

HEALTH INSURANCE PACKAGES FROM STRATEGIS INSURANCE TANZANIA LIMITED AVAILABLE AT NIMO INSURANCE SERVICES

1. AFYA BASIC

The premium for this package depends on age, with maximum age limit being 59 years.

AGE	ANNUAL PREMIUM in TZS.
0-17	800,415
18-24	920,588
25-39	1,058,400
40-49	1,216,609
50-54	1,460,813
55-59	1,752,975

BENEFITS OF AFYA BASIC PER PERSON

BENEFITS TYPE	BENEFIT AMOUNT in TZS
INPATIENT	20,000,000
OUTPATIENT	1,000,000
MATERNITY (CHILD BIRTH)	3,000,000
DENTAL	200,000
OPTICAL	200,000
TOTAL MEDICAL BENEFIT	TZS 24,400,000

The total annual medical expense coverage for **Afya Basic** is up-to **TZS 24,400,000**

The following is the breakdown of the medical benefits included in the **Afya Basic**.

PRODUCT OPTION	AFYA BASIC BENEFIT
Region of Cover (Inpatient services will be treated within Tanzania only for Afya Basic package)	Tanzania
Network of Providers (Member will have access of services to Credit Providers only within the Network available under plan selected. There would be no reimbursement to members for the services outside network)	Standard Network.
INPATIENT BENEFITS	
→Subject to approval and pre-authorization (within In patient limits and subject to limit per benefit.)	
Over-all In-Patient Benefit Limit for accidents and illness	20,000,000
In-hospital accommodation, specialists, theatre, ward, and medicines. It must be medically essential to occupy a hospital bed and We will not pay for the extra costs of a deluxe, executive or VIP suite etc.	Standard Room up to 200,000
Internal Prostheses (Total benefit) subject to Overall benefits Limit	Covered
Magnetic Resonance Imaging (MRI) and Computed Tomography (CT) scans for Inpatient and Outpatient treatment. We pay for MRI and CT scans when recommended by specialist Doctors (Strategis Pre-authorization required)	Covered
Day surgical operations (Strategis Pre-authorization required). We pay for surgeons' and anesthetist's fees for a surgical operation, including all pre and post-operative care	Covered
Congenital conditions, Neonatal care (Incubator, phototherapy and pre maturity) as a sublimit of Overall In patient benefit. (We will pay only for treatment of the patient, the person taking care of the patient will not be covered).	Covered up to 5,000,000
Dental treatment as a result of accidental damage to natural teeth	Covered
Maxilla - Facial surgery related to trauma	Covered
Circumcision as a sub-limit of overall Inpatient benefit	Covered up to 200,000
External Medical Appliances like: Hearing Aids, Glucometer, Nebulizers, Crutches and Wheel chairs (Limited to 1 Appliance per year) as a sub limit of overall Inpatient benefit	Covered up to 100,000
Psychiatric hospitalization	Covered up to 20% of overall In-Patient Limit
PRE – EXISTING and CHRONIC Diseases including HIV/AIDS (for HIV/AIDS this includes opportunistic diseases & ARV'S) As a sublimit of overall Inpatient Benefit and subject to pre authorization.	Covered up to 10,000,000
Covers hospitalization, medication, treatment and consultation by a general doctor (or a specialist doctor) while admitted for a registered chronic or pre-existing condition including but not limited to Cancer, Organ Transplant (excludes donor cost) and Kidney Dialysis. We pay for this Benefit Only after you have been covered under the plan for 12Months	Covered
COVID 19 Treatment (As a sublimit within overall Inpatient Limit for inpatient cases) Subject to approval and preauthorisation. Cover include Consultation, testing and medication for members with symptoms. Accomodation/ bed/Room charges payable up to the maximum limit of the scheme per day. The insured shall be covered up to the full Outpatient limit for day to day cases.This cover exclude test for non-symptomatic members, any	Covered up to 3,500,000

cost related to isolation/quarantine and COVID 19 test requested for normal (non- medical) travel.	
MATERNITY (CHILD BIRTH)	
In patient Maternity (Child Birth) (subject to preauthorization) As a sublimit within Overall IP Limit. Includes Normal delivery & Caesarean Section and complications arising out of delivery. We pay for maternity Benefit Only after you have been covered under the plan for 12 Months	3,000,000
INTERNATIONAL REFERRAL BENEFITS (→Subject to approval and preauthorization (within In patient limits and subject to limit per benefit))	
International referral (Subject to Overall IP Limit) for treatment unavailable in Tanzania	Not Covered
Care for accompanying a referred person	Not Covered
Foreign Inpatient Treatment at the option of the member (Elective) even when such treatment is available in Tanzania. Travel and boarding costs not covered. This cover would be on reimbursement basis, and we will pay only necessary, reasonable and customary charges as it would have cost Strategis to arrange the treatment. This is irrespective of what has/would be incurred by the member.	Not Covered
Repatriation of Remains following an international referral	Not Covered
OUTPATIENT BENEFITS (Within Tanzania Only)	
Overall Limit of Outpatient (OPD)	1,000,000
Primary consultations and treatment to include medical practitioners fee, prescribed medicines, drugs and dressings.	Covered
Radiology, Pathology, Diagnostic tests & procedures	Covered
Outpatient Maternity Care - Covers Antenatal & Postnatal Clinic visits.	Covered
Specialists & Consultation fees for consultations prescribed medicines, drugs and dressings	Covered
Physiotherapy (As a sub limit within the overall Out Patient Limit)	Covered up to 250,000
Medication for Outpatient Chronic conditions (Refer Chronic Conditions List)	Covered
OPTICAL (EYES)	
Optical benefit (Strategis Pre-authorization required) Additional stand-alone benefit.	200,000
Consultation plus One Eye test per annum,	
Frames and Lenses every two (2) years	
DENTAL (ORAL/MOUTH)	
Basic Dentistry (Strategis Pre-authorization required) Additional stand-alone benefit	200,000
Basic dental procedures including, consultation, removal of teeth, fillings, x-rays, scaling and polishing. This will also cover Root Canal	
EMERGENCY RESCUE AND EVACUATION SERVICES (→Subject to approval and preauthorization (within In patient limits and subject to limit per benefit))	
Road Ambulance to the nearest hospital where required services are available within Tanzania. Shall be carried out for life-threatening conditions as ascertained by a medical practitioner	Covered within overall In Patient Limit

Air Ambulance to the nearest hospital where required services are available within Tanzania	Not Covered
FUNERAL BENEFIT	
Assistance	500,000
VALUE ADDED BENEFIT (To be offered at no additional Premium)	
Lifestyle Benefits - Covers treatment, medication and investigations for various lifestyle choices (treatment of menopausal symptoms, contraception and Hepatitis B Vaccination) -Additional limit per member	100,000
Annual Medical Check Up - Once per year at doctor's room. Covering Urinalysis, Haemogram, Stool test, BMI, Blood Pressure/Sugar, Chest X-ray and PSA & Pap Smear. Covered within Outpatient Limit	100,000

WAITING PERIODS:

1. Pre-existing and Chronic conditions whether or not it was known to the member - 12 months
2. Maternity including Ceasarian Section and termination of pregnancy due to any cause - 12 months
3. Foreign Treatment - 12 months
4. 3 Months waiting period for non-emergency hospitalization

2. AFYA PLUS

Ada ya kifurushi hiki cha bima hutegemea umri

AGE	PREMIUM in TZS
0-17	920,477
18-24	1,058,676
25-39	1,270,080
40-49	1,484,263
50-54	1,781,116
55-59	2,138,630

BENEFITS OF AFYA PLUS PER PERSON

BENEFIT TYPE	BENEFIT AMOUNT in TZS
INPATIENT	30,000,000
OUTPATIENT	1,500,000
MATERNITY	3,500,000
DENTAL	250,000
MACHO / OPTICAL	250,000
TOTAL MEDICAL BENEFIT	TZS 35,500,000

The total annual medical expense coverage for [Afya Plus](#) is up-to **TZS 35,500,000**

The following is the breakdown of the medical benefits included in the **Afya Plus**.

PRODUCT OPTION	AFYA PLUS BENEFIT
Region of Cover (Inpatient services will be treated within Tanzania for Afya PLUS package, and extended to India in case of referrals for treatment unavailable in Tanzania)	Tanzania and India on referral
Network of Providers (Member will have access of services to Credit Providers only within the Network available under plan selected. There would be no reimbursement to members for the services outside network)	Standard Plus Network.
INPATIENT BENEFITS →Subject to approval and pre-authorization (within In patient limits and subject to limit per benefit.)	
Over-all In-Patient Benefit Limit for accidents and illness	30,000,000
In-hospital accommodation, specialists, theatre, ward, and medicines. It must be medically essential to occupy a hospital bed and We will not pay for the extra costs of a deluxe, executive or VIP suite etc.	Standard Room up to 250,000
Internal Prostheses (Total benefit) subject to Overall benefits Limit	Covered
Magnetic Resonance Imaging (MRI) and Computed Tomography (CT) scans for Inpatient and Outpatient treatment. We pay for MRI and CT scans when recommended by specialist Doctors (Strategis Pre-authorization required)	Covered
Day surgical operations (Strategis Pre-authorization required). We pay for surgeons' and anesthetist's fees for a surgical operation, including all pre and post-operative care	Covered
Congenital conditions, Neonatal care (Incubator, phototherapy and pre maturity) as a sublimit of Overall In patient benefit. (We will pay only for treatment of the patient, the person taking care of the patient will not be covered).	Covered up to 10,000,000
Dental treatment as a result of accidental damage to natural teeth	Covered
Maxilla - Facial surgery related to trauma	Covered
Circumcision as a sub-limit of overall Inpatient benefit	Covered up to 200,000
External Medical Appliances like: Hearing Aids, Glucometer, Nebulizers, Crutches and Wheel chairs (Limited to 1 Appliance per year) as a sub limit of overall Inpatient benefit	Covered up to 150,000
Psychiatric hospitalization	Covered up to 20% of overall In-Patient Limit
PRE – EXISTING and CHRONIC Diseases including HIV/AIDS (for HIV/AIDS this includes opportunistic diseases & ARV'S) As a sublimit of overall Inpatient Benefit and subject to pre authorization.	Covered up to 15,000,000
Covers hospitalization, medication, treatment and consultation by a general doctor (or a specialist doctor) while admitted for a registered chronic or pre-existing condition including but not limited to Cancer, Organ Transplant (excludes donor cost) and Kidney Dialysis. We pay for this Benefit Only after you have been covered under the plan for 12Months	Covered
COVID 19 Treatment (As a sublimit within overall Inpatient Limit for inpatient cases) Subject to approval and preauthorisation. Cover include Consultation, testing and medication for members with symptoms. Accomodation/ bed/Room charges payable up to the maximum limit of the scheme per day. The insured shall be covered up to the full Outpatient limit for day to day cases.This cover exclude test for non-symptomatic members, any cost related to isolation/quarantine and COVID 19 test requested for normal (non- medical) travel.	Covered up to 5,000,000

MATERNITY (CHILD BIRTH)

In patient Maternity (Child Birth) (subject to preauthorization) As a sublimit within Overall IP Limit. Includes Normal delivery & Caesarean Section and complications arising out of delivery. We pay for maternity Benefit Only after you have been covered under the plan for 12 Months	3,500,000
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INTERNATIONAL REFERRAL BENEFITS

(→Subject to approval and preauthorization (within In patient limits and subject to limit per benefit))

International referral (Subject to Overall IP Limit) for treatment unavailable in Tanzania	India Only. Included within overall limit
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Care for accompanying a referred person	India. Return economy class ticket and full board support of TZS100,000 per day up to a maximum of 7 days
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Foreign Inpatient Treatment at the option of the member (Elective) even when such treatment is available in Tanzania. Travel and boarding costs not covered. This cover would be on reimbursement basis, and we will pay only necessary, reasonable and customary charges as it would have cost Strategis to arrange the treatment. This is irrespective of what has/would be incurred by the member.	Covered within Inpatient Limit in India Only
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Repatriation of Remains following an international referral	2,000,000
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OUTPATIENT BENEFITS (Within Tanzania Only)

Overall Limit of Outpatient (OPD)	1,500,000
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Primary consultations and treatment to include medical practitioners fee, prescribed medicines, drugs and dressings.	Covered
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Radiology, Pathology, Diagnostic tests & procedures	Covered
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Outpatient Maternity Care - Covers Antenatal & Postnatal Clinic visits.	Covered
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Specialists & Consultation fees for consultations prescribed medicines, drugs and dressings	Covered
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Physiotherapy (As a sub limit within the overall Out Patient Limit)	Covered up to 250,000
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Medication for Outpatient Chronic conditions (Refer Chronic Conditions List)	Covered
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OPTICAL (EYES)

Optical benefit (Strategis Pre-authorization required) Additional stand-alone benefit.	250,000
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Consultation plus One Eye test per annum,	
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Frames and Lenses every two (2) years	
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DENTAL (ORAL/MOUTH)

Basic Dentistry (Strategis Pre-authorization required) Additional stand-alone benefit	250,000
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Basic dental procedures including, consultation, removal of teeth, fillings, x-rays, scaling and polishing. This will also cover Root Canal	
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EMERGENCY RESCUE AND EVACUATION SERVICES

(→Subject to approval and preauthorization (within In patient limits and subject to limit per benefit))

Road Ambulance to the nearest hospital where required services are available within Tanzania. Shall be carried out for life-threatening conditions as ascertained by a medical practitioner	Covered within overall In Patient Limit
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Air Ambulance to the nearest hospital where required services are available within Tanzania	Not Covered
FUNERAL BENEFIT	
Assistance	500,000
VALUE ADDED BENEFIT (To be offered at no additional Premium)	
Lifestyle Benefits - Covers treatment, medication and investigations for various lifestyle choices (treatment of menopausal symptoms, contraception and Hepatitis B Vaccination) -Additional limit per member	100,000
Annual Medical Check Up - Once per year at doctor's room. Covering Urinalysis, Haemogram, Stool test, BMI, Blood Pressure/Sugar, Chest X-ray and PSA & Pap Smear. Covered within Outpatient Limit	100,000

WAITING PERIODS:

- 1.** Pre-existing and Chronic conditions whether or not it was known to the member - 12 months
- 2.** Maternity including Ceasarian Section and termination of pregnancy due to any cause - 12 months
- 3.** Foreign Treatment - 12 months
- 4.** 3 Months waiting period for non-emergency hospitalization

3. AFYA SUPA

The premium for this package depends on age, with maximum age limit being 59 years.

AGE	PREMIUM in TZS
0-17	1,081,561
18-24	1,258,766
25-39	1,485,994
40-49	1,781,116
50-54	2,092,811
55-59	2,459,424

BENEFITS OF AFYA SUPA PER PERSON

BENEFIT TYPE	BENEFIT AMOUNT in TZS
INPATIENT	50,000,000
OUTPATIENT	2,000,000
MATERNITY (CHILD BIRTH)	5,000,000
DENTAL	300,000
OPTICAL	350,000
TOTAL MEDICAL BENEFIT	TZS 57,650,000

The total annual medical expense coverage for **Afya Supa** is up-to **TZS 57,650,000**

The following is the breakdown of the medical benefits included in the **Afya Supa**

PRODUCT OPTION	AFYA SUPA BENEFIT
Region of Cover (Inpatient services will be treated within Tanzania for Afya Supa package, and extended to India in case of referrals for treatment unavailable in Tanzania)	Tanzania and India on referral
Network of Providers (Member will have access of services to Credit Providers only within the Network available under plan selected. There would be no reimbursement to members for the services outside network)	Enhanced Network only. (Excluding IST)
INPATIENT BENEFITS	
→Subject to approval and pre-authorization (within In patient limits and subject to limit per benefit.)	
Over-all In-Patient Benefit Limit for accidents and illness	50,000,000
In-hospital accommodation, specialists, theatre, ward, and medicines. It must be medically essential to occupy a hospital bed and We will not pay for the extra costs of a deluxe, executive or VIP suite etc.	Private Room up to 360,000
Internal Prostheses (Total benefit) subject to Overall benefits Limit	Covered
Magnetic Resonance Imaging (MRI) and Computed Tomography (CT) scans for Inpatient and Outpatient treatment. We pay for MRI and CT scans when recommended by specialist Doctors (Strategis Pre-authorization required)	Covered
Day surgical operations (Strategis Pre-authorization required). We pay for surgeons' and anesthetist's fees for a surgical operation, including all pre and post-operative care	Covered
Congenital conditions, Neonatal care (Incubator, phototherapy and pre maturity) as a sublimit of Overall In patient benefit. (We will pay only for treatment of the patient, the person taking care of the patient will not be covered).	Covered up to 12,500,000
Dental treatment as a result of accidental damage to natural teeth	Covered
Maxilla - Facial surgery related to trauma	Covered
Circumcision as a sub-limit of overall Inpatient benefit	Covered up to 250,000
External Medical Appliances like: Hearing Aids, Glucometer, Nebulizers, Crutches and Wheel chairs (Limited to 1 Appliance per year) as a sub limit of overall Inpatient benefit	Covered up to 200,000
Psychiatric hospitalization	Covered up to 20% of overall In-Patient Limit
PRE – EXISTING and CHRONIC Diseases including HIV/AIDS (for HIV/AIDS this includes opportunistic diseases & ARV'S) As a sublimit of overall Inpatient Benefit and subject to pre authorization.	Covered up to 20,000,000
Covers hospitalization, medication, treatment and consultation by a general doctor (or a specialist doctor) while admitted for a registered chronic or pre-existing condition including but not limited to Cancer, Organ Transplant (excludes donor cost) and Kidney Dialysis. We pay for this Benefit Only after you have been covered under the plan for 12Months	Covered
COVID 19 Treatment (As a sublimit within overall Inpatient Limit for inpatient cases) Subject to approval and preauthorisation. Cover include Consultation, testing and medication for members with symptoms. Accomodation/ bed/Room charges payable up to the maximum limit of the scheme per day. The insured shall be covered up to the full Outpatient limit for day to day cases.This cover exclude test for non-symptomatic members, any cost related to isolation/quarantine and COVID 19 test requested for normal (non- medical) travel.	Covered up to 7,500,000

MATERNITY (CHILD BIRTH)

In patient Maternity (Child Birth) (subject to preauthorization) As a sublimit within Overall IP Limit. Includes Normal delivery & Caesarean Section and complications arising out of delivery. We pay for maternity Benefit Only after you have been covered under the plan for 12 Months

5,000,000

INTERNATIONAL REFERRAL BENEFITS

(→Subject to approval and preauthorization (within In patient limits and subject to limit per benefit))

International referral (Subject to Overall IP Limit) for treatment unavailable in Tanzania

India Only. Included within overall limit

Care for accompanying a referred person

India. Return economy class ticket and full board support of TZS100,000 per day up to a maximum of 7 days

Foreign Inpatient Treatment at the option of the member (Elective) even when such treatment is available in Tanzania. Travel and boarding costs not covered. This cover would be on reimbursement basis, and we will pay only necessary, reasonable and customary charges as it would have cost Strategis to arrange the treatment. This is irrespective of what has/would be incurred by the member.

Covered within Inpatient Limit in India Only

Repatriation of Remains following an international referral

2,500,000

OUTPATIENT BENEFITS (Within Tanzania Only)

Overall Limit of Outpatient (OPD)

2,000,000

Primary consultations and treatment to include medical practitioners fee, prescribed medicines, drugs and dressings.

Covered

Radiology, Pathology, Diagnostic tests & procedures

Covered

Outpatient Maternity Care - Covers Antenatal & Postnatal Clinic visits.

Covered

Specialists & Consultation fees for consultations prescribed medicines, drugs and dressings

Covered

Physiotherapy (As a sub limit within the overall Out Patient Limit)

Covered
up to
300,000

Medication for Outpatient Chronic conditions (Refer Chronic Conditions List)

Covered

OPTICAL (EYES)

Optical benefit (Strategis Pre-authorization required) Additional stand-alone benefit.

Consultation plus One Eye test per annum,

300,000

Frames and Lenses every two (2) years

DENTAL (ORAL/MOUTH)

Basic Dentistry (Strategis Pre-authorization required) Additional stand-alone benefit

Basic dental procedures including, consultation, removal of teeth, fillings, x-rays, scaling and polishing. This will also cover Root Canal

350,000

EMERGENCY RESCUE AND EVACUATION SERVICES

→Subject to approval and preauthorization (within In patient limits and subject to limit per benefit)

Road Ambulance to the nearest hospital where required services are available within Tanzania. Shall be carried out for life-threatening conditions as ascertained by a medical practitioner	Covered within overall In Patient Limit
Air Ambulance to the nearest hospital where required services are available within Tanzania	Covered within overall In Patient Limit
FUNERAL BENEFIT	
Assistance	750,000
VALUE ADDED BENEFIT (To be offered at no additional Premium)	
Lifestyle Benefits - Covers treatment, medication and investigations for various lifestyle choices (treatment of menopausal symptoms, contraception and Hepatitis B Vaccination) -Additional limit per member	150,000
Annual Medical Check Up - Once per year at doctor's room. Covering Urinalysis, Haemogram, Stool test, BMI, Blood Pressure/Sugar, Chest X-ray and PSA & Pap Smear. Covered within Outpatient Limit	150,000

WAITING PERIODS:

- 1.** Pre-existing and Chronic conditions whether or not it was known to the member - 12 months
- 2.** Maternity including Ceasarian Section and termination of pregnancy due to any cause - 12 months
- 3.** Foreign Treatment - 12 months
- 4.** 3 Months waiting period for non-emergency hospitalization

4. AFYA EXTREME

The premium for this package depends on age, with maximum age limit being 59 years.

AGE	PREMIUM in TZS
0-17	1,243,795
18-24	1,447,581
25-39	1,708,893
40-49	2,048,283
50-54	2,406,733
55-59	2,828,338

BENEFITS OF AFYA EXTREME PER PERSON

BENEFIT TYPE	BENEFIT AMOUNT in TZS
INPATIENT	100,000,000
OUTPATIENT	2,500,000
MATERNITY (CHILD BIRTH)	6,000,000
DENTAL	400,000
OPTICAL	350,000
TOTAL MEDICAL BENEFIT	TZS 109,250,000

The total annual medical expense coverage for **Afya Extreme** is up-to **TZS 109,250,000**

The following is the breakdown of the medical benefits included in the **Afya Extreme**.

PRODUCT OPTION	AFYA EXTREME BENEFIT
Region of Cover (Inpatient services will be treated within Tanzania for Afya Extreme package, and extended to India in case of referrals for treatment unavailable in Tanzania)	Tanzania and India on referral
Network of Providers (Member will have access of services to Credit Providers only within the Network available under plan selected. There would be no reimbursement to members for the services outside network)	Enhanced Network.
INPATIENT BENEFITS →Subject to approval and pre-authorization (within In-patient limits and subject to limit per benefit)	
Over-all In-Patient Benefit Limit for accidents and illness	100,000,000
In-hospital accommodation, specialists, theatre, ward, and medicines. It must be medically essential to occupy a hospital bed and We will not pay for the extra costs of a deluxe, executive or VIP suite etc.	Private Room up to 400,000
Internal Prostheses (Total benefit) subject to Overall benefits Limit	Covered
Magnetic Resonance Imaging (MRI) and Computed Tomography (CT) scans for Inpatient and Outpatient treatment. We pay for MRI and CT scans when recommended by specialist Doctors (Strategis Pre-authorization required)	Covered
Day surgical operations (Strategis Pre-authorization required). We pay for surgeons' and anesthetist's fees for a surgical operation, including all pre and post-operative care	Covered
Congenital conditions, Neonatal care (Incubator, phototherapy and pre maturity) as a sublimit of Overall In patient benefit. (We will pay only for treatment of the patient, the person taking care of the patient will not be covered).	Covered up to 15,000,000
Dental treatment as a result of accidental damage to natural teeth	Covered
Maxilla - Facial surgery related to trauma	Covered
Circumcision as a sub-limit of overall Inpatient benefit	Covered up to 300,000
External Medical Appliances like: Hearing Aids, Glucometer, Nebulizers, Crutches and Wheel chairs (Limited to 1 Appliance per year) as a sub limit of overall Inpatient benefit	Covered up to 250,000
Psychiatric hospitalization	Covered up to 20% of overall In-Patient Limit
PRE – EXISTING and CHRONIC Diseases including HIV/AIDS (for HIV/AIDS this includes opportunistic diseases & ARV'S) As a sublimit of overall Inpatient Benefit and subject to pre authorization.	Covered up to 25,000,000
Covers hospitalization, medication, treatment and consultation by a general doctor (or a specialist doctor) while admitted for a registered chronic or pre-existing condition including but not limited to Cancer, Organ Transplant (excludes donor cost) and Kidney Dialysis. We pay for this Benefit Only after you have been covered under the plan for 12Months	Covered
COVID 19 Treatment (As a sublimit within overall Inpatient Limit for inpatient cases) Subject to approval and preauthorisation. Cover include Consultation, testing and medication for members with symptoms. Accomodation/ bed/Room charges payable up to the maximum limit of the scheme per day. The insured shall be covered up to the full Outpatient limit for	Covered up to 10,000,000

day to day cases. This cover excludes test for non-symptomatic members, any cost related to isolation/quarantine and COVID 19 test requested for normal (non-medical) travel.

MATERNITY (CHILD BIRTH)

In patient Maternity (Child Birth) (subject to preauthorization) As a sublimit within Overall IP Limit. Includes Normal delivery & Caesarean Section and complications arising out of delivery. We pay for maternity Benefit Only after you have been covered under the plan for 12 Months

6,000,000

INTERNATIONAL REFERRAL BENEFITS

(→Subject to approval and preauthorization (within In patient limits and subject to limit per benefit))

International referral (Subject to Overall IP Limit) for treatment unavailable in Tanzania

India Only. Included within overall limit

Care for accompanying a referred person

India. Return economy class ticket and full board support of TZS100,000 per day up to a maximum of 7 days

Foreign Inpatient Treatment at the option of the member (Elective) even when such treatment is available in Tanzania. Travel and boarding costs not covered. This cover would be on reimbursement basis, and we will pay only necessary, reasonable and customary charges as it would have cost Strategis to arrange the treatment. This is irrespective of what has/would be incurred by the member.

Covered within Inpatient Limit in India Only

Repatriation of Remains following an international referral

3,000,000

OUTPATIENT BENEFITS (Within Tanzania Only)

Overall Limit of Outpatient (OPD)

2,500,000

Primary consultations and treatment to include medical practitioners fee, prescribed medicines, drugs and dressings.

Covered

Radiology, Pathology, Diagnostic tests & procedures

Covered

Outpatient Maternity Care - Covers Antenatal & Postnatal Clinic visits.

Covered

Specialists & Consultation fees for consultations prescribed medicines, drugs and dressings

Covered

Physiotherapy (As a sub limit within the overall Out Patient Limit)

Covered up to 350,000

Medication for Outpatient Chronic conditions (Refer Chronic Conditions List)

Covered

OPTICAL (EYES)

Optical benefit (Strategis Pre-authorization required) Additional stand-alone benefit.

Consultation plus One Eye test per annum,

350,000

Frames and Lenses every two (2) years

DENTAL (ORAL/MOUTH)

Basic Dentistry (Strategis Pre-authorization required) Additional stand-alone benefit

400,000

Basic dental procedures including, consultation, removal of teeth, fillings, x-rays, scaling and polishing. This will also cover Root Canal

EMERGENCY RESCUE AND EVACUATION SERVICES

→Subject to approval and preauthorization (within In patient limits and subject to limit per benefit)

Road Ambulance to the nearest hospital where required services are available within Tanzania. Shall be carried out for life-threatening conditions as ascertained by a medical practitioner

Covered within overall In Patient Limit

Air Ambulance to the nearest hospital where required services are available within Tanzania

Covered within overall In Patient Limit

FUNERAL BENEFIT

Assistance

1,000,000

VALUE ADDED BENEFIT (To be offered at no additional Premium)

Lifestyle Benefits - Covers treatment, medication and investigations for various lifestyle choices (treatment of menopausal symptoms, contraception and Hepatitis B Vaccination) -Additional limit per member

200,000

Annual Medical Check Up - Once per year at doctor's room. Covering Urinalysis, Haemogram, Stool test, BMI, Blood Pressure/Sugar, Chest X-ray and PSA & Pap Smear. Covered within Outpatient Limit

200,000

WAITING PERIODS:

1. Pre-existing and Chronic conditions whether or not it was known to the member - 12 months
2. Maternity including Ceasarian Section and termination of pregnancy due to any cause - 12 months
3. Foreign Treatment - 12 months
4. 3 Months waiting period for non-emergency hospitalization

5. FIXED CORPORATE AND SMALL & MEDIUM ENTREPRISES AFYA PACKAGE

Health insurance packages for Cooperates and Small & Medium Enterprises are divided into 5 types namely;

1. PRIME
2. CLASSIC
3. EXECUTIVE
4. SUPREME
5. PRESTIGE

The premium for this corporate/SME afya package depends on;

1. **Age Category** (either adult or child)
2. **Type of corporate package** selected, based on the ability to pay

AGE CATEGORY	TYPE OF CORPORATE PACKAGE				
	PRIME	CLASSIC	EXECUTIVE	SUPREME	PRESTIGE
ADULT	825,700	979,800	1,189,300	1,315,000	1,618,500
CHILD	630,900	726,800	836,400	942,000	1,102,000

The following is the breakdown of the medical benefits included in the **Prime Corporate package**.

PRODUCT OPTION	PRIME
Region of Cover	Tanzania only
Network of Providers	Basic Network only. No reimbursements for services outside network
IN-PATIENT BENEFITS	
Subject to approval and preauthorisation (within In patient limits and subject to limit per benefit)	
Over-all In Patient Benefit Limit:	20,000,000
In-hospital accommodation, specialists, theatre, ward, and medicines	Standard Room - Covered up to 150,000 per day
Internal Prostheses (Total benefit) subject to Overall benefits Limit	Covered within overall Limit
MRI and CT scans (Strategis Pre-authorization required). Scans done during inpatient admission are fully deducted from the inpatient benefits.	Covered
Day surgical operations (Strategis Pre-authorization required)	Covered
Inpatient physiotherapy and rehabilitation (within the overall InPatient Limit)	Covered up to 600,000
Congenital conditions, Neonatal care (Incubator, phototherapy, pre maturity) as a sublimit of Overall In patient benefit	Covered up to 5,000,000

External Medical Appliances (Limited to 1 appliance per year) as a sub limit of overall Inpatient benefit	Covered up to 150,000
PRE EXISTING, CHRONIC and HIV/AIDS	
Subject to approval and preauthorisation (within In patient limits and subject to limit per benefit)	
As a sublimit of overall Inpatient Benefit	15,000,000
Covers hospitalization, medication, treatment and consultation by a general doctor (or on referral from a specialist doctor) for a registered chronic condition such as Cancer, Organ Transplant (Donor cost excluded) and Kidney Dialysis	Covered
MATERNITY BENEFIT - Subject to approval and preauthorisation (within overall Inpatient limits)	
As a sublimit of the Overall Inpatient Benefit Limit	2,000,000
Maternity services including Antenatal & Postnatal Clinic visits, Child Birth (normal and C/S) and complications arising out of delivery (subject to pre-authorization within overall Inpatient Limit).	Covered
INTERNATIONAL REFERRAL BENEFITS Subject to approval and preauthorisation (within In patient limits and subject to limit per benefit)	
International referral (Subject to Overall IP Limit) for treatment unavailable in Tanzania	Not Covered
Care for accompanying a referred person	Not Covered
International Elective treatment - Foreign Inpatient Treatment at the option of the member even when such treatment is available in Tanzania . This will be on reimbursement basis covering necessary, reasonable and customary charges only. Travel and other out of hospital stay costs not covered.	Not Covered
Repatriation of Remains following an international referral	Not Covered
OUTPATIENT BENEFITS	
Overall Limit for Out-patient	700,000
Primary consultations and treatment to include medical practitioners fee, prescribed medicines, drugs and dressings.	Covered
MRI and CT scans . Covered - 50% of the cost will be covered under Outpatient benefits and the remaining 50% covered under Inpatient Benefit Limit (Strategis Pre-authorization required)	Covered
Radiology, Pathology, Diagnostic tests & procedures	Covered
Specialists & Consultation fees for consultations prescribed medicines, drugs and dressings	Covered
Physiotherapy (within the overall Out Patient Limit)	Covered up to 250,000
Medication for Outpatient Chronic conditions (Refer Chronic Conditions)	Covered up to 500,000
Optical benefit (Strategis Pre-authorization required)	Covered up to 250,000
Consultation plus One Eye test per annum	
Frames and lenses every two (2)years	
Basic Dentistry (Strategis Pre-authorization required) Basic dental procedures including , consultation, removal of teeth, fillings, x-rays, scaling and polishing AND Specialized dentistry. (Root canal treatment, crowns,) Preauthorised and in approved Network. No cash reimbursement allowed	Covered up to 250,000

EMERGENCY RESCUE AND EVACUATION SERVICES	
Subject to approval and preauthorisation (within In patient limits and subject to limit per benefit)	
Road Ambulance to the nearest hospital where required services are available within Tanzania	Covered within overall In Patient Limit
Air Ambulance to the nearest hospital where required services are available within Tanzania	Not Covered
INTERNATIONAL EMERGENCY MEDICAL COVER	
Up to 90 days of absence from Tanzania in any membership year (preauthorisation required)	Not Covered
FUNERAL BENEFIT	
Assistance	Covered up to 500,000

The following is the breakdown of the medical benefits included in the **Classic Corporate package**.

PRODUCT OPTION	CLASSIC
Region of Cover	Tanzania and India on referral
Network of Providers	Basic Network only. No reimbursements for services outside network
IN-PATIENT BENEFITS	
Subject to approval and preauthorisation (within In patient limits and subject to limit per benefit)	
Over-all In Patient Benefit Limit:	50,000,000
In-hospital accommodation, specialists, theatre, ward, and medicines	Standard Room - Covered up to 200,000 per day
Internal Prostheses (Total benefit) subject to Overall benefits Limit	Covered within overall Limit
MRI and CT scans (Strategis Pre-authorization required). Scans done during inpatient admission are fully deducted from the inpatient benefits.	Covered
Day surgical operations (Strategis Pre-authorization required)	Covered
Inpatient physiotherapy and rehabilitation (within the overall InPatient Limit)	Covered up to 800,000
Congenital conditions, Neonatal care (Incubator, phototherapy, prematurity) as a sublimit of Overall In patient benefit	Covered up to 15,000,000
External Medical Appliances (Limited to 1 appliance per year) as a sub limit of overall Inpatient benefit	Covered up to 200,000
PRE EXISTING, CHRONIC and HIV/AIDS	
Subject to approval and preauthorisation (within In patient limits and subject to limit per benefit)	
As a sublimit of overall Inpatient Benefit	20,000,000
Covers hospitalization, medication, treatment and consultation by a general doctor (or on referral from a specialist doctor) for a registered chronic condition such as Cancer, Organ Transplant (Donor cost excluded) and Kidney Dialysis	Covered

MATERNITY BENEFIT - Subject to approval and preauthorisation (within overall Inpatient limits)	
As a sublimit of the Overall Inpatient Benefit Limit	2,500,000
Maternity services including Antenatal & Postnatal Clinic visits, Child Birth (normal and C/S) and complications arising out of delivery (subject to pre-authorization within overall Inpatient Limit).	Covered
INTERNATIONAL REFERRAL BENEFITS Subject to approval and preauthorisation (within In patient limits and subject to limit per benefit)	
International referral (Subject to Overall IP Limit) for treatment unavailable in Tanzania	India Only Included within overall limit
Care for accompanying a referred person	India. Return economy class ticket and full board support of TZS100,000 per day up to a maximum of 15 days
International Elective treatment - Foreign Inpatient Treatment at the option of the member even when such treatment is available in Tanzania . This will be on reimbursement basis covering necessary, reasonable and customary charges only. Travel and other out of hospital stay costs not covered.	Covered within Inpatient Limit in India Only
Repatriation of Remains following an international referral	2,000,000
OUTPATIENT BENEFITS	
Overall Limit for Out-patient	1,000,000
Primary consultations and treatment to include medical practitioners fee, prescribed medicines, drugs and dressings.	Covered
MRI and CT scans . Covered - 50% of the cost will be covered under Outpatient benefits and the remaining 50% covered under Inpatient Benefit Limit (Strategis Pre-authorization required)	Covered
Radiology, Pathology, Diagnostic tests & procedures	Covered
Specialists & Consultation fees for consultations prescribed medicines, drugs and dressings	Covered
Physiotherapy (within the overall Out Patient Limit)	Covered up to 250,000
Medication for Outpatient Chronic conditions (Refer Chronic Conditions t)	Covered up to 500,000
Optical benefit (Strategis Pre-authorization required)	
Consultation plus One Eye test per annum	Covered up to 250,000
Frames and lenses every two (2)years	
Basic Dentistry (Strategis Pre-authorization required) Basic dental procedures including , consultation, removal of teeth, fillings, x-rays, scaling and polishing AND Specialized dentistry. (Root canal treatment, crowns,) Preauthorised and in approved Network. No cash reimbursement allowed	Covered up to 250,000
EMERGENCY RESCUE AND EVACUATION SERVICES	
Subject to approval and preauthorisation (within In patient limits and subject to limit per benefit)	
Road Ambulance to the nearest hospital where required services are available within Tanzania	Covered within overall In Patient Limit
Air Ambulance to the nearest hospital where required services are available within Tanzania	Covered within overall In Patient Limit in Tanzania
INTERNATIONAL EMERGENCY MEDICAL COVER	

Up to 90 days of absence from Tanzania in any membership year (Preauthorisation required)	Not Covered
FUNERAL BENEFIT	
Assistance	Covered up to 750,000

The following is the breakdown of the medical benefits included in the **Executive Corporate package**.

PRODUCT OPTION	EXECUTIVE
Region of Cover	East Africa and India on referral
Network of Providers	Standard Network only. No reimbursements for services outside network
IN-PATIENT BENEFITS Subject to approval and preauthorisation (within In patient limits and subject to limit per benefit)	
Over-all In Patient Benefit Limit:	100,000,000
In-hospital accommodation, specialists, theatre, ward, and medicines	Private Room - Covered up to 250,000 per day
Internal Prostheses (Total benefit) subject to Overall benefits Limit	Covered within overall Limit
MRI and CT scans (Strategis Pre-authorization required). Scans done during inpatient admission are fully deducted from the inpatient benefits.	Covered
Day surgical operations (Strategis Pre-authorization required)	Covered
Inpatient physiotherapy and rehabilitation (within the overall InPatient Limit)	1,000,000
Congenital conditions, Neonatal care (Incubator, phototherapy, pre maturity) as a sublimit of Overall In patient benefit	20,000,000
External Medical Appliances (Limited to 1 appliance per year) as a sub limit of overall Inpatient benefit	300,000
PRE EXISTING, CHRONIC and HIV/AIDS Subject to approval and preauthorisation (within In patient limits and subject to limit per benefit)	
As a sublimit of overall Inpatient Benefit	30,000,000
Covers hospitalization, medication, treatment and consultation by a general doctor (or on referral from a specialist doctor) for a registered chronic condition such as Cancer, Organ Transplant (Donor cost excluded) and Kidney Dialysis	Covered
MATERNITY BENEFIT - Subject to approval and preauthorisation (within overall Inpatient limits)	
As a sublimit of the Overall Inpatient Benefit Limit	3,000,000
Maternity services including Antenatal & Postnatal Clinic visits, Child Birth (normal and C/S) and complications arising out of delivery (subject to pre-authorization within overall Inpatient Limit).	Covered
INTERNATIONAL REFERRAL BENEFITS Subject to approval and preauthorisation (within In patient limits and subject to limit per benefit)	
International referral (Subject to Overall IP Limit) for treatment unavailable in Tanzania	East Africa and India Included within overall limit
Care for accompanying a referred person	East Africa and India. Return economy class ticket and full board support of TZS100,000 per day up to a maximum of 15 days

International Elective treatment - Foreign Inpatient Treatment at the option of the member even when such treatment is available in Tanzania . This will be on reimbursement basis covering necessary, reasonable and customary charges only. Travel and other out of hospital stay costs not covered.	Covered within Inpatient Limit in East Africa and India Only
Repatriation of Remains following an international referral	3,000,000
OUTPATIENT BENEFITS	
Overall Limit for Out-patient	1,300,000
Primary consultations and treatment to include medical practitioners fee, prescribed medicines, drugs and dressings.	Covered
MRI and CT scans . Covered - 50% of the cost will be covered under Outpatient benefits and the remaining 50% covered under Inpatient Benefit Limit (Strategis Pre-authorization required)	Covered
Radiology, Pathology, Diagnostic tests & procedures	Covered
Specialists & Consultation fees for consultations prescribed medicines, drugs and dressings	Covered
Physiotherapy (within the overall Out Patient Limit)	Covered up to 300,000
Medication for Outpatient Chronic conditions (Refer Chronic Conditions List)	Covered up to 500,000
Optical benefit (Strategis Pre-authorization required)	
Consultation plus One Eye test per annum	Covered up to 300,000
Frames and lenses every two (2) years	
Basic Dentistry (Strategis Pre-authorization required) Basic dental procedures including , consultation, removal of teeth, fillings, x-rays, scaling and polishing AND Specialized dentistry. (Root canal treatment, crowns,) Pre-authorized and in approved Network. No cash reimbursement allowed	Covered up to 300,000
EMERGENCY RESCUE AND EVACUATION SERVICES	
Subject to approval and preauthorisation (within In patient limits and subject to limit per benefit)	
Road Ambulance to the nearest hospital where required services are available within Tanzania	Covered within overall In Patient Limit
Air Ambulance to the nearest hospital where required services are available within Tanzania	Covered within overall In Patient Limit in East Africa
INTERNATIONAL EMERGENCY MEDICAL COVER	
Up to 90 days of absence from Tanzania in any membership year (Preauthorisation required)	East Africa
FUNERAL BENEFIT	
Assistance	Covered up to 1,000,000

The following is the breakdown of the medical benefits included in the **Supreme Corporate package**

PRODUCT OPTION	SUPREME
Region of Cover	East Africa, South Africa and India on referral
Network of Providers	Enhanced Network only. No reimbursements for services outside network
IN-PATIENT BENEFITS	
Subject to approval and preauthorisation (within In patient limits and subject to limit per benefit)	
Over-all In Patient Benefit Limit:	200,000,000
In-hospital accommodation, specialists, theatre, ward, and medicines	Private Room - Covered up to 300,000 per day
Internal Prostheses (Total benefit) subject to Overall benefits Limit	Covered within overall Limit
MRI and CT scans (Strategis Pre-authorization required). Scans done during inpatient admission are fully deducted from the inpatient benefits.	Covered
Day surgical operations (Strategis Pre-authorization required)	Covered
Inpatient physiotherapy and rehabilitation (within the overall InPatient Limit)	1,200,000
Congenital conditions, Neonatal care (Incubator, phototherapy, pre maturity) as a sublimit of Overall In patient benefit	25,000,000
External Medical Appliances (Limited to 1 appliance per year) as a sub limit of overall Inpatient benefit	400,000
PRE EXISTING, CHRONIC and HIV/AIDS	
Subject to approval and preauthorisation (within In patient limits and subject to limit per benefit)	
As a sublimit of overall Inpatient Benefit	50,000,000
Covers hospitalization, medication, treatment and consultation by a general doctor (or on referral from a specialist doctor) for a registered chronic condition such as Cancer, Organ Transplant (Donor cost excluded) and Kidney Dialysis	Covered
MATERNITY BENEFIT - Subject to approval and preauthorisation (within overall Inpatient limits)	
As a sublimit of the Overall Inpatient Benefit Limit	4,500,000
Maternity services including Antenatal & Postnatal Clinic visits, Child Birth (normal and C/S) and complications arising out of delivery (subject to pre- authorisation within overall Inpatient Limit).	Covered
INTERNATIONAL REFERRAL BENEFITS Subject to approval and preauthorisation (within In patient limits and subject to limit per benefit)	
International referral (Subject to Overall IP Limit) for treatment unavailable in Tanzania	East Africa South Africa and India Included within overall limit
Care for accompanying a referred person	East Africa, South Africa and India. Return economy class ticket and full board support of TZS100,000 per day up to a maximum of 15 days
International Elective treatment - Foreign Inpatient Treatment at the option of the member even when such treatment is available in Tanzania . This will be on reimbursement basis covering necessary, reasonable and customary charges only. Travel and other out of hospital stay costs not covered.	Covered within Inpatient Limit in East Africa , South Africa and India Only

Repatriation of Remains following an international referral	3,000,000
OUTPATIENT BENEFITS	
Overall Limit for Out-patient	2,200,000
Primary consultations and treatment to include medical practitioners fee, prescribed medicines, drugs and dressings.	Covered
MRI and CT scans . Covered - 50% of the cost will be covered under Outpatient benefits and the remaining 50% covered under Inpatient Benefit Limit (Strategis Pre-authorization required)	Covered
Radiology, Pathology, Diagnostic tests & procedures	Covered
Specialists & Consultation fees for consultations prescribed medicines, drugs and dressings	Covered
Physiotherapy (within the overall Out Patient Limit)	Covered up to 400,000
Medication for Outpatient Chronic conditions (Refer Chronic Conditions List)	Covered up to 1,000,000
Optical benefit (Strategis Pre-authorization required)	
Consultation plus One Eye test per annum	Covered up to 400,000
Frames and lenses every two (2) years	
Basic Dentistry (Strategis Pre-authorization required) Basic dental procedures including , consultation, removal of teeth, fillings, x-rays, scaling and polishing AND Specialized dentistry . (Root canal treatment, crowns,) Pre-authorized and in approved Network. No cash reimbursement allowed	Covered up to 400,000
EMERGENCY RESCUE AND EVACUATION SERVICES	
Subject to approval and preauthorisation (within In patient limits and subject to limit per benefit)	
Road Ambulance to the nearest hospital where required services are available within Tanzania	Covered within overall In Patient Limit
Air Ambulance to the nearest hospital where required services are available within Tanzania	Covered within overall In Patient Limit in East Africa
INTERNATIONAL EMERGENCY MEDICAL COVER	
Up to 90 days of absence from Tanzania in any membership year (Preauthorisation required)	Worldwide excluding USA and Canada
FUNERAL BENEFIT	
Assistance	Covered up to 1,500,000

The following is the breakdown of the medical benefits included in the **Prestige Corporate package**

PRODUCT OPTION	PRESTIGE
Region of Cover	East Africa, South Africa and India on referral
Network of Providers	Enhanced Network only. No reimbursements for services outside network
IN-PATIENT BENEFITS Subject to approval and preauthorisation (within In patient limits and subject to limit per benefit)	
Over-all In Patient Benefit Limit:	400,000,000
In-hospital accommodation, specialists, theatre, ward, and medicines	Private Room - Covered up to 350,000 per day
Internal Prostheses (Total benefit) subject to Overall benefits Limit	Covered within overall Limit
MRI and CT scans (Strategis Pre-authorization required). Scans done during inpatient admission are fully deducted from the inpatient benefits.	Covered
Day surgical operations (Strategis Pre-authorization required)	Covered
Inpatient physiotherapy and rehabilitation (within the overall InPatient Limit)	1,200,000
Congenital conditions, Neonatal care (Incubator, phototherapy, pre maturity) as a sublimit of Overall In patient benefit	30,000,000
External Medical Appliances (Limited to 1 appliance per year) as a sub limit of overall Inpatient benefit	500,000
PRE EXISTING, CHRONIC and HIV/AIDS Subject to approval and preauthorisation (within In patient limits and subject to limit per benefit)	
As a sublimit of overall Inpatient Benefit	75,000,000
Covers hospitalization, medication, treatment and consultation by a general doctor (or on referral from a specialist doctor) for a registered chronic condition such as Cancer, Organ Transplant (Donor cost excluded) and Kidney Dialysis	Covered
MATERNITY BENEFIT - Subject to approval and preauthorisation (within overall Inpatient limits)	
As a sublimit of the Overall Inpatient Benefit Limit	4,500,000
Maternity services including Antenatal & Postnatal Clinic visits, Child Birth (normal and C/S) and complications arising out of delivery (subject to pre-authorisation within overall Inpatient Limit).	Covered
INTERNATIONAL REFERRAL BENEFITS Subject to approval and preauthorisation (within In patient limits and subject to limit per benefit)	
International referral (Subject to Overall IP Limit) for treatment unavailable in Tanzania	East Africa South Africa and India Included within overall limit
Care for accompanying a referred person	East Africa, South Africa and India. Return economy class ticket and full board support of TZS100,000 per day up to a maximum of 15 days
International Elective treatment - Foreign Inpatient Treatment at the option of the member even when such treatment is available in Tanzania . This will be	Covered within Inpatient Limit in East Africa , South Africa and India Only

on reimbursement basis covering necessary, reasonable and customary charges only. Travel and other out of hospital stay costs not covered.	
Repatriation of Remains following an international referral	5,000,000
OUTPATIENT BENEFITS	
Overall Limit for Out-patient	2,800,000
Primary consultations and treatment to include medical practitioners fee, prescribed medicines, drugs and dressings.	Covered
MRI and CT scans . Covered - 50% of the cost will be covered under Outpatient benefits and the remaining 50% covered under Inpatient Benefit Limit (Strategis Pre-authorization required)	Covered
Radiology, Pathology, Diagnostic tests & procedures	Covered
Specialists & Consultation fees for consultations prescribed medicines, drugs and dressings	Covered
Physiotherapy (within the overall Out Patient Limit)	Covered up to 500,000
Medication for Outpatient Chronic conditions (Refer Chronic Conditions List)	Covered up to 1,000,000
Optical benefit (Strategis Pre-authorization required)	
Consultation plus One Eye test per annum	Covered up to 500,000
Frames and lenses every two (2) years	
Basic Dentistry (Strategis Pre-authorization required) Basic dental procedures including , consultation, removal of teeth, fillings, x-rays, scaling and polishing AND Specialized dentistry. (Root canal treatment, crowns,) Pre-authorized and in approved Network. No cash reimbursement allowed	Covered up to 500,000
EMERGENCY RESCUE AND EVACUATION SERVICES	
Subject to approval and preauthorisation (within In patient limits and subject to limit per benefit)	
Road Ambulance to the nearest hospital where required services are available within Tanzania	Covered within overall In Patient Limit
Air Ambulance to the nearest hospital where required services are available within Tanzania	Covered within overall In Patient Limit in East Africa
INTERNATIONAL EMERGENCY MEDICAL COVER	
Up to 90 days of absence from Tanzania in any membership year (Preauthorisation required)	Worldwide excluding USA and Canada
FUNERAL BENEFIT	
Assistance	Covered up to 2,000,000

6. AFFORDABLE FAMILY HEALTH INSURANCE PACKAGE

Annual Premium: **TZS. 300,000**

This package is designed for a family consisting of:

1. Principal Member (**Father**)
2. Spouse (**Mother**)
3. Two **Dependent Children**

MEDICAL BENEFITS SHARED BY THE FAMILY

BENEFIT TYPE	BENEFIT AMOUNT in TZS
OUTPATIENT	450,000
IN-PATIENT	3,000,000
MATERNITY (CHILD BIRTH)	600,000 (SUBJECTED TO a 9 MONTH WAITING PERIOD)

The total medical expense coverage for this package is up to **TZS 4,050,000**

COVERED MEDICAL SERVICES

- Consultation & Treatment from either general doctor or specialist doctor
- Laboratory tests and diagnostics
- Casualties & Emergency treatment
- General Wards for Inpatient treatment
- **Intensive Care Unit (ICU) & ICCU**
- Theatre, Surgical Operations and Procedures
- Medical Drugs and medical supplies
- External Appliances,
- Imageology including **X-Ray, Ultrasound, CT Scan, MRI & Bone Densitometry scan**
- Pathology
- Physiotherapy following hospitalization
- Maternity (Delivery & Ward) for pre and postnatal (Subject to limit of TZS 600,000).
- Maxillo-facial and oral surgery in the event of trauma and cancer
- Oncology treatment (cancer treatment)
- Treatment of Preexisting, Chronic infections and Opportunistic Infections related to HIV/AIDS

ADDITIONAL BENEFIT

This family health insurance plan includes an additional benefit of Life Insurance, which provides *renewed hope* for families facing the unfortunate loss of a family member or permanent disability. It offers financial support to bring comfort to the affected family.

The benefits are as follows:

1. If the **Principal member** suffers a permanent disability or passes away, the family will receive a benefit of **TZS 6,600,000**, of which TZS 600,000 is allocated as an education fund for two children.
2. If the **spouse** suffers a permanent disability or passes away, the family will receive a benefit of **TZS 5,000,000**.
3. If **a child** suffers a permanent disability or passes away, the family will receive a benefit of **TZS 2,000,000**

ELIGIBILITY CRITERIA FOR THE FAMILY PACKAGE

- Maximum age of entry at inception is 70 years
- Dependent children have to be Below 18 years old although it is extended to children aged up to 21 years provided, he/she is unmarried and there is a proof of registration as full-time student in a recognized educational institute.

EXCLUSIONS

The following exclusions will apply to the family package:

- Expenses recoverable under any other insurance
- Dental and Optical Conditions except those resulting from accidents
- Treatment out of the Provider Network
- Any Cosmetic /Plastic Surgery
- Family Planning and fertility treatment
- Cash reimbursement claims

IMPORTANT NOTES

1. Maternity Waiting Period: **9 months** for maternity-related services.
2. Pre-existing Chronic Conditions: **Coverage begins after a 12-month waiting period** for members joining with chronic or long-term conditions.
3. Services are available only at approved health facilities, hospitals, and pharmacies listed in the Strategis family health provider list.

REQUIRED DOCUMENTS FOR REGISTRATION

For Adults

Mtu mzima anatakiwa kuwa kiambatanisho kimoja wapo kati ya;

- a) National ID (NIDA)
- b) National ID
- c) Passport.
- d) Letter of introduction from the local government

For Couples:

One of the following;

- i. **Marriage certificate** (religious or government-issued).
- ii. **Letter** of introduction from the local government confirming the couple's relationship.

For All Children

Documents for child registration should be either:

1. Hospital birth notification
OR
2. Birth certificate
OR
3. Letter of introduction from the local government confirming the child's dependency status.

For dependent children 18 years to 21 years

A child with age above 17 years until 21 years, will submitted an additional document which is;

1. School or college ID

Who Can Join?

- ❖ The insurance is open to all individuals, regardless of employment status.
- ❖ Applicants must meet the document requirements and pay the full premium.
- ❖ Both Tanzanians and non-Tanzanians are eligible.