

Assisted Delivery						
Caesarean Section						
Postnatal Consultation	covered within outpatient limit	covered within outpatient limit	covered within outpatient limit	covered within outpatient limit	covered within outpatient limit	covered within outpatient limit
Complications Arising Out Of Childbirth	covered up to GHC 300 ; pre-approval required	covered up to GHC 300 ; pre-approval required	covered up to GHC 300 ; pre-approval required	covered up to GHC 300 ; pre-approval required	covered up to GHC 300 ; pre-approval required	covered up to GHC 300 ; pre-approval required
Gynecological Surgery (Theatre Fees, Surgeon Fee, Consumables, Recovery Ward, Anesthesia Incl.(anesthetist Fee)	Covered up to GHC 1,000 within inpatient limit in a policy year subject to preapproval	Covered up to GHC 1,000 within inpatient limit in a policy year subject to preapproval	Covered up to GHC 1,000 within inpatient limit in a policy year subject to preapproval	Covered up to GHC 1,000 within inpatient limit in a policy year subject to preapproval	Covered up to GHC 1,000 within inpatient limit in a policy year subject to preapproval	Covered up to GHC 1,000 within inpatient limit in a policy year subject to preapproval
Newborn Benefit						
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 900	covered up to GHC 900	covered up to GHC 900	covered up to GHC 900	covered up to GHC 900	covered up to GHC 900
Circumcision For Male Babies Within The First 28 Days	covered up to GHC100	covered up to GHC100	covered up to GHC100	covered up to GHC100	covered up to GHC100	covered up to GHC100
Surgery Benefit						
Theatre Fees	Covered up to GHC 2,000 within inpatient limit in a policy year subject to preapproval	Covered up to GHC 2,500 within inpatient limit in a policy year subject to preapproval	Covered up to GHC 3000 within inpatient limit in a policy year subject to preapproval	Covered up to GHC 4,000 within inpatient limit in a policy year subject to preapproval	Covered up to GHC 4,500 within inpatient limit in a policy year subject to preapproval	Covered up to GHC 5,000 within inpatient limit in a policy year subject to preapproval
Surgeons Fee						
Consumables						
Recovery Ward						
Anesthesia Incl Anesthetist Fees						
Dental Benefit						
Dental Care	Covered up to GHC 300 within outpatient limit in a policy year subject to preapproval	Covered up to GHC 400 within outpatient limit in a policy year subject to preapproval	Covered up to GHC 450 within outpatient limit in a policy year subject to preapproval	Covered up to GHC 500 within outpatient limit in a policy year subject to preapproval	Covered up to GHC 600 within outpatient limit in a policy year subject to preapproval	Covered up to GHC 700 within outpatient limit in a policy year subject to preapproval
Critical Illness Benefit						
Critical Illness Cover	Covered up to GHC 30,000 [for the duration of the policy]	Covered up to GHC 30,000 [for the duration of the policy]	Covered up to GHC 30,000 [for the duration of the policy]	Covered up to GHC 30,000 [for the duration of the policy]	Covered up to GHC 30,000 [for the duration of the policy]	Covered up to GHC 30,000 [for the duration of the policy]
Eye Care Benefit						
GP Eye Conditions	covered within outpatient limit	covered within outpatient limit	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	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	covered within outpatient limit	covered within outpatient limit
Eye Surgery	Covered up to GHC 300 within outpatient limit	Covered up to GHC 450 within outpatient limit	Covered up to GHC 600 within outpatient limit	Covered up to GHC 750 within outpatient limit	Covered up to GHC 900 within outpatient limit	Covered up to GHC 1,000 within outpatient limit
Spectacle Limit	Covered up to GHC 100 within outpatient limit	Covered up to GHC 200 within outpatient limit	Covered up to GHC 300 within outpatient limit	Covered up to GHC 400 within outpatient limit	Covered up to GHC 450 within outpatient limit	Covered up to GHC 500 within outpatient limit
Rehabilitation Benefit						
Physiotherapy	up to 5 sessions per policy year with a maximum of GHC60.00 per session	up to 6 sessions per policy year with a maximum of GHC60.00 per session	up to 6 sessions per policy year with a maximum of GHC60.00 per session	up to 8 sessions per policy year with a maximum of GHC60.00 per session	up to 9 sessions per policy year with a maximum of GHC60.00 per session	up to 9 sessions per policy year with a maximum of GHC60.00 per session