

HOSPITAL PLANS ONLY: 2021

	BAOBAB HOSPITAL PLAN 2020	ACACIA HOSPITAL PLAN	KIAAT HOSPITAL PLAN
Annual Hospital Benefits	2,700,000	1,450,000	700,000
Accommodation in General Ward	Overall Limit	Overall Limit	Overall Limit
Accommodation in Private Ward	24,000	12,000	6,000
GP consultations In-Hospital Per Beneficiary	Overall Limit	Overall Limit	10,000
GP consultations In-Hospital Per Family	Overall Limit	Overall Limit	20,000
Specialist consultations In-Hospital Per Beneficiary	Overall Limit	Overall Limit	40,000
Specialist consultations In-Hospital Per Family	Overall Limit	Overall Limit	80,000
Confinement (maternity)	70,000	60,000	38,000
Neonatal Care (28 days)	100,000	75,000	48,000
Hospice/Frail Care	40,000	32,000	15,000
Psychiatric Care	16,000	15,000	8,000
Physiotherapy Per Beneficiary	4,800	3,900	2,400
Physiotherapy Per Family	8,000	6,500	4,000
Organ transplant	330,000	270,000	100,000
Internal Prosthesis	70,000	66,000	35,000
Radiology - General Per Beneficiary	27,000	21,000	9,000
Radiology - General Per Family	52,000	40,000	18,000
Radiology - Specialised Per Beneficiary	22,800	19,200	8,400
Radiology - Specialised Per Family	38,000	32,000	14,000
Pathology Per Beneficiary	Overall Limit	Overall Limit	10,800
Pathology Per Family	Overall Limit	Overall Limit	18,000
Hospital Casualty	4,500	3,500	2,500
Oncology in or out Hospital	320,000	255,000	120,000
Medicine while In Hospital Per Beneficiary	Overall Limit	Overall Limit	16,200
Medicine while In Hospital Per Family	Overall Limit	Overall Limit	27,000
Chronic medicine in or out of Hospital Per Beneficiary	26,400	23,400	14,400
Chronic medicine in or out of Hospital Per Family	44,000	39,000	24,000
Chronic medicine Bi-annual GP & Specialist consultations	2 visits per beneficiary annually	2 visits per beneficiary annually	2 visits per beneficiary annually
Doctor's on Call (Call out fee & GP Costs)	4,200	3,000	1,800

BAOBAB HOSPITAL PLAN
Individual Premiums

ACACIA HOSPITAL PLAN
Individual Premiums

KIAAT HOSPITAL PLAN
Individual Premiums

Age Band	Principal	Adult	Child	Age Band	Principal	Adult	Child	Age Band	Principal	Adult	Child
18-25	1,320	1,220	920	18-25	1,200	1,110	810	18-25	1,120	1,030	730
26-30	1,420	1,320	920	26-30	1,300	1,200	810	26-30	1,170	1,080	730
31-35	1,550	1,430	920	31-35	1,410	1,300	810	31-35	1,270	1,180	730
36-40	1,710	1,580	920	36-40	1,560	1,380	810	36-40	1,380	1,280	730
41-45	1,930	1,790	920	41-45	1,760	1,550	810	41-45	1,530	1,410	730
46-50	2,160	2,000	920	46-50	1,960	1,710	810	46-50	1,720	1,590	730
51-55	2,430	2,240	920	51-55	2,200	1,910	810	51-55	1,890	1,750	730
56-60	2,930	2,710	920	56-60	2,670	2,290	810	56-60	2,240	2,070	730
61-65	3,630	3,360	920	61-65	3,290	2,810	810	61-65	2,660	2,470	730
66-75	4,440	4,110	920	66-75	4,020	3,400	810				
75+	5,260	4,870	920	75+	4,800	4,010	810				

Group Premiums				Group Premiums				Group Premiums			
Age Band	Principal	Adult	Child	Age Band	Principal	Adult	Child	Age Band	Principal	Adult	Child
18-25	1,307	1,159	875	18-25	1,188	1,055	770	18-25	1,109	979	690
26-30	1,392	1,247	875	26-30	1,274	1,134	770	26-30	1,147	1,021	690
31-35	1,504	1,344	875	31-35	1,368	1,222	770	31-35	1,232	1,109	690
36-40	1,625	1,477	875	36-40	1,482	1,290	770	36-40	1,311	1,197	690
41-45	1,795	1,665	875	41-45	1,637	1,442	770	41-45	1,423	1,311	690
46-50	1,966	1,850	875	46-50	1,784	1,582	770	46-50	1,565	1,471	690
51-55	2,163	2,061	875	51-55	1,958	1,757	770	51-55	1,682	1,610	690
56-60	2,549	2,439	875	56-60	2,323	2,061	770	56-60	1,949	1,863	690
61-65	3,086	2,957	875	61-65	2,797	2,473	770	61-65	2,261	2,174	690
66-75	3,774	3,555	875	66-75	3,417	2,941	770				
75+	4,471	4,140	875	75+	4,080	3,409	770				

TWO OPTIONAL DAY TO DAY PLANS ONLY

	SUPER DAY TO DAY PLAN	STANDARD DAY TO DAY PLAN
Annual Day to Day Benefits	50,000	28,000
GP Consultations Per Beneficiary	6,000	3,600
GP Consultations Per Family	10,000	6,000
Specialists Consultations Per Beneficiary	12,000	7,200
Specialists Consultations Per Family	20,000	12,000
Acute Medication Per Beneficiary	14,400	8,400
Acute Medication Per Family	24,000	14,000
Self-medication Per Beneficiary	3,600	1,500
Self-medication Per Family	6,000	2,500
Optical - Lenses Per Beneficiary	4,800	2,880
Optical - Lenses Per Family	8,000	4,800
Optical - Frames Per Beneficiary	3,000	2,700
Optical - Frames Per Family	5,000	4,500
Optical - Test	1,000	500
Dentistry - Basic Per Beneficiary	14,400	7,800
Dentistry - Basic Per Family	24,000	13,000
Dentistry - Specialised Per Beneficiary	24,000	12,600
Dentistry - Specialised Per Family	40,000	21,000
Pathology - out-of-Hospital Per Beneficiary	10,800	6,000
Pathology - out-of-Hospital Per Family	18,000	10,000
Radiology - out-of-Hospital Per Beneficiary	9,000	4,800
Radiology - out-of-Hospital Per Family	15,000	8,000
External Prosthesis	16,000	11,000
Physiotherapy	8,000	4,000
Auxiliary services	10,000	6,000
Appliances - Hearing Aids	15,000	9,000
Appliances - Other	6,000	3,000
Supplementary Appliances	12,000	7,000

Flat Rate Premium Per Month: 3 800

Flat Rate Premium Per Month: 2 130

COMPREHENSIVE PLANS: INCLUDES BOTH HOSPITAL AND DAY TO DAY

	Camel Thorn Hospital	Maroela Hospital	Hoodia Hospital
Annual In-Hospital Benefits	Unlimited	1,500,000	320,000
Accommodation	Overall Limit	Overall Annual Limit	Overall Annual Limit
Accommodation Private Ward	Overall Limit	15,000	3,000
GP consultations - In-Hospital Per Beneficiary	Overall Limit	16,800	6,000
GP consultations - In-Hospital Per Family	Overall Limit	28,000	10,000
Specialist consultations - In-Hospital Per Beneficiary	Overall Limit	67,000	14,400
Specialist consultations - In-Hospital Per Family	Overall Limit	112,000	24,000
Confinement (maternity)	80,000	58,000	38,000
Neonatal Care (28 days)	150,000	60,000	No Benefit
Hospice/Frail Care Per Family	36,000	30,000	15,000
Psychiatric Care Per Family	18,000	14,000	6,000
Physiotherapy Per Family	12,000	6,000	4,800
Organ transplant Per Family	360,000	230,000	No Benefit
Internal Prosthesis Per Family	80,000	58,000	36,000
Radiology - General Per Beneficiary	30,000	19,000	9,300
Radiology - General Per Family	60,000	38,000	15,500
Radiology - Specialised Per Beneficiary	36,000	18,000	8,700
Radiology - Specialised Per Family	60,000	30,000	14,500
Pathology Per Beneficiary	Overall Limit	Overall Limit	12,000
Pathology Per Family	Overall Limit	Overall Limit	20,000
Hospital Casualty	8,000	3,200	2,500
Oncology in or out Hospital	360,000	240,000	130,000
Medicine while in Hospital Per Beneficiary	Overall Limit	39,000	13,000
Medicine while in Hospital Per Family	Overall Limit	65,000	24,000
Chronic medicine in or out of Hospital Per Beneficiary	36,000	21,600	12,600
Chronic medicine in or out of Hospital Per Family	60,000	36,000	21,000
Chronic medicine - Bi-annual GP & Specialist consultations	2 visits per beneficiary annually	2 visits per beneficiary annually	2 visits per beneficiary annually
Doctor's on Call (Call out fee & GP Costs)	6,000	3,800	1,500

	Camel Thorn Day to Day	Maroela Day to Day	Hoodia Day to Day
Annual Day to Day Benefits	80,000	26,000	17,000
GP Consultations Per Beneficiary	9,000	3,300	1,800
GP Consultations Per Family	15,000	5,500	3,000
Specialists Consultations Per Beneficiary	18,000	6,600	3,600
Specialists Consultations Per Family	30,000	11,00	6,000
Acute Medication Per Beneficiary	16,800	7,800	5,760
Acute Medication Per Family	28,000	13,000	9,600
Self-Medication Per Beneficiary	3,600	1,380	1,260
Self-Medication Per Family	6,000	2,300	2,100
Optical - Lenses Per Beneficiary	4,800	2,700	2,220
Optical - Lenses Per Family	8,000	4,500	3,700
Optical - Frames Per Beneficiary	3,600	2,460	1,620
Optical - Frames Per Family	6,000	4,100	2,700
Optical - Test	2,500	1,000	500
Dentistry - Basic Per Beneficiary	14,400	7,200	4,200
Dentistry - Basic Per Family	24,000	12,000	7,000
Dentistry - Specialised Per Beneficiary	24,000	10,800	6,300
Dentistry - Specialised Per Family	40,000	18,000	10,500
Pathology - out-of-Hospital Per Beneficiary	10,800	6,000	3,960
Pathology - out-of-Hospital Per Family	18,000	10,000	6,600
Radiology - out-of-Hospital Per Beneficiary	9,600	4,800	3,480
Radiology - out-of-Hospital Per Family	16,000	8,000	5,800
External Prosthesis	16,000	10,000	8,300
Physiotherapy Per Beneficiary	4,800	2,160	2,220
Physiotherapy Per Family	8,000	3,600	3,700
Auxiliary services	10,000	5,000	5,000
Appliances - Hearing Aids	15,000	8,000	6,200
Appliances - Other	6,000	2,800	2,600
Supplementary Appliances	12,000	6,000	6,000

CAMELTHORN COMPREHENSIVE PLAN

Individual Premiums

MAROELA COMPREHENSIVE PLAN

Individual Premiums

HOODIA COMPREHENSIVE PLAN

Individual Premiums

Age Band	Principal	Adult	Child	Age Band	Principal	Adult	Child	Age Band	Principal	Adult	Child
18-25	2,700	2,250	1,570	18-25	2,250	1,850	950	18-25	1,645	1,520	920
26-30	3,040	2,550	1,570	26-30	2,350	1,940	950	26-30	1,715	1,580	920
31-35	3,540	2,900	1,570	31-35	2,460	2,040	950	31-35	1,800	1,660	920
36-40	3,920	3,320	1,570	36-40	2,610	2,110	950	36-40	1,910	1,760	920
41-45	4,540	3,880	1,570	41-45	2,810	2,280	950	41-45	2,070	1,910	920
46-50	5,440	4,680	1,570	46-50	3,010	2,450	950	46-50	2,480	2,300	920
51-55	6,240	5,400	1,570	51-55	3,250	2,650	950	51-55	2,660	2,460	920
56-60	7,350	6,410	1,570	56-60	3,710	3,030	950	56-60	3,100	2,860	920
61-65	8,700	7,660	1,570	61-65	4,340	3,550	950	61-65	3,580	3,310	920
66-75	10,250	9,100	1,570	66-75	5,070	4,130	950				
75+	11,800	10,500	1,570								

Group Premiums

Group Premiums

Group Premiums

Age Band	Principal	Adult	Child	Age Band	Principal	Adult	Child	Age Band	Principal	Adult	Child
18-25	2,673	2,138	1,480	18-25	2,228	1,758	900	18-25	1,629	1,444	875
26-30	2,979	2,410	1,480	26-30	2,303	1,833	900	26-30	1,681	1,493	875
31-35	3,434	2,726	1,480	31-35	2,386	1,918	900	31-35	1,746	1,560	875
36-40	3,724	3,104	1,480	36-40	2,480	1,973	900	36-40	1,815	1,646	875
41-45	4,222	3,608	1,480	41-45	2,613	2,120	900	41-45	1,925	1,776	875
46-50	4,950	4,329	1,480	46-50	2,739	2,266	900	46-50	2,257	2,128	875
51-55	5,554	4,968	1,480	51-55	2,893	2,438	900	51-55	2,367	2,263	875
56-60	6,395	5,769	1,480	56-60	3,228	2,727	900	56-60	2,697	2,574	875
61-65	7,395	6,741	1,480	61-65	3,689	3,124	900	61-65	3,043	2,913	875
66-75	8,713	7,872	1,480	66-75	4,310	3,572	900				
75+	10,030	8,925	1,480								

Wellness Benefit on all options, allowing you access to certain preventative screening tests and which is paid from your in-hospital cover thereby extending your day-to-day benefits

Category	Sub-Category	Age Band	Cost Code	Frequency	Payable Rate	
Immunisation program	Influenza Vaccination	All		Annually	100%	
	Baby Immunisation	First 6 years of life		Ministry of Health Protocols	100%	
	Tetanus	All		Annually	100%	
	Pneumococcal	Age 60 years & older, only high-risk people		Annually	100%	
Screening benefit	- BMI	Adults		Once every year	100%	
	- Blood sugar test (finger prick)	Adults		Once every year	100%	
	- Blood Pressure test	Adults		Once every year	100%	
	- Cholesterol test (finger prick)	Adults		Once every year	100%	
Early Detection tests	General physical exam (at a GP)	Adults 30-59 years	0190/0191/0192	1 medical exam every 3 years	100%	
		Adults 60-69 years	0190/0191/0192	1 medical exam every 2 years	100%	
		Adults 70 yrs. / older	0190/0191/0192	1 medical exam every year	100%	
	Pap smear - consultation - pathology test	Females 15 years +	0190/0191/0192	Once every year	100%	
		Females 15 years +	4566/4559	Once every year	100%	
	Prostate Specific Antigen (PSA) Test (Pathologist)	Males 40-49 years	4519	Every 5 years	100%	
		Males 50-59 years	4519	Every 3 years	100%	
		Males 60-69 years	4519	Every 2 years	100%	
		Males 70 yrs. / older	4519	Every year	100%	
	Free prostate Specific Antigen (Free PSA) Only if PSA is raised (Pathologist)	Males 40-49 years	4524	Every 5 years	100%	
		Males 50-59 years	4524	Every 3 years	100%	
		Males 60-69 years	4524	Every 2 years	100%	
		Males 70 yrs. / older	4524	Every year	100%	
	Only if finger prick is Raised above 6mmo/L	- LDL	Adults	4026	Once every year	100%
		- basic total	Adults	4027	Once every year	100%
		- HDL	Adults	4028	Once every year	100%
		- Triglyceride	Adults	4147	Once every year	100%
		-Lipogram	Adults	4025	Once every year	100%
		Only if finger prick is Raised above 11mmo/L - Blood sugar- Quantative	Adults	4057	Once every year	100%
	Females 40 yrs. +		34100/34101	Once every 2 yrs.	100%	
Bone Densitometry	Adults 50 yrs. +	3604/50120/ 58531	Once every 3 yrs.	100%		
Glaucoma test	Adults 40-49 yrs.	3002/11202/ 11212/3014	Once every 2 yrs.	100%		
	Adults 50 yrs. +		Once every year			