



SCOPE OF THE MEDICAL AND GPA/GL COVER

The number of staff to be covered is 57 where each staff will be covered for both medical and GPA/GL Insurance Cover and up to a maximum of 5 dependents.

Summary of benefits that must be included in the cover are;

Comprehensive and flexible hospitalization (inpatient) cover, which includes the following services:

1. Surgical fees, Anesthesia & theatre charges
2. Diagnostic tests, Prescription drugs and materials
3. In patient Prescribed Physiotherapy
4. Prescription drugs on discharge
5. Road ambulance evacuation leading to hospitalization
6. Air Tickets for <u>urgent</u> referrals to Uganda, Kenya, Ethiopia, Sudan, Rwanda, Egypt and any other country for treatment not available in South Sudan.
7. Evacuation –emergency rescue by road or air for Patient
8. Pre-existing / chronic conditions on full disclosure at the time of joining & HIV/AIDS and related conditions
9. Inpatient Dental treatment (illness related) excluding prostheses & implants
10. Illness related maxillofacial surgery
11. Psychiatry and psychotherapy
12. Oncology/Cancer treatment covered to full cover limit
13. Acute Renal Dialysis during hospitalization covered to full cover limit
14. Day-care surgery
15. Referral Treatment outside South Sudan
16. X-ray, CT, MRI and PET scans
17. Reconstructive surgery following an accident
18. Organ Transplants
19. Illness related Reconstructive surgery
20. In Patient non accidental Ophthalmology
21. International Hospitalization
22. Overseas referral
23. Congenital and genetic conditions defects





24 Maternity – Antenatal & Post-natal

There shall be a maternity benefit for principal members and spouse 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

25 Funeral Expenses

Last Expense

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.

Outpatient

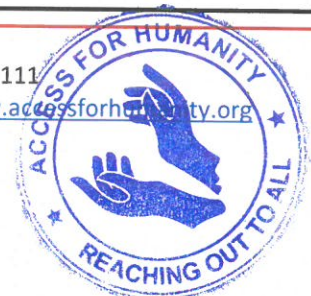
The outpatient will cater for all routine outpatient services .The minimum proposed benefits for the cover are:

1. Outpatient Consultation as per set tariff
2. Prescription drugs and Materials
3. Prescribed Diagnostic tests (CT Scan and MRI)
4. Prescribed Physiotherapy
5. Pre-existing / chronic conditions on full disclosure
6. HIV/AIDS (Adherence and Nutritional counseling; Follow-up every 3 months; Prevention of mother to child transmission (PMTCT); ARV's and monitoring; Opportunistic Infections.
7. Psychiatry and psychotherapy
8. Outpatient Oncology/Cancer
9. CT, MRI , Angiography and PET scans
10. Congenital and genetic conditions defects

Dental -

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





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Optical-

11. Optical Services includes frames & lenses

- 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.

