

Description	Product Category	Bronze	Silver	Gold
Total Cover	IP/OP	GHS 9,000	GHS 18,000	GHS 30,000
Out Patient limit	OP	GHS 1,500	GHS 3,000	GHS 5,000
In Patient Limit	IP	GHS 6,100	GHS 12,600	GHS 21,500
Medication Limit	IP/OP	GHS 500	GHS 900	GHS 1,500
Laboratory/Scan/Diagnostics Tests limit (Requisition required)	IP/OP	GHS 900	GHS 1,500	GHS 2,000
GP Consultation	IP/OP	GHS 100 per visit	GHS 150 per visit	GHS 200 per visit
Ambulance Service	IP/OP	GHS 600 @200 per trip	GHS 600 @200 per trip	GHS 600 @200 per trip
Cancer Care	IP/OP	GHS 2,500	GHS 3,000	GHS 4,000
Chiropractic Consultation	OP	GHS 50 per visit	GHS 70 per visit	GHS 90 per visit
Chiropractic Service	OP	Max GHS 100 @ GHS 50 per session	Max GHS 100 @ GHS 50 per session	Max GHS 200 @ GHS 50 per session
Dental care (Including X-Rays, Extractions, filling, scaling and polishing)	OP	Covered up to GHS 250	Covered up to GHS 300	Covered up to GHS 400
Erectile Dysfunction (consultation)	OP	Covered up to GHS 400	Covered up to GHS 400	Covered up to GHS 500
Eye Care (Consultation, Eye Tests)	IP/OP	Covered up to GHS 200	Covered up to GHS 250	Covered up to GHS 350
Eye Surgery	IP	Covered up to GHS 500	Covered up to GHS 750	Covered up to GHS 1,000
Dialysis	IP	60% of IP limit	60% OF IP limit	60% OF IP limit
Fertility Consultation	OP	Covered up to GHS 400	Covered up to GHS 400	Covered up to GHS 500
Intensive Care	IP	Covered up to GHS 2,000	Covered up to GHS 3,000	Covered up to GHS 4,000
Mammogram	OP	Covered up to GHS 400	Covered up to GHS 400	Covered up to GHS 400
Maternity Care (After 11 Months) (Normal delivery / Assisted Surgical delivery)	IP	Covered up to GHS 1,500	Covered up to GHS 1,500	Covered up to GHS 1,500
Maternity Care (Antenatal/Postnatal)	OP	Covered (After 11months; 4scans)	Covered (After 11months; 4scans)	Covered (After 11months; 4scans)
Physiotherapy Consultation	OP	GHS 50 per visit	GHS 70 per visit	GHS 90 per visit
Physiotherapy (Pre- authorization required)	OP	Covered up to GHS 500; GHS 100 per session	Covered up to GHS 500; GHS per session	Covered up to GHS 500; GHS per session
Psychiatric Care	OP	Covered up to GHS 600	Covered up to GHS 900	Covered up to GHS 1,500
Spectacles	OP	Lens and frames covered up to GHS 200 for 2 years	Lens and frames covered up to GHS 500 for 2 years	Lens and frames covered up to GHS 500 for 2 years
Surgical and Medical Treatment	IP	Covered up to GHS 1000	Covered up to GHS 2,000	Covered up to GHS 3,000
Hospital Accommodation (including feeding)	IP	Covered up to GHS 100/day	Covered up to GHS 150/day	Covered up to GHS 200/day

NB: 100% Loading for clients above 62years. 100% loading for client with Pre-existing medical conditions



Description	Product Category	Diamond	Platinum	Sapphire
Total Cover	IP/OP	GHS 60,000	GHS 95,000	GHS 190,000
Out Patient limit	OP	GHS 10,000	GHS 20,000	GHS 40,000
In Patient Limit	IP	GHS 41,250	GHS 57,500	GHS 115,000
Medication Limit	IP/OP	GHS 3,750	GHS 7,500	GHS 15,000
Laboratory/Scan/Diagnostics Tests limit (Requisition required)	IP/OP	GHS 5,000	GHS 10,000	GHS 20,000
GP Consultation	IP/OP	GHS 300 per visit	GHS 500 per visit	GHS 1000 per visit
Ambulance Service	IP/OP	GHS 1,500 @500 per trip	GHS 3,000 @1000 per trip	GHS 10,000 @2,000 per trip
Cancer Care	IP/OP	GHS 7,000	GHS 15,000	GHS 20,000
Chiropractic Consultation	OP	GHS 400 per visit	GHS 500 per visit	GHS 600 per visit
Chiropractic Service	OP	Covered up to GHS 1,500	Covered up to GHS 2,500	Covered up to GHS 5,000
Dental care (Including X-Rays, Extractions, filling, scaling and polishing)	OP	Covered up to GHS 800	Covered up to GHS 1,500	Covered up to GHS 2,500
Erectile Dysfunction (consultation)	OP	Covered up to GHS 1,000	Covered up to GHS 1,500	Covered up to GHS 2,500
Eye Care (Consultation, Eye Tests)	IP/OP	Covered up to GHS 1,000	Covered up to GHS 1,000	Covered up to GHS 2,000
Eye Surgery	IP	Covered up to GHS 1,500	Covered up to GHS 2,200	Covered up to GHS 5,000
Dialysis	IP	60% of IP limit	60% of IP limit	60% of IP limit
Fertility Consultation	OP	Covered up to GHS 1,500	Covered to GHS 1,500	Covered up to GHS 2,500
Intensive Care	IP	Covered up to GHS 10,000	Covered up to GHS 25,000	Covered up to GHS 40,000
Mammogram	OP	Covered up to GHS 1,000	Covered up to GHS 2,000	Covered up to GHS 3,000
Maternity Care (After 11 Months) (Normal delivery / Assisted Surgical delivery)	IP	Covered up to GHS 3,500	Covered up to GHS 5,000	Covered up to GHS 10,000
Maternity Care (Antenatal/Postnatal)	OP	Covered (After 11months; 6 scans)	Covered (After 11months; 6 scans)	Covered (After 11months; 6 scans)
Physiotherapy Consultation	OP	GHS 200 per visit	GHS 300 per visit	GHS 500 per visit
Physiotherapy (Pre- authorization required)	OP	Covered up to GHS 1000; GHS 200 per session	Covered up to GHS 1,500; GHS 250 per session	Covered up to GHS 3,000; GHS 300 per session
Psychiatric Care	OP	Covered up to GHS 2,500	Covered up to GHS 3,500	Covered up to GHS 5,000
Spectacles	OP	Lens and frames covered up to GHS 1,000 for 2 years	Lens and frames covered up to GHS 1,500 for 2 years	Lens and frames covered up to GHS 2,500 for 2 years
Surgical and Medical Treatment	IP	Covered up to GHS 5,000	Covered up to GHS 10,000	Covered up to GHS 15,000
Hospital Accommodation (including feeding)	IP	Covered up to GHS 500/day	Covered up to GHS 800/day	Covered up to GHS 2000/day

NB: 100% Loading for clients above 62years. 100% loading for client with Pre-existing medical conditions.

Customer Verification Process

- Dial *915# OR WhatsApp +12032939850
- Choose Insurance
- Enter Insurance Number
- Enter Password





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