

## **SUPERB LITE**

OUT-PATIENT SERVICES	
OUT-PATIENT LIMIT	
OUTPATIENT CARE, GENERAL CONSULTATION	✓
PRESCRIBED MEDICATIONS, SUPPLY OF DRUGS & CONSUMABLES	₩50,000
Prescribed Drugs (Generic ONLY)	<b>✓</b>
Medical and Surgical Consumables	<b>√</b>
Emergency room stabilization /observation	LESS THAN 24 HRS
NON-INVASIVE CARE, SIMPLE INFECTIONS OR CONDITIONS	
Manipulations	✓
Pop Application	<b>√</b>
Injections.	✓
Skilled Nursing Care	✓
Wound Dressings	<b>√</b>
LABORATORY INVESTIGATIONS	
Basic Xrays, Diagnostic Ultrasound/Once	<b>√</b>
Hematology: PCV, FBC, Differentials	<b>✓</b>
Microbiology: Urine mcs, MP, Widal	<b>✓</b>
Chemistry: FBS, RBS, Urinalysis	<b>√</b>
Serology: Serum PT	<b>√</b>
RADIOLOGY INVESTIGATIONS (X-RAY AND ULTRASOUND)	✓



ADVANCED AND COMPLEX INVESTIGATIONS	
CT Scan	X
MRI	X
FAMILY PLANNING EDUCATION	✓
PSYCHIATRIC TREATMENT	×
PHYSIOTHERAPY SERVICES	
PHYSIOTHERAPY (UP TO APPROVED LIMITS)	X
PRESCRIBED THERAPEUTIC APPLIANCES (CERVICAL COLLAR, CRUTCHES)	×
OBSTETRICS AND GYNAECOLOGY SERVICES	WAITING PERIOD OF 24 MONTHS
ANTENATAL + DELIVERY + POST DELIVERY CARE (BLOCK LIMIT)	₩50,000
(DEOCK EINIT)	
Antenatal Care Services,	✓
	✓ ✓
Antenatal Care Services,	
Antenatal Care Services, Consultation,	
Antenatal Care Services, Consultation, Ultrasound Scans,	√ ✓
Antenatal Care Services,  Consultation,  Ultrasound Scans,  Laboratory Tests	√ ✓
Antenatal Care Services,  Consultation,  Ultrasound Scans,  Laboratory Tests  Management of Complications in Pregnancy	√ ✓
Antenatal Care Services,  Consultation,  Ultrasound Scans,  Laboratory Tests  Management of Complications in Pregnancy  Delivery Room Services	√ ✓



INVESTIGATION FOR INFERTILITY (CONSULTATION, COUNSELLING, USS, SFA, HORMONE PROFILE, LAPAROSCOPY)	×	
SURGERIES (LIMIT FOR MINOR - MAJOR SURGERIES)	₩50,000.00	
Minor surgeries	✓	
Intermediate surgeries	UNCOMPLICATED APPENDICITIS AND HERNIORRHAPHIES ONLY	
OTHER SERVICES		
HIV/AIDS	REFERRAL TO DESIGNATED CENTRES	
ANNUAL HEALTH CHECKS FOR PRINCIPAL ONLY (DONE DURING HEALTH WEEK)	BASIC (BP, BLOOD SUGAR ONLY)	
OPHTHALMOLOGICAL SERVICES (BLOCK LIMIT)	₩5,000	
Primary eye care	✓	
Foreign Body Removal,	<b>✓</b>	
Stye Incision,	<b>✓</b>	
Entropion and Ectropion Repairs,	<b>✓</b>	
Chalazion Incision,	✓	
Syringing and Probing,	✓	
Eye Examination, Refraction,	✓	
Conditions – Allergies, Conjunctivitis, Pterygium Excision	✓	



FRAMES/LENSES	ONCE IN TWO YEARS (for an enrolee base of at least 500 beneficiaries)
DENTAL SERVICES (BLOCK LIMIT)	₩5,000
DEIVIAL SERVICES (DEOCK EIIVIII)	<del>N</del> 3,000
Primary Dental Care - Relief of Pain, Fillings, Simple Extraction, Preventive Care, (Scaling and Polishing - Once A Year for Enrolees 12 Years and Above)	<b>✓</b>
ENT CARE (EAR, NOSE AND THROAT)	OUT PATIENT ONLY
Primary Ent Care - Treatment of Primary ENT Infections ONLY	✓
Patient Education: Newsletters, health talks	<b>√</b>

## PREMIUM PER ANNUM – #15,000

## EXCLUSIONS: (UNLESS OTHERWISE SPECIFICALLY STATED, THE FOLLOWING ARE EXCLUDED FROM THE BENEFIT PACKAGE)

- Pre-existing conditions not covered.
- Transplant surgery.
- Plastic/cosmetic surgeries.
- Virility enhancing drugs.
- Home care and domiciliary services.
- Joint replacements and prosthetic limbs.
- Congenital abnormalities.
- Self-inflicted injuries.
- Treatment of obesity.
- Speech disorders.
- Thyroid disorders.



- Neurological and Neurosurgical disorders.
- Burns greater than 9%.
- Hormonal replacement therapy.
- All other services or procedures not expressly stated in the benefit package are excluded.