

CAREPLUS

IN PETIENT SERVICE

CODE	Services	Coverage
O01	Overall Annual Limit	9,000,000
IP01	Hospitalisation (General medical and surgical wards including Ward and Theatre medicines)	Subject to overall OA Limit
IP02	HDU and ICU	10 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 *E (i.e. Oncology and Organ Transplant)	6,000,000
IP07	Oncology Subject to MDB per beneficiary p.a.	
IP08	Organ Transplants *D Subject to MDB per beneficiary p.a.	
IP09	Chronic Benefit *R	1,850,000
IP10	Pandemic Benefit (COVID-19 etc) *P - 20% co-payment	2,500,000
IP11	Physiotherapy *R per beneficiary p.a.	5 Sessions Per Hospitalizations Subject to overall OA Limit
IP12	Medicines to take home (TTO)	Subject to overall OA Limit
IP13	Radiology and Pathology	150,000 per admission
IP14	Specialised Radiology	MRI 1no CT Scan 1 no Subject to MDB
IP15	Maxillofacial Surgery	1,245,000
IP16	Maternity (Delivery including postpartum & Neonatal Care) *E	3,500,000
IP17	Internal and external prosthesis	300,000
IP18	Medical Appliances	72,000
IP19	Psychiatric hospitalisations	10 DAYS P.A
IP20	Sub-Acute Care	10 DAYS P.A
IP21	Ambulance Services Emergency Air/Cross-Border Evacuation &	*R Subjected to MDB
IP22	Foreign Referral	Not covered
IP23	Repatriation of Mortal Remains	Not covered
IP24	Emergency Foreign cover	Not covered

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OUT PATIENT SERVICE

CODE	Services	Coverage
OP01	Consultations Limit	200,000
OP02	Specialists Consultations on Referral	Subject to Consultation Limit
OP03	Antenatal and Postnatal Benefit *E	Covered
OP04	Antenatal and Postnatal Consultations	10 Visits
OP05	Ultrasounds	2 Scans
OP06	Pathology	Hepatitis B, Blood Group and RH, Blood Sugar, 2 Full Blood Count; VDRL; 4 Urinalysis; HIV-Ag Test
OP07	Procedures, Pathology and Radiology	250,000
OP08	Pathology and Radiology (Subject to Procedures Limit)	
OP09	HIV/AIDS Benefit *E Anti-Retroviral Therapy and Pathology Tests	Covered according to Malawi HIV Policy
OP10	Basic Dentistry	175,000
OP11	Specialised Dentistry and Orthodontics *P	300,000
OP12	Auxiliary Services *R *P (i.e. Physiotherapy, Psychotherapy, Speech therapy and Occupational Therapy)	250,000
OP13	Physiotherapy *R	Subject to Auxiliary limit
OP14	Acute Medicines	180,000
OP15	Optometry (Lens and Frame)- Every 2 years	150,000
OP16	Eye Test for Optometry Subject to Optometry Limit	1 Eye Test Every 24 months
OP17	Funeral Expense Benefit	850,000
OP18		

KEY

***E** Enrolment Required

***P** Pre-Authorization Required

***R** Referral by GP or Specialist Required

***D** Donor not Covered

