

# Benefit Schedules

	Scheme A		Scheme B		Scheme C		DS Standard		DH High	
	Single	Family	Single	Family	Single	Family	Single	Family	Single	Family
<b>OVERALL SCHEME LIMIT BENEFIT</b>	<b>261,090</b>	<b>276,926</b>	<b>825,269</b>	<b>961,606</b>	<b>1,286,782</b>	<b>1,700,000</b>	<b>261,090</b>	<b>276,926</b>	<b>801,314</b>	<b>926,471</b>
<b>1.0 IN-PATIENT/CHRONIC OVERALL LIMIT</b>	<b>225,000</b>	<b>240,000</b>	<b>774,500</b>	<b>887,000</b>	<b>1,190,000</b>	<b>1,415,000</b>	<b>225,000</b>	<b>240,000</b>	<b>774,500</b>	<b>887,000</b>
(within the above, the following limits apply i.e 1.1,1.2 and 1.3)										
1.1 Dreaded Disease cover - strictly in accordance with the BOMaid approved list and pre-authorization.	up to limit 1.0	up to limit 1.0	up to limit 1.0	up to limit 1.0	up to limit 1.0	up to limit 1.0	up to limit 1.0	up to limit 1.0	up to limit 1.0	up to limit 1.0
1.1.1 Daily maximum Room Rate** (at agreed tariff)										
1.2 Chronic/Professional/ Hospitalization maximum*	85,000	100,000	374,500	487,000	690,000	915,000	85,000	100,000	374,500	487,000
(within the above, the following sub-limits will apply) same as 1.1.1										
1.2.1 Acute post trauma maxillo-facial surgery^ limit	10,000	15,000	20,000	35,000	30,000	45,000	10,000	15,000	20,000	35,000
1.2.2 °Chronic medication (SUPPLIED THROUGH BOMAID DISPENSARY in accordance with BOMaid approved program)	10,000	12,000	36,000	42,000	48,000	64,000	10,000	12,000	36,000	42,000
1.2.3 °Chemotherapy/Radiotherapy	20,000	20,000	80,000	80,000	90,000	110,000	20,000	20,000	80,000	80,000
1.2.4 °Renal dialysis	20,000	20,000	90,000	90,000	90,000	120,000	20,000	20,000	90,000	90,000
1.2.5 Psychiatric^ – Inpatient – in a recognized psychiatric facility	10,000	10,000	30,000	40,000	40,000	55,000	10,000	10,000	30,000	40,000
1.2.6 Internal Prosthesis^	5,000	5,000	20,000	30,000	25,000	40,000	5,000	5,000	20,000	30,000
1.2.7 Normal delivery hospitalization fees (include forceps delivery and vacuum extraction)	3,000	3,000	7,500	7,500	7,500	7,500	3,000	3,000	7,500	7,500
1.2.8 Birthing unit delivery global fee (by a registered unit/facility)	750	750	2,000	2,000	2,000	2,000	2,000	2,000	2,000	2,000
1.2.9 Caesarian delivery hospitalization fees	5,000	5,000	11,000	11,000	12,000	12,000	11,000	11,000	11,000	11,000
Professional fees										
1.2.10 Confinement (each sub limit subject to tariff limit)										
1.2.10.1 Normal delivery professional fee (includes post natal care)	2,631	2,631	2,631	2,631	2,631	2,631	2,631	2,631	2,631	2,631
1.2.10.2 Caesarian section professional fee (includes post natal care)	2,489	2,489	2,489	2,489	2,679	2,679	2,489	2,489	2,489	2,489
1.2.10.3 Anesthetist fees (for Caesarian Section)	601	601	601	601	1,077	1,077	601	601	601	601
1.2.11 Procedures	5,000	7,000	20,000	30,000	25,000	40,000	5,000	7,000	20,000	30,000
1.2.12 Laboratory excluding HIV monitoring	1,000	1,200	5,000	6,500	6,000	8,000	1,000	1,200	5,000	6,500
1.2.13 Radiology	3,000	3,500	10,000	15,000	15,000	20,000	3,000	3,500	10,000	15,000
1.2.14 Post admission step down (max. 30 days)	13,600	13,600	13,600	13,600	13,600	13,600	13,600	13,600	13,600	13,600
1.2.15 Neonates hospitalizations (from 0 to 28 days old)	60,000	100,000	60,000	100,000	120,000	120,000	60,000	100,000	60,000	100,000
** Where fixed fee arrangement has been entered into, those fees will apply. ° Guaranteed    ^ Cover on assessment    *Pre-authorization required										
<b>2.0 MEDICAL/SURGICAL OUTPATIENT OVERALL LIMIT</b>	<b>13,990</b>	<b>20,446</b>	<b>26,814</b>	<b>39,471</b>	<b>39,712</b>	<b>55,750</b>	<b>13,990</b>	<b>20,446</b>	<b>26,814</b>	<b>39,471</b>
(Consult./Drugs/Investigations/Procedures) Within the above overall limit, the following sub limits will apply i.e. 2.1 to 2.5										
2.1 Consultation* (GP/Specialist) limit (includes ante-natal visits, exam of newborn baby and two subsequent follow ups)	2,070	2,690	3,614	5,421	4,743	6,238	2,070	2,690	3,614	5,421
2.2 Drugs/Prescribed medicine limit	3,325	4,700	5,200	7,550	8,380	11,850	3,100	4,700	5,200	7,500
2.2.1 Self Medication (prescribed by pharmacist)	100	200	200	300	300	450	100	200	200	300
2.2.2 Doctors dispensing (acute)	500	750	750	1,125	1,427	2,200	500	750	750	1,125
2.2.3 Pharmacy dispensed medicine (include dental & ophthalmic prescribed)	2,500	3,750	3,750	5,625	6,653	9,200	2,500	3,750	3,750	5,625
2.2.4 Medication (through BOMaid dispensary)	up to 2.2	up to 2.2	up to 2.2	up to 2.2	up to 2.2	up to 2.2	up to 2.2	up to 2.2	up to 2.2	up to 2.2
2.3 See 1.0 above										
2.4 Diagnostic/Investigation limit	4,370	6,556	10,500	15,000	15,415	20,901	4,370	6,556	10,500	15,000
2.4.1 Laboratory investigations/tests excluding HIV monitoring	585	1,078	1,500	2,500	2,665	3,775	585	1,078	1,500	2,500
2.4.2 X-ray/ultrasound (exclude two pre-authorized obstetric ultra-sounds)**	985	1,378	1,800	2,800	2,950	4,425	585	978	1,800	2,800
2.4.2.1 Obstetric ultrasound (max. 2 pre-authorized)	500	500	500	500	500	500	500	500	500	500
2.4.3 MRI/CT Scan**	3,000	4,500	5,000	7,500	6,250	9,376	3,000	4,500	5,000	7,500
2.4.4 Infertility diagnostic procedures	Nil	Nil	2,500	3,750	4,000	5,400	NIL	NIL	2,500	3,750
2.5 Medical/Surgical Procedure Limit	4,450	6,500	8,000	12,000	11,174	16,761	4,450	6,500	8,000	12,000
2.5.1 Approved specialist major diagnostic**	2,750	4,125	5,500	7,250	6,750	10,125	2,750	4,125	5,500	8,250
2.5.2 Minor medical procedure	850	1,125	1,250	1,875	2,212	3,318	850	1,125	1,250	1,875
2.5.3 Minor surgical procedure	850	1,125	1,250	1,875	2,212	3,318	850	1,125	1,250	1,875
2.5.4 Major procedure (ambulatory)	up to 2.5	up to 2.5	up to 2.5	up to 2.5	up to 2.5	up to 2.5	up to 2.5	up to 2.5	up to 2.5	up to 2.5
*Refers to rates at agreed tariffs **Pre-authorization required										
<b>3.0 DENTAL OVERALL LIMIT</b>	<b>2,160</b>	<b>3,035</b>	<b>4,749</b>	<b>8,179</b>	<b>6,620</b>	<b>12,000</b>				
3.1 Basic Dentistry Sub-limit (consultation, radiology, filling, tooth extraction, cleaning and scaling, incision and drainage, root canal treatment)	1,000	2,200	1,509	3,319	1,620	4,500				
3.2 Specialized Dentistry- (includes crowns, bridges, dentures and diagnosis)	up to limit 3.0	up to limit 3.0	3,240	4,860	5,000	7,500				
3.3 Orthodontic/Maxillo-facial/Oral Surgery (subject to case management) treatment includes implants	up to limit 3.0	up to limit 3.0	up to limit 3.0	up to limit 3.0	up to limit 3.0	up to limit 3.0				
~ Refers to treatment every two years.										
<b>4.0 OPTICAL BENEFIT (over two years)</b>	Full cover in accordance with set limits through BOMaid Designated Service Providers									
4.1 BOMaid Designated Service Providers	Guaranteed eye care benefit which includes consultation(s), one pair of clear aquity single vision lenses and a frame									
4.2 Non-BOMaid Designated Service Providers	Guaranteed eye care benefit which includes consultation(s), one pair of clear aquity single vision lenses or one pair of clear aquity bifocal lenses or one pair of clear aquity multifocal lenses to the value of bifocal lenses and a frame									
4.2.1 Consultation	100		100		100					
4.2.2 Clear aquity single vision lenses (per lens)	165		165		165					
4.2.3 Clear aquity bifocal lenses (per lens)	375		375		375					
4.2.4 Clear aquity multifocal lenses (per lens)	375		to the value of bifocal lenses		to the value of bifocal lenses					
4.3 Frame and/or any lens enhancements	150		550		850					
4.4 Contact lenses (NB: Benefit ONLY available as an alternative to 4.1, 4.2 and 4.3)	450		1,050		1,350					
4.5 Laser refractive eye surgery (referrals from BOMaid approved ophthalmologist/ optometrist with a prescription of - 5.00 dioptre and below) NB: Use of this benefit nullifies any optical benefit entitlement for the subsequent five years of membership.	1,680	2,520	3,000	4,500	4,500	5,500				
<b>5.0 APPLIANCES OVERALL LIMIT</b>	<b>2,500</b>	<b>2,950</b>	<b>4,500</b>	<b>5,400</b>	<b>5,000</b>	<b>6,500</b>				
5.1 Surgical appliances (recommended by surgeon/orthopedic surgeon (for non permanent disability) e.g knee/collar/chest/ foot braces, crutches and walking frames). Pre-authorization required	100	150	200	250	500	750				
5.2 Wheel chairs, crutches and walking frames (for permanently physically challenged)	up to limit 5.0	up to limit 5.0	up to limit 5.0	up to limit 5.0	up to limit 5.0	up to limit 5.0				
5.3 Hearing aid (prescription is required)	up to limit 5.0	up to limit 5.0	up to limit 5.0	up to limit 5.0	up to limit 5.0	up to limit 5.0				
5.4 Medical appliances e.g glucometer and nebuliser (recommended by Physician/ Pediatrician)	500	700	700	875	1,000	1,125				
<b>6.0 REHABILITATION THERAPY OVERALL LIMIT</b>	<b>2,020</b>	<b>3,200</b>	<b>6,506</b>	<b>8,756</b>	<b>8,904</b>	<b>13,356</b>				
(excluding appliances) Medical referral is required for all as well as pre-assessment for cover of 6.2 to 6.5)										
6.1 Physiotherapy (Motivational report is needed for assessment of cases requiring more than 20 treatment sessions)	1,010	1,600	3,253	4,973	4,452	6,678				
6.2 Occupational Therapy	1,010	1,600	3,253	4,973	4,452	6,678				
6.3 Speech Therapy	1,010	1,600	3,253	4,973	4,452	6,678				
6.4 Clinical psychology	1,010	1,600	3,253	4,973	4,452	6,678				
6.5 Clinical Dietician (consultation only) maximum 5 session	1,010	1,600	3,253	4,973	4,452	6,678				
<b>7.0 ALTERNATIVE TREATMENT OVERALL LIMIT</b>	<b>750</b>	<b>1,125</b>	<b>1,000</b>	<b>2,000</b>	<b>1,500</b>	<b>3,000</b>				
7.1 Homeopathic treatment	750	1,125	1,000	2,000	1,500	3,000				
7.2 Chiropractic treatment	750	1,125	1,000	2,000	1,500	3,000				
7.3 Naturopathic treatment	750	1,125	1,000	2,000	1,500	3,000				
7.4 Acupuncture treatment	750	1,125	1,000	2,000	1,500	3,000				
7.5 Traditional Healing - (cover strictly limited to for Ngope, Thobega and Mototwane)	750	1,125	1,000	2,000	1,500	3,000				
<b>8.0 FUNERAL BENEFIT</b>										
8.1 Member/ Spouse/ Parent ~		8,000		8,000		8,000				
8.2 Dependant over 5 years ~		3,000		3,000		3,000				
8.3 Dependant up to 5 years ~		1,500		1,500		1,500				
~ Refers to parent dependant ~ Refers to registered member dependant										
<b>9.0 MEDICAL EMERGENCY EVACUATION</b>	Full Cover through MRI	Full Cover through MRI	Full Cover through MRI	Full Cover through MRI	Full Cover through MRI	Full Cover through MRI	Full Cover through MRI	Full Cover through MRI	Full Cover through MRI	Full Cover through MRI

See "ADD ON" benefit table

1. HIV/AIDS COVER IN ACCORDANCE WITH THE SBF PROGRAM

2. MEMBER'S ATTENTION IS SPECIFICALLY DRAWN TO RULE 15 (20): "In all benefit categories any one family member cannot claim in excess of the single member's limit".



# Benefit Schedule



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**BOMaid**  
BOTSWANA MEDICAL AID SOCIETY  
*The medical aid you can trust*

## ADD ON BENEFITS\*

	DS Standard		DH High	
	Single	Family	Single	Family
<b>3.0 DENTAL OVERALL LIMIT</b>	<b>4,749</b>	<b>8,179</b>	<b>4,749</b>	<b>8,179</b>
3.1 Basic Dentistry Sub-limit (Consultation, radiology, filling, tooth extraction, cleaning and scaling, incision and drainage, root canal treatment)	1,509	3,319	1,509	3,319
3.2 Specialized Dentistry (includes crowns, bridges, dentures and diagnosis)	3,240	4,860	3,240	4,860
3.3 Orthodontic, Maxillo-facial Oral Surgery (subject to case management) treatment includes implants	up to limit 3.0	up to limit 3.0	up to limit 3.0	up to limit 3.0
* Refers to treatment every two years.				
<b>4.0 OPTICAL BENEFIT (over two years)</b>	Full cover in accordance with set limits through BOMaid Designated Service Providers			
4.1 BOMaid Designated Service Providers	Guaranteed eye care benefit which includes consultation(s), one pair of clear aquity single vision lenses or one pair of clear aquity bifocal lenses to the value of bifocal lenses and a frame			
4.2 Non-BOMaid Designated Service Providers				
4.2.1 Consultation	100		100	
4.2.2 Clear aquity single vision lenses (per lens)	165		165	
4.2.3 Clear aquity bifocal lenses (per lens)	375		375	
4.2.4 Clear aquity multifocal lenses (per lens)	to the value of bifocal lenses		to the value of bifocal lenses	
4.3 Frame and/or any lens enhancements	550		550	
4.4 Contact lenses (NB: Benefit ONLY available as an alternative to 4.1, 4.2 and 4.3)	1,050		1,050	
4.5 Laser refractive eye surgery (referrals from BOMaid approved ophthalmologist/optometrist with a prescription of - 5.00 dioptre and below) NB: Use of this benefit nullifies any optical benefit entitlement for the subsequent five years of membership.	3,000	4,500	3,000	4,500
<b>5.0 APPLIANCES OVERALL LIMIT</b>	<b>4,500</b>	<b>5,400</b>	<b>4,500</b>	<b>5,400</b>
5.1 Surgical appliances (recommended by surgeon/orthopedic surgeon (for non permanent disability) e.g knee/collar/chest/foot braces, crutches and walking frames) Pre-authorization required	200	250	200	250
5.2 Wheel chairs, crutches and walking frames (for permanently physically challenged)	up to limit 5.0	up to limit 5.0	up to limit 5.0	up to limit 5.0
5.3 Hearing aid (prescription is required)	up to limit 5.0	up to limit 5.0	up to limit 5.0	up to limit 5.0
5.4 Medical appliances e.g glucometer and nebuliser (recommended by Physician/Pediatrician)	700	875	700	875
<b>6.0 REHABILITATION THERAPY OVERALL LIMIT</b>	<b>6,506</b>	<b>8,756</b>	<b>6,506</b>	<b>8,756</b>
(excluding appliances) Medical referral is required for all as well as pre-assessment for cover of 6.2 to 6.4)				
6.1 Physiotherapy - Motivational report is needed for assessment of cases requiring more than 20 treatment sessions.	3,253	4,973	3,253	4,973
6.2 Occupational Therapy	3,253	4,973	3,253	4,973
6.3 Speech Therapy	3,253	4,973	3,253	4,973
6.4 Clinical psychology	3,253	4,973	3,253	4,973
6.5 Clinical Dietician (consultation only) maximum 5 session	3,253	4,973	3,253	4,973
<b>7.0 ALTERNATIVE TREATMENT OVERALL LIMIT</b>	<b>1,000</b>	<b>2,000</b>	<b>1,000</b>	<b>2,000</b>
7.1 Homeopathic treatment	1,000	2,000	1,000	2,000
7.2 Chiropractic treatment	1,000	2,000	1,000	2,000
7.3 Naturopathic treatment	1,000	2,000	1,000	2,000
7.4 Acupuncture treatment	1,000	2,000	1,000	2,000
7.5 Traditional Healing - (cover strictly limited to for Ngope, Thobega and Mototwane)	1,000	2,000	1,000	2,000
<b>8.0 FUNERAL BENEFIT</b>	<b>8,000</b>		<b>8,000</b>	
8.1 Member/ Spouse/ Parent ~	8,000		8,000	
8.2 Child Dependant 16 - 21 years ~	7,000		7,000	
8.3 Child Dependant 6 - 15 years ~	3,000		3,000	
8.4 Child Dependant 0 - 6 years ~	2,000		2,000	

\* Refers to parent dependant ~ Refers to registered member dependant

## DREADED DISEASE BENEFIT

This benefit is offered in terms of Rule 15 (1) of the BOMaid rules, and in accordance with the levels defined below:

### THIS IS A ONCE OFF IN A LIFETIME COVER

Below is a list of **DREADED DISEASES COVERED** under this benefit:-

#### 1) CORONARY ARTERY DISEASE/ISCHAEMIC HEART DISEASES

Dreaded diseases benefit will ONLY be considered in a situation, where the coronary arteries are severely narrowed resulting in a need for coronary arterial by-pass surgery or open-heart surgery.

#### 2) VALVULAR HEART DISEASE

Dreaded diseases benefit will ONLY be considered where there is a medical proof of severe Cardiac Valvular Dysfunction, needing a surgical intervention, that is valve removal and/ or replacement.

#### 3) HEART FAILURE

Dreaded diseases benefit will ONLY be considered where there is medical proof that the patient requires major cardiac surgical intervention.

#### 4) CEREBROVASCULAR ACCIDENT/STROKE/HEMIPLEGIA

Dreaded diseases benefit will ONLY be considered where there is medical proof that the patient requires major surgical intervention, that is craniotomy. This cover will also include rehabilitation therapy on an agreed to daily global fee/tariff for a period not exceeding 36 days.

#### 5) END STAGE RENAL FAILURE

Dreaded diseases benefit will ONLY be considered where there is medical proof that the patient requires a kidney transplant. The assistance will only cover the recipient member of BOMaid.

#### 6) LEUKEMIA

Dreaded diseases benefit will ONLY be considered where there is medical proof that the patient requires bone marrow transplant. Any other treatments of leukemia will fall within benefit 1.2.

#### 7) CANCER (MALIGNANT NEOPLASTIC DISEASES)

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

#### 8) CEREBRAL ANEURYSM GRADE III TO V

Dreaded diseases benefit will ONLY be considered where there is medical proof that the aneurysm in question is grade III and above, and that the member needs surgical intervention - Craniotomy and blood vessel ligation. This cover will also include rehabilitation therapy on an agreed daily global fee/tariff for a period not exceeding 36 days.

#### 9) ORGAN TRANSPLANTS

The assistance will be limited to transplants of the following organs: Heart, Bone Marrow, and Kidneys cover available **only for the recipient beneficiary.**

**NOTE: IN ALL THE ABOVE, COVER IS FOR SURGICAL INTERVENTION AND OPERATION RELATED PROCEDURES. MAINTANANCE THEREAFTER AND/OR TREATMENT BEFORE, FALLS WITHIN THE BENEFIT 1.2 SUB LIMIT.**

PLEASE NOTE THAT THE MONTHLY SUBSCRIPTION RATES ARE SEPARATE AND NOT ON THIS BOOKLET

## THE MANAGED CARE PROGRAM

(includes Chronic Ailment Program and Special Benefit Fund)

The program is for management of chronic conditions, and includes both clinical advice and benefits management assistance. The following chronic conditions are included in the program:

- Arthritis
- Asthma
- Chronic obstructive lung disease
- Chronic kidney diseases
- Peptic ulcer disease
- Heart conditions
- Hypertension
- Migraine (excludes acute attacks)
- Thyroid dysfunction
- Allergic rhinitis (only with asthma)
- Benign prostate hypertrophy
- Chronic bronchitis
- Diabetes
- Gout
- Hypercholesterolaemia
- Inflammatory bowel disease
- Psoriasis
- Epilepsy
- Glaucoma

**NOTE: HIV/AIDS IS A CHRONIC CONDITION MANAGED UNDER THE SPECIAL BENEFIT FUND (SBF). PLEASE READ THE FOLLOWING ABOUT THIS FUND.**

### 1. The assistance is:

- a. For BOMaid members who have HIV and have enrolled in the managed care program.
  - b. Over and above the normal benefits shown in the schemes.
  - c. For cover of the ARV drugs and laboratory monitoring.
- 2. Each individual enrolled on the program will be assisted with up to P1 000 per month for 1c above.**
- 3. ARV drugs are only provided through BOMaid.**
- 4. Hospitalization assistance for HIV/AIDS related conditions only available to those enrolled on the SBF.**

\* For the amount of each ADD ON please refer to the subscription table