

PREMIER APOMUDEN PLAN (BENEFIT & PREMIUM SCHEDULE)

BENEFITS

ITEM	LEVEL OF COVER	PREMIER APOMUDEN REGULAR	PREMIER APOMUDEN MERCURY	PREMIER APOMUDEN PLATINUM	PREMIER APOMUDEN PLATINUM PLUS
OVERALL PLAN LIMITS	Claims will be paid for you up to the ‘over-all’ plan limit in each plan or Insurance year, subject to the terms and conditions of the plan.	GHC 49,566.00	GHC 77,349.00	GHC 105,132.00	GHC 132,915.00
HEALTH CARE FACILITIES	Accredited Service Providers recognised by the Health Facilities Regulatory Agency (HeFRA) and NHIA across the 16 Regions of the country. They include over 700 Service Providers in Medical, Pharmaceutical, Dental, Optical, Laboratory and Diagnostics services. Please visit our website for their details: https://premierhealthinsurance.org/greater-accra-2/				
OUT – PATIENT COVER					
ANNUAL OUT-PATIENT LIMIT	Treatment related to acute, non-acute, and chronic medical condition. This benefit covers medical practitioners' and specialists' fees, surgical procedures, prescribed drugs and dressings, MRI, PET and CT scans, X-Rays, pathology and other diagnostic tests and procedures. (No admission)	GHC 5,566.00	GHC 8,349.00	GHC 11,132.00	GHC 13,915.00
CONSULTATION	General and Specialist Consultation	Up to Cover Limit			
DIAGNOSTIC INVESTIGATION	Laboratory Obstetric Ultrasound ECG, CT Scan, X-Rays, MRI (<i>Request by Specialist only</i>)	Up to Cover Limit 3 per pregnancy 2 session per insurance year 1 session per insurance year			
PRESCRIBED MEDICINES	Generic and Proprietary or Branded Drugs (<i>Chronic Medication</i>)	Up to Cover Limit (70%)			
MATERNITY CARE	Ante-Natal and Post-Natal	Up to Cover Limit			
DENTAL CARE	(1 year) Basic Dental Care; Filling, Pain Relief, Extractions, Scaling & Polishing etc.	GHC 550.00	GHC 700.00	GHC 800.00	GHC 1,200.00
SPECTACLES	Frame and Lens (2 years) within the Limit of:	GHC 550.00	GHC 700.00	GHC 800.00	GHC 1,200.00
IN – PATIENT COVER					
ANNUAL IN-PATIENT LIMIT:	Medical costs including Intensive Care Costs, Theatre Costs, Hospital Accommodation, Specialists' and Medical Practitioners' Fees, Anesthetists’ Fees, Nursing Fees, Prescribed Drugs and Dressing. (Overnight stay)	GHC 44,000.00	GHC 69,000.00	GHC 94,000.00	GHC 119,000.00
MEDICAL CONSULTATION	General and Specialist Consultation	Up to Cover Limit			
DIAGNOSTIC INVESTIGATION	Laboratory, Imaging, Scans, X-Rays, Ultrasound, MRI, Ct Scans, etc.	Up to Cover Limit			
PRESCRIBED MEDICINES	Generic and Proprietary Medication	Up to Cover Limit			
ICU	Intensive Care Unit	GHC 6,000.00	GHC 7,000.00	GHC 8,000.00	GHC 10,000.00
SURGICAL TREATMENTS	General and Specialist Surgery (<i>Major Procedures</i>)	GHC 5,000.00	GHC 6,300.00	GHC 7,500.00	GHC 10,000.00
MATERNITY CARE	Deliveries; Normal and Assisted Caesarean Deliveries (complications)	GHC 4,300.00	GHC 5,000.00	GHC 6,000.00	GHC 7,300.00
GENERAL ADMISSIONS	General Medical Conditions	GHC 4,000.00	GHC 5,000.00	GHC 6,000.00	GHC 8,000.00
HOSPITAL ACCOMODATION	Executive or Private, Side Ward and General Wards: Up to Cover limit/per night	Up to Cover Limit			

NOTE:

- Maternity care benefits are not available in the first year of insurance.
- Pre-existing surgeries (known and unknown) are not covered in the first year of insurance.

PREMIUMS

CHARACTERISTICS	APOMUDEN REGULAR	APOMUDEN MERCURY	APOMUDEN PLATINUM	APOMUDEN PLATINUM PLUS
	USD	USD	USD	USD
0-59 YEARS	400.00	490.00	565.00	760.00
60-69 YEARS	550.00	685.00	797.50	1,090.00
70+ YEARS	700.00	880.00	1,030.00	1,420.00

NOTE:

- Some Medical conditions may apply percentage increases to the stated basic premiums.
- Refusal to state medical conditions may lead to refusal of corresponding treatment.
- Conversion rate to be determined by the office.