

PREMIER HEALTH INSURANCE

Your bridge to premier healthcare



**PREMIER
APOMUDEN
PLAN**

** Dependants of Citizens Abroad
and Ghanaian Residents **

[PREMIER APOMUDEN PLAN]

PROPOSAL

1.0 INTRODUCTION

Premier Health Insurance is an accredited Private Commercial Health Insurance Scheme under National Health Insurance Act 2012 (852), of the Republic of Ghana and is licensed by National Health Insurance Authority (NHIA). We meet all the regulatory and prudential requirements in the country. The company which initially operated as a Private Mutual Health Insurance Scheme under the name PREMIER MUTUAL HEALTH had to change to a Private Commercial entity as a result of the new guidelines by the regulator.

The Scheme started operations in year 2011, and presently manages over 270 corporate policies from various companies across industries in Ghana with over 100,000 lives.

The Scheme offers different products to suit the needs of all employer groups and other groupings in the country. Our strong conviction of affordable and quality healthcare for all, positions us to stand as your bridge to the access of premier healthcare in Ghana. As a bridge, we stand to ensure that the best of healthcare is made available to all insured members, both staff and dependents.

This proposal focuses on our Premier Apomuden Plan, the health plan targeted at dependents of Ghanaian Citizen's abroad and also Ghanaian or foreign residents in Ghana with or without sponsors.

2.0 BENEFIT OPTION

These benefits apply to each person insured per the Benefit Option.

ITEM	LEVEL OF COVER	REGULAR	MERCURY	PLATINUM	PLATINUM PLUS
OVERALL PLAN LIMITS	Claims will be paid for you up to the 'overall' plan limit in each plan or Insurance year, subject to the terms and conditions of the plan.	GHC 45,060.00	GHC 70,590.00	GHC 96,120.00	GHC 121,650.00
HEALTH CARE FACILITIES	Accredited Service Providers recognized by Ghana Medical Council and NHIA across the 16 Regions of the country. They include over 600 Service Providers in Medical, Pharmaceutical, Dental, Optical, Laboratory and Diagnostics services. Please visit our website of their details.				
OUT – PATIENT COVER					
ANNUAL OUT-PATIENT LIMIT	Medical care or treatment that does not require an overnight stay in a hospital or medical facility.	GHC 5,060.00	GHC 7,590.00	GHC 10,120.00	GHC 12,650.00
CONSULTATION	General and Specialist Consultation	Up to Cover Limit			
DIAGNOSTIC INVESTIGATION	<ul style="list-style-type: none"> • Obstetric Ultrasound • CT Scan, EEG • MRI (Requested by <i>Specialist Only</i>) 	<ul style="list-style-type: none"> • 3 per pregnancy • 2 session per insurance year • 1 session per insurance year 			
PRESCRIBED MEDICINES	Generic and Proprietary or Branded Drugs (Chronic Medication)	Up to 70% of Out-Patient Cover			
PHYSIOTHERAPY	Treatment of problems of the muscles, joints, or nerves.	Up to 10 sessions at GHC 100.00 per session			
AMBULANCE	Local evacuation to hospital	Up to Cover Limit			
EMERGENCY	Stabilization & Emergency drug and investigations	Up to Cover Limit			
IN – PATIENT COVER					
ANNUAL IN-PATIENT LIMIT:	Medical treatment that is provided in a hospital or other facility and requires at least one overnight stay.	GHC 40,000.00	GHC 63,000.00	GHC 86,000.00	GHC 109,000.00
MEDICAL CONSULTATION	General and Specialist Consultation	Up to Cover Limit			
PRESCRIBED MEDICINES	Generic and Proprietary Medication	Up to Cover Limit			
FEEDING	Where hospital feeding is available	Within Accommodation Limit			
ICU	Intensive Care Unit	GHC 6,000.00	GHC 7,000.00	GHC 8,000.00	GHC 10,000.00
HOSPITAL ACCOMODATION	COVERED TO PLAN LIMIT GENERAL / SIDE WARD/PRIVATE or EXECUTIVE WARD	GHC 100.00 per night	GHC 200.00 per night	GHC 300.00 per night	GHC 450.00 per night
OTHER COVER					
MATERNITY					
MATERNITY SERVICES	Ante-Natal and Post-Natal	Up to Cover Limit			
DELIVERIES	Normal, Assisted and Caesarean Deliveries (Complications)	GHC 3,850.00	GHC 4,400.00	GHC 5,500.00	GHC 6,600.00

COMPLICATIONS IN PREGNANCY	Hyperemesis, Miscarriage, Stillbirth, Bed Rest, etc.	GHC 3,850.00	GHC 4,400.00	GHC 5,500.00	GHC 6,600.00
SURGERY					
SURGICAL SERVICES	Major procedures	GHC 4,600.00	GHC 5,750.00	GHC 6,900.00	GHC 9,200.00
GENERAL ADMISSIONS	General medical conditions	GHC 4,000.00	GHC 5,000.00	GHC 6,000.00	GHC 8,000.00
OPTICAL SERVICES					
EYE CARE	Routine Examination, Treatment of infection, Eye Surgeries (e.g. Pterygium, sty, chalazion)	Up to Cover Limit			
SPECTACLE	Frame & Lens (2years) within the Limit of:	GHC400.00	GHC575.00	GHC690.00	GHC920.00
DENTISTRY					
DENTAL CARE	Consultation	Up to Cover Limit			
DENTAL CARE	(1 year) Basic Dental Care; Filling, Pain Relief, Extractions, Scaling & polishing etc. within the limit of:	GHC400.00	GHC575.00	GHC690.00	GHC920.00
MENTAL HEALTH SERVICES					
MENTAL HEALTH SERVICES	Outpatient consultation & Treatment	Up to Cover Limit			
FERTILITY SERVICES					
FERTILITY SERVICES	Basic investigations (e.g. Semen analysis, HSG, etc.)	Not Covered			
CANCER / NEUROSURGERY / CARDIO CARE					
CANCER CARE/ NEUROSURGERY/ CARDIO CARE/ ORTHOPAEDICS / PLASTIC SURGERY FOR SEVERE BURNS	<ul style="list-style-type: none"> Cancer screening (Breast, Cervical & Prostate cancers) Radiotherapy & Chemotherapy 	GHC 6,000.00	GHC 8,000.00	GHC 10,000.00	GHC 12,000.00
DIALYSIS					
RENAL DIALYSIS	Dialysis Treatment	GHC 5,000.00			
HIV / AIDS MANAGEMENT					
HIV / AIDS MANAGEMENT	<ul style="list-style-type: none"> Outpatient consultation Treatment of opportunistic infections 	Up to Cover Limit			

NOTE:

- Maternity care benefits (ante-natal, delivery & post-natal) are not covered in the first year of insurance.
- Surgeries (known and unknown) are not covered in the first year of insurance.

3.0 IDENTITY CARD

- 3.1 Premier Health Insurance shall issue an identity card to policy holder irrespective of age or sex.
- 3.2 That the insured shall be entitled to one (1) card valid during the insurance year.
- 3.3 That in the event of loss of card, a new card shall be issued within five (5) days of notification and at the expense of the policy holder.

- 3.4 That the identity card shall bear the following details of the bearer: A recent passport-sized Picture, Name, Benefit Option, Membership Number, Relationship, Date of Birth, Effective Date, Expiry Date and the Policy Type.
- 3.5 That the card shall remain the property of Premier Health Insurance at all times.
- 3.6 That any attempted use or actual use of the card upon expiry of the contract shall constitute Fraud and Risk of being arrested. In addition, the bill so accrued, plus a 20% administration cost shall be paid by the Insured or Sponsor.
- 3.7 That the card shall be presented at the Healthcare Service Provider to access service. Failure to do so may result in one being denied services and any such private treatment occasioned by this failure, shall not be reimbursed.
- 3.8 All data presented by sponsor or insured will be used to produce the identity card. In the event of wrong data received from them, Premier Health Insurance will not be held liable for that cost.
Where Premier Health Insurance commits an error a new one shall be issued at no cost.

4.0 MEDICAL HISTORY

- 4.1 Except neonates all prospective card holders shall disclose any existing medical conditions or chronic ailments or impending surgery before the commencement of the policy.

5.0 PLAN AND ADMINISTRATION

Premier Health Insurance’s core competency and leadership lies in providing health insurance in Ghana. The company's focus on health insurance has led to developing the best in class processes, staff and provider networks.

Our clients have support around the clock through Relationship Managers who organize medical care nationwide, provide pre-medical advice over the phone and provide background information. Customers can receive medical assistance in any of the selected clinics in Ghana – Premier Health Insurance has contracts with more than 500 medical institutions in all regions of Ghana and the network is constantly expanding.

Our experience and well-trained staff supported by well tested systems provide top quality insurance services to make Premier Health Insurance the health insurance leader in Ghana.

6.0 HOW THE SCHEME WORKS

In order to get treatment, the client may choose the clinic out of following options:

- 1. Clinics with direct access (using Premier Health Insurance’s online hospital directory or User Manual): The member will go to the clinic or Hospital directly with the Membership I.D card.

Covered treatment will be provided without requirement from member to pay for the services.

2. Clinics not included in the network: The member shall pay for the treatment and then submit his expenses with supporting documents to Premier Health Insurance for reimbursement. For Out-of-Network claims processing, the insured would submit a completed refund with invoice/payment-receipt. If additional documents are required to validate and process the claim, then the insured will be informed of the same. This will be permitted under the circumstance where there are no Service Providers within the area or emergencies.

7.0 ADMINISTERING AND PROMPT PAYMENT OF INSURED CLAIMS

Premier Health Insurance understands the importance of efficient claims handling from the perspective of its customers, insurers and company shareholders. Significant amount of thought and resources have been invested in implementing a system (of people, IT infrastructure and processes) that ensures an effective and timely claims settlement.

8.0 CLAIMS MANAGEMENT

All the claims are registered in our database which allows Premier Health Insurance not only to track all the services provided under the insurance contract, use of limits and sub-limits but also monitor the health status of the enrolees. This information (Utilization data) provides at a glance, the Client's profile and health status of its enrolees. Diagnoses are referenced using ICD 10 Codes.

Members may send a utilization request to info@premiermutualhealth.com and receive a report on all the services obtained and clarifications on claim denials.

Members dissatisfied with medical services provided by a healthcare provider may also send an appeal/complaint to the above email address. Such appeals as per the Company's procedures shall be addressed within 3 working days after the Company receives such a complaint.

9.0 DESCRIPTION OF THE SYSTEM FOR TRACKING UTILIZATION

Premier Health Insurance has made considerable investment and developed an IT system from South Africa which has been customized to suit the local content (RX Health) and processes to suit its business needs and customer demands. Our systems are comparable to the best in the world using the current technologies and infrastructure. Premier Health Insurance is currently upgrading the Customer Portal.

Premier Health Insurance's customer portal has capabilities to enable claimants such as enrolees and providers to log-on securely to their customized profiles on the portal to access or track their utilization of services.

10.0 IT MODULES

Software which is known as ds Health/RX Health with the under-mentioned functionalities, is used for the claims administration:

1. Membership registration and Maintenance
2. Contribution Collection and Reconciliation
3. Interfaces to Employer Groups (yet to be activated)
4. Claims Benefit Rules
5. Benefit Reservation
6. Real Time Claims assessment and response/authorization to Providers.
7. Direct on-line interaction and claims submission with major Switches including full assessment, benefit calculation and reservation.
8. Claims Payment runs and Reconciliation
9. Accounting Information suitable for uploading into Accounting Packages
10. Statistical reports to support Administration Management
11. Document Management System
12. Integration with E-Mail, SMS
13. Full Enquiry Logging and Analysis via a customized web page (yet to be activated)

11.0 CARE / SERVICE MANAGEMENT SYSTEM

Our Care/Service Management System includes but is not limited to the following services:

- Conducting service provider audits before including them in the network and on quarterly basis to ensure quality of care.
- Liaison with health care providers to ensure smooth admissions both for emergency and scheduled cases as per procedure described above.
- Operating 24/7 Contact Service for Premier Health Insurance members
- Reviewing cases for the admitted enrolees by visiting them in hospitals, liaising with the primary doctors and other health providers to ensure quality of care
- Organizing health talks periodically and sending health tips during the cover period.
- Negotiating service fees with the providers and develop service level agreements •
Reviewing and paying the medical bills

12.0 PROVIDING PERIODIC REPORTING AND ACCOUNTING OF FINANCIAL RESULTS OF THE PLAN, INCLUDING REPORTING FORMATS

Premier Health Insurance shall provide the HR with quarterly periodic report on the following:

- Member statements

- Monthly/quarterly claims expenditure and trends
- Premium reconciliations
- Utilization Reports
- Morbidity Reports

13.0 ADMINISTRATION

Premier Health Insurance appoints dedicated team to administer the contract. The team includes English speaking personnel, which is responsible for the following:

- Registration of the members of the Clients and personal movement;
- Issuing financial documents (invoices for premium return) and settlement with the Client;
- Monitoring the services provided under the contract;
- Relationship manager to engage client contact proactively and regularly

14.0 EMERGENCY RESCUE SERVICES

- 24 Hour Emergency Services
- Procedures to ensure timeliness of provision of medical help involving Premier Health Insurance Contact
- and emergency services of the Preferred Medical Provider

15.0 PREMIER HEALTH INSURANCE'S UNIQUE CAPABILITIES

Best in class service with focus on quality which is exemplified by:

- Rigorous case management
- Rigorous quality certifications and standards for providers
- Flagship hospitals to meet any international standard where clients and enrolees obtain best-in-class medical care
- High financial solvency which guarantees prompt settlement of claims
- 24/7 contact with professional coordinators that ensure effective care management
- IT system which allows prompt member validation
- See List of Clients
- A robust custom-built clinical, administrative and financial system
- Dedicated Relationship Managers
- About 500-Strong Preferred Provider Network (as attached– List of Contracted Medical Providers)
- Our Registered Medical Providers offer: 24/7 emergency services; chain of clinics in Accra, Kumasi, Tamale, Sekondi-Takoradi, Koforidua and Cape Coast among others.
- High quality of service in line with international standards
- Constant monitoring of clients' satisfaction with services provided by our partners;
- Rigorous complaints management system

- Provision of timely detailed reports to clients
- Commitment to continuous improvement and innovation in healthcare

16.0 EXPENSE MANAGEMENT

- i. Minimization of fraud is ensured through proper:
 - a) Claims management
 - b) Case and Care management
 - c) Member benefits management
- ii. We use the following instruments of cost saving without neglecting quality:
 - Discount provided by medical providers to Premier Health Insurance
 - Preventive Healthcare through health promotion
 - Checks and controls
 - Claims management
 - Case management
 - Provider management
 - Benefit limits management, etc

17.0 CLIENT EXPERIENCE

Our clients include some of Ghana's largest companies and biggest brands; for example:

1. SSNIT
2. CFAO GHANA LTD
3. OLAM GHANA LTD
4. TOTAL PETROLEUM GHANA

Our continued relationships with the above-mentioned clients are a testament to our abilities in providing health insurance to their employees and dependents. Other clients could be checked on our website (www.premierhealthinsurance.org).

18.0 GRIEVANCES

- 18.1 In case of unsatisfactory service, policy holder is to lodge their complaints at any of our offices or through the insurer's website.
- 18.2 That any dispute arising out of this agreement shall be resolved amicably between both parties. In the unlikely event of failure to do so, both parties shall empanel three-member arbitration team made up of eminent persons in medicine, pharmacy and or National Health Insurance Authority who shall help resolve the cases. This notwithstanding, the National Health Insurance Authority shall always remain the final authority and whose decisions shall be final.

19.0 CONTRACT

19.1 The policy contract shall be twelve calendar months.

19.2 The contract may be terminated by giving notice of such intention **three calendar months** before the expiry.

20.0 SCHEME'S RIGHT TO DECLINE RENEWAL OF A POLICY HOLDER

20.1 Premier Health Insurance shall have the right to decline the renewal or to qualify the terms of the renewal of the insured's Renewal Date based on:

1. Non-declaration of pre-existing conditions prior to enrolment as a member.
2. Misconduct during the period of membership

21.0 EXCLUSIONS

Premier Health Insurance shall not be liable for payments in respect of the following:

1. Treatments which involve medical rehabilitation other than physical therapy.
2. Treatments for cosmetic and anaesthetic purposes. Lotions, soaps, creams, moisturizers, shampoos etc.
3. All forms of Assisted Reproduction (artificial insemination, invitro, surrogate motherhood, sperm donation etc)
4. Hormonal and gynaecological hormone replacement therapy
5. Diagnosis and treatment accessed overseas.
6. Wellness screenings and medical examination for non-medical purposes (visa applications, loan applications, driving license, job applications, school admission, Insurance claims, life policies etc)
7. Items of domestic use including detergents, diaper, sanitary pads, toothbrush etc
8. Mortuary service
9. Services available as free public healthcare interventions (immunization, vaccination, family planning, treatment of tuberculosis, onchocerciasis, buruli ulcer, cholera, and trachoma, HIV Covid-19 tests & mental health)
10. Hepatitis treatment excluding antigen test
11. Intentional self-injury and illness resulting from suicide and addictive substances.
12. Any expenses incurred in connection with injury or illness directly caused or contributed to by war, invasion, whilst engaging or taking part in military, naval or air force service or operations, riot, civil commotion, and demonstration.
13. Medical expenses related to any treatment where cost is recoverable by law from another insurance policy.
14. Alternative or Unorthodox treatments (Acupuncture, Chiropractic, Homeopathy etc)
15. Herbal Medicines (Irrespective of origin)
16. Family planning procedures and commodities.

17. All forms of aphrodisiacs and drugs for erectile dysfunction
18. Infertility investigation, treatment, and drugs.
19. Histopathology
20. Circumcision
21. All supplements like Ginseng, ginko biloba, cellgivity, athrosamine, pregnacare plus, visionace, cyclogest, M2 tone, liv 52 etc. are not covered.
22. Multivitamins and vitamins including Pregnacare, Ferroglobin, Ideos etc are covered up to GHC50.00. Soluble vitamin C will not be served.
23. Orthotics, Prosthetics (external) and medical appliances (such as wheelchairs, crutches, neck collar, arm sling, glucometer, thermometer, hearing aids, walking stick etc)
24. Self-medications and other medical commodities (lozenges, crepe bandage, gentian violet, methylated spirit, plaster, deep heat spray etc.)
25. Dental prosthetics such as dentures, crowns, bridges, artificial teeth, and braces
26. Organ transplant and blood
27. Congenital diseases / conditions
28. Allergy Panel (Up to 3 specific tests)
29. Any benefits not specified within the plan benefit option.
30. All pre-existing conditions not stated in the medical profile.
31. All surgeries and maternity related cases (ante-natal, delivery and post-natal) shall only be covered to the limit after twelve (12) months of continuous membership.

22.0 CONCLUSION

Healthcare is very important to the growth of every business and the nation. The saying that, “a sound mind in a sound body” (mens sana in corpore sano) implies that every employee in the country needs to stay healthy to have the sound mind to work for the growth and development of the business and the country at large.

The benefits of choosing PREMIER HEALTH INSURANCE have been highlighted. The Scheme has the expertise, experience and competence to manage the healthcare of individual, staff and dependents to your maximum satisfaction.

We wish to express our appreciation to you for taking time to study this proposal and we anticipate that you would make the best choice in choosing PREMIER HEALTH INSURANCE as your preferred Health Insurer. We look forward to having great relations with you. Please find attached the Service Provider network of the Scheme.