		SINGLE	FAMILY
OVERALL SCHEME BENEFIT LIMIT		37,790	44,568
1	IN-PATIENT AND MANAGED CARE BENEFITS OVERALL LIMIT (within the above, the following limits apply i.e. 1.1, 1.2 and 1.3)		
1.1	Dread disease cover * - strictly in accordance with the Bomaid list of approved dread diseases		
1.2	Hospitalisation maximum * (daily maximum room rate at agreed tariff **) (within the above, the following sub-limits will apply)		
1.2.1	Professionals fees		
1.2.1.1	Doctors and Other Professionals		
1.2.1.2	Laboratory fees excluding HIV monitoring		
1.2.1.3	Radiology fees		
1.2.2	Psychiatry ^ (in-patient cover in a recognised psychiatric facility, includes professional fees)		
1.2.3	Prosthesis ^ (external and internal)		
1.2.4	Sub-acute care (post admission step down - maximum 30 days)		
1.2.5	Confinement * (the following sub-limits will apply)		
1.2.5.1	Normal delivery hospitalisation fees (include forceps delivery and vacuum extraction)		
1.2.5.2	Birthing unit delivery global fee (by a registered unit/facility)		
1.2.5.3	Caesarian section delivery hospitalisation fees		
1.2.5.4	Normal delivery professional fees (includes post natal care)		
1.2.5.5	Caesarian section professional fees (includes post natal care)		
1.2.5.6	Anaesthetist fees (for Caesarian Section)		
1.2.6	Neonatal hospitalisations (from 0 to 28 days of age)		
1.2.7	Laser refractive eye surgery * (referrals from approved Ophthalmologist/Optometrist)		
1.3	Managed Care Benefits		
1.3.1	Chemotherapy, radiation therapy and brachytherapy ** (pre-authorisation required)		
1.3.2	Renal dialysis for chronic renal failure ** (pre-authorisation required)		
1.3.3	Chronic medications (supplied through the Managed Care Program in accordance with the Bomaid list of approved chronic conditions) REGISTRATION WITH THE Bomaid MANAGED CARE PROGRAM REQUIRED		
1.3.4	ARV therapy per beneficiary (supplied through the Managed Care Program) REGISTRATION WITH THE Bomaid MANAGED CARE PROGRAM REQUIRED		
** Where fixed fee arrangement has been entered into, those fees will apply ° Guaranteed ^ Cover on assessment *Pre-authorisation required			
2	MEDICAL/SURGICAL OUT-PATIENT OVERALL LIMIT (Consultations, Drugs, Investigations and Procedures) (within the above overall limit, the following sub-limits will apply i.e. 2.1 to 2.5)		
2.1	Consultations* (GPs and Specialists. Includes ante-natal visits, examination and two subsequent follow-up appointments of the newborn baby)	3,129	4,064
2.2	Antenatal Classes (by a contracted/approved service provider) REGISTRATION WITH THE Bomaid BOMBABY PROGRAM REQUIRED	750	750
2.3	Drugs/Prescribed Medicine Limit	3,491	4,935
2.3.1	Self medication (prescribed by pharmacist)	105	210
2.3.2	Doctor dispensing (for acute cases only)	525	788
2.3.3	Pharmacy dispensed medicine (includes dental & ophthalmic prescribed medications)	2,625	3,938
2.3.4	Chronic medications (supplied through the Managed Care Program in accordance with the Bomaid list of approved chronic conditions) REGISTRATION WITH THE Bomaid MANAGED CARE PROGRAM REQUIRED	10,500	12,600
2.3.5	ARV therapy per beneficiary (supplied through the Managed Care Program) REGISTRATION WITH THE Bomaid MANAGED CARE PROGRAM REQUIRED	12,600	
2.4	Diagnostic/Investigative Procedure Limit	4,589	6,884
2.4.1	Laboratory investigations/tests excluding HIV monitoring	1,139	1,657
2.4.2	X-Ray/Ultrasound scans (excludes 2 obstetric ultrasound scans for normal pregnancy)	1,034	1,447
2.4.3	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**	3,150	4,725
2.4.5	Infertility diagnostic procedures	no benefit	no benefit
2.5	Medical/Surgical Procedure Limit	4,673	6,825
2.5.1	Approved specialist major diagnostic procedure**	2,888	4,331
2.5.2	Minor medical procedure	893	1,181
2.5.3	Minor surgical procedure	893	1,181
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			
3	DENTAL AND ORAL BENEFIT OVERALL LIMIT	2,268	3,187
3.1	In-patient Dentistry * (the following sub-limits will apply)	no benefit	no benefit
3.1.1	Hospital fees	no benefit	no benefit
3.1.2	Dentist fees	no benefit	no benefit
3.1.3	Anaesthetist fees	no benefit	no benefit
3.2	Specialised Dental Treatment and Oral Surgery **	no benefit	no benefit
3.2.1	Simple maxillo-facial surgery: acute or chronic	no benefit	no benefit
3.2.2	Orthondontic treatment¯ (braces, retainers and related appliances)	no benefit	no benefit
3.2.3	Orthognatic surgery (once-off benefit)	no benefit	no benefit
3.3	Out-patient Dental Overall Limit (Subject to Managed Care and Clinical Protocols)	2,268	3,187
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			

No Benefit

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

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

Scheme A

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

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

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