

LOCAL COVER

| MEDICAL INSURANCE PLAN | LOCAL COVER | | GOLD (USD) | DIAMOND (USD) |
|--|-------------|----------------------------|------------|----------------------------|
| AREA OF COVER | | ZAMBIA | | ZAMBIA |
| OVERALL LIMIT | | 3,500.00 | | 8,000.00 |
| Outpatient | | 700.00 | | 1000.00 |
| In Patient | | 1,500.00 | | 4600.00 |
| Laboratory/scans/x-rays | | 500.00 | | 600.00 |
| Medication | | 200.00 | | 400.00 |
| MATERNITY COVER | | 600.00 | | 1,400.00 |
| Ante-Natal care | | Subject to Maternity Cover | | Subject to Maternity Cover |
| Normal delivery | | Subject to Maternity Cover | | Subject to Maternity Cover |
| In-Patient maternity (complications) | | Subject to Maternity Cover | | Subject to Maternity Cover |
| Postnatal Visits | | Subject to Maternity Cover | | Subject to Maternity Cover |
| External Medical Appliances | | 70.00 | | 87.00 |
| Major Disease Benefits (Chronic Diseases) | | 2,500 | | 3000 |
| MEDICAL EVACUATION (local) | | | | |
| Emergency road ambulance services | | 350.00 | | 420.00 |
| (subject to pre-authorization) | | | | |
| DENTISTRY | | | | |
| Basic Dentistry (Extraction,Fillings,x-Rays,pain management) | | 100.00 | | 125.00 |
| Specialized Dentistry (Root canal Treatment,Bridges, Inlays,Orals Surgery,Periodontal) | | 200.00 | | 220.00 |
| OPTICAL BENEFITS | | 70.00 | | 90.00 |
| Optical Lens and Frame | | | | |
| 2 X year Eye Examination | | | | |
| PHYSIO (OUT-PATIENT) | | | | |
| Auxillary services (Physiotherapy & chiropractor) | | 75.00 | | 95.00 |

LOCAL COVER

| MEDICAL INSURANCE PLAN | LOCAL COVER | | PLATINUM (USD) | RUBY (USD) |
|--|-------------|----------------------------|----------------|----------------------------|
| AREA OF COVER | | ZAMBIA | | ZAMBIA |
| OVERALL LIMIT | | 14,500.00 | | 19,500.00 |
| Outpatient | | 1300.00 | | 2000.00 |
| In Patient | | 9000.00 | | 12500.00 |
| Laboratory/scans/x-rays | | 1000.00 | | 2000.00 |
| Medication | | 500.00 | | 1000.00 |
| MATERNITY COVER | | 1,700.00 | | 2,500.00 |
| Ante-Natal care | | Subject to Maternity Cover | | Subject to Maternity Cover |
| Normal delivery | | Subject to Maternity Cover | | Subject to Maternity Cover |
| In-Patient maternity (complications) | | Subject to Maternity Cover | | Subject to Maternity Cover |
| Postnatal Visits | | Subject to Maternity Cover | | Subject to Maternity Cover |
| External Medical Appliances | | 122.00 | | 140.00 |
| Major Disease Benefits (Chronic Diseases) | | 3,500.00 | | 4,000.00 |
| MEDICAL EVACUATION (local) | | | | |
| Emergency road ambulance services | | 425.00 | | 500.00 |
| (subject to pre-authorisation) | | | | |
| DENTISTRY | | | | |
| Basic Dentistry (Extraction,Fillings,x-Rays,pain management) | | 150.00 | | 215.00 |

| | | |
|--|--------|--------|
| Specialised Dentistry (Root canal Treatment,Bridges, Inlays,Orals Surgery,Periodontal) | 230.00 | 315.00 |
| OPTICAL BENEFITS | 120.00 | 140.00 |
| Optical Lens and Frame | | |
| 2 X year Eye Examination | | |
| PHYSIO (OUT-PATIENT) | | |
| Auxillary services (Physiotherapy & chiropractor) | 110.00 | 130.00 |