING REGARDING THIS PROGRAM:

- Cover is for Bomaid members who have enrolled into the Bomaid HIV/AIDS Assistance Program.
- Registration is voluntary.
- Assistance is over and above the benefits shown in the different health plans.
- Cover includes ARV medications and laboratory monitoring.
- **b** Bomaid will only cover ARV medications obtained from the designated pharmacies.
- G Hospitalisation cover for HIV/AIDS related conditions is only available to members enrolled into the program.



CHRONIC AILMENT PROGRAM REGISTRATION



Principal member/ patient collects chronic ailment application form

(2)

Member and doctor complete form

3

Member submits application and prescription to Bomaid (email: managedcare@bomaid.co.bw)



A letter confirming approval is written and sent to member/patient



Member collects medicine from any of the designated pharmacies.



SCREENING LABS

LOCATION	FACILITY NAME	EMAIL ADDRESS	PHONE
ACROSS BOTSWANA	DIAGNOFIRM	lab@diagnofirm.co.bw	3950007
FRANCISTOWN	FAH LAB	info@fah.co.bw	240 9076
FRANCISTOWN	LAB-CARE DIAGNOSTICS	vtmakovore@gmail.com	248 4037
GABANE	CLINIPATH LAB	clinipathlaboratories@gmail.com	591 6601
GABORONE	MMOLOKI MEDICAL LABORATORIES	mmoyo@mmolokimedlabs.co.bw	393 8705
GABORONE	CT DIAGNOSTICS LABORATORY	ctdiagnosticslabs@gmail.com	311 1062
GABORONE	ECOPATH PATHOLOGY	ecopathlab@gmail.com	311 8013
GABORONE	DIAGNOSTIC HEALTH LABS	diagnostichealthlaboratories@gmail.com	316 5338
GABORONE	ACCESS LABORATORIES	accesslaboratories@gmail.com	71 190 200
GABORONE	PM AUTENTICO DIAGN LAB	mvurayai@gmail.com	311 5469
GABORONE	MEDLANE HEALTHCARE-LAB	kpilara@medlane.co.bw	318 4970
GABORONE	ZOWA CLINICAL LAB	zowalabs@gmail.com	297 4014
KANYE	ALPHA MEDICAL LABORATORIES	alphamedical.laboratories1@gmail.com	544 3922
LOBATSE	QUALIMED LABORATORIES	quali.med.labs@gmail.com	530 0865
MAUN	DOCTORS INN LABORATORY	otukile@doctorsinn.co.bw	686 5115
MAUN	NORTHERN PATHOLOGY	northernpathologylab@hotmail.com	6865115
MOLEPOLOLE	MOLEPOLOLE MED LAB	molepololemedicallaboratory@gmail.com	591 6997
PALAPYE	MEDIPATH MEDICAL LABORATORY	medipathbw@gmail.com	492 0909
TUTUME	LABSCROLL MEDICAL DIAGNOSTIC	ogbolepp@yahoo.com	298 7918

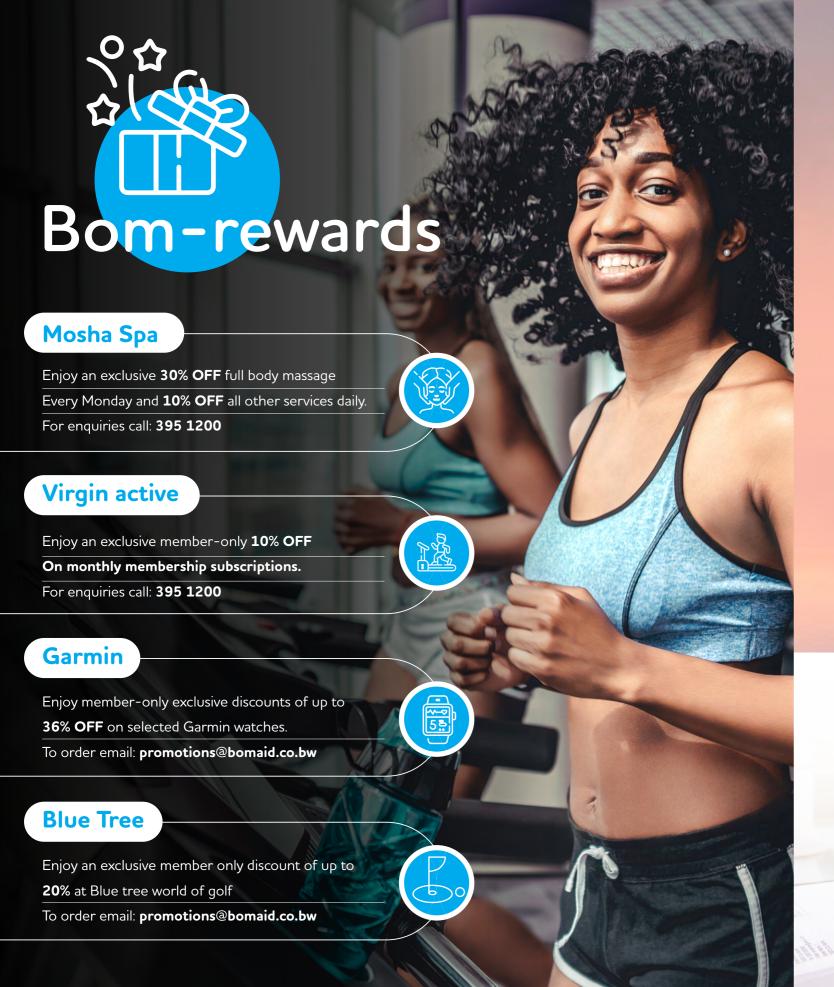
Emergency medical services

This service is provided by MRI Botswana. All Bomaid Members can call MRI on 992 for emergency services throughout Botswana, Lesotho, Namibia, South Africa, Swaziland and Zimbabwe.

Services offered. 360°

- Emergency medical assistance
- Emergency response to scene
- Pre Hospital medical transportation
- Emergency transportation of medical products
- Liason with next of kin
- Escorted returns of minors

- Inter hospital transfer
- Remote medical advice & information
- Downgrade transfer
- Medical repatriation
- Repatriation of mortal remains
- In hospital medical monitoring













PREMIUM WAIVER

This benefit pays medical aid contributions for the registered dependants for a period of 12 months after the death of the principal member.



WELLNESS BENEFITS

Embracing our commitment to a passion for wellness, we are excited to announce a transformative shift in our strategy. Moving away from a focus on curative measures, we are now dedicated to proactive and preventative solutions. Wellness is at the heart of our product offerings, with a strong emphasis on building a foundation for a healthier lifestyle. While we remain responsive to the need for reactive healthcare solutions, our primary goal is to quide individuals on a journey toward wellness, ensuring rehabilitation and proactive measures go hand in hand.



Mammogram for women aged 40-70 years (once in 2 years)



Cervical cancer screening

Pap smear test for women aged 25-55 years once in 2 years



Cardiovascular disease screening Blood cholesterol tests



Diabetes screening Blood glucose test



Prostate cancer screening PSA test for men aged 40 and over



HIV/AIDS test Members over 16



1 per annum



HPV Vaccine Females 13-26 years

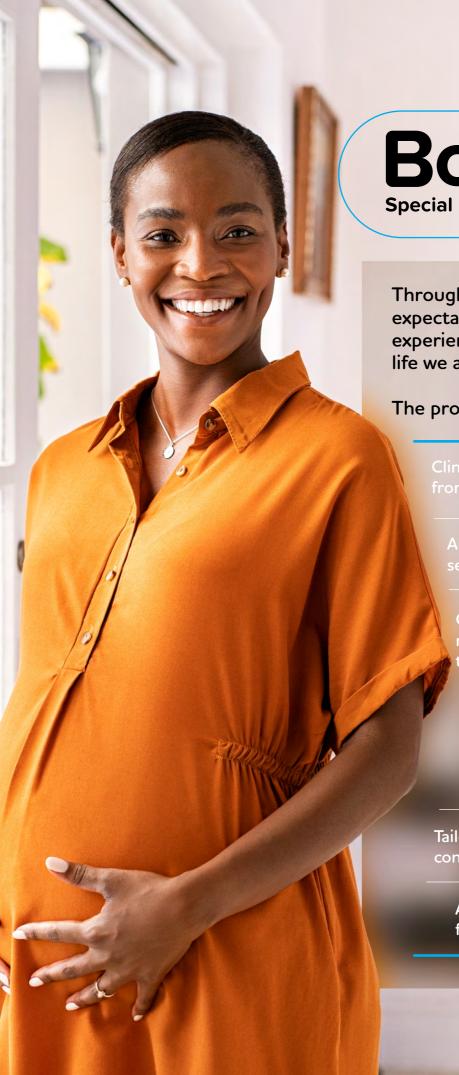


Yellow Fever Vaccine When needed



COVID-19 Vaccine Administration Costs Covered

- * Available in all health plans
- * Benefits available only where services is given by Bomaid approved service providers
- * Managed care, clinical protocols and fund rules apply
- * 100% pay-out, no 10% co-payment, no VAT
- * Bomaid tariffs apply



Bon aby Special Maternity Care Program

Through Bombaby, we share with the expectant family the excitement and experience brought about by the new life we are waiting for.

The program offers:

Clinical support, education & advice from the 12th week of pregnancy.

Ante natal classes by a designated service provider.

Open discussions with an experienced midwife during the various stages of the baby's development.

Early identification of high-risk pregnancy to enable the family to access medical assistance where necessary.

Tailor made information on any medical conditions in relation to the pregnancy.

A hamper with handy supplies for baby & mom.

NEW EMPLOYER GROUPS

Key

P - Principal member

A - Adult dependent

C - Child dependent

Parent - Parent dependent









Income		ACC	ESS		C	
Income		Acces	s Core		Co	
band			С	Parent	Р	
0-2299	P271	P244	P95	P406	P397	
2300-3199	P298	P268	P104	P406	P436	Г
3200-6199	P352	P317	P124	P406	P515	Г
6200+	P406	P366	P142	P406	P596	

Camanahanai ya Cana	
Comprehensive Core	
P A C Parent	
P397 P357 P139 P596	
P436 P392 P153 P596	
P515 P464 P181 P596	
P596 P535 P207 P596	

Comprehensive Max

EXECUTIVE PRES						TIGE	
	Executiv	ve Core			Prestig	je Core	
		С	Parent	Р	Α	С	Parent
P545	P490	P190	P817	P1,205	P1,086	P421	P1,808
P599	P539	P210	P817	P1,325	P1,193	P464	P1,808
P707	P637	P248	P817	P1,566	P1,410	P549	P1,808
P817	P735	P286	P817	P1,808	P1,628	P632	P1,808

		Acces	s Plus	
	Р		С	Parent
0-2299	P354	P318	P124	P531
2300-3199	P389	P350	P137	P531
3200-6199	P460	P414	P161	P531
6200+	P531	P477	P186	P531

(_omprene	nsive Pi	JS		Executi	ve Plus	
	Α	С	Parent	Р	Α	С	
P479	P431	P168	P720	P628	P564	P219	
P528	P475	P185	P720	P690	P621	P242	
P624	P561	P218	P720	P816	P734	P286	
P720	P647	P252	P720	P942	P847	P330	

		Prestige Plus									
	Р	Α	С	Parent							
942	P1,288	P1,160	P450	P1,933							
942	P1,417	P1,276	P497	P1,933							
942	P1,675	P1,507	P587	P1,933							
942	P1,933	P1,739	P676	P1,933							

Prestige Extra

		Access Extra						
	P A C Parent							
0-2299	P524	P471	P183	P785				
2300-3199	P575	P518	P201	P785				
3200-6199	P680	P612	P238	P785				
6200+	P785	P706	P275	P785				

_	comprener	isive Ext	.ra		Executiv	/e ⊑xu a			
	А	С	Parent	Р	Α	С	Parent	Р	
P649	P584	P227	P974	P798	P717	P278	P1,195	P1,458	1
P714	P643	P249	P974	P876	P789	P306	P1,195	P1,603	1
P844	P759	P295	P974	P1,036	P932	P362	P1,195	P1,895	ı
P974	P876	P341	P974	P1,195	P1,076	P419	P1,195	P2,187	ı

	Executi	ve Max				Presti	ge Max	
P1,195	P1,076	P419	P1,195		P2,187	P1,968	P765	P2,187
P1,036	P932	P362	P1,195		P1,895	P1,705	P663	P2,187
P876	P789	P306	P1,195		P1,603	P1,444	P561	P2,187
P798	P717	P278	P1,195	-	P1,458	P1,313	P510	P2,187

		Access Max					
	Р		С	Parent			
0-2299	P1,022	P920	P358	P1,534			
2300-3199	P1,124	P1,013	P393	P1,534			
3200-6199	P1,330	P1,196	P465	P1,534			
6200+	P1,534	P1,380	P536	P1,534			

(Comprehe	nsive Ma	ax		Executive Max				Prestig	ge Max	
Р	А	С	Parent	Р	А	С	Parent	Р	Α	С	Parent
P1,148	P1,033	P402	P1,723	P1,296	P1,166	P454	P1,945	P1,957	P1,762	P685	P2,936
P1,263	P1,137	P442	P1,723	P1,425	P1,284	P499	P1,945	P2,152	P1,938	P754	P2,936
P1,493	P1,344	P522	P1,723	P1,686	P1,517	P590	P1,945	P2,545	P2,290	P891	P2,936
P1,723	P1,550	P602	P1,723	P1,945	P1,750	P680	P1,945	P2,936	P2,642	P1,027	P2,936



Key

P - Principal member

A - Adult dependent

C - Child dependent

Parent - Parent dependent









٨	۱		ACC	CESS			СОМ
	Age		Acces	s Core		C	Comp
D	and	Р		С	Parent	Р	
0)-35	P273	P245	P96	P410	P519	Р
3	6-49	P300	P270	P105	P410	P571	Р
5	60-55	P341	P307	P119	P410	P649	Р
5	6+	P410	P369	P143	P410	P779	Р

(COMPRE	HENSIVE			EXECL	ITIVE	
C	ompreher	nsive Cor	~e		Executiv	e Core	
	Α	С	Parent	Р	Α	С	Parent
P519	P467	P182	P779	P861	P774	P301	P1,291
P571	P514	P200	P779	P946	P851	P331	P1,291
P649	P585	P227	P779	P1,075	P969	P376	P1,291
P779	P702	P272	P779	P1,291	P1,162	P452	P1,291

	PRESTIGE									
	Prestige Core									
	Р	А	С	Parent						
91	P1,443	P1,299	P505	P2,165						
91	P1,587	P1,429	P556	P2,165						
91	P1,804	P1,623	P631	P2,165						
91	P2,165	P1,948	P757	P2,165						

	Access Plus					
	Р		С	Parent		
0-35	P692	P624	P242	P1,038		
36-49	P762	P686	P267	P1,038		
50-55	P865	P779	P303	P1,038		
56+	P1,038	P935	P363	P1,038		

Comprehensive Plus			Executive Plus				
Р	Α	С	Parent	Р	А	С	Parent
P938	P845	P328	P1,408	P1,280	P1,152	P447	P1,920
P1,033	P930	P361	P1,408	P1,408	P1,267	P492	P1,920
P1,174	P1,057	P411	P1,408	P1,600	P1,441	P560	P1,920
P1,408	P1,269	P492	P1,408	P1,920	P1,729	P672	P1,920

20	P1,862	P1,677	P651	P2,794
20	P2,049	P1,845	P717	P2,794
20	P2,328	P2,095	P815	P2,794
20	P2,794	P2,514	P977	P2,794

Prestige Plus

	Access Extra				
	Р	Α	С	Parent	
0-35	P1,122	P1,009	P392	P1,683	
36-49	P1,234	P1,110	P432	P1,683	
50-55	P1,403	P1,262	P491	P1,683	
56+	P1,683	P1,515	P589	P1,683	

	Acces	s Extra		C	Comprenensive Extra			Executive Extra					e Ext	
Р		С	Parent	Р	Α	C	Parent	Р	Α	С	Parent	Р	Α	C
P1,122	P1,009	P392	P1,683	P1,368	P1,231	P478	P2,053	P1,710	P1,538	P598	P2,565	P2,292	P2,063	P8
P1,234	P1,110	P432	P1,683	P1,505	P1,355	P527	P2,053	P1,880	P1,692	P658	P2,565	P2,521	P2,269	P8
P1,403	P1,262	P491	P1,683	P1,711	P1,539	P599	P2,053	P2,137	P1,923	P748	P2,565	P2,866	P2,578	P1,0
P1,683	P1,515	P589	P1,683	P2,053	P1,848	P718	P2,053	P2,565	P2,308	P898	P2,565	P3,439	P3,094	P1,2

Parent	Р	Α	С	Parent
P2,565	P2,292	P2,063	P802	P3,439
P2,565	P2,521	P2,269	P883	P3,439
P2,565	P2,866	P2,578	P1,003	P3,439
P2,565	P3,439	P3,094	P1,203	P3,439

	Access Max					
	Р		С	Parent		
0-35	P1,280	P1,152	P448	P1,920	ıſ	ı
36-49	P1,408	P1,267	P493	P1,920		ı
50-55	P1,601	P1,441	P560	P1,920		ı
56+	P1 920	P1 729	P672	P1 920	П	i

Comprehensive Max					Executiv	e Max	
	Α	С	Parent	Р	Α	С	Parent
1,527	P1,374	P534	P2,290	P1,868	P1,681	P654	P2,801
1,679	P1,511	P588	P2,290	P2,054	P1,849	P719	P2,801
1,909	P1,718	P668	P2,290	P2,335	P2,102	P817	P2,801
2,290	P2,062	P801	P2,290	P2,801	P2,522	P980	P2,801

	Prestige Max							
ent	Р	Α	С	Parent				
801	P2,450	P2,206	P858	P3,675				
801	P2,695	P2,426	P944	P3,675				
801	P3,064	P2,756	P1,072	P3,675				
801	P3,675	P3,308	P1,286	P3,675				





ADDITIONAL NOTES

1. In-patient and Managed Care Benefits:

- Pre-authorisation is required for all cases. Health plan and/or managed care protocols will be applied.
- Post-admission step down cover includes sub-acute care, hospice, private nursing and physical rehabilitation for approved clinical conditions.
 Excludes old age homes and frail care.
- Chronic medicines will be covered under the chronic medication benefit only if supplied through the Bomaid designated pharmacies. Any chronic medicines supplied outside the designated pharmacies will be covered under the pharmacy benefit
- No cover for ARVs supplied outside the Bomaid designated pharmacies.

2. Pharmaceutical Benefit Management

- Generic reference pricing (GRP) will apply to all health plans.
- Under the GRP, a brandname medicine that has a generic equivalent registered in Botswana and available at the point of service will be reimbursed up to the tariff of the generic equivalent.

 Members will pay the difference between the tariff of the brandname medicine and the generic equivalent should they opt to take the brand-name medicine while there is an available generic equivalent.

3. Dental Benefit:

- Maximum 2 preventative treatments per beneficiary per annum (e.g. cleaning, scaling and polishing).
- Re-treatment (e.g. filling) of a tooth within one year will be subjected to managed care and clinical protocols.
- Cover excludes: orthognatic (jaw correction) surgery, professionally applied fluoride, dental bleaching and implants.
- Pre-authorisation is required for all in-hospital dental procedures as well as specialised dentistry (including orthodontic treatment, crowns, bridges and dentures). Pre-authorisation is not required for surgical procedures done under local anaesthesia in out-patient rooms.
- A two-year benefit cycle applies for specialised dentistry (including orthodontic treatment, crowns, bridges and dentures).

4. Optical Benefit:

 A two year benefit cycle applies (excludes consultations).

5. Appliances Benefit:

- One wheel chair per beneficiary over a 3 year cycle.
- One pair of hearing aids per beneficiary over a 2 year cycle.

6. Allied Health Services Benefit:

 Alternative treatment claim payments will only be made to members and not service providers.

7. Safe Male Circumcision:

 Cover includes pre-operative consultation/counselling, physical examination, HIV test and post-operative care within 1 month of operation.

8. Wellness Benefit:

- Bone densitometry scan, tetanus toxoid, rabies vaccine and malaria prophylaxis applicable to all health plans.
- No pre-authorisation required for screening and prevention benefits.
- 100% payout of the health plan tariffs. No-copayment. No VAT.

IN ALL BENEFIT CATEGORIES, ANY ONE FAMILY MEMBER CANNOT CLAIM IN EXCESS OF THE SINGLE MEMBER'S LIMIT.



OUR SELF-SERVICE CHANNELS

- Please access the Bomaid App (Google Play for Android) and Web App (www.bomaid.co.bw).
- Our Call Centre: +267 363 3100/ 101
- Whatsapp: +267 7624 2213
- We also have the following designated email addresses:
 - General enquiries bomaid@bomaid.co.bw
 - Claims submissions claimsubmissions@bomaid.co.bw
 - New applications newapp@bomaid.co.bw
 - Membership amendments membership@bomaid.co.bw
 - Chronic ailments managedcare@bomaid.co.bw
 - Payments, EFT& Direct debits: creditcontrol@bomaid.co.bw
- For hospital admissions call 71300036 and 992 for emergencies.

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