

Quality Effective and Safe Care

MEMBERSHIP PACKAGES



OUT-PATIENT DEPARTMENT (OPD) COVER

- Policy Premium (per person)
- One-off Joining Fee (over 18 years)
- Age Limit
- Policy Activation
- · Consultation with GP
- Consultation with Resident Specialist
- Consultation with Visiting Specialist
- Cfb Laboratory Tests
- External Laboratory Tests
- X-ray & Ultrasound
- CT-Scan
- Emergency Care
- Ambulance
- Physiotherapy
- Under-Five Clinic
- Prescription Medication*
- Medical Consumables*
- Wellness Benefits

SPECIALIST CLINIC COVER

- Dental Clinic
- Ophthalmology Clinic
- Obstetrics & Gynecology Clinic
- Paediatric Clinic
- Cardiology Clinic
- General Surgery Clinic
- Nutrition & Dietetics Clinic

Standard

K690 per month K690

None

After 7 Days Covered

Covered Scheduled clinics

Covered

Not covered

Covered

Reporting fee not

covered

Covered 20kms from Cfb

20 sessions/year

Covered

20% discount

20% discount

Covered*

Covered*

Covered

Covered

Covered

Covered

Covered

Covered

Premium

K960 per month

K960

Under 60 years

After 7 Days Covered

Covered

Clinics & IPD visits

Covered

50% discount

Covered

Covered

Covered

20kms from Cfb 40 sessions/year

Covered

40% discount

40% discount

Covered

Covered*

Covered*

Covered

Covered

Covered

Covered

Covered

Premium Plus

K1,200 per month

K1,200

Over 60 years

After 7 Days

Covered

Covered

Clinics & IPD visits

Covered

50% discount

Covered

Covered

Covered

20kms from Cfb

40 sessions/year

Covered

40% discount

40% discount

Covered

Covered*

Covered*

Covered

Covered

Covered

Covered

Covered

*Terms and Conditions Apply



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MEMBERSHIP PACKAGES



| IN-PATIENT | -DEPARTMENT |
|------------|-------------|
| (IPD) COVE | 3 |

- Hospital Admission
- Intensive Care & High Care
- Admission for medical pre-existing conditions
- General Surgery for Acute Conditions
- General Surgery for Pre-Existing Conditions
- Pregnancy related admission
- OPD & Hospital Admission for New-Born

MATERNITY COVER

- Antenatal Consultation
- Postnatal Consultation
- Antenatal Lab Tests
- Antenatal Ultrasound
- Normal Delivery
- C-section Delivery

| Standard | Premium | Premium Plus |
|--------------------|-----------------|----------------|
| 30 days/year | 45 days/year | 45 days/year |
| Covered | Covered | Covered |
| After 1 year | After 6 months | After 6 months |
| Covered* | Covered* | Covered* |
| After 2 years | After 1 year | After 1 year |
| After 1 year | After 6 months | N/A |
| Covered*(excludes | Covered* | N/A |
| NICU) | (excludes NICU) | |
| | | |
| Covered* | Covered | N/A |
| Covered | Covered | N/A |
| Cfb lab tests only | Covered | N/A |
| Covered | Covered | N/A |
| After 1 year | After 6 months | N/A |
| After 2 years | After 1 year | N/A |

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