



UNIVERSITY OF MALAWI MEDICAL SCHEME

Schedule of Benefits 2024 - 2025



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1. COMPREHENSIVE COVER

ABOUT THE COVER	
<p>Eligibility: Comprehensive cover is for:</p> <ul style="list-style-type: none"> • Senior members of staff and their dependents (spouse, biological or adopted children) of UNIMA, LUANAR, MUBAS and KUHeS • Postgraduate students <p>Waiting period: A 12-month waiting period for maternity services (antenatal, delivery, postnatal) will be imposed on all dependents who join the scheme later than the principal member.</p>	
BENEFIT CATEGORY	BENEFITS (2024 - 2025)
External Hospitals	<ul style="list-style-type: none"> • 75% cover of the treatment and travelling cost. • To be paid directly by UNIMED to the service provider. • UNIMED highly recommends hospitals in India, RSA and Kenya. • Only on referral from Malawi by a specialist in the field. • Requires UNIMED preauthorization.
Acute Pharmacy Medication	<ul style="list-style-type: none"> • 85%* cover in UNIMED accredited service providers. Subject to the overall annual limit.
Chronic Pharmacy Medication	<ul style="list-style-type: none"> • 85%* cover in UNIMED accredited service providers. Subject to the overall annual limit. UNIMED will allow a monthly supply of drugs
Minor Procedures	<ul style="list-style-type: none"> • 100% in Government and CHAM hospitals and 85%* in Private hospitals subject to the overall annual limit.
Optical Benefits	<ul style="list-style-type: none"> • 1 eye test every 24 months. • Frames and Lenses – K200,000.00 once every 24 months. • UNIMED pre-authorization required.
Maternity services: Antenatal, delivery and Postnatal	<ul style="list-style-type: none"> • 100% cover in Government, and CHAM hospitals. • 85%* cover in private hospitals. • Benefit subject to the overall annual limit. • Covered once every 3 years. • UNIMED pre-authorization required.
General Dentistry: Cleaning, extraction, filling, denture placement	<ul style="list-style-type: none"> • 85%* cover. • Subject to the overall annual limit • Check-up/Cleaning limited to once every 6 months.
Specialized Dentistry: Inlays, crowns, root implants and bridges.	<ul style="list-style-type: none"> • Covered at a maximum of K500,000.00 per annum • UNIMED pre-authorization required.
Specialized Dentistry: Orthodontics	<ul style="list-style-type: none"> • Covered at a maximum of K1,000,000.00 per annum • UNIMED pre-authorization required.
Audiology	<ul style="list-style-type: none"> • Hearing aids covered once every four years. • Subject to a limit of MK1,000,000.00. • UNIMED pre-authorisation required
Physiotherapy	<ul style="list-style-type: none"> • 100% cover in Government and CHAM hospitals. • 85% cover in private hospitals. • UNIMED pre-authorisation required
Psychiatry	<ul style="list-style-type: none"> • 100% * cover. • Subject to the overall annual limit.
Medical Check-ups	<ul style="list-style-type: none"> • 50% cover once per annum. • UNIMED pre-authorization required.
Medical Examinations	<ul style="list-style-type: none"> • Subject to an annual limit of K100,000.00. • For Education purposes only. • UNIMED pre-authorization required.
All hospital admissions and procedures	<ul style="list-style-type: none"> • 100% cover in Government hospitals and CHAM hospitals, subject to the overall annual limit. • 85%* cover in private hospitals subject to the overall annual limit. • Cover limited to general wards for admissions and procedures in private hospitals. • UNIMED pre-authorisation required.
<p>Note: * UNIMED offers 85% cover in selected private hospitals and 100% in CHAM and government hospitals. Please refer to the approved list of service providers. Chronic conditions are diseases such as Diabetes, Hypertension and Peptic ulcers. Please refer to UNIMED Exclusions.</p>	

2. COMPREHENSIVE EX COVER

ABOUT THE COVER	
<p>Eligibility: Comprehensive – Ex cover is for:</p> <ul style="list-style-type: none"> • UNIMA, LUANAR, MUBAS and KUHeS resignees and retirees who prefers to continue with UNIMED. • UNIMA, LUANAR, MUBAS and KUHeS foreign students. 	
BENEFIT CATEGORY	BENEFITS (2024 - 2025)
External Hospitals	<ul style="list-style-type: none"> • 75% cover of the treatment and travelling cost. • To be paid directly by UNIMED to the service provider. • UNIMED highly recommends hospitals in India, RSA and Kenya. • Only on referral from Malawi by a specialist in the field. • Requires UNIMED preauthorization.
Acute Pharmacy Medication	<ul style="list-style-type: none"> • 85%* cover in UNIMED accredited service providers. Subject to the overall annual limit.
Chronic Pharmacy Medication	<ul style="list-style-type: none"> • 85%* cover in UNIMED accredited service providers. Subject to the overall annual limit. UNIMED will allow a monthly supply of drugs
Minor Procedures	<ul style="list-style-type: none"> • 100% in Government and CHAM hospitals and 85%* in Private hospitals subject to the overall annual limit.
Optical Benefits	<ul style="list-style-type: none"> • 1 eye test every 24 months. • Frames and Lenses – K200,000.00 once every 24 months. • UNIMED pre-authorization required.
Maternity services: Antenatal, delivery and Postnatal	<ul style="list-style-type: none"> • 100% cover in Government, and CHAM hospitals. • 85%* cover in private hospitals. • Benefit subject to the overall annual limit. • Covered once every 3 years. • UNIMED pre-authorization required.
General Dentistry: Cleaning, extraction, filling, denture placement	<ul style="list-style-type: none"> • 85%* cover. • Subject to the overall annual limit • Check-up/Cleaning limited to once every 6 months.
Specialized Dentistry: Inlays, crowns, root implants and bridges.	<ul style="list-style-type: none"> • Covered at a maximum of K500,000.00 per annum • UNIMED pre-authorization required.
Specialized Dentistry: Orthodontics	<ul style="list-style-type: none"> • Covered at a maximum of K1,000,000.00 per annum • UNIMED pre-authorization required.
Audiology	<ul style="list-style-type: none"> • Hearing aids covered once every four years. • Subject to a limit of MK1,000,000.00. • UNIMED pre-authorisation required
Physiotherapy	<ul style="list-style-type: none"> • 100% cover in Government and CHAM hospitals. • 85% cover in private hospitals. • UNIMED pre-authorisation required
Psychiatry	<ul style="list-style-type: none"> • 100% * cover. • Subject to the overall annual limit.
Medical Check-ups	<ul style="list-style-type: none"> • 50% cover once per annum. • UNIMED pre-authorization required.
Medical Examinations	<ul style="list-style-type: none"> • Subject to an annual limit of K100,000.00. • For Education purposes only. • UNIMED pre-authorization required.
All hospital admissions and procedures	<ul style="list-style-type: none"> • 100% cover in Government hospitals and CHAM hospitals, subject to the overall annual limit. • 85%* cover in private hospitals subject to the overall annual limit. • Cover limited to general wards for admissions and procedures in private hospitals. • UNIMED pre-authorisation required.
<p>Note: *UNIMED offers 85% cover in selected private hospitals and 100% in CHAM and government hospitals. Please refer to the approved list of service providers. Chronic conditions are diseases such as Diabetes, Hypertension and Peptic ulcers. Please refer to UNIMED</p> <p>Exclusions.</p>	

3. ZIKOMO COVER

ABOUT THE COVER

Eligibility:

Zikomo cover is for parents and extended family members (other than spouse and children – biological or adopted) of principal members.

Waiting period:

Three months waiting period for OPD visits and a **one-year** waiting period for major surgical procedures and admissions.

BENEFIT CATEGORY	BENEFITS (2024 - 2025)
External Hospitals	<ul style="list-style-type: none"> Not covered
Acute Pharmacy Medication	<ul style="list-style-type: none"> 85%* cover in UNIMED accredited service providers. Subject to the overall annual limit.
Chronic Pharmacy Medication	<ul style="list-style-type: none"> 85%* cover in UNIMED accredited service providers. Subject to the overall annual limit. UNIMED will allow a monthly supply of drugs
Minor Procedures	<ul style="list-style-type: none"> 100% in Government and CHAM hospitals and 85%* in Private hospitals subject to the overall annual limit.
Optical Benefits	<ul style="list-style-type: none"> 1 eye test every 24 months. Frames and Lenses – K200,000.00 once every 24 months. UNIMED pre-authorization required.
Maternity services: Antenatal, delivery and Postnatal	<ul style="list-style-type: none"> Not covered
General Dentistry: Cleaning, extraction, filling, denture placement	<ul style="list-style-type: none"> 85%* cover. Subject to the overall annual limit Check-up/Cleaning limited to once every 6 months.
Specialized Dentistry: Inlays, crowns, root implants and bridges.	<ul style="list-style-type: none"> Covered at a maximum of K500,000.00 per annum UNIMED pre-authorization required.
Specialized Dentistry: Orthodontics	<ul style="list-style-type: none"> Covered at a maximum of K1,000,000.00 per annum UNIMED pre-authorization required.
Audiology	<ul style="list-style-type: none"> Hearing aids covered once every four years. Subject to a limit of MK1,000,000.00. UNIMED pre-authorisation required
Physiotherapy	<ul style="list-style-type: none"> 100% cover in Government and CHAM hospitals. 85% cover in private hospitals. UNIMED pre-authorisation required
Psychiatry	<ul style="list-style-type: none"> 100% * cover. Subject to the overall annual limit.
Medical Check-ups	<ul style="list-style-type: none"> 50% cover once per annum. UNIMED pre-authorization required.
Medical Examinations	<ul style="list-style-type: none"> Not covered
All hospital admissions and procedures	<ul style="list-style-type: none"> 100% cover in Government hospitals and CHAM hospitals, subject to the overall annual limit. 85%* cover in private hospitals subject to the overall annual limit. Cover limited to general wards for admissions and procedures in private hospitals. UNIMED pre-authorisation required.

Note:

* UNIMED offers 85% cover in selected private hospitals and 100% in CHAM and government hospitals. Please refer to the approved list of service providers. Chronic conditions are diseases such as Diabetes, Hypertension and Peptic ulcers. Please refer to **UNIMED Exclusions**.

4. STANDARD COVER

ABOUT THE COVER

Eligibility:

Standard cover is for Junior members of staff and their dependents (spouse, biological or adopted children) of UNIMA, LUANAR, MUBAS and KUHeS.

Waiting period:

A 12-month waiting period for maternity services (antenatal, delivery, postnatal) will be imposed on all dependents who join the scheme later than the principal member.

BENEFIT CATEGORY	BENEFITS (2024 - 2025)
External Hospitals	<ul style="list-style-type: none"> Not covered.
Acute Pharmacy Medication	<ul style="list-style-type: none"> 85%* cover in UNIMED accredited service providers. Subject to the overall annual limit.
Chronic Pharmacy Medication	<ul style="list-style-type: none"> 85%* cover in UNIMED accredited service providers. Subject to the overall annual limit. UNIMED will allow a monthly supply of drugs
Minor Procedures	<ul style="list-style-type: none"> 100% in Government and CHAM hospitals and 85%* in Private hospitals subject to the overall annual limit.
Optical Benefits	<ul style="list-style-type: none"> 1 eye test every 24 months. Frames and Lenses – K100,000.00 once every 24 months. UNIMED pre-authorization required.
Maternity services: Antenatal, delivery and Postnatal	<ul style="list-style-type: none"> 100% cover in Government, and CHAM hospitals. 85%* cover in private hospitals. Benefit subject to the overall annual limit. Covered once every 3 years. UNIMED pre-authorization required.
General Dentistry: Cleaning, extraction, filling, denture placement	<ul style="list-style-type: none"> 85%* cover. Subject to the overall annual limit Check-up/Cleaning limited to once every 6 months.
Specialized Dentistry: Inlays, crowns, root implants and bridges.	<ul style="list-style-type: none"> Covered at a maximum of K250,000.00 per annum UNIMED pre-authorization required.
Specialized Dentistry: Orthodontics	<ul style="list-style-type: none"> Covered at a maximum of K500,000.00 per annum UNIMED pre-authorization required.
Audiology	<ul style="list-style-type: none"> Hearing aids covered once every four years. Subject to a limit of MK500,000.00. UNIMED pre-authorisation required
Physiotherapy	<ul style="list-style-type: none"> 100% cover in Government and CHAM hospitals. 85% cover in private hospitals. UNIMED pre-authorisation required
Psychiatry	<ul style="list-style-type: none"> 100% * cover. Subject to the overall annual limit.
Medical Check-ups	<ul style="list-style-type: none"> 50% cover once per annum. UNIMED pre-authorization required.
Medical Examinations	<ul style="list-style-type: none"> Subject to an annual limit of K50,000.00. For Education purposes only. UNIMED pre-authorization required.
All hospital admissions and procedures	<ul style="list-style-type: none"> 100% cover in Government hospitals and CHAM hospitals, subject to the overall annual limit. 85%* cover in private hospitals subject to the overall annual limit. Cover limited to general wards for admissions and procedures in private hospitals. UNIMED pre-authorisation required.
Note: * UNIMED offers 85% cover in selected private hospitals and 100% in CHAM and government hospitals. Please refer to the approved list of service providers. Chronic conditions are diseases such as Diabetes, Hypertension and Peptic ulcers. Please refer to UNIMED Exclusions .	

5. STANDARD EX COVER

ABOUT THE COVER	
Eligibility: Standard Ex cover is for UNIMA, LUANAR, MUBAS and KUHeS resignees and retirees who prefer to continue with UNIMED.	
BENEFIT CATEGORY	BENEFITS (2024 - 2025)
External Hospitals	<ul style="list-style-type: none"> Not covered.
Acute Pharmacy Medication	<ul style="list-style-type: none"> 85%* cover in UNIMED accredited service providers. Subject to the overall annual limit.
Chronic Pharmacy Medication	<ul style="list-style-type: none"> 85%* cover in UNIMED accredited service providers. Subject to the overall annual limit. UNIMED will allow a monthly supply of drugs
Minor Procedures	<ul style="list-style-type: none"> 100% in Government and CHAM hospitals and 85%* in Private hospitals subject to the overall annual limit.
Optical Benefits	<ul style="list-style-type: none"> 1 eye test every 24 months. Frames and Lenses – K100,000.00 once every 24 months. UNIMED pre-authorization required.
Maternity services: Antenatal, delivery and Postnatal	<ul style="list-style-type: none"> 100% cover in Government, and CHAM hospitals. 85%* cover in private hospitals. Benefit subject to the overall annual limit. Covered once every 3 years. UNIMED pre-authorization required.
General Dentistry: Cleaning, extraction, filling, denture placement	<ul style="list-style-type: none"> 85%* cover. Subject to the overall annual limit Check-up/Cleaning limited to once every 6 months.
Specialized Dentistry: Inlays, crowns, root implants and bridges.	<ul style="list-style-type: none"> Covered at a maximum of K250,000.00 per annum UNIMED pre-authorization required.
Specialized Dentistry: Orthodontics	<ul style="list-style-type: none"> Covered at a maximum of K500,000.00 per annum UNIMED pre-authorization required.
Audiology	<ul style="list-style-type: none"> Hearing aids covered once every four years. Subject to a limit of MK500,000.00. UNIMED pre-authorisation required
Physiotherapy	<ul style="list-style-type: none"> 100% cover in Government and CHAM hospitals. 85% cover in private hospitals. UNIMED pre-authorisation required
Psychiatry	<ul style="list-style-type: none"> 100% * cover. Subject to the overall annual limit.
Medical Check-ups	<ul style="list-style-type: none"> 50% cover once per annum. UNIMED pre-authorization required.
Medical Examinations	<ul style="list-style-type: none"> Subject to an annual limit of K50,000.00. For Education purposes only. UNIMED pre-authorization required.
All hospital admissions and procedures	<ul style="list-style-type: none"> 100% cover in Government hospitals and CHAM hospitals, subject to the overall annual limit. 85%* cover in private hospitals subject to the overall annual limit. Cover limited to general wards for admissions and procedures in private hospitals. UNIMED pre-authorisation required.
Note: * UNIMED offers 85% cover in selected private hospitals and 100% in CHAM and government hospitals. Please refer to the approved list of service providers. Chronic conditions are diseases such as Diabetes, Hypertension and Peptic ulcers. Please refer to UNIMED Exclusions .	

5. ABALE COVER

ABOUT THE COVER

Eligibility:

Abale cover is for parents and extended family members (other than spouse and children – biological or adopted) of principal members

Waiting period:

Three months waiting period for OPD visits and a **one-year** waiting period for major surgical procedures and admissions.

BENEFIT CATEGORY	BENEFITS (2024 - 2025)
External Hospitals	<ul style="list-style-type: none"> Not covered.
Acute Pharmacy Medication	<ul style="list-style-type: none"> 85%* cover in UNIMED accredited service providers. Subject to the overall annual limit.
Chronic Pharmacy Medication	<ul style="list-style-type: none"> 85%* cover in UNIMED accredited service providers. Subject to the overall annual limit. UNIMED will allow a monthly supply of drugs
Minor Procedures	<ul style="list-style-type: none"> 100% in Government and CHAM hospitals and 85%* in Private hospitals subject to the overall annual limit.
Optical Benefits	<ul style="list-style-type: none"> 1 eye test every 24 months. Frames and Lenses – K100,000.00 once every 24 months. UNIMED pre-authorization required.
Maternity services: Antenatal, delivery and Postnatal	<ul style="list-style-type: none"> Not covered
General Dentistry: Cleaning, extraction, filling, denture placement	<ul style="list-style-type: none"> 85%* cover. Subject to the overall annual limit Check-up/Cleaning limited to once every 6 months.
Specialized Dentistry: Inlays, crowns, root implants and bridges.	<ul style="list-style-type: none"> Covered at a maximum of K250,000.00 per annum UNIMED pre-authorization required.
Specialized Dentistry: Orthodontics	<ul style="list-style-type: none"> Covered at a maximum of K500,000.00 per annum UNIMED pre-authorization required.
Audiology	<ul style="list-style-type: none"> Hearing aids covered once every four years. Subject to a limit of MK500,000.00. UNIMED pre-authorisation required
Physiotherapy	<ul style="list-style-type: none"> 100% cover in Government and CHAM hospitals. 85% cover in private hospitals. UNIMED pre-authorisation required
Psychiatry	<ul style="list-style-type: none"> 100% * cover. Subject to the overall annual limit.
Medical Check-ups	<ul style="list-style-type: none"> 50% cover once per annum. UNIMED pre-authorization required.
Medical Examinations	<ul style="list-style-type: none"> Not covered
All hospital admissions and procedures	<ul style="list-style-type: none"> 100% cover in Government and CHAM hospitals, subject to the overall annual limit. 85%* cover in private hospitals subject to the overall annual limit. Cover limited to general wards for admissions and procedures in private hospitals. UNIMED pre-authorisation required.

Note:

* UNIMED offers 85% cover in selected private hospitals and 100% in CHAM and government hospitals. Please refer to the approved list of service providers. Chronic conditions are diseases such as Diabetes, Hypertension and Peptic ulcers. Please refer to **UNIMED Exclusions**.

7. STUDENT COVER

ABOUT THE COVER	
<p>Eligibility: All bonafide UNIMA, LUANAR, MUBAS, and KUHeS undergraduate students.</p>	
BENEFIT CATEGORY	BENEFITS (2024 - 2025)
External Hospitals	<ul style="list-style-type: none"> Not Covered.
Acute pharmacy medication	<ul style="list-style-type: none"> 85% cover in UNIMED accredited service providers. Subject to the overall annual limit.
Chronic pharmacy medication	<ul style="list-style-type: none"> 85%* cover in UNIMED accredited service providers. Subject to the overall annual limit. UNIMED will allow a monthly supply of drugs
Minor Procedures	<ul style="list-style-type: none"> 100% cover in UNIMED designated service providers. Subject to the overall annual limit.
Optical Benefits	<ul style="list-style-type: none"> 1 eye test every 24 months. Frames and Lenses – K30,000.00 once every 24 months. UNIMED pre-authorisation required.
General Dentistry: Cleaning, extraction, filling, denture placement	<ul style="list-style-type: none"> 50% cover in Government and CHAM hospitals. Subject to the overall annual limit. Check-up limited to once every 6 months.
Specialized Dentistry	<ul style="list-style-type: none"> Not covered
Physiotherapy	<ul style="list-style-type: none"> 100% cover in Government and CHAM hospitals. Subject to the overall annual limit.
Psychiatry	<ul style="list-style-type: none"> 100% cover. Subject to the overall annual limit.
Medical Examinations	<ul style="list-style-type: none"> Subject to the annual limit of K8,000.00 Once during the period of study. For foreign education visit purposes only. UNIMED preauthorization required.
All hospital admissions and major procedures	<ul style="list-style-type: none"> 100% cover in Government and CHAM hospitals subject to the overall annual limit. UNIMED pre-authorization required.
Maternity: Antenatal	<ul style="list-style-type: none"> 100% in UNIMED designated service providers. Subject to the overall annual limit. Covered once during the period of study. UNIMED pre-authorisation required.
Maternity: Delivery and Postnatal	<ul style="list-style-type: none"> Not covered.
Audiology	<ul style="list-style-type: none"> Hearing aids covered once every four years. Subject to a limit of MK200,000.00. UNIMED pre-authorisation required.
Medical check-ups	<ul style="list-style-type: none"> Not covered.
<p>Note: * UNIMED offers 85% cover in selected private hospitals and 100% in CHAM and government hospitals. Please refer to the approved list of service providers. Chronic conditions are diseases such as Diabetes, Hypertension and Peptic ulcers. Please refer to UNIMED</p>	
<p>Exclusions.</p>	

UNIMED EXCLUSIONS

The SCHEME's liability shall be limited to expenses in respect of the relevant health services as provided for in the rules of the SCHEME. Any expenses in connection with any of the following will not be paid for by the SCHEME:

A	COVER SPECIFIC EXCLUSIONS
	<ol style="list-style-type: none"> 1. Dependents on Comprehensive and Standard cover. <ol style="list-style-type: none"> i. Maternity services (antenatal, delivery, postnatal) in first 12 months of joining the scheme. 2. Zikomo cover. <ol style="list-style-type: none"> i. Maternity services (antenatal, delivery and postnatal). 3. Standard Cover. <ol style="list-style-type: none"> i. Specialized dentistry (Inlays, Orthodontics, crowns, dental implants, bridges). 4. Abale cover. <ol style="list-style-type: none"> i. Specialized dentistry (Inlays, Orthodontics, crowns, dental implants, bridges). ii. Maternity services (antenatal, delivery and postnatal) 5. Students. <ol style="list-style-type: none"> i. Specialized dentistry (Inlays, Orthodontics, crowns, dental implants, bridges). ii. Medical checkups. iii. Delivery and post – natal.
B	OPD VISITS AND ADMISSIONS
	<ol style="list-style-type: none"> 1. Admitting members without pre-authorization. 2. All hospital procedures (surgeries) without UNIMED pre – authorizations. 3. Private wards in private hospitals. 4. Cost of food and lodging for guardians. 5. Admission costs incurred during the first 12 months from date of account activation for Zikomo or Abale cover (accessing services within waiting period) 6. OPD costs incurred during first 3 months from date of account activation for Zikomo or Abale cover (accessing services within waiting period). 7. Wrong identification: This includes use of ID number that does not belong to the beneficiary of the service; No ID number on claim form; Wrong identification digits.
C	MATERNITY SERVICES
	<ol style="list-style-type: none"> 1. Accessing maternity services (antenatal, delivery and post–natal) within three years period from the last date of accessing the same service (Applicable to Comprehensive, Comprehensive Ex and Standard covers only). 2. Maternity services (antenatal, delivery and postnatal) to Abale and Zikomo cover. 3. Delivery and postnatal services to Student cover.
D	ORTHOPEDICS AND ORTHOTICS
	<ol style="list-style-type: none"> 1. Orthopedic/Orthotics appliances including: <ol style="list-style-type: none"> a. Repairs and /or adjustments. b. Labour charges and technician's fees related to excluded appliances. c. Footwear of any type including surgical boots, footwear raises, inserts, wedges, pads, toe tips and caps. d. Walking sticks, wheelchairs, bath aids etc. e. Toilet raisers.
E	COSMETIC RELATED
	<ol style="list-style-type: none"> 1. All cosmetic items inclusive of hair-restorers. 2. Diagnostic preparations and instruments, soaps, shampoos and other topical applications (of a cosmetic nature), medicated or otherwise but excluding those intended for treatment of lice, scabies and other parasitic or fungal infections. 3. Examinations, treatment and/or operations for cosmetic purposes.
F	MEDICINES AND SUPPLIES
	<ol style="list-style-type: none"> 1. Anti-addiction and anti-habit agents, with the exception of Anti-abuse. 2. Sun screening and sun-tanning agents except those intended for the treatment of skin disorders. 3. Homeopathic and herbal medicines and remedies. 4. All vitamins, mineral supplements, growth hormones and tonics including Efamol G and similar products, stimulants e.g.Reactivan. However benefit will be granted in the following conditions: <ol style="list-style-type: none"> a. Pre-natal vitamins. b. Geriatric vitamins/Vitamins that are prescribed to treat vitamin deficiencies e.g. Vitamin B if prescribed for Pernicious anemia or neurological disorders c. Vitamins prescribed in conjunction with antibiotics e.g. Vitamin B. d. Calcium supplements when prescribed specifically for the treatment of Osteoporosis. 5. Demanded prescriptions.

	6. Inappropriate polypharmacy (duplication of medicines/irrational prescriptions of multiple medicines). 7. Household bandages and dressings, syringes and needles except those for use in the treatment of diabetes. 8. Equipment commonly used for non- medical purposes. 9. Blood pressure monitoring machines. 10. Blood sugar monitoring machines EXCEPT glucostix. 11. Vaccines that are not part of routine government of Malawi vaccines.
G	SEXUAL AND REPRODUCTIVE HEALTH
	1. Fertility services: Examinations, treatment and/or operations for infertility, artificial insemination, impotency and any complication that may arise from such examinations or treatment. 2. Contraceptive preparations and devices including Bilateral Tubular Ligation (BTL). 3. Pregnancy tests. 4. Circumcision. 5. HIV tests, any form of counselling e.g. VCT.
H	MENTAL HEALTH
	1. Psychological counselling
I	OPHTHALMOLOGY/OPTOMETRY
	1. Contact lens preparations.
J	SURGERY
	1. The SCHEME will have no liability for “Endoscopic Disposable Stapling Devices”, when used for laparoscopically assisted vaginal hysterectomies. Reduction mammoplasty. 2. All hospital procedures (surgeries) without UNIMED preauthorization.
K	GENERAL EXCLUSIONS
	1. Medical examination for insurance and employment purposes. 2. Compensation for pain and suffering, loss of income, funeral expenses or any other claim for damages. 3. Services for benefits that are in excess of the maximum benefits to which the MEMBER is entitled in terms of the rules. 4. Expenditure incurred by the MEMBER or his DEPENDANTS arising from willful, self-inflicted injury, attempted suicide, the excessive use of an intoxicating substance or drug. 5. Expenses arising from injuries sustained as a result of participation in sport not organized by the University. 6. Expenses incurred for recuperative or convalescent holidays. 7. Any expenses incurred by a MEMBER or DEPENDANT during any waiting period imposed by the SCHEME in terms of the rules. 8. All expenses in respect of marital and family problems. 9. Patent and household remedies. 10. Travel and subsistence. 11. Food supplements including all patent and baby foods and special milk preparations. 12. Expenses for which a third party is liable including expenses associated with occupational injuries and diseases, motor vehicle accidents and medical services covered by other forms of insurance, provided that the SCHEME may provide benefits until the third party's liability has been established at which stage the expenditure shall be recouped from the third party or the member as the case may be. 13. Injury arising from any form of public disorder. 14. Private nursing services 15. Miscellaneous expenses e.g. <ul style="list-style-type: none"> a. Birth Reports b. Death reports c. Medical / Accident Reports d. Telephone and printing charges e. Sales tax 16. All invoices submitted to UNIMED after three months from time of service delivery. 17. Medical claim with inadequate information to marry nature of illness (diagnosis) and medical tests or treatments given to the member. 18. Medical claims with illegible prescriptions. 19. Costs for services rendered to a member, which are not part of service level agreement between the service provider and UNIMED. 20. Claim(s) with an upward price adjustment of a rendered service without prior notification of price adjustment to UNIMED.

Note:

This list is not exhaustive and the Board reserves the right to add or delete exclusions at its own discretion.