

# PREMIUMCARE

## IN PATIENT SERVICE

CODE	Services	Coverage
001	Overall Annual Limit	200,000,000
IP01	Hospitalisation (General medical and surgical wards including Ward and Theatre medicines)	Subject to overall OA Limit
IP02	HDU and ICU	15 Days Per Annum Subject to overall OA Limit
IP03	Specialists and General Practitioners	Subject to overall OA Limit
IP04	Theatre Costs	Subject to overall OA Limit
IP05	Blood Transfusion	Subject to overall OA Limit
IP06	Major Disease Benefit (MDB)	21,350,000
IP07	Oncology Subject to MDB per beneficiary p.a.	
IP08	Organ Transplants *D Subject to MDB per beneficiary p.a.	
IP09	Chronic Benefit *R	9,500,000
	Pandemic Benefit (COVID-19 etc) *P - 20% co-payment	7,000,000
IP11	Physiotherapy *R per beneficiary p.a.	12 Sessions Per Hospitalizations Subject to overall OA Limit
IP12	Medicines to take home (TTO)	Subject to overall OA Limit
IP13	Radiology and Pathology	300,000 per Hospitalization
IP14	Specialised Radiology	2 at 100%; 2 Additional MRI/CT Scan 20% co-pay
IP15	Maxillofacial Surgery	6,500,000
IP16	Maternity (Delivery including postpartum & Neonatal Care)	15,000,000
IP17	Internal and external prosthesis	5,200,000
IP18	Medical Appliances	500,000
IP19	Psychiatric hospitalisations	15 DAYS P.A
IP20	Sub-Acute Care	15 DAYS P.A
IP21	Ambulance Services	1,000,000
	Emergency Air/Cross-Border Evacuation &	Subject to overall MDB
IP22	Foreign Referral	
IP23	Repatriation of Mortal Remains	5,000,000
IP24	Emergency Foreign cover	300,000

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## OUT PATIENT SERVICE

CODE	Services	Coverage
OP01	Consultations Limit	500,000
OP02	Specialists Consultations on Referral	Subject to Consultation Limit
OP03	Antenatal and Postnatal Benefit *E	Covered
OP04	Antenatal and Postnatal Consultations	8 Visits
OP05	Ultrasounds	2 Scans
OP06	Pathology	Hepatitis B, Blood Group and RH,
OP07		Blood Sugar, 2 Full Blood Count; VDRL; 4 Urinalysis; HIV-Ag Test
OP08	Procedures	700,000
OP09	Pathology and Radiology (Subject to Procedures Limit)	
OP10	HIV/AIDS Benefit *E Anti-Retroviral Therapy and Pathology Tests	Covered according to Malawi HIV Policy
OP11	Basic Dentistry	500,000
OP12	Specialised Dentistry and Orthodontics *P	500,000
OP13	Auxiliary Services *R	500,000
OP14	Physiotherapy *R	Subject to Auxiliary limit
OP15	Acute Medicines	400,000
OP16	Optometry (Lens and Frame)- Every 2 years	350,000
OP17	Eye Test for Optometry Subject to Optometry Limit	1 Eye Test Every 24 months
OP18	Funeral Expense Benefit	2,000,000

### KEY

\*E Enrolment Required

\*P Pre-Authorization Required

\*R Referral by GP or Specialist Required

\*D Donor not Covered

