

Premier Care Benefit Table

Routine Pregnancy Medication [Folic Acid, Iron, Multivitamins, Calcium]	covered up to GHC 65 per month within outpatient limit	covered up to GHC 65 per month within outpatient limit	covered up to GHC 65 per month within outpatient limit	covered up to GHC 65 per month within outpatient limit	covered up to GHC 65 per month within outpatient limit	covered up to GHC 65 per month within outpatient limit
Normal Delivery	covered up to GHC 3,000 within inpatient limit	covered up to GHC 3,000 within inpatient limit	covered up to GHC 3,000 within inpatient limit	covered up to GHC 3,000 within inpatient limit	covered up to GHC 3,000 within inpatient limit	covered up to GHC 3,000 within inpatient limit
Assisted Delivery						
Caesarean Section						
Postnatal Consultation	covered within outpatient limit	covered within outpatient limit	covered within outpatient limit			
Complications Arising Out Of Childbirth	covered up to GHC 750 ; pre-approval required	covered up to GHC 750 ; pre-approval required	covered up to GHC 750 ; pre-approval required	covered up to GHC 750 ; pre-approval required	covered up to GHC 750 ; pre-approval required	covered up to GHC 750 ; pre-approval required
Gynecological Surgery (Theatre Fees, Surgeon Fee, Consumables, Recovery Ward, Anesthesia Inl.(anesthetist Fee)	Covered up to GHC 1,500 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	Covered up to GHC 1,500 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	Covered up to GHC 1,500 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
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 1,200	covered up to GHC 1,200	covered up to GHC 1,200			
Circumcision For Male Babies Within The First 28 Days	covered up to GHC 200	covered up to GHC 200	covered up to GHC 200			
Surgery Benefit						
Theatre Fees	Covered up to GHC 4,000 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 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
Surgeons Fee						
Consumables						
Recovery Ward						
Anesthesia Inl Anesthetist Fees						
Dental Benefit						
Dental Care	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	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
Critical Illness Benefit						
Critical Illness Cover	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 80,000 [for the duration of the policy]	Covered up to GHC 80,000 [for the duration of the policy]	Covered up to GHC 80,000 [for the duration of the policy]	Covered up to GHC 80,000 [for the duration of the policy]
Eye Care Benefit						
GP Eye Conditions	covered within outpatient limit	covered within outpatient limit	covered within outpatient limit			
Ophthalmologist Consultation	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			
Eye Surgery	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
Spectacle Limit	Covered up to GHC 400 within outpatient limit	Covered up to GHC 500 within outpatient limit	Covered up to GHC 600 within outpatient limit	Covered up to GHC 800 within outpatient limit	Covered up to GHC 900 within outpatient limit	Covered up to GHC 1,000 within outpatient limit
Rehabilitation Benefit						
Physiotherapy	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