




 ESSENTIAL CARE

 EXECUTIVE CARE

 PREMIER CARE

 PRIVILEGE CARE

| | | | | |
|--|--|---|--|---|
| Maximum Outpatient Cover | Ghc3,000 | Ghc3,000 | Ghc8,000 | Ghc15,000 |
| Maximum Outpatient Cover | Ghc30,000 | Ghc50,000 | Ghc80,000 | Ghc100,000 |
| × | × | × | × | Usd 100,000 [in sa, india] |
|  Area Of Cover | Ghana | Ghana | Ghana | Ghana |
| × | × | × | × | South africa |
| × | × | × | × | India |
| × | × | × | × | × |
|  Medical Consultation | | | | |
| Gp Consultation | Covered within outpatient limits | Covered within outpatient limits | Covered within outpatient limits | Covered within outpatient limits |
| Specialist Consultation | Covered within outpatient limits | Covered within outpatient limits | Covered within outpatient limits | Covered within outpatient limits |
| Specialist Consultation | Not covered | Covered within outpatient limits | Covered within outpatient limits; pre-approval required, referral only | Covered within outpatient limits; pre-approval required, referral only |
|  Investigations | | | | |
| Basic Laboratory Investigations | Covered within outpatient limits | Covered within outpatient limits | Covered within outpatient limits | Covered within outpatient limits |
| Advanced Laboratory Investigation | Covered within outpatient limits | Covered within outpatient limits | Covered within outpatient limits | Covered within outpatient limits |
| Basic Medical Imaging [X-ray, Ultra Sound, Ecg, Endoscopy] | Covered within outpatient limits | Covered within outpatient limits | Covered within outpatient limits | Covered within outpatient limits |
| Advanced Medical Imaging [Mri, Ct Eeg, Echo] Requested By Specialists Only | Not covered | Covered up to 2 images in a policy year; preapproval required | Covered up to 3 images in a policy year; preapproval required | Covered up to 4 images in a policy year; preapproval required |
|  Medicines And Medical Consumables | | | | |
| Prescribed Medication For Acute Conditions | Covered within outpatient limits | Covered within outpatient limits | Covered within outpatient limits | Covered within outpatient limits |
| Prescribed Medication For Chronic Conditions | Covered up to Ghc500 within Outpatient limit | Covered up to Ghc1,200 Within outpatient limit | Covered up to Ghc2,400 Within outpatient limit | Covered up to Ghc5,000 Within outpatient limit |
| Multivitamins | Not covered | Covered up to Ghc15.00 per Prescription and not to exceed One prescription per month | Covered up to Ghc25.00 per Prescription and not to exceed One prescription per month | Covered and not to exceed One prescription per month |
| Infusions[In Hospital Use Only] | Covered within outpatient limits | Covered within inpatient limit | Covered within inpatient limit | Covered within inpatient limit |
| Materials For Dressing, Sutures, Bandages [In Hospital Use Only] | Covered within outpatient limits | Covered within inpatient limit | Covered within inpatient limit | Covered within inpatient limit |
| Syringes, Cathethers, Giving Sets, Cannulae [In Hospital Use Only] | Covered within outpatient limits | Covered within inpatient limit | Covered within inpatient limit | Covered within inpatient limit |
|  Admission Benefits | | | | |
| Accomodation | General ward not exceeding Ghc65.00 per day, not to exceed 15 days per policy year | General and semi private ward not Exceeding Ghc85 per day not to Exceed 15 days per policy year | General, semiprivate & private ward Not exceeding Ghc120 per day not to Exceed 15 days per policy year | General, semiprivate & private ward Not exceeding Ghc250 per day no To exceed 15 days per policy year |
| Feeding | Not covered | Not covered | Not covered | Not covered |
| Nursing Care [In-hospital] | Covered | Covered | Covered | Covered |
| Investigations Inhospital | Covered within outpatient limits | Covered within outpatient limits | Covered within outpatient limits | Covered within outpatient limits |
| Prescribed Medicines Inhospital | Covered within outpatient limits | Covered within outpatient limits | Covered within outpatient limits | Covered within outpatient limits |
| Prescribed Medicines To Take Home | Covered within outpatient limits | Covered within outpatient limits | Covered within outpatient limits | Covered within outpatient limits |

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Emergency Benefit

| | | | | |
|----------------------------------|---------|---------|---------|---------|
| Road Ambulance | Covered | Covered | Covered | Covered |
| Stabilization | Covered | Covered | Covered | Covered |
| Referral To Higher Level Of Care | Covered | Covered | Covered | Covered |

Maternity Benefit

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|---|---|---|---|--|
| Antenatal Consultations | Covered within outpatient limit | Covered within outpatient limit | Covered within outpatient limit | Covered within outpatient limit |
| Obstetric Ultrasounds | Up to 2 per pregnancy | Up to 3 per pregnancy | Up to 4 per pregnancy | Up to 5 per pregnancy |
| Routine Pregnancy Medication [Folic Acid, Iron, Multivitamins, Calcium] | Covered up to Ghc20 per Month within outpatient limit | Covered up to Ghc40 per Month within outpatient limit | Covered up to Ghc60 per Month within outpatient limit | Covered up to Ghc120 per Month within outpatient limit |
| Normal Delivery | Covered up to Ghc800 | Covered up to Ghc2,000 | Covered up to Ghc1,600 | Covered up to Ghc3,000 |
| Assisted Delivery | Covered up to Ghc1,300 | Covered up to Ghc2,800 | Covered up to Ghc2,000 | Covered up to Ghc4,000 |
| Caesarean Section | Covered up to Ghc2,000 | Covered up to Ghc5,500 | Covered up to Ghc3,500 | Covered up to Ghc7,500 |
| Postnatal Consultation | Once | Once | Once | Once |
| Complications Arising Out Of Childbirth | Covered up to Ghc500.00; pre-approval required | Covered up to Ghc1,000; pre-approval required | Covered up to Ghc1,500; pre-approval required | Covered up to Ghc3,000; pre-approval required |

Newborn Benefit












| | | | | |
|---|-----------------------|-----------------------|-----------------------|-----------------------|
| Cover Period | 28 days | 28 days | 28 days | 28 days |
| Neonatal Conditions Not Congenital In Nature For First 28 Days Of Baby's Life, Provided Mother Is A Policy Holder | Covered up to Ghc1000 | Covered up to Ghc1500 | Covered up to Ghc2000 | Covered up to Ghc3000 |
| Circumcision For Male Babies Within The First 28 Days | Covered up to Ghc100 | Covered up to Ghc150 | Covered up to Ghc200 | Covered up to Ghc250 |
| × | × | × | × | × |

Surgery Benefit

| | | | | |
|------------------------------------|--|--|--|---|
| Theatre Fees | Up to Ghc4,000 within Inpatient limit in a policy year | Up to Ghc6,000 within Inpatient limit in a policy year | Up to Ghc8,000 within Inpatient limit in a policy year | Up to Ghc15,000 within Inpatient limit in a policy year |
| Surgeons Fee | | | | |
| Consumables | | | | |
| Recovery Ward | | | | |
| Anaesthesia Incl Anaesthetist Fees | | | | |

Dental Benefit

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|--------------------|--|--|--|--|
| Basic Dentistry | Covered up to Ghc400 Within outpatient limit; preapproval required | Covered up to Ghc600 Within outpatient limit; preapproval required | Covered up to Ghc1,000 Within outpatient limit; preapproval required | Covered up to Ghc2,000 Within outpatient limit; preapproval required |
| Advanced Dentistry | | | | |
| Orthodontics | Not covered | Not covered | Not covered | Not covered |

| |  ESSENTIAL CARE |  EXECUTIVE CARE |  PREMIER CARE |  PRIVILEGE CARE |
|--|---|---|---|---|
|  Cancer Benefit | | | | |
| Investigations For Diagnosis | Not covered | Not covered | Covered up to Ghc5,000 Within outpatient limit | Covered up to Ghc10,000 Within outpatient limit |
| Treatment | Not covered | Not covered | | |
|  Eye Care Benefit | | | | |
| Gp Eye Conditions | Covered within outpatient limit | Covered within outpatient limit | Covered within outpatient limit | Covered within outpatient limit |
| Ophthalmologist Consultation | Covered within outpatient limit | Covered within outpatient limit | Covered within outpatient limit | Covered within outpatient limit |
| Ophthalmology Conditions | Covered within outpatient limit | Covered within outpatient limit | Covered within outpatient limit | Covered within outpatient limit |
| Eye Surgery | Covered up to Ghc1,000 | Covered up to Ghc1,600 | Covered up to Ghc2,500 | Covered up to Ghc4,000 |
| Lens Only | Up to Ghc150 once in 2 year | Lens Ghc200; once in 2 years | Lens Ghc300 once in 1 years | Lens Ghc450 once in 2 years |
| Frame Only | Not covered | Frame Ghc150 once in 2 years | Frame Ghc250 once in 2 years | Frame Ghc350 once in 2 years |
|  Rehabilitation Benefit | | | | |
| Physiotherapy | Up to 10 sessions per policy Year with a maximum of Ghc60.00 per session | Up to 15 sessions per policy Year with a maximum of Ghc60.00 per session | Up to 25 sessions per policy Year with a maximum of Ghc60.00 per session | Up to 30 sessions per policy Year with a maximum of Ghc60.00 per session |
| Chiropractic | Not covered | Not covered | Up to 10 sessions per policy Year with a maximum of Ghc60.00 per session | Up to 15 sessions per policy Year with a maximum of Ghc60.00 per session |
|  Mental Health | | | | |
| Therapy Sessions | Not covered | Not covered | Up to 10 sessions per policy year | Up to 10 sessions per policy year |
|  Herbal Medicine Benefit | | | | |
| Herbal Consultation | | Covered within outpatient limit | Covered within outpatient limit | Covered within outpatient limit |
| Herbal Medicines From Cpmr, Mampong And Herbal Units Of Ghs Facilities | Not covered | Covered within outpatient limit | Covered within outpatient limit | Covered within outpatient limit |
| × | × | × | × | × |
|  Dialysis | × | × | × | × |
| Acute Renal Dialysis | Not covered | Up to 2 sessions | Up to 4 sessions | Up to 6 sessions |
|  Wellness Benefit | | | | |
| | Wellness-Essential Care | Wellness-Executive Care | Wellness-Premier Care | Wellness-Premier Care |
| | BMI | BMI | Lipid | Lipid |
| | BP | BP | Renal Function Test | Renal Function Test |
| | | RBS | Liver Function Test | Liver Function Test |
| | | | BMI | BMI |
| | | | BP | BP |
| | | | RBS | RBS |
| | | | | PSA |
| | | | | CA 124 |