| | | | PREMIER PLUS CARE |
|-----------------------------------|--------------------------------------|--|--|--|--|--|--|--|
| | | Plan Size | Individual | Principal + 1D | Principal + 2D | Principal + 3D | Principal + 4D | Principal + 5D |
| | | Number of Lives covered | 1 | 2 | 3 | 4 | 5 | 6 |
| | | | | | | | | |
| Parent Group | Benefit Group | Benefit | Area of cover: GHANA |
| | | | GHC 2,250 | GHC 2,500 | GHC 3,000 | GHC 3,500 | GHC 4,000 | GHC 4,500 |
| Day Cover Benefit | Outpatient Procedures | Outpatient Procedures | Covered within Day Cover Limit |
| | | Detention | Covered within Day Cover Limit |
| | | | GHC 2,000 | GHC 2,500 | GHC 3,000 | GHC 3,500 | GHC 4,000 | GHC 4,500 |
| Medical | GP Consultation | GP consultation | Covered within Medical Consultations Limit |
| Consultation Benefit | specialist consultation | All Specialist Consultations | Covered within Medical Consultations Limit |
| | | | GHC 3,000 | GHC 3,750 | GHC 4,500 | GHC 5,250 | GHC 6,000 | GHC 6,500 |
| | Basic laboratory investigations | basic laboratory investigations | Covered within Investigations limit |
| | Advanced laboratory investigation | advanced laboratory investigation | Covered within Investigations limit |
| Investigations Benefit | Basic Medical Imaging | basic medical imaging [x-ray, ultrasound, ECG, endoscopy] | Covered within Investigations limit |
| | Advance Medical Imaging | advanced medical imaging [MRI, CT, EEG, Echo] requested by specialists only | Covered within Investigations limit |
| | | | GHC 3,000 | GHC 5,000 | GHC 6,000 | GHC 7,000 | GHC 7,500 | GHC 8,000 |
| | Medications | prescribed medication for acute conditions | Covered within Medications Limit |
| | | prescribed medication for chronic conditions | Covered within Medications Limit |
| Medications and | | Herbal medications | Covered within Medications Limit |
| Medical Consumables Benefit | Medical Consumables | infusions[in hospital use only] | Covered within Medical Consumables Limit |
| | | materials for dressing, sutures, bandages [in hospital use only] | Covered within Medical Consumables Limit |
| | | syringes, catheters, giving sets, cannulae [in hospital use only] | Covered within Medical Consumables Limit |
| | | | GHC 9,000 | GHC 10,000 | GHC 11,000 | GHC 12,000 | GHC 13,000 | GHC 14,000 |

| | | | | Covered up to GHC |
|--|------------------|-----------------------------|---------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| | | | Covered up to GHC | 400 per person per |
| Hospitalization | | | 400 per day within | day within | day within | day within | day within | day within |
| Benefit | Admissions | Accommodation | Hospitalization limit | Hospitalization limit | Hospitalization limit | Hospitalization limit | Hospitalization limit | Hospitalization limit |
| Denetite | | | Covered within | Covered within | Covered within | Covered within | Covered within | Covered within |
| | | Doctors Care | Hospitalization limit | Hospitalization limit | Hospitalization limit | Hospitalization limit | Hospitalization limit | Hospitalization limit |
| | | nursing care [in- | Covered within | Covered within | Covered within | Covered within | Covered within | Covered within |
| | | hospital] | Hospitalization limit | Hospitalization limit | Hospitalization limit | Hospitalization limit | Hospitalization limit | Hospitalization limit |
| | | | GHC 1,800 | GHC 2,500 | GHC 2,750 | GHC 3,000 | GHC 3,250 | GHC 3,750 |
| | | | | | | | | |
| | | | Covered within Local | Covered within Local | Covered within Local | Covered within Local | Covered within Local | Covered within Local |
| Emergency Benefit | Local Evacuation | road ambulance | Evacuation Limit | Evacuation Limit | Evacuation Limit | Evacuation Limit | Evacuation Limit | Evacuation Limit |
| | International | | | | | | | |
| | Evacuation | Referral to SA, India, etc. | Not Covered | Not Covered | Not Covered | Not Covered | Not Covered | Not Covered |
| | | | GHC 13,800 | GHC 13,800 | GHC 13,800 | GHC 13,800 | GHC 13,800 | GHC 13,800 |
| | | | Covered up to GHC | Covered up to GHC | Covered up to GHC | Covered up to GHC | Covered up to GHC | Covered up to GHC |
| | | | 6,500 within Obs & | 10,900 within Obs & | 10,900 within Obs & | 10,900 within Obs & | 10,900 within Obs & | 10,900 within Obs & |
| | | | Gynae Limit | Gynae Limit | Gynae Limit | Gynae Limit | Gynae Limit | Gynae Limit |
| | | Antenatal consultations | maternity limit | maternity limit | maternity limit | maternity limit | maternity limit | maternity limit |
| | | Postnatal consultations | Covered within | Covered within | Covered within | Covered within | Covered within | Covered within |
| | | | Covered up to GHC | Covered up to GHC | Covered up to GHC | Covered up to GHC | Covered up to GHC | Covered up to GHC |
| | | | 4,000 within | 4,000 within | 4,000 within | 4,000 within | 4,000 within | 4,000 within |
| | | normal delivery | maternity limit | maternity limit | maternity limit | maternity limit | maternity limit | maternity limit |
| | | | Covered up to GHC | Covered up to GHC | Covered up to GHC | Covered up to GHC | Covered up to GHC | Covered up to GHC |
| | | | 4,000 within | 4,000 within | 4,000 within | 4,000 within | 4,000 within | 4,000 within |
| | Maternity | assisted delivery | maternity limit | maternity limit | maternity limit | maternity limit | maternity limit | maternity limit |
| | | | Covered up to GHC | Covered up to GHC | Covered up to GHC | Covered up to GHC | Covered up to GHC | Covered up to GHC |
| | | | 4,000 within | 4,000 within | 4,000 within | 4,000 within | 4,000 within | 4,000 within |
| | | caesarean section | maternity limit | maternity limit | maternity limit | maternity limit | maternity limit | maternity limit |
| | | | Covered up to GHC | Covered up to GHC | Covered up to GHC | Covered up to GHC | Covered up to GHC | Covered up to GHC |
| | | complications arising | 1,500 within | 1,500 within | 1,500 within | 1,500 within | 1,500 within | 1,500 within |
| | | out of childbirth | maternity limit | maternity limit | maternity limit | maternity limit | maternity limit | maternity limit |
| | | | Covered within the | Covered within the | Covered within the | Covered within the | Covered within the | Covered within the |
| Obstetrics and Gynecological Benefit | | EOU/Abortion | maternity limit | maternity limit | maternity limit | maternity limit | maternity limit | maternity limit |
| | | | Covered up to GHC | Covered up to GHC | Covered up to GHC | Covered up to GHC | Covered up to GHC | Covered up to GHC |
| | | | , 900 within maternity | 900 within maternity | 900 within maternity | 900 within maternity | 900 within maternity | 900 within maternity |
| | | obstetric ultrasounds | limit | limit | limit | limit | limit | limit |
| | | | Covered up to GHC | Covered up to GHC | Covered up to GHC | Covered up to GHC | Covered up to GHC | Covered up to GHC |
| | | | 2,300 within Obs & | 2,300 within Obs & | 2,300 within Obs & | 2,300 within Obs & | 2,300 within Obs & | 2,300 within Obs & |
| | | | Gynae Limit | Gynae Limit | Gynae Limit | Gynae Limit | Gynae Limit | Gynae Limit |
| | | cover period | 28 Days | 28 Days | 28 Days | 28 Days | 28 Days | 28 Days |
| | New Born | | | | | | | · |
| | | neonatal conditions not | | | | | | |
| | | congenital in nature for | | | | | | |
| | | first 28 days of baby's | Covered up to GHC | Covered up to GHC | Covered up to GHC | Covered up to GHC | Covered up to GHC | Covered up to GHC |
| | | life, provided mother is | 2,000 within New | 2,000 within New | 2.000 within New | 2.000 within New | 2.000 within New | 2,000 within New |
| | | a policy holder | Born benefit limit | Born benefit limit | Born benefit limit | Born benefit limit | Born benefit limit | Born benefit limit |
| | | | | | | | | |

| | | circumcision for male babies within the first 28 days | Covered up to GHC 300 within New Born benefit limit | Covered up to GHC 300 within New Born benefit limit | Covered up to GHC 300 within New Born benefit limit | Covered up to GHC 300 within New Born benefit limit | Covered up to GHC 300 within New Born benefit limit | Covered up to GHC 300 within New Born benefit limit |
|------------------------|--------------------|--|---|---|---|---|---|---|
| | | | Covered up to GHC 5,000 within Obs & Gynae Limit | Covered up to GHC 5,000 within Obs & Gynae Limit | Covered up to GHC 5,000 within Obs & Gynae Limit | Covered up to GHC 5,000 within Obs & Gynae Limit | Covered up to GHC 5,000 within Obs & Gynae Limit | Covered up to GHC 5,000 within Obs & Gynae Limit |
| | Gynae Surgery | Gynae Surgery (Theatre fees, surgeon fee, consumables, recovery ward, anesthesia including anesthetist fee) | Covered within Gynae Surgery limit |
| | | | GHC 7,500 | GHC 11,000 | GHC 13,000 | GHC 14,000 | GHC 15,000 | GHC 16,000 |
| | | | Covered within |
| | | theatre fees | Surgery limit |
| | | | Covered within |
| | | surgeons fee | Surgery limit |
| Surgery Benefit | Surgery | | Covered within |
| | | consumables | Surgery limit |
| | | | Covered within |
| | | recovery ward | Surgery limit |
| | | anesthesia including | Covered within |
| | | anesthetist fees | Surgery limit |
| | | | GHC 900 | GHC 1,250 | GHC 1,600 | GHC 1,800 | GHC 2,100 | GHC 2,600 |
| | | basic dentistry | Covered within |
| Dental Benefit | Basic Dentistry | , | Dental Limit |
| | | advanced dentistry | Covered within |
| | Advanced Dentistry | , | Dental Limit |
| | | | GHC 2,350 | GHC 2,500 | GHC 3,150 | GHC 3,250 | GHC 3,950 | GHC 4,250 |
| | Eye surgery | | Covered up to GHC 1,750 within the Eye Care Limit | Covered up to GHC 1,750 within the Eye Care Limit | Covered up to GHC 2,250 within the Eye Care Limit | Covered up to GHC 2,250 within the Eye Care Limit | Covered up to GHC 2,750 within the Eye Care Limit | Covered up to GHC 2,750 within the Eye Care Limit |
| | Lyc Surgery | | Covere within Eye | Covered within Eye | Covered within Eye | Covered within Eye | Covered within Eye | Covered within Eye |
| | | Eye Surgery | Surgery limit |
| | | Lycongery | Covered up to GHC |
| | | | 600 within the Eye | 750 within the Eye | 900 within the Eye | 1,000 within the Eye | 1,200 within the Eye | 1,500 within the Eye |
| Eye Care Benefit | | | Care Limit |
| | | | Covered within |
| | Spectacle Limit | Lens | Spectacle limit |
| | | | Covered within |
| | | Frame | Spectacle limit |
| | | | Covered within |
| | | Lens & Frame | Spectacle limit |
| | | | GHC 1,500 | GHC 1,500 | GHC 2,000 | GHC 2,000 | GHC 2,300 | GHC 2,300 |
| | | | Covered upto GHC |
| | | | 1,500 the | 1,500 the | 2,000 the | 2,000 the | 2,300 the | 2,300 the |
| | Physiotherapy | | Rehabilitation limit | Rehabilitation limit | Rehabilitation limit | Rehabilitation limit | Rehabilitation limit | Rehabilitation limit |
| Rehabilitation Benefit | | Treatment and | Covered up to |
| tenabilitation benefit | | Medication | Physiotherapy limit |

| | Chiropractic | Treatment and Medication | not covered |
|-------------------------|------------------|-----------------------------|-------------|-------------|-------------|-------------|-------------|-------------|
| | Mental Health | Treatment and Medication | not covered |
| | | | not covered |
| Critical Illness Benefi | Critical Illness | Treatment and Medication | not covered |
| Wellness Benefit | | | not covered |
| | Wellness | Wellness Limit | not covered |