

ESSENTIAL CARE

EXECUTIVE CARE

PREMIER CARE

PRIVILEGE CARE

Maximum Outpatient Cover

Ghc3,000

Ghc3,000

Ghc8,000

Ghc15,000

Maximum Inpatient 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, Catheters, 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

Accommodation

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

ESSENTIAL CARE

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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**

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 Ghc1,600

Covered up to Ghc2,000

Covered up to Ghc3,000

Assisted Delivery

Covered up to Ghc1,300

Covered up to Ghc2,000

Covered up to Ghc2,800

Covered up to Ghc4,000

Caesarean Section

Covered up to Ghc2,000

Covered up to Ghc3,500

Covered up to Ghc5,500

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

Surgeons Fee

Consumables

Recovery Ward

Anaesthesia Incl Anaesthetist 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

**Dental Benefit**

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

	 <b>ESSENTIAL CARE</b>	 <b>EXECUTIVE CARE</b>	 <b>PREMIER CARE</b>	 <b>PRIVILEGE CARE</b>
 <b>Cancer Benefit</b>				
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		
 <b>Eye Care Benefit</b>				
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
 <b>Rehabilitation Benefit</b>				
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
 <b>Mental Health</b>				
Therapy Sessions	Not covered	Not covered	Up to 10 sessions per policy year	Up to 10 sessions per policy year
 <b>Herbal Medicine Benefit</b>				
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
×	×	×	×	×
 <b>Dialysis</b>	×	×	×	×
Acute Renal Dialysis	Not covered	Up to 2 sessions	Up to 4 sessions	Up to 6 sessions
 <b>Wellness Benefit</b>				
	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