

MASM ECONOPLAN SCHEME

know more about the Econoplan scheme

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MISSION STATEMENT



VISION

To be a market leader in the provision of affordable healthcare solutions to all



MISSION

We endeavor to satisfy our members by providing innovative and affordable healthcare solutions through our wide network of service providers and efficient process.

CORE VALUES



INTEGRITY

Moral uprightness defines our way of doing business.



EFFICIENT

Proficient process optimization to the satisfaction of our members and service providers



INNOVATIVE

Always finding best ways to serve members and service providers



CUSTOMER EXCELLENCE

Members satisfaction is our top priority

"Your ultimate healthcare solution"



MASM SCHEME BENEFITS TABLE	ECONOPLAN
Total Annual Benefit Limit per person	MWK 7,200,000.00
Monthly Contributions per person - Adult above 18	MWK 8,000.00
Monthly Contributions per person Child below 18	MWK 8,000.00
Territorial Limit	Malawi, Mission and Government hospitals, Paramedics & Nominated General Practitioners

SERVICES		COVERAGE		
Α	Emergency Road Evacuation			
1	Ambulance Service within Malawi	100% cover subject to tariff		
В	Blood Transfusion			
1	Blood Transfusion (BLD)	100% up to annual overall benefit limit subject to tariff.		
С	Dentistry			
2	General Dentistry.	100% up to limit of MK136,000 per annum, subject to tariff.(Government hospitals, Mission hospitals, & Nominated Providers only) 100% up to the above Dentistry limit, subject to tariff,		
2	Dentures - once every 4 years	prior approval, booking and 12 months wait period. (Government & Mission hospitals only)		
3	Crowns and Bridges with Lab costs - Once per tooth and once every 5 Years	100% up to the above Dentistry limit, subject to tariff, prior approval, booking and 12 months wait period. (Government & Mission hospitals only)		
4	In-lays and On-lays allowed on one tooth every 4years	100% up to the above Dentistry limit, subject to tariff, prior approval, booking and 12 months wait period. (Government & Mission hospitals only)		
5	Implants	Not Covered		
6	Orthodontic/Braces - Once per lifetime and not for members older than 21 years	100% up to the above Dentistry limit, subject to tariff, booking and 12 months wait period. (Government & Mission hospitals only)		
D	Drugs			
1	Local and Foreign Prescriptions including Essential Drug List (EDL), Normal Branded Drugs (NBD), Normal Generic Drugs (NGD), approved range of Vaccines (VAC), Anti-Retro Viro Drugs (ARV), Fertility Drugs (FER), and approved range of Over-the-Counter Drugs (OTC)	MK181,500 per annum, subject to tariff.		
а	GP, Private, Pharmacies, Mission and Government hospitals	100% subject to tariff and above prescription limit		
b	Private Premier Hospitals/All Specialists in all Hospitals	Not Covered		
2	Chronic Drugs; CGD and CBD both local and foreign	MK399,300 per annum, subject to tariff and 12 months wait period.		
а	GP, Private, Mission and Government hospital	100% subject to tariff and above prescription limit		
b	Private Premier Hospitals/All Specialists in all Hospitals	Not Covered		
3	Non-Payable Drugs (NPD) e.g., Contraceptives, Malaria prophylaxis, excluded vaccines, antiseptics, food Supplements, slimming tablets, vitamins, herbal products, and other ranges of OTCs.	Not Covered		

SER	VICES	COVERAGE		
E	Foreign Treatment - SADC, India, Egypt & Kenya			
1	Foreign Treatment for approved referrals.	Not Covered		
2	Repatriation of remains to Malawi, for approved referrals.	Not Covered		
F	Hospitalization for Medical and Surgical Procedures, Theatre fee, Anesthetic charges & Surgical sundries.			
1	Minor Procedures (MIN)	100% up to annual maximum benefit limit subject to tariff. (Government & Mission hospitals only)		
2	Hospitalization including, Major Procedures (MAJ), Anesthetics (ANA), Sundries (SUN), Ward Fees (WRD), Intensive Care Unit (ICU), and Drugs	100% up to annual maximum benefit limit subject to tariff, pre-authorisation and 3 months wait period. (Government & mission hospitals only)		
3	Maxilo-facial Surgery	Not Covered		
4	Home Based Care (HBC)	Not Covered		
	Obstetrics Cover - Maternity			
1	Obstetrics cover including ante- natal care Limited to 8 visits and post-natal care Limited to 2 visits.	100% up to benefit limit, every 2 years, subject to tariff and 12 months wait period. (Government & mission hospitals only)		
2	Obstetric scan (OBS)	MK60,000 every 2 years, subject to maternity limit, subject to tariff and 12 months wait period. (Government & Mission hospitals only)		
а	GP, Mission, and Government hospital	100% subject to tariff and stipulated limit		
b	Private hospitals and clinics	Not Covered		
С	Private Premier Hospitals/All Specialists in all Hospitals	Not Covered		
3	Normal Delivery Limited to one birth every two years	100% subject to agreed tariff, pre- authorisation and 12 months wait period. (Government and mission hospitals only)		
4	Caesarean Section Limited to one birth every two years.	100% subject to agreed tariff, pre- authorisation and 12- month wait period. (Government and mission hospitals only)		
5	Neonate care	100% up to MK1,000,000 subject to agreed tariff, pre- authorisation and maternal 12 months wait period. (Government and mission hospitals only)		
Н	Ophthalmology			
1	Ophthalmology Procedures (OPT)	MK960,000 limit per annum subject to tariff, pre- authorisation and 3 months wait period on acute illness and 12 months wait period on Chronic illness. (Government and mission hospitals only)		
а	GP, Mission and Government hospital	100% subject to tariff and above limit		
b	Private Premier Hospitals/All Specialists in all Hospitals	Not Covered		

SER	VICES	COVERAGE		
Н	Ophthalmology			
2	Optical Equipment (OPE) / Spectacles -	100% up to MK70,000 limit every 2 years, subject to		
	Once every 2 Years	tariff, pre- authorisation and 12 months wait period.		
1	Consultation - Limited to one consultation per day per condition			
1	Consultation (CON)	MK70,000 per annum subject to tariff.		
а	GP, Mission, and Government hospitals	100% subject to tariff and above limit		
b	Government hospitals and clinics	Not Covered		
С	Private Premier Hospitals/All Specialists in all Hospitals	Not Covered		
2	Specialist Consultation (local); Physician, Oncologist, Psychiatrist, Ophthalmologist, Obstetrician & Gynecologist, Pediatrician, etc.	Not Covered		
а	Mission and Government hospitals	100% subject to tariff and above limit		
b	Private hospitals and clinics	Not Covered		
С	Private Premier Hospitals/All Specialists in all Hospitals	Not Covered		
3	Specialist Consultation (Visiting)	Not Covered		
а	Mission and Government hospitals	100% subject to tariff and above limit		
b	Private hospitals and clinics	Not Covered		
С	Private Premier Hospitals/All Specialists in all Hospitals	Not Covered		
J	Rehabilitation Therapies			
1	Physiotherapy (PHY)	MK110,000 per annum subject to tariff, referral and booking.		
2	Speech Therapy	MK100,000 per annum subject to tariff, referral, and preauthorization.		
3	Occupational Therapy	MK100,000 per annum subject to tariff, referral, and preauthorization.		
а	Mission and Government hospitals	100% subject to tariff and above limit		
b	Private hospitals and clinics	Not Covered		
С	Private Premier Hospitals/All Specialists in all Hospitals	Not Covered		
	Laboratory & Body Scans			
1	Laboratory (LAB)	100% up to limit of MK104,500 per annum subject to tariff.		
а	GP, Mission, and Government hospital	100% subject to tariff and above limit		
b	Private hospitals and clinics	Not Covered		
С	Private Premier Hospitals/All Specialists in all Hospitals	Not Covered		
2	Specialised laboratory	Not Covered		
3	Radiology (RAD)	MK78,750 per annum subject to tariff.		
а	Mission and Government hospital	100% subject to tariff and above limit		
b	Private hospitals and clinics	Not Covered		
С	Private Premier Hospitals/All Specialists in all Hospitals	Not Covered		

SER	VICES	COVERAGE
K	Laboratory & Body Scans	
4	CT scan (CTS)	Requested by Specialist Doctors only, MK280,000 per annum subject to tariff and 12 months wait period. (Government & Mission hospitals only)
а	Private, Mission and Government hospital	100% subject to tariff and above limit
b	Private Premier Hospitals/All Specialists in all Hospitals	Not Covered
5	MRI Scan - (MRI)	Requested by Specialist Doctors only, MK600,000 per annum subject to tariff, booking and 12 months wait period.
а	Private, Mission and Government hospital	100% subject to tariff and above limit
b	Private Premier Hospitals/All Specialists in all Hospitals	Not Covered
L	Hearing Aids	
1	Hearing Aids (EAR) - Once every 3 years	100% up to limit of MK375,000 every 3 years, subject to tariff and 24 months wait period.
M	Kidney Disease	
1	Dialysis (DIA)	Annual overall benefit subject to tariff, Pre-Authorization and 24 months wait period. (Government & Mission hospitals only)
2	Anti- reject drugs	Annual overall benefit subject to tariff, Pre-Authorization and 24 months wait period. (Government & Mission hospitals only)
а	Private hospitals and clinics	Not Covered
b	Private Premier Hospitals/All Specialists in all Hospitals	Not Covered
N	Mental Health and Rehabilitation Serv	vices
1	Mental Health and Rehabilitation Services	100% up to limit of MK750, 000 per annum, subject to tariff, booking, 3 months wait period. This should cover consultations, counselling session fees, and rehabilitation session fees. (Government & Mission hospitals only)
0	Funeral Benefit	
1	Funeral Benefit (FUN)	Funeral Benefit provided as a service up to MK750,000 subject to 6 months wait period.
Р	Orthopedics	
1	Major Orthopedics (ORT) - Hip and knee replacements	100% up to limit of MK825,000 per annum subject to tariff and 24 months wait period. (Government & Mission hospitals only)
2	Minor Orthopaedic procedures	100% up to the above Orthopaedic limit subject to tariff and 3 months wait period.

SER\	/ICES	COVERAGE		
Q	Orthopedic Appliances			
1	Prosthesis	100% up to limit of MK250,000 per annum subject to tariff & 12 months wait period. (Government & Mission hospitals only)		
2	General Orthopedic Appliances	100% up to the above Orthopaedic Appliances limit (Government & Mission hospitals only)		
R	Oncology			
1	Cancer Treatment (ONC) including chemotherapy and radiotherapy - Government & Mission hospitals, Private and pharmacies	Annual overall benefit subject to tariff, Pre-Authorization and 24 months wait period. (Government & Mission hospitals only)		
а	Private hospitals and clinics	Not Covered		
b	Private Premier Hospitals/All Specialists in all Hospitals	s Not Covered		
S	PANDEMIC Benefit subject to Government recommendation			
а	In patient Pandemic management	100% up to MK1,000,000 subject to tariff, Pre- Authorization and 3 months wait period. At Govt & Mission hospitals		
b	In patient Pandemic Laboratory	100% subject to above Pandemic benefit limit and tariff.		
c d	Outpatient Pandemic management Outpatient Pandemic Laboratory	100% subject to above Pandemic benefit limit and tariff. 100% subject to above Pandemic benefit limit and tariff.		



The Medical Aid Society of Malawi is a member owned organization whose funds are through member contributions hence the funds are limited and in dire need of good stewardship. MASM offers its services only through its various products which have a well-defined scope of coverage. The Medical Aid Society of Malawi shall not be liable for payment of the following:

1 ADMISSIONS

- i. Admitting MASM members without Pre-authorization.
- ii. Private wards coverage will be up to the price charged for the general ward and the difference will be charged as excess to be borne by the member.
- iii. Guardian's fees all guardian expenses are excluded.
- iv. Meals these are already included in the ward fees.
- v. Admission before the expiry of the admission wait period.
- vi. Nursing fee this is already factored in the treatment fees.

2 TREATMENT BY GENERAL PRACTITIONER

- i. Treatment provided to members by a medical practitioner not registered with MASM.
- Treatment provided to member by a medical practitioner not registered with any appropriate regulatory authority e.g. Medical Council of Malawi.

3 SPECIALIST TREATMENT

RESIDENT

- Specialist treatment is given to members without referral from a primary care provider, another specialist, or a medical institution.
- ii. A referral letter without any medical indication.
- iii. A referral letter evidently provided on member's request.
- iv. Minor or major procedures rendered without pre-authorization.
- v. Treatment rendered to members before the expiry of the applicable wait period.

VISITING FOREIGN SPECIALIST

- Medical services rendered to members who have been on MASM for less than twelve consecutive months.
- ii. Where a member does not have an approval from MASM.
- iii. Treatment provided to non-qualifying members as per Scheme rules.

FOREIGN SPECIALIST REFERRALS

- i. Treatment is available locally, for example physiotherapy, maternity, dental etc.
- ii. Foreign medical treatment or medical services not approved by MASM.
- Specialist treatment given to members without referral letter from a local specialist of appropriate and relevant discipline. For example, a physician referring an orthopaedic case.
- iv. Where a referral letter has no medical indication.
- v. Where a referral letter is evidently provided on member's request.
- vi. Miscellaneous expenses which are non-medical in nature; for example, telephones, taxes such as value added tax (VAT), bank charges, hotel accommodation etc. Members are encouraged to claim VAT or any refundable taxes at ports of exit in relevant countries.
- vii. Self-referrals are not covered.

4 MATERNITY SERVICES

- i. Accessing maternity services without prior approval from MASM.
- ii. In cases where maternity limit has been exhausted.
- iii. Where members have not been on MASM for 12 consecutive months.
- Where member conceives and delivers within 24 consecutive months from last delivery on MASM.
- v. Foreign maternity services.

5 DENTAL TREATMENT

- i. Dental floss and mouth wash.
- ii. Accessing specialized dental treatment before 12 months waiting period has elapsed.
- iii. Orthodontic treatment provided without booking/pre-authorization by MASM.
- iv. Dental implants
- v. Accessing Orthodontic treatment after the age of 21 years.
- vi. Foreign Dental Services.
- vii. Lingual orthodontics.
- viii. Dental appliances for habit breaking.
- ix. Periodontal surgery.
- x. Cosmetic procedures such as bleaching, resin and porcelain inlays, laminate veneers.
- xi. Oral hygiene instructions and caries susceptibility tests.
- xii. Electro-gnathographic recordings.
- xiii. Hospitalization for orthodontic related surgery
- xiv. Orthodontic re-treatment.
- xv. Bone regeneration procedures for compensation of dento-alveolar bone loss, including sinus lift procedures.
- xvi. Endodontic procedures on primary teeth.
- xvii. Orthognathic (jaw) surgery for realignment of teeth. Exceptions are severe facial deformity caused by trauma. Benefits shall be vetted and determined by MASM.
- xviii. Fissure sealants.

6 MEDICINES/DRUGS

- i. ARVS (antiretroviral drugs) not covered by MBCH or NAC.
- ii. Drugs not registered with the Poisons and Medicines Regulatory Authority of Malawi.
- iii. Courier charges for importation of continuation medicines
- Prophylactic treatment such as but not limited to malarial prophylaxes, contraceptives, vaccines
- v. covered by Government for free and travel vaccines.
- vi. Slimming/weight loss tablets.
- vii. Antiseptics and disinfectants e.g., Dettol solution.
- viii. Cosmetics.
- Over the counter drugs e.g., food supplements, vitamins, herbal remedies, immune boosters etc.
- Chronic medicines claimed before the member has clocked 12 consecutive months on the schemes.
- xi. Isotretinoin and all Vitamin A derivatives.

7 ORTHOPAEDIC APPLIANCES

No awards will be made in respect of:

- i. Limb prosthetics after amputation.
- ii. Repairs or adjustments of appliances which were not covered by MASM.
- iii. Labour charges and technicians' fees related to excluded appliances.
- iv. Footwear raises, inserts wedges pads, toe-tips and caps.
- v. Walking sticks, bath aids, etc. Toilet raisers.

8 OTHER OUTPATIENT APPLIANCES OR EQUIPMENT

- i. Equipment commonly used for non-medical purposes.
- ii. Blood pressure monitoring machines.
- iii. Blood sugar monitoring machines
- iv. Air humidifiers, CPAP machines
- v. Oxygen concentrator or cylinder
- Expenses incurred for eyeglasses, or contact lenses not used for the correction of vision are excluded for lack of medical indication, e.g. Plano lens prescriptions, sunglasses.
- vii. Sleeping devices and all other associated appliances for sleep treatments.
- viii. Any equipment not explicitly stated that it is covered under a MASM product.

9 GENERAL EXCLUSIONS

- Treatment or equipment not specified that it is covered under different MASM Scheme products.
- ii. Treatment of cosmetic nature {plastic surgery} e.g., face lifts, breast adjustments, keloid removal, liposuction, limb prosthetics after amputation etc. Treatment received at these cosmetic clinics and any investigations arising from such consultations are excluded. Acne - its diagnosis, treatment and any form of its management.
- Medical examinations for employment, insurance, education, immigration, travel purposes or vacation.
- Treatment for which cost is recoverable in law from any other body, party or an insurance policy.
- Treatment or death arising from any willful or deliberate self-inflicted injury or any attempted threat, negligence, suicide attempt.
- vi. Injuries arising from breaking the law e.g., injuries arising while robbing.
- vii. Injuries arising from participation in hazardous sport or any sport for monetary gain.
- viii. Services which are available free or at a nominal charge e.g., family planning services, under-five clinic services, under-five EPI vaccines. Mandatory vaccines for other countries will not be covered by MASM.
- ix. Treatment or services for which limit of benefit in a specified period has been exhausted by the beneficiary.
- x. Treatment or services which have been specifically excluded under a Scheme product.
- xi. Geriatric care.
- xii. Out of date claims i.e., claims submitted to the society by either service provider or member for payment after 90 days from date of treatment.
- xiii. Provider gueries submitted after 90 days of payment.
- xiv. Air tickets.

9 GENERAL EXCLUSIONS

- i. Complementary or alternative medicine/treatment such as hypnotics, herbalists, traditional healers, homeopaths, naturopaths, osteopaths, acupuncturists e.t.c.
- Treatment by family members, or to relatives of the treating doctor or any form of auto-therapy.
- iii. Treatment for pre-existing conditions or their complications before expiry of applicable waiting periods e.g., cancer, diabetes, hypertension, renal failure, pregnancy, joint replacements etc.
- iv. Accommodation or treatment received at slimming clinics or such.
- v. Bariatric surgery for weight loss or its variations for example gastric (stomach) bypass, sleeve gastrectomy, adjustable gastric band, stomach stapling and liposuction. These are all excluded whether there are other medical conditions related to or caused by obesity or not.
- vi. Novel treatments of questionable validity or treatments in experimental stages.
- vii. Congenital conditions and treatment of their sequels such as mental retardation and learning disabilities.
- viii. When a hospital admission (local or foreign) or foreign treatment lapses over into a new benefit year, the benefits applicable at the start of treatment shall apply for the whole duration of the sickness. Once the old year benefits are exhausted during the admission, the benefits from the new year will be applicable in a prorated manner, month-wise.
- ix. Hyperbaric oxygen treatment/oxygen tent
- x. Illnesses during personal/business foreign trips or foreign schooling. Members are encouraged to obtain separate medical travel insurance from other providers.

10 MISCELLANEOUS EXPENSES

- i. Birth/death medical reports
- Genetic (DNA) testing/screening for existence of hereditary problems or for paternity tests.
- iii. Work-related examinations and reports.
- iv. Private nursing
- v. Screening tests for blood, organ, or tissue donors even if a donor is a member.
- vi. Treatment at Screening clinics. The industry regulatory authority deems treatment at outreach posts medical negligence and assault as these are carried out at unregistered premises and without written consent of the subject e.g., Cost of Spectacles obtained from conduction of office campaigns will not be honoured by MASM.
- vii. Home Based Care
 - Without a motivational letter or specialist recommendation specifying the kind of treatment needed.
 - Administered by a practitioner not registered with MASM and Medical Council of Malawi as a Home-based care provider.

10 MISCELLANEOUS EXPENSES

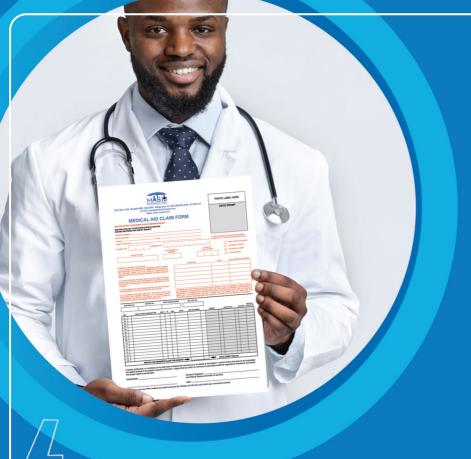
- c. In the absence of a registered home-based care provider, a written consent between the provider and the patient must be submitted absolving MASM for any eventualities.
- d. Home Based Care benefit will only be for the medical treatment.

 Transportation costs will be borne by the family.

12 NEW PANDEMICS, FORMIDABLE EPIDEMICS, AND EMERGING DISEASES

- Emerging diseases are reportable to the Government whose treatment guidelines are not established nationally.
- ii. Pandemic diseases and formidable epidemics are under the coverage of Government by law (Public Health Act, sections 12 and 30). MASM is subject to that law. However, with time, some pandemics might become endemic, for example HIV/AIDS, and covid 19. When such is the case, MASM will monitor the government directives permitting private health facilities to cover pandemic diseases because of lack of capacity. With time, MASM may advise special coverage at a benefit-limit sustainable to the Society, after an analysis.

"The interpretation of all of the above rules in this brochure is as applied or operationalized by MASM. The letter and intent of these rules solely rests with MASM. If there are any doubts as to the applicability of these rules, please consult MASM before risking on a medical transaction which you are not sure whether or not MASM will cover. Where possible insist on a preauthorization letter or email from MASM"



DO NOT LEAVE THE HOSPITAL WITHOUT KNOWING & SIGNING FOR YOUR BILL

sign for your bill before leaving the hospital.

If you are forced to sign before knowing your bill or experience any other challenges, please call or report to MASM.

Call centre

4277

Operations Hot line

0887397691

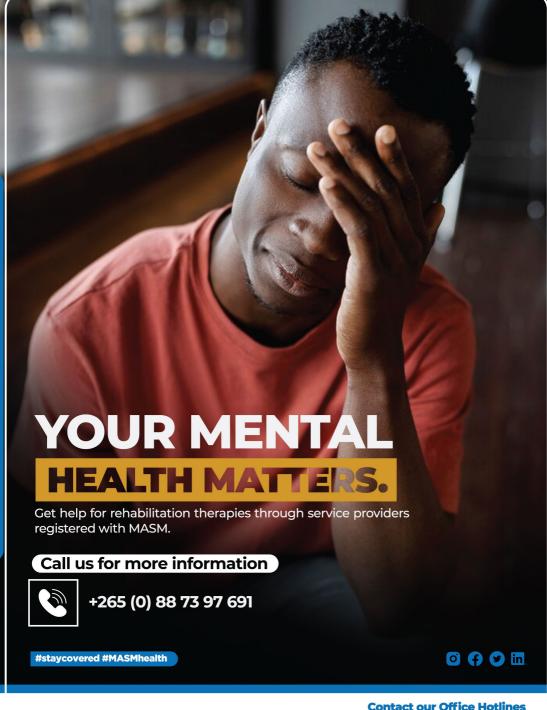






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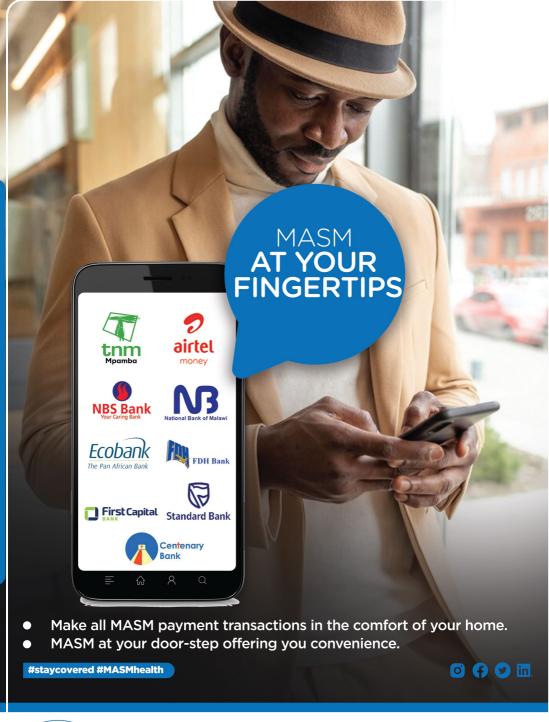








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HOW TO REGISTER

- Enroll

Choose the appropriate MASM health insurance plan based on the needs of your loved ones. Contact MASM to get detailed information and assistance with enrollment.

Make Payments

Initial 3 months payment contribution can be conveniently made through the First Capital Bank Malawi MASM account. (and others)

HOW TO PAY



- BANK NAME: NBS
- ACCOUNT NAME: MASM FCDA ACCOUNT
- ACCOUNT NUMBER: 14223843
- SWIFT CODE: NBSTMWMW
- RECEIVING BANK: CITIBANK NEW YORK TI WALL STREET
- CODE: CITI US33



- BANK NAME: STANDARD BANK
- ACCOUNT NAME : MASM ECDA
- ACCOUNT NUMBER: 9100004214223
- SWIFT CODE: SBICMWMX
- RECEIVING BANK : DEUTSCHE BANK TRUST
- CODE: BKTR US33



- BANK NAME: FCB
- ACCOUNT NAME: Medical Aid Society
- ACCOUNT NUMBER: 0003514001080
- SWIFT CODE: FRCGMWMW
- RECEIVING BANK:
- CODE:



To enroll in one of our health insurance plans, please contact MASM directly on infodesk@masm.mw or visit our website masm.mw.

#MASMwhereyouare T&C's Apply









BLANTYRE BRANCH

MASM House 22 Lower Sclatter Road P.O. Box 1254, Blantyre Malawi

TEL; 0111 820 370 / 0111 820 298

LILONGWE BRANCH

Plot No.11/59 Area 11 Behind Capital Hotel P.O. Box 30381 Lilongwe 3

TEL; 017 70 678

MZUZU BRANCH

Grace Building P.O. Box 973, Mzuzu

TEL; 021 13 11 797

MASM CALL CENTER

MASM CALL CENTER

4277

MASM EMAIL infodesk@masm.mw