

<b>In-patient Benefits (Sub-limits of Overall Maximum)</b>
Surgical fees, Anesthesia & theatre charges
Diagnostic tests, Prescription drugs and materials
In patient Prescribed Physiotherapy
Prescription drugs on discharge
Road ambulance evacuation leading to hospitalization
Air Tickets for <u>urgent</u> referrals to Juba, on a commercial flight
In patient accident cover
Pre-existing / chronic conditions on full disclosure at the time of joining & HIV/AIDS and related conditions (Sub-limit of overall cover)
Inpatient Dental treatment (illness related) excluding prostheses & implants
Illness related maxillofacial surgery
Maternity – (normal delivery, complications & subsequent caesarean section deliveries)
Psychiatry and psychotherapy
Oncology/Cancer treatment covered to full cover limit at first diagnosis but subsequently as a sub-limit to the overall cover
Acute Renal Dialysis during hospitalization covered to full cover limit for first diagnosis but subsequent treatments subject to sub-limits as shown
Day-care surgery – Subject to pre-authorization
X-ray, CT, MRI and PET scans ( Subject to pre-authorization)
Reconstructive surgery following an accident
Organ Transplants
Illness related Reconstructive surgery ( Excludes cosmetic surgery)
In Patient non accidental Ophthalmology
Congenital and genetic conditions defects
Funeral Expenses
Overall Cover Benefit Limit Per Family (USD)
Out-Patient Benefits
Outpatient Consultation as per set tariff
Prescription drugs and Materials
Prescribed Diagnostic tests (CT Scan and MRI require pre-authorization)
Prescribed Physiotherapy
Pre-existing / chronic conditions on full disclosure
HIV/AIDS (Adherence and Nutritional counseling; Follow-up every 3 months; Prevention of mother to child transmission (PMTCT); ARV's and monitoring; Opportunistic Infections.
Maternity – Antenatal & Post natal
Psychiatry and psychotherapy
Outpatient Oncology/Cancer

CT, MRI , Angiography and PET scans ( Subject to pre-authorization)

Congenital and genetic conditions defects