



VALUE PLAN

Affordable, Essential Medical Cover Across Zimbabwe. Subscriptions & Abridged Benefits

PLAN BENEFITS	SCHOLAR PLAN	
Type of Hospital	Nectacare Facilities, Group C - F, Municipal Clinics, Government & Mission Hospitals	
Annual Limit	5,000.00	
Hospitalization	1,500.00	
Acute Medication	150.00	
Chronic Medication	200.00	
Dental Cover (Cleaning, Fillings & Extraction)	150.00	
Optical plus Refraction (2 year benefit)	100.00	
Prosthesis & Appliances	250.00	
General Practitioner Consultation	200.00	
Specialist Consultation	200.00	
Pathology	150.00	
Radiology (General X-Rays and Scans excluding MRI, CT and PET Scans)	500.00	
Bereavement Token	300.00	
Hospital cash-back daily payout (after 48-hours): - Adult - Child	100.00 50.00	

Note: All quoted benefits are in USD

Terms and conditions apply

CONDITIONS OF SERVICE

BENEFIT	SME's	CORPORATES (SMALL)	CORPORATES (LARGE)
			50+
General Practitioner Consultation	3 months	Waiver	Waiver
Acute Medication	3 months	Waiver	Waiver
Bereavement Token	3 months	3 months	3 months
Dental (Cleaning, Fillings & Extraction)	6 months	Waiver	Waiver
Specialist Services	6 months	Waiver	Waiver
Diabetes	6 months	Waiver	Waiver
Hypertension	6 months	Waiver	Waiver
Asthma	6 months	Waiver	vvalver
HIV/AIDS	6 months	Waiver	vvaiver
Arthritis	6 months	Waiver	Waiver
General Scans & Xrays	6 months	Waiver	Waiver
Congestive Cardiac Failure	6 months	Waiver	vvaiver
Hospitalisation	6 months	Waiver	vvalver
Maternity	9 months	Waiver	Waiver
			Waiver

Optical Benefit 12 months Waiver

Small and Large corporates have access to all benefits on the first contribution. High claims performance of account will result in loading of subscriptions. Rugare Medical retains the right to underwrite and invoke additional waiting periods. Fund age limit is 65 years. Hospital Cash-Back conditions - Refer to Detailed Hospital Cash-back section.

MONTHLY SUBSCRIPTION	VALUE PLAN	
Principal Member/Spouse/ Adult Monthly Subscription	17.00	
	17.00	-1111

Note: All quoted prices are in USD

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Rugare Medical Hospital Cash-Back

How it works

- \cdot A claim pay-out is made when one is hospitalised for more than 48hours
- ·A lump sum cash pay-out is done after one is discharged from hospital or after 30 days whichever is earlier.
- ·Pre-existing conditions are covered
- ·Benefits are paid out directly to member

Exclusions

- Pre-existing conditions and spinal conditions (this will be covered after a 12-month waiting period)
- ·Complications arising from abortion
- ·Effects of alcohol
- ·Hospitalisation because of or related to Diabetes and or Epilepsy
- ·Sexually Transmitted Disease or Aids (this will be covered after a 12-month waiting period)
- ·Mental or psychiatric illness
- •Drug taken unless they followed the manufacturer's instructions, or a doctor prescribed it
- Drug they take for treating drug addiction
- Injury or illness while flying unless they were a paying passenger
- •Accident that happens while driving any motor vehicle while the alcohol content in the blood or urine is over the legal limit
- ·Bodily injury suffered while directly involved in an illegal activity
- ·Dangerous situation got into on purpose
- ·Sport played or trained for as a professional, even if this is not a direct or main cause
- ·Accident directly caused by war
- ·Congenital defect (a problem they were born with)
- ·Cosmetic surgery, for example a skin graft of face-lift
- ·Use of explosives
- ·Sex change operation or similar procedure
- ·Any hospitalisation undertaken in nature, cure clinics, or hydro's or during periods of quarantine will not be covered

Waiting periods

- ·Immediate cover is provided for accidents
- ·3 months waiting period
- ·6 months waiting period for surgeries
- ·12 months waiting period for maternity benefits
- ·12 months waiting period for pre-existing injuries and chronic conditions

Claiming Process

- 1.Notify CellMed Health Medical Fund of a claim, email on claims@cellinsurance.co.zw
- 2.Obtain and complete the form
- 3.Return the completed claim form attached together with confirmation of hospitalisation from doctor or the hospital and a copy of the patient's identification document
- 4.The claim will be assessed, processed, and payment made directly into the members' bank account within five (5) to fourteen (14) days from the date of submission of final assessor's report where liability is not in dispute.

Why you need the Hospital Cash-Back Plan

- ·Help with financial expenses incurred due to hospitalisation
- ·You can use it to access over the counter medication
- ·It can assist you with medical aid shortfalls
- ·You can spend the money as you wish

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