****AAH South Sudan

Juba Office: off Munuki Road,

Next to South Sudan Civil Service Commission

*****Kenya, Somali, South Sudan, Uganda, Zambia*

**SCOPE OF THE MEDICAL AND GPA/GL COVER**

The number of staff to be covered is **265** where each staff will be covered for both medical and GPA/GL Insurance Cover. **60** staff will be covered up to a maximum of **5** dependents while **205** staff will be covered up to a maximum of **3** dependents.

**Overall Maximum inpatient Covered Benefit per family per Annum 10,000 USD**

**Summary of benefits that must be included in the cover are**;  
Comprehensive and flexible hospitalization (inpatient) cover, which includes the following services:

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| 1. Surgical fees, Anesthesia & theatre charges |
| 1. Diagnostic tests, Prescription drugs and materials |
| 1. In patient Prescribed Physiotherapy |
| 1. Prescription drugs on discharge |
| 1. Road ambulance evacuation leading to hospitalization |
| 1. Air Tickets for urgent referrals to Uganda, Kenya, Ethiopia, Sudan, Rwanda, and Egypt for treatment not available in South Sudan. |
| 1. Evacuation –emergency rescue by road or air for Patient |
| 1. Pre-existing / chronic conditions on full disclosure at the time of joining & HIV/AIDS and related conditions |
| 1. Inpatient Dental treatment (illness related) excluding prostheses & implants |
| 1. Illness related maxillofacial surgery |
| 1. Psychiatry and psychotherapy |
| 1. Oncology/Cancer treatment covered to full cover limit |
| 1. Acute Renal Dialysis during hospitalization covered to full cover limit |
| 1. Day-care surgery |
| 1. Referral Treatment outside South Sudan |
| 1. X-ray, CT, MRI and PET scans |
| 1. Reconstructive surgery following an accident |
| 1. Organ Transplants |
| 1. Illness related Reconstructive surgery |
| 1. In Patient non accidental Ophthalmology |
| 1. International Hospitalization |
| 1. Overseas referral |
| 1. Congenital and genetic conditions defects |
| 1. **Maternity – Antenatal & Post-natal**   There shall be a maternity benefit of Minimum **US$1000.00** for principal members and spouse  per family per annum to cater for all pregnancy and confinement related hospitalization.   * All claims from pre-existing pregnancies to be payable under the maternity benefit above.   Emergency caesarian section to be catered for under the standard inpatient benefits at a minimum sublimit of **US$1800** per family per annum. |
| 1. Funeral Expenses   **Last Expense**  **Minimum limit US$1000 per family per annum**    **In the event of death of** the insured person during the cover period, on receipt of satisfactory proof of death in writing, the Insurance will be required to pay the amount of Minimum US$1,000 to the policy holder or designated beneficiary within 24 hours upon receipt of proper documentation. |
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**Overall Maximum Outpatient Cover Benefit per family per Annum 2000 USD**

The outpatient cover will cater for all routine outpatient services .The minimum proposed benefits for the cover are:

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| 1. Outpatient Consultation as per set tariff |
| 1. Prescription drugs and Materials |
| 1. Prescribed Diagnostic tests (CT Scan and MRI) |
| 1. Prescribed Physiotherapy |
| 1. Pre-existing / chronic conditions on full disclosure |
| 1. HIV/AIDS (Adherence and Nutritional counseling; Follow-up every 3 months; Prevention of mother to child transmission (PMTCT); ARV’s and monitoring; Opportunistic Infections. |
| 1. Psychiatry and psychotherapy |
| 1. Outpatient Oncology/Cancer |
| 1. CT, MRI , Angiography and PET scans |
| 1. Congenital and genetic conditions defects |
| **Dental - Stand-alone Minimum Benefit: US$. 250.00- Per family per annum**   The Cost of Dental Consultation resulting in treatment expenses, inclusive of • Anesthetist’s fees • Hospital and Operating Theatre cost, • Fillings • Extraction • Root canal • Scaling necessitated by a medical condition and prescribed by appointed dentist once a year  •Replacement or repair of old dentures bridges and plates unless damage to dentures, bridges and plates becomes necessary as a result of accident |
| 1. Optical Services includes frames & lenses   **Optical Stand-alone  Minimum Benefit : US$250.00 Per person per annum**  • Outpatient ophthalmologists expenses • Change of lenses by prescription. • Contact lenses • Laser correction of eye sight to the full limit • Photo chromatic and/or antiglare lenses • Plano lenses • Optical frames payable to the full optical limit. Members entitled to at least one frame every year. |

Medical claims incurred outside the geographical scope and /or the geographical area where no credit facilities are available shall be settled on reimbursement at 100% both inpatient and outpatient limits.