

[illegible]

Medications and Medical Consumables Benefit		Herbal medications	Covered within Medications Limit	Covered within Medications Limit	Covered within Medications Limit	Covered within Medications Limit	Covered within Medications Limit	Covered within Medications Limit
	Medical Consumables	Infusions[in hospital use only]	Covered within Medical Consumables Limit	Covered within Medical Consumables Limit	Covered within Medical Consumables Limit	Covered within Medical Consumables Limit	Covered within Medical Consumables Limit	Covered within Medical Consumables Limit
		Materials for dressing, sutures, bandages [in hospital use only]	Covered within Medical Consumables Limit	Covered within Medical Consumables Limit	Covered within Medical Consumables Limit	Covered within Medical Consumables Limit	Covered within Medical Consumables Limit	Covered within Medical Consumables Limit
		Syringes, catheters, giving sets, cannulae [in hospital use only]	Covered within Medical Consumables Limit	Covered within Medical Consumables Limit	Covered within Medical Consumables Limit	Covered within Medical Consumables Limit	Covered within Medical Consumables Limit	Covered within Medical Consumables Limit
Hospitalization Benefit	Admissions		GHC 3,000	GHC 4,000	GHC 5,000	GHC 6,000	GHC 7,000	GHC 8,000
		Accommodation	Covered up to GHC 150 per day within Hospitalization limit	Covered up to GHC 150 per person per day within Hospitalization limit	Covered up to GHC 150 per person per day within Hospitalization limit	Covered up to GHC 150 per person per day within Hospitalization limit	Covered up to GHC 150 per person per day within Hospitalization limit	Covered up to GHC 150 per person per day within Hospitalization limit
		Doctors Care	Covered within Hospitalization limit	Covered within Hospitalization limit	Covered within Hospitalization limit	Covered within Hospitalization limit	Covered within Hospitalization limit	Covered within Hospitalization limit
		Nursing care [in-hospital]	Covered within Hospitalization limit	Covered within Hospitalization limit	Covered within Hospitalization limit	Covered within Hospitalization limit	Covered within Hospitalization limit	Covered within Hospitalization limit
Emergency Benefit			GHC 600	GHC 1,000	GHC 1,200	GHC 1,500	GHC 1,800	GHC 2,000
	Local Evacuation	Road ambulance	Covered within Local Evacuation Limit	Covered within Local Evacuation Limit	Covered within Local Evacuation Limit	Covered within Local Evacuation Limit	Covered within Local Evacuation Limit	Covered within Local Evacuation Limit
	International Evacuation	Referral to SA, India, etc.	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
	Maternity		GHC 6,350	GHC 6,350	GHC 6,350	GHC 6,350	GHC 6,350	GHC 6,350
			Covered up to GHC 3,000 within Obs & Gynae Limit	Covered up to GHC 3,000 within Obs & Gynae Limit	Covered up to GHC 3,000 within Obs & Gynae Limit	Covered up to GHC 3,000 within Obs & Gynae Limit	Covered up to GHC 3,000 within Obs & Gynae Limit	Covered up to GHC 3,000 within Obs & Gynae Limit
		Antenatal	Covered within	Covered within	Covered within	Covered within	Covered within	Covered within
		Postnatal	Covered within	Covered within	Covered within	Covered within	Covered within	Covered within
		Normal delivery	Covered up to GHC 1,500 within maternity limit	Covered up to GHC 1,500 within maternity limit	Covered up to GHC 1,500 within maternity limit	Covered up to GHC 1,500 within maternity limit	Covered up to GHC 1,500 within maternity limit	Covered up to GHC 1,500 within maternity limit
		Assisted delivery	Covered up to GHC 1,500 within maternity limit	Covered up to GHC 1,500 within maternity limit	Covered up to GHC 1,500 within maternity limit	Covered up to GHC 1,500 within maternity limit	Covered up to GHC 1,500 within maternity limit	Covered up to GHC 1,500 within maternity limit
		Caesarean section	Covered up to GHC 1,500 within maternity limit	Covered up to GHC 1,500 within maternity limit	Covered up to GHC 1,500 within maternity limit	Covered up to GHC 1,500 within maternity limit	Covered up to GHC 1,500 within maternity limit	Covered up to GHC 1,500 within maternity limit
		Complications arising out of childbirth	Covered up to GHC 600 within maternity limit	Covered up to GHC 600 within maternity limit	Covered up to GHC 600 within maternity limit	Covered up to GHC 600 within maternity limit	Covered up to GHC 600 within maternity limit	Covered up to GHC 600 within maternity limit

Obstetrics and Gynecological Benefit		EOU/Abortion	Covered within the maternity limit	Covered within the maternity limit	Covered within the maternity limit	Covered within the maternity limit	Covered within the maternity limit	Covered within the maternity limit
		Obstetric ultrasounds	Covered up to GHC 300 within maternity limit	Covered up to GHC 300 within maternity limit	Covered up to GHC 300 within maternity limit	Covered up to GHC 300 within maternity limit	Covered up to GHC 300 within maternity limit	Covered up to GHC 300 within maternity limit
			Covered up to GHC 1,100 within Obs & Gynae Limit	Covered up to GHC 1,100 within Obs & Gynae Limit	Covered up to GHC 1,100 within Obs & Gynae Limit	Covered up to GHC 1,100 within Obs & Gynae Limit	Covered up to GHC 1,100 within Obs & Gynae Limit	Covered up to GHC 1,100 within Obs & Gynae Limit
	New Born	Cover period	28 Days	28 Days	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 GHC 1,000 within New Born benefit limit	Covered up to GHC 1,000 within New Born benefit limit	Covered up to GHC 1,000 within New Born benefit limit	Covered up to GHC 1,000 within New Born benefit limit	Covered up to GHC 1,000 within New Born benefit limit	Covered up to GHC 1,000 within New Born benefit limit
		Circumcision for male babies within the first 28 days	Covered up to GHC 100 within New Born benefit limit	Covered up to GHC 100 within New Born benefit limit	Covered up to GHC 100 within New Born benefit limit	Covered up to GHC 100 within New Born benefit limit	Covered up to GHC 100 within New Born benefit limit	Covered up to GHC 100 within New Born benefit limit
			Covered up to GHC 2,000 within Obs & Gynae Limit	Covered up to GHC 2,000 within Obs & Gynae Limit	Covered up to GHC 2,000 within Obs & Gynae Limit	Covered up to GHC 2,000 within Obs & Gynae Limit	Covered up to GHC 2,000 within Obs & Gynae Limit	Covered up to GHC 2,000 within Obs & Gynae Limit
	Gynae Surgery	Gynae Surgery (Theatre fees, surgeon fee, consumables, recovery ward, anesthesia including anesthetist fee)	Covered within Gynae Surgery limit	Covered within Gynae Surgery limit	Covered within Gynae Surgery limit	Covered within Gynae Surgery limit	Covered within Gynae Surgery limit	Covered within Gynae Surgery limit
General Surgery Benefit	General Surgery		GHC 3,500	GHC 5,000	GHC 6,000	GHC 7,000	GHC 8,000	GHC 9,000
		Theatre fees	Covered within Surgery limit	Covered within Surgery limit	Covered within Surgery limit	Covered within Surgery limit	Covered within Surgery limit	Covered within Surgery limit
		Surgeons fee	Covered within Surgery limit	Covered within Surgery limit	Covered within Surgery limit	Covered within Surgery limit	Covered within Surgery limit	Covered within Surgery limit
		Consumables	Covered within Surgery limit	Covered within Surgery limit	Covered within Surgery limit	Covered within Surgery limit	Covered within Surgery limit	Covered within Surgery limit
		Recovery ward	Covered within Surgery limit	Covered within Surgery limit	Covered within Surgery limit	Covered within Surgery limit	Covered within Surgery limit	Covered within Surgery limit
		Anesthesia including anesthetist fees	Covered within Surgery limit	Covered within Surgery limit	Covered within Surgery limit	Covered within Surgery limit	Covered within Surgery limit	Covered within Surgery limit
Dental Benefit	Basic Dentistry		GHC 500	GHC 600	GHC 700	GHC 800	GHC 900	GHC 1,000
		Basic dentistry	Covered within Dental Limit	Covered within Dental Limit	Covered within Dental Limit	Covered within Dental Limit	Covered within Dental Limit	Covered within Dental Limit
	Advanced Dentistry	Advanced dentistry	Covered within Dental Limit	Covered within Dental Limit	Covered within Dental Limit	Covered within Dental Limit	Covered within Dental Limit	Covered within Dental Limit
			GHC 1,100	GHC 1,200	GHC 1,550	GHC 1,600	GHC 1,950	GHC 2,000

Eye Care Benefit	Eye surgery		Covered up to GHC 900 within the Eye Care Limit	Covered up to GHC 900 within the Eye Care Limit	Covered up to GHC 1,200 within the Eye Care Limit	Covered up to GHC 1,200 within the Eye Care Limit	Covered up to GHC 1,500 within the Eye Care Limit	Covered up to GHC 1,500 within the Eye Care Limit
		Eye Surgery	Covered within Eye Surgery limit	Covered within Eye Surgery limit	Covered within Eye Surgery limit	Covered within Eye Surgery limit	Covered within Eye Surgery limit	Covered within Eye Surgery limit
	Spectacle Limit		Covered up to GHC 200 within the Eye Care Limit	Covered up to GHC 300 within the Eye Care Limit	Covered up to GHC 350 within the Eye Care Limit	Covered up to GHC 400 within the Eye Care Limit	Covered up to GHC 450 within the Eye Care Limit	Covered up to GHC 500 within the Eye Care Limit
		Lens	Covered within Spectacle limit	Covered within Spectacle limit	Covered within Spectacle limit	Covered within Spectacle limit	Covered within Spectacle limit	Covered within Spectacle limit
		Frame	Covered within Spectacle limit	Covered within Spectacle limit	Covered within Spectacle limit	Covered within Spectacle limit	Covered within Spectacle limit	Covered within Spectacle limit
		Lens & Frame	Covered within Spectacle limit	Covered within Spectacle limit	Covered within Spectacle limit	Covered within Spectacle limit	Covered within Spectacle limit	Covered within Spectacle limit
			GHC 500	GHC 500	GHC 700	GHC 700	GHC 900	GHC 900
Rehabilitation Benefit	Physiotherapy		Covered upto GHC 500 the Rehabilitation limit	Covered upto GHC 500 the Rehabilitation limit	Covered upto GHC 700 the Rehabilitation limit	Covered upto GHC 700 the Rehabilitation limit	Covered upto GH 900 the Rehabilitation limit	Covered upto GH 900 the Rehabilitation limit
		Treatment and Medication	Covered up to Physiotherapy limit	Covered up to Physiotherapy limit	Covered up to Physiotherapy limit	Covered up to Physiotherapy limit	Covered up to Physiotherapy limit	Covered up to Physiotherapy limit
	Chiropractic	Treatment and Medication	not covered	not covered	not covered	not covered	not covered	not covered
	Mental Health	Treatment and Medication	not covered	not covered	not covered	not covered	not covered	not covered
Critical Illness Benefit			not covered	not covered	not covered	not covered	not covered	not covered
	Critical Illness	Treatment and Medication	not covered	not covered	not covered	not covered	not covered	not covered
Wellness Benefit			not covered	not covered	not covered	not covered	not covered	not covered
	Wellness	Wellness Limit	not covered	not covered	not covered	not covered	not covered	not covered