

## Executive Care Benefit Table

|  |  |  |  |  |  |   |
|--|--|--|--|--|--|---|
| <b>Normal Delivery</b>   | covered up to GHC 2,000 within inpatient limit   | covered up to GHC 2,000 within inpatient limit   | covered up to GHC 2,000 within inpatient limit   | covered up to GHC 2,000 within inpatient limit   | covered up to GHC 2,000 within inpatient limit   | covered up to GHC 2,000 within inpatient limit  |
| <b>Assisted Delivery</b>   |  |  |  |  |  |   |
| <b>Caesarean Section</b>   |  |  |  |  |  |   |
| <b>Postnatal Consultation</b>  | covered within outpatient limit   |
| <b>Complications Arising Out Of Childbirth</b>   | covered up to GHC 500 ; pre-approval required  | covered up to GHC 500 ; pre-approval required  | covered up to GHC 500 ; pre-approval required  | covered up to GHC 500 ; pre-approval required  | covered up to GHC 500 ; pre-approval required  | covered up to GHC 500 ; pre-approval required   |
| <b>Gynecological Surgery (Theatre Fees, Surgeon Fee, Consumables, Recovery Ward, Anesthesia Inl. (anesthetist Fee)</b>   | Covered up to GHC 1,200 within inpatient limit in a policy year subject to preapproval | Covered up to GHC 1,200 within inpatient limit in a policy year subject to preapproval | Covered up to GHC 1,200 within inpatient limit in a policy year subject to preapproval | Covered up to GHC 1,200 within inpatient limit in a policy year subject to preapproval | Covered up to GHC 1,200 within inpatient limit in a policy year subject to preapproval | Covered up to GHC 1,500 within inpatient limit in a policy year subject to preapproval  |
| <b>Newborn Benefit</b>   |  |  |  |  |  |   |
| <b>Cover Period</b>  | 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 1,000   |
| <b>Circumcision For Male Babies Within The First 28 Days</b>   | covered up to GHC 150   |
| <b>Surgery Benefit</b>   |  |  |  |  |  |   |
| <b>Theatre Fees</b>  | Covered up to GHC 3,000 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 | Covered up to GHC 6000 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  |
| <b>Surgeons Fee</b>  |  |  |  |  |  |   |
| <b>Consumables</b>   |  |  |  |  |  |   |
| <b>Recovery Ward</b>   |  |  |  |  |  |   |
| <b>Anesthesia Inl Anesthetist Fees</b>   |  |  |  |  |  |   |
| <b>Dental Benefit</b>  |  |  |  |  |  |   |
| <b>Dental Care</b>   | Covered up to GHC 400 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  | 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 |
| <b>Critical Illness Benefit</b>  |  |  |  |  |  |   |
| <b>Critical Illness Cover</b>  | Covered up to GHC 50,000 [ for the duration of the policy]                             | Covered up to GHC 50,000 [ for the duration of the policy]                             | Covered up to GHC 50,000 [ for the duration of the policy]                             | Covered up to GHC 50,000 [ for the duration of the policy]                             | Covered up to GHC 50,000 [ for the duration of the policy]                             | Covered up to GHC 50,000 [ for the duration of the policy]                              |
| <b>Eye Care Benefit</b>  |  |  |  |  |  |   |
| <b>GP Eye Conditions</b>   | covered within outpatient limit   |
| <b>Ophthalmologist Consultation</b>  | covered within outpatient limit   |
| <b>Ophthalmology Conditions</b>  | covered within outpatient limit   |
| <b>Eye Surgery</b>   | Covered up to GHC 600 within outpatient limit  | Covered up to GHC 700 within outpatient limit  | 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   |
| <b>Spectacle Limit</b>   | Covered up to GHC 200 within outpatient limit  | Covered up to GHC 300 within outpatient limit  | Covered up to GHC 450 within outpatient limit  | Covered up to GHC 500 within outpatient limit  | Covered up to GHC 600 within outpatient limit  | Covered up to GHC 700 within outpatient limit   |
| <b>Rehabilitation Benefit</b>  |  |  |  |  |  |   |
| <b>Physiotherapy</b>   | up to 6 sessions per policy year with a maximum of GHC60.00 per session                | up to 7 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 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 12 sessions per policy year with a maximum of GHC60.00 per session                |