



<b>Normal Delivery</b>	covered up to GHC 4,000 within inpatient limit	covered up to GHC 4,000 within inpatient limit	covered up to GHC 4,000 within inpatient limit	covered up to GHC 4,000 within inpatient limit	covered up to GHC 4,000 within inpatient limit	covered up to GHC 4,000 within inpatient limit
<b>Assisted Delivery</b>						
<b>Caesarean Section</b>						
<b>Postnatal Consultation</b>	covered within outpatient limit	covered within outpatient limit	covered within outpatient limit	covered within outpatient limit	covered within outpatient limit	covered within outpatient limit
<b>Complications Arising Out Of Childbirth</b>	covered up to GHC 900 ; pre-approval required	covered up to GHC 900 ; pre-approval required	covered up to GHC 900 ; pre-approval required	covered up to GHC 900 ; pre-approval required	covered up to GHC 900 ; pre-approval required	covered up to GHC 900 ; pre-approval required
<b>Gynecological Surgery (Theatre Fees, Surgeon Fee, Consumables, Recovery Ward, Anesthesia Incl.(anesthetist Fee)</b>	Covered up to GHC 2,000 within inpatient limit in a policy year subject to preapproval	Covered up to GHC 2,000 within inpatient limit in a policy year subject to preapproval	Covered up to GHC 2,000 within inpatient limit in a policy year subject to preapproval	Covered up to GHC 2,000 within inpatient limit in a policy year subject to preapproval	Covered up to GHC 2,000 within inpatient limit in a policy year subject to preapproval	Covered up to GHC 2,000 within inpatient limit in a policy year subject to preapproval
<b>Newborn Benefit</b>						
<b>Cover Period</b>	28 days	28 days	28 days	28 days	28 days	28 days
<b>Neonatal Conditions Not Congenital In Nature For First 28 Days Of Baby's Life, Provided Mother Is A Policy Holder</b>	covered up to GHC 1,500	covered up to GHC 1,500	covered up to GHC 1,500	covered up to GHC 1,500	covered up to GHC 1,500	covered up to GHC 1,500
<b>Circumcision For Male Babies Within The First 28 Days</b>	covered up to GHC250	covered up to GHC250	covered up to GHC250	covered up to GHC250	covered up to GHC250	covered up to GHC250
<b>Surgery Benefit</b>						
<b>Theatre Fees</b>						
<b>Surgeons Fee</b>	Covered up to GHC 5,000 within inpatient limit in a policy year subject to preapproval	Covered up to GHC 6,000 within inpatient limit in a policy year subject to preapproval	Covered up to GHC 7,500 within inpatient limit in a policy year subject to preapproval	Covered up to GHC 9,000 within inpatient limit in a policy year subject to preapproval	Covered up to GHC 10,000 within inpatient limit in a policy year subject to preapproval	Covered up to GHC 12,000 within inpatient limit in a policy year subject to preapproval
<b>Consumables</b>						
<b>Recovery Ward</b>						
<b>Anesthesia Incl Anesthetist Fees</b>						
<b>Dental Benefit</b>						
<b>Dental Care</b>	Covered up to GHC 700 within outpatient limit in a policy year subject to preapproval	Covered up to GHC 800 within outpatient limit in a policy year subject to preapproval	Covered up to GHC 900 within outpatient limit in a policy year subject to preapproval	Covered up to GHC 1,000 within outpatient limit in a policy year subject to preapproval	Covered up to GHC 1,200 within outpatient limit in a policy year subject to preapproval	Covered up to GHC 1,300 within outpatient limit in a policy year subject to preapproval
<b>Critical Illness Benefit</b>						
<b>Critical Illness Cover</b>	Covered up to GHC 100,000 [ for the duration of the policy]	Covered up to GHC 100,000 [ for the duration of the policy]	Covered up to GHC 100,000 [ for the duration of the policy]	Covered up to GHC 100,000 [ for the duration of the policy]	Covered up to GHC 100,000 [ for the duration of the policy]	Covered up to GHC 100,000 [ for the duration of the policy]
<b>Eye Care</b>						
<b>GP Eye Conditions</b>	covered within outpatient limit	covered within outpatient limit	covered within outpatient limit	covered within outpatient limit	covered within outpatient limit	covered within outpatient limit
<b>Ophthalmologist Consultation</b>	covered within outpatient limit	covered within outpatient limit	covered within outpatient limit	covered within outpatient limit	covered within outpatient limit	covered within outpatient limit
<b>Ophthalmology Conditions</b>	covered within outpatient limit	covered within outpatient limit	covered within outpatient limit	covered within outpatient limit	covered within outpatient limit	covered within outpatient limit
<b>Eye Surgery</b>	Covered up to GHC 1,000 within outpatient limit	Covered up to GHC 1200 within outpatient limit	Covered up to GHC 1200 within outpatient limit	Covered up to GHC 1500 within outpatient limit	Covered up to GHC 1500 within outpatient limit	Covered up to GHC 1800 within outpatient limit
<b>Spectacle Limit</b>	Covered up to GHC 900 within outpatient limit	Covered up to GHC 1,000 within outpatient limit	Covered up to GHC 1,200 within outpatient limit	Covered up to GHC 1,300 within outpatient limit	Covered up to GHC 1,500 within outpatient limit	Covered up to GHC 1,600 within outpatient limit
<b>Rehabilitation Benefit</b>						
<b>Physiotherapy</b>	up to 8 sessions per policy year with a maximum of GHC60.00 per session	up to 10 sessions per policy year with a maximum of GHC60.00 per session	up to 10 sessions per policy year with a maximum of GHC60.00 per session	up to 12 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 18 sessions per policy year with a maximum of GHC60.00 per session