

PREMIUMCARE

IN PATIENT SERVICE

CODE	Services	Coverage
O01	Overall Annual Limit	225,000,000
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 *E (i.e. Oncology and Organ Transplant)	35,000,000
IP07	Oncology Subject to MDB per beneficiary p.a.	
IP08	Organ Transplants *D Subject to MDB per beneficiary p.a.	
IP09	Chronic Benefit *R	10,000,000
IP10	Pandemic Benefit (COVID-19 etc) *P - 20% co-payment	9,000,000
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	MRI 1no CT Scan 2 no Subject to MDB
IP15	Maxillofacial Surgery	6,500,000
IP16	Maternity (Delivery including postpartum & Neonatal Care) *E	15,000,000
IP17	Internal and external prosthesis	5,200,000
IP18	Medical Appliances	600,000
IP19	Psychiatric hospitalisations	15 DAYS P.A
IP20	Sub-Acute Care	15 DAYS P.A
IP21	Ambulance Services	*R Subjected to MDB
	Emergency Air/Cross-Border Evacuation &	
IP22	Foreign Referral	Subject to overall MDB
IP23	Repatriation of Mortal Remains	5,000,000
IP24	Emergency Foreign cover	500,000

PREMIUMCARE

OUT PATIENT SERVICE

CODE	Services	Coverage
OP01	Consultations Limit	600,000
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	850,000
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	550,000
OP11	Specialised Dentistry and Orthodontics *P	650,000
OP12	Auxiliary Services *R *P (i.e. Physiotherapy, Psychotherapy, Speech therapy and Occupational Therapy)	600,000
OP13	Physiotherapy *R	Subject to Auxiliary limit
OP14	Acute Medicines	450,000
OP15	Optometry (Lens and Frame)- Every 2 years	400,000
OP16	Eye Test for Optometry Subject to Optometry Limit	1 Eye Test Every 24 months
OP17	Funeral Expense Benefit	2,500,000
OP18		

KEY

***E** Enrolment Required

***P** Pre-Authorization Required

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

***D** Donor not Covered

