

Region of Cover	Zambia			
	Silver	Gold	Gold Comprehensive	Diamond
Inpatient Benefit Limit	ZMW 25,000.00	ZMW 35,000.00	ZMW 50,000.00	ZMW 70,000.00
Monthly Contribution per Life	250	350	500	750
Hospital Benefits (In-patient) Subject to pre-authorization and clinical treatment protocols				
In-hospital accommodation, specialists, theatre, ward, acute dialysis and medicine costs	Subject to inpatient limit	Subject to inpatient limit	Subject to inpatient limit	Subject to inpatient limit
Emergency Road ambulance services, subject to preauthorisation				
Intensive care				
Specialised radiology (combined limit in and out of hospital)				
In-patient maternity (childbirth)				
Neonatal care (incubator, phototherapy, congenital conditions, prematurity)				
Psychiatric hospitalisation				
Prosthesis (per prosthesis)				
External medical appliances				

Out of Hospital Benefits (Out-patient)				
Outpatient Benefit Limit	ZMW 10,000.00	ZMW 15,000.00	ZMW 20,000.00	ZMW 25,000.00
Acute Conditions Benefit (conditions that generally appear suddenly, progress rapidly and are relatively short in duration) -Consultations (GP and Specialist) -Diagnostic tests, pathology, basic radiology -Out-of-hospital non-surgical procedures, such as applying plaster of paris and stitches -Auxiliary services, such as physiotherapy, chiropractics and speech therapy -Annual medical exams at our doctor's rooms	Subject to outpatient benefit	Subject to outpatient benefit	Subject to outpatient benefit	Subject to outpatient benefit
Acute Medication Benefit				

<p>Chronic Conditions Benefit* (conditions that require medication and treatment for more than three continuous months)</p> <ul style="list-style-type: none">-Consultations (GP and Specialists)-Prescribed chronic medication-Pathology and basic radiology <p>Note: Benefit subject to registration on chronic programme, and specified list of chronic diseases.</p>				
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Out-patient maternity care Note: If this benefit is depleted, then claims will pay from the available Acute ConditionsBenefit limit	Subject to outpatientbenefit	Subject to outpatient benefit	Subject to outpatient benefit	Subject to outpatient benefit
Basic dentistry -Dental consultations -Basic dental procedures, including removal of teeth and roots, fillings, preventative treatment, scaling and polishing, and x-rays	ZMW 3,000.00	ZMW 4,000.00	ZMW 5,000.00	ZMW 7,000.00
Specialised dentistry - Includes root canal treatment, dentures, inlays,crowns, bridges, periodontal treatment, orthodontic treatment, dental surgery including maxilla facial and oral surgery and removal of impacted wisdom teeth. -Orthodontic treatment will be restricted to members under the age of 21 years inclusive.				
Optical benefit - Eye test per insured person per year - Frames and lenses (including contact lenses)every 2 years	ZMW 3,000.00	ZMW 3,500.00	ZMW 4,000.00	ZMW 5,000.00
Specialised radiology (subject to preauthorization whether in or out of hospital,combined limit in and out of hospital) -CT or MRI scans	Subject to outpatient limit	Subject to outpatient limit	Subject to outpatient limit	Subject to outpatient limit
FUNERAL COVER	ZMW 4,000.00	ZMW 4,000.00	ZMW 4,000.00	ZMW 4,000.00