

**GAB HEALTH INSURANCE PLAN**  
**SUMMARY OF BENEFITS AND COVERAGE (SBC) AT-A-GLANCE FOR FAMILY PLANS**

THIS CHART IS DESIGNED TO GIVE YOU A QUICK COMPARISON OF GAB HEALTH INSURANCE PLAN. FOR BENEFIT DETAILS, PLEASE CONSULT THE POLICY DOCUMENT FOR DESCRIPTION OF COVERAGE BENEFITS AND LIMITATIONS.

	GAB FAM STANDARD 10	GAB FAM STANDARD 20	GAB FAM STANDARD 30	GAB FAM PREMIUM 40	GAB FAM PREMIUM 50	GAB FAM PREMIUM 60	GAB FAM PREMIUM 70+	GAB FAM PREMIUM 80+	GAB FAM PREMIUM 90+	GAB FAM PREMIUM 100+
<b>PLAN FEATURES</b>	<b>OUTPATIENT (OP) BENEFIT PER FAMILY PER ANNUM (GH₵)</b>									
<b>Premium</b>	3,000	4,150	4,800	6,025	6,850	7,650	8,250	11,600	12,900	15,125
<b>Outpatient Benefit Limit</b>	12,000	16,000	20,000	22,500	25,000	30,000	37,500	50,000	65,000	75,000
<b>Territorial Limits</b>	Ghana	Ghana	Ghana	Ghana	Ghana	Ghana	Ghana	Ghana	Ghana	Ghana
<b>General Practitioner Consultation</b>	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered
<b>Specialist Consultation</b> (Including Paediatrician, Gynaecologist, Ophthalmology etc)	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered
<b>Laboratory Investigations required by a doctor</b>	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered
<b>Medical Imaging</b>	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered
<b>Basic</b> (X-Ray, Ultrasound, EKG)										
<b>Advanced</b> MRI, CT SCAN, ECHO, Endoscopy, etc. subject to preauthorization	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered
<b>Radiological Services</b>	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered
<b>Out Patient Minor Surgery</b>	See Surgical Benefit	See Surgical Benefits	See Surgical Benefits	See Surgical Benefits	see Surgery Benefits	See Surgical Benefits	See Surgical Benefits	See Surgical Benefits	See Surgery Benefits	See Surgical Benefits
<b>MEDICINES</b>	Covered	Covered	Covered	Covered	Covered up to OP limit	Covered	Covered	Covered	Covered	Covered
<b>Prescribed Acute Medicines</b>	Covered	Covered	Covered	Covered	Covered up to OP limit	Covered up to OP limit	Covered	Covered	Covered	Covered
<b>Prescribed Chronic Medicines and Treatment</b> including Hypertension, Diabetes, Tuberculosis and HEP B Management (for pre-existing conditions upon disclosure at registration)	Covered	Covered	Covered	Covered	Covered up to OP limit	Covered up to OP limit	Covered	Covered	Covered	Covered
<b>Vitamins</b>	Covered as part of treatment but see Exclusions Criteria	Covered as part of treatment but see Exclusions Criteria	Covered as part of treatment subject to pre-authorization	Covered as part of treatment but see Exclusions Criteria	Covered as part of treatment but see Exclusions Criteria	Covered as part of treatment but see Exclusions Criteria	Covered as part of treatment but see Exclusions Criteria	Covered as part of treatment but subject to pre-authorization	Covered as part of treatment but see Exclusions Criteria	Covered as part of treatment but subject to pre-authorization
<b>Herbal Medicine</b>										
<b>Herbal Consultations and Medicines</b>	Certified by government institutions only and subject to pre-authorization	Certified by government institutions only and subject to pre-authorization	Certified by government institutions only and subject to pre-authorization	Certified by government institutions only and subject to pre-authorization	Certified by government institutions only and subject to pre-authorization	Certified by government institutions only and subject to pre-authorization	Certified by government institutions only and subject to pre-authorization	Certified by government institutions only and subject to pre-authorization	Certified by government institutions only and subject to pre-authorization	Certified by government institutions only and subject to pre-authorization
<b>Outpatient Maternity</b> (Antenatal Consultations, Obstetrics Ultrasounds, Medication Folic Acid, Iron, Calcium)	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered
<b>Consumables</b> (Infusions, Materials for Dressing, Sutures, Bandages, Syringes, Catheters, Giving Sets, Cannulae)	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered
<b>AUXILIARY &amp; REHABILITATION SERVICES</b>										
<b>Mental Health -therapy sessions</b>	Covered up to OP limit and subject to pre-authorization	Covered up to OP limit and subject to pre-authorization	Covered up to OP limit subject to pre-authorization	Covered up to OP limit and subject to pre-authorization	Covered up to OP limit and subject to pre-authorization	Covered up to OP limit and subject to pre-authorization	Covered up to OP limit and subject to pre-authorization	Covered up to OP limit and subject to pre-authorization	Covered up to OP limit and subject to pre-authorization	Covered up to OP limit and subject to pre-authorization
<b>Physiotherapy</b>	Covered up to OP limit and subject to pre-authorization	Covered up to OP limit and subject to pre-authorization	Covered up to OP limit subject to pre-authorization	Covered up to OP limit and subject to pre-authorization	Covered up to OP limit and subject to pre-authorization	Covered up to OP limit and subject to pre-authorization	Covered up to OP limit and subject to pre-authorization	Covered up to OP limit and subject to pre-authorization	Covered up to OP limit and subject to pre-authorization	Covered up to OP limit and subject to pre-authorization
<b>Chiropractic</b>	Covered up to OP limit and subject to pre-authorization	Covered up to OP limit and subject to pre-authorization	Covered up to OP limit subject to pre-authorization	Covered up to OP limit and subject to pre-authorization	Covered up to OP limit and subject to pre-authorization	Covered up to OP limit and subject to pre-authorization	Covered up to OP limit and subject to pre-authorization	Covered up to OP limit and subject to pre-authorization	Covered up to OP limit and subject to pre-authorization	Covered up to OP limit and subject to pre-authorization
<b>Special skills training</b>	Covered up to OP limit and subject to pre-authorization	Covered up to OP limit and subject to pre-authorization	Covered up to OP limit subject to pre-authorization	Covered up to OP limit and subject to pre-authorization	Covered up to OP limit and subject to pre-authorization	Covered up to OP limit and subject to pre-authorization	Covered up to OP limit and subject to pre-authorization	Covered up to OP limit and subject to pre-authorization	Covered up to OP limit and subject to pre-authorization	Covered up to OP limit and subject to pre-authorization
<b>Speech Therapy</b>	Covered up to OP limit and subject to pre-authorization	Covered up to OP limit and subject to pre-authorization	Covered up to OP limit subject to pre-authorization	Covered up to OP limit and subject to pre-authorization	Covered up to OP limit and subject to pre-authorization	Covered up to OP limit and subject to pre-authorization	Covered up to OP limit and subject to pre-authorization	Covered up to OP limit and subject to pre-authorization	Covered up to OP limit and subject to pre-authorization	Covered up to OP limit and subject to pre-authorization
<b>Dietician</b>	Covered subject to pre-authorization	Covered subject to pre-authorization	Covered	Covered subject to pre-authorization	Covered subject to pre-authorization	Covered subject to pre-authorization	Covered subject to pre-authorization	Covered subject to pre-authorization	Covered subject to pre-authorization	Covered subject to pre-authorization
<b>Complimentary Services</b>										
<b>Acupuncture, Chiropractic</b>	Covered up to OP limit, subject to pre-authorization and upon referral and at tertiary institutions and designated centers	Covered up to OP limit, subject to pre-authorization and upon referral and at tertiary institutions and designated centers	Covered up to OP limit, subject to pre-authorization and upon referral and at tertiary institutions and designated centers	Covered up to OP limit, subject to pre-authorization and upon referral and at tertiary institutions and designated centers	Covered up to OP limit, subject to pre-authorization and upon referral and at tertiary institutions and designated centers	Covered up to OP limit, subject to pre-authorization and upon referral and at tertiary institutions and designated centers	Covered up to OP limit, subject to pre-authorization and upon referral and at tertiary institutions and designated centers	Covered up to OP limit, subject to pre-authorization and upon referral and at tertiary institutions and designated centers	Covered up to OP limit, subject to pre-authorization and upon referral and at tertiary institutions and designated centers	Covered up to OP limit, subject to pre-authorization and upon referral and at tertiary institutions and designated centers
<b>Emergency/Ground Ambulance &amp; Stabilization</b>	Covered by MEDFOCUS	Covered by MEDFOCUS	Covered by MEDFOCUS	Covered by MEDFOCUS	Covered by MEDFOCUS	Covered by MEDFOCUS	Covered by MEDFOCUS	Covered by MEDFOCUS	Covered by MEDFOCUS	Covered by MEDFOCUS
<b>DENTAL BENEFIT</b>										
<b>Basic Dentistry</b> (Consultation, X-ray, Extractions, Fillings, Scaling and Polishing)	Covered up to 750	Covered up to 900	Covered up to 900	Covered up to 1050	Covered up to 1,200	Covered up to 1,500	Covered up to 1,800	Covered up to 2,250	Covered up to 3,750	Covered up to 6,000
<b>Specialist Dentistry</b> (Root canal, Periodontal and Orthodontic treatment)	Covered up to 750	Covered up to 900	Covered up to 900	Covered up to 1050	Covered up to 1,200	Covered up to 1,500	Covered up to 1,800	Covered up to 2,250	Covered up to 3,750	Covered up to 6,000
<b>EYE CARE BENEFIT</b>										
<b>Lens Only</b>	Covered up to 450 once every 2 years	Covered up to 450 once every 2 years	Covered up to 600 once every 2 years	Covered up to 600 once every 2 years	Covered up to 1,500 once every 2 years	Covered up to 1,800 once every 2 years	Covered up to 1,800 once every 2 years	Covered up to 2,250 once every 2 years	Covered up to OPB limit	Covered up to OPB limit
<b>Frames only</b>	Covered up to 450 once every 2 years	Covered up to 450 once every 2 years	Covered up to 600 once every 2 years	Covered up to 600 once every 2 years	Covered up to 1,200 once every 2 years	Covered up to 1,500 once every 2 years	Covered up to 1,500 once every 2 years	Covered up to 2,250 once every 2 years	Covered up to 2,250	Covered up to 3,000
<b>Ophthalmology Conditions</b> (Routine examination, Treatment of infection, simple eye surgeries)	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered
<b>Psychiatric Care</b>	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered
<b>ANNUAL MEDICAL SCREENING</b>										
<b>Annual Routine Medical Examinations</b> will be arranged and provided for by GHIC	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered
<b>PLAN FEATURES</b>	<b>INPATIENT (IP) BENEFIT PER PERSON PER ANNUM (GH₵)</b>									
<b>Inpatient Benefit Limit</b>	70,000	100,000	126,000	135,000	145,000	165,000	180,000	230,000	300,000	520,000
<b>Overall Limit</b>	82,000	116,000	146,000	157,500	170,000	195,000	217,500	280,000	365,000	595,000
<b>ADMISSION BENEFITS</b>			Covered					Covered		
<b>Room and Board or Accomodation</b>	Side Ward LIMIT 100 / DAY	Side Ward - LIMIT 120 / DAY	Side Ward LIMIT 140 / DAY	Side Ward LIMIT 160 / DAY	Side Ward LIMIT 180 / DAY	Side Ward LIMIT 200 / DAY	Private/Side Ward LIMIT 220 / DAY	Private/Side Ward LIMIT 280 / DAY	Private/Side Ward LIMIT 300 / DAY	Private/VIP LIMIT 350 / DAY
<b>Admission fees</b>	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered

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Feeding	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Nursing Care	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Stabilization	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Investigations in Hospitals	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Prescribed Chronic & Acute Medicines	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Tertiary Referrals	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Road Ambulance	Covered BY MEDFOCUS	Covered BY MEDFOCUS	Covered by MEDFOCUS	Covered by MEDFOCUS	Covered by MEDFOCUS	Covered by MEDFOCUS	Covered by MEDFOCUS	Covered by MEDFOCUS	Covered by MEDFOCUS	Covered by MEDFOCUS
Sundries and Supplies	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered
<b>SURGERY BENEFIT (MINOR/MAJOR)</b>										
Surgical benefits include:Theatre & Recovery Ward Fees, Prosthesis and Implants	6,000	7,000	8,000	9,000	10,000	11,000	12,000	18,000	25,000	35,000
Physician fee, Surgeons and Anaesthesia Fee	See above	See above	See above	See above	See above	See above	See above	See above	See above	See above
Consumables (Infusions, Materials for Dressing, Sutures, Bandages, Syringes, Catheters, Giving Sets, Cannulae, intravenous preps)	See above	See above	See above	See above	See above	See above	See above	See above	See above	See above
<b>Intensive Special Care Services</b>	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered
<b>Psychiatric Hospitalization</b>	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered
<b>CRITICAL ILLNESS BENEFIT</b>										
<b>Cancer Treatment</b> (Investigations & Treatment)										
<b>Organ Transplant</b> ( Heart Kidney, Liver), <b>Acute Renal Dialysis</b>	Covered up to 40,000	Covered up to 60,000	Covered up to 70,000	Covered up to 80,000	Covered up to 90,000	Covered up to 100,000	Covered up to 110,000	Covered up to 130,000	Covered up to 160,000	Covered up to 260,000
<b>Other Critical Illnesses - see Schedule V</b>										
<b>MATERNITY BENEFIT</b>										
Normal Delivery, Assisted Delivery, Caesarean Section	Covered up to 4,000	Covered up to 4,500	Covered up to 5,000	Covered up to 5,500	Covered up to 6,000	Covered up to 6,500	Covered up to 7,000	Covered up to IPB limit	Covered up to IPB limit	Covered up to IPB limit
Postnatal Consultation including complications arising out of Childbirth	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered
<b>NEWBORN BENEFIT</b>										
Cover Period	6 weeks	6 weeks	6 weeks	6 weeks	6 weeks	6 weeks	6 weeks	6 weeks	6 weeks	6 weeks
Neonatal Conditions not Congenital in nature for first 28 Days of Baby's Life, provided Mother is a policyholder	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Circumcision for Male Babies within the first 28 days, Phototherapy, Incubator	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered
<b>EMERGENCY MEDICAL EVACUATION &amp; REPATRIATIONS</b>										
<b>Medical Evacuation &amp; Repatriation</b>	See International Health Insurance Cover	See International Health Insurance Cover	See International Health Insurance Cover	See International Health Insurance Cover	See International Health Insurance Cover	See International Health Insurance Cover	See International Health Care Cover	See International Health Care Cover	See International Health Care Cover	See International Health Care Cover
<b>Compassionate Travel</b>	(One Return Economy Class Air Fare, Up to USD50 per day for Ancillary Charges (Max 14 days)	(One Return Economy Class Air Fare, Up to USD50 per day for Ancillary Charges (Max 14 days)	(One Return Economy Class Air Fare, Up to USD50 per day for Ancillary Charges (Max 14 days)	(One Return Economy Class Air Fare, Up to USD50 per day for Ancillary Charges (Max 14 days)	(One Return Economy Class Air Fare, Up to USD50 per day for Ancillary Charges (Max 14 days)	(One Return Economy Class Air Fare, Up to USD50 per day for Ancillary Charges (Max 14 days)	(One Return Economy Class Air Fare, Up to USD50 per day for Ancillary Charges (Max 14 days)	(One Return Economy Class Air Fare, Up to USD50 per day for Ancillary Charges (Max 14 days)	(One Return Economy Class Air Fare, Up to USD50 per day for Ancillary Charges (Max 14 days)	(One Return Economy Class Air Fare, Up to USD50 per day for Ancillary Charges (Max 14 days)