

Z-SURE HEALTH INSURANCE COVER

The Z-SURE Medical insurance cover underwritten by ZSIC Life is a comprehensive cover that covers corporate clients with a minimum of 30 members. The scheme covers individuals from 0 year to a maximum of 70 years. The following benefits are covered under the Z-SURE Medical Insurance cover;

EXTERNAL MEDICAL APPLIANCES

 This benefit covers the cost of accessories such as hearing-aides, crutches, BP machines and gluco-meters

IN-HOSPITAL BENEFITS AND OUT OF HOSPITAL BENEFITS

- Diagnostic and laboratory tests
 Fees for physicians, specialists, surgeons, anaesthetists, physiotherapists and other relevant specialist consultations provided in hospital
- Operating theatre charges, apparatus, material, ward and theatre medicines used in-hospital
 - Medicines to take home
- In-hospital accommodation and general nursing services
 - Out-patient medication, vaccinations radiology and dental services

EMERGENCY AMBULANCE SERVICES/EVACUATION

This benefit pays for an in-country ambulance to transport from the scene of the medical emergency to the nearest available medical facility for treatment. Some options provide cover for International evacuation where treatment is not available in-country.

MAJOR DISEASE BENEFIT

This benefit covers the cost of treatment (in-hospital and out-of-hospital) for oncology (cancer), organ transplants and renal (kidney) dialysis up to the Major Disease Benefit limit and subject to clinical/freatment protocols.

MATERNITY BENEFIT

- in-hospital maternity covers the cost of a normal delivery by a midwife or a gynaecologist
- Complications of pregnancy covers the cost of management of pregnancy related complications such as preeclampsia, eclampsia, caesarean and their remedies.

MEDICAL INSURANCE PLAN	LOCAL COVER		GOLD	DIAMOND
AREA OF COVER	LOCAL COVER		ZAMBIA	ZAMBI
OVERALL LIMIT			200,000	450,00
IN LIGERITAL PENERITE				
IN-HOSPITAL BENEFITS				
In-hospital accomodation, specialits treatment/consultations, medications, physios, acute dialysis, patient meals, labtests				
Prosthesis				
Emergency Ambulance services (subject to pre-authorisation)			Subject to Overall limit	Subject to Overall lim
Specialised Radiology				
Neonatal Care				
MATERNITY				
Ante-Natal care			10,000	14,00
Normal delivery			12,000	15,00
In-Patient maternity (complications)			15,000	18,00
Postnatal Visits			2 visits	2 visi
				0.50
External Medical Appliances			2,000	2,50
Major Disease Benefits (Chronic Diseases)			Subject to Overall Limit	Subject to Overall Lim
			Subject to Overall Limit	Subject to Overall Lim
Cancer Treatment Organ transplant			Subject to Overall Limit	Subject to Overall Lim
Organ transplant Kidney Dialysis			Subject to Overall Limit	Subject to Overall Lim
Mulicy Dialysis			Judject to Overall Lillill	Subject to Overall Lilli
Specialised Radiology			7,500	800
			7,500	000
International Benefits (Subject to pre-authorization an	d clinical funding protocols)			
INTERNATIONAL EMMERGENCY EVACUATION BENEFITS	and an arrange of the control of			
In the case of a medical emergency / life threatening condition and where t	reatment is not available locally cover includes:	:	Not covered	Not covere
International evacuation and foreign treatment costs.	,		Not covered	Not covere
Critical Care treatment				
In a case of a medically necessary, non-emergency life threatening condition	n, where treatment for in-patient care is not		Not covered	Not covere
available locally cover includes:				
International travel & Treatment costs				
Accomodation & Travel costs				
Applicable only to international emergency medical evacuations and critical	k care cases for the patient and		Not covered	Not covere
if applicable, one accompanying the patient.				
Repatriation of mortal remains				
•			Not covered	Not covere
Applies to only international medical emergency evacuation & critical care	cases		Not covered	Not covere
Elective cases				
Applies to cases of obtaining medical services outside their country of residents	lance			
Cover will inclde medical treatment costs but not travel costs.	enec.			
Cover will include include a countrie costs such of travel costs.				
MEDICAL EVACUATION (local)				
Emergency road ambulance services			10,000	12,00
			-,,,	,,,,
(subject to pre-authorisation)				
OUT-PATIENT BENEFITS				
Acute conditions Benefits			12,000	15,00
Consultations-GP/specialist				
Prescribed medication				
Diamentis tests /Isha and Dadislam.				
Diagnostic tests/labs and Radiology			covered upto 3 test per year	covered upto 4 test per year
Covid 19 testing				
Covid 19 testing				
Covid 19 testing DENTISTRY			2000	
Covid 19 testing			3,000	3,50
Covid 19 testing DENTISTRY Basic Dentistry (Extraction, Fillings, x-Rays, pain management)				3,50
Covid 19 testing DENTISTRY Basic Dentistry (Extraction, Fillings, x-Rays, pain management) Specilaised Dentistry (Root canal Treament :s, Bridges			3,000 5,800	3,50
Covid 19 testing DENTISTRY Basic Dentistry (Extraction, Fillings, x-Rays, pain management)				3,50
Covid 19 testing DENTISTRY Basic Dentistry (Extraction, Fillings, x-Rays, pain management) Specilaised Dentistry (Root canal Treament !s, Bridges Inlays, Orals Surgery, Periodontal)			5,800	3,50 6,20
Covid 19 testing DENTISTRY Basic Dentistry (Extraction, Fillings, x-Rays, pain management) Specilaised Dentistry (Root canal Treament !s, Bridges Inlays, Orals Surgery, Periodontal) OPTICAL BENEFITS				3,50
Covid 19 testing DENTISTRY Basic Dentistry (Extraction, Fillings, x-Rays, pain management) Specilaised Dentistry (Root canal Treament !s, Bridges Inlays, Orals Surgery, Periodontal) OPTICAL BENEFITS Optical Lens and Frame			5,800	3,50 6,20
DENTISTRY Basic Dentistry (Extraction, Fillings, x-Rays, pain management) Specilaised Dentistry (Root canal Treament !s, Bridges Inlays, Orals Surgery, Periodontal) OPTICAL BENEFITS Optical Lens and Frame 1 X 2 years Eye Examination			5,800	3,50 6,20
DENTISTRY Basic Dentistry (Extraction, Fillings, x-Rays, pain management) Specilaised Dentistry (Root canal Treament !s, Bridges Inlays, Orals Surgery, Periodontal) OPTICAL BENEFITS Optical Lens and Frame			5,800	3,50 6,20

LOCAL COVER

ZSIC MEDICAL INSURANCE PRODUCT		
MEDICAL INSURANCE PLAN	PLATINUM	RUBY
AREA OF COVER	ZAMBIA	ZAMBIA
OVERALL LIMIT	800,000	1,100,000
IN-HOSPITAL BENEFITS		
In-hospital accomodation, specialits treatment/consultations,		
medications,physios,acute dialysis,patient meals,labtests		
Prosthesis		
Emergency Ambulance services (subject to pre-authorisation)	Subject to Overall limit	Subject to Overall limit
Specialised Radiology		
Neonatal Care		
MATERNITY		
Ante-Natal care	16,000	18,000
Normal delivery	18,000	20,000
In-Patient maternity (complications)	25,000	Subject to Overall Limit
Postnatal Visits	2 visits	4 visits
	2.000	
External Medical Appliances	3,000	4,000
Major Disease Benefits (Chronic Diseases)	Subject to Overall Limit	Subject to Overall Limit
Cancer Treatment	Subject to Overall Limit	Subject to Overall Limit
Organ transplant	Subject to Overall Limit	Subject to Overall Limit
Kidney Dialysis	Subject to Overall Limit	Subject to Overall Limit
Specialised Radiology	8,500	9,000
International Benefits (Subject to pre-authorization and clinical funding protocols)		
INTERNATIONAL EMMERGENCY EVACUATION BENEFITS		
In the case of a medical emergency / life threatening condition and where treatment is not available locally cover includes:	Not covered	Not covered
International evacuation and foreign treatment costs.	Not covered	Not covered
Critical Care treatment		
In a case of a medically necessary, non-emergency life threatening condition, where treatment for in-patient care is not	Not covered	Not covered
available locally cover includes:		
International travel & Treatment costs		
Accomodation & Travel costs		
Applicable only to international emergency medical evacuations and criticak care cases for the patient and	Not covered	Not covered
if applicable, one accompanying the patient.		
Repatriation of mortal remains		
Applies to only international medical emergency evacuation & critical care cases	Not covered	Not covered
Elective cases		
Applies to cases of obtaining medical services outside their country of residence.		
Cover will inclde medical treatment costs but not travel costs.		
MEDICAL EVACUATION (local)		
Emergency road ambulance services	15,000	20,000
(subject to pre-authorisation)		
OUT-PATIENT BENEFITS		
Acute conditions Benefits	18,000	20,000
Consultations-GP/specialist		
Prescribed medication		
Diagnostic tests/labs and Radiology		
Covid 19 testing	covered upto 5 test per year	covered upto 6 test per year
DENTISTRY		
Basic Dentistry (Extraction, Fillings, x-Rays, pain management)	4,300	6,000
Specilaised Dentistry (Root canal Treament 3,Bridges	6,800	9,000
Inlays,Orals Surgery,Periodontal)		
OPTICAL BENEFITS	3,500	4,000
Optical Lens and Frame		
1 X 2 years Eye Examination		
PHYSIO (OUT-PATIENT)		
Auxillary services (Physiotherapy & chiropractor)	3200	3800

LOCAL AND INTERNATIONAL COVER

ZSIC MEDICAL ZSIC MEDICAL		
MEDICAL INSURANCE PLAN	GOLD PLUS	DIAMOND PLUS
AREA OF COVER	AFRICA & INDIA	AFRICA & INDIA
OVERALL LIMIT	2,500,000	3,500,000
IN-HOSPITAL BENEFITS		
In-hospital accomodation,specialits treatment/consultations,		
medications, physios, acute dialysis, patient meals, labtests		
Prosthesis		
Emergency Ambulance services (subject to pre-authorisation)	Subject to Overall limit	Subject to Overall limit
Specialised Radiology		
Neonatal Care		
MATERNITY		
Ante-Natal care	25,000	30,000
Normal delivery	30,000	40,000
In-Patient maternity (complications)	Subject to Overall Limit	Subject to Overall Limit
Postnatal Visits	4 visits	4 visits
External Medical Appliances	6,000	8,000
Major Disease Benefits (Chronic Diseases)	subject to overall limit	subject to overall limit
Cancer Treatment Cancer Treatment		
Organ transplant Control of the Cont		
Kidney Dialysis		
Specialised Radiology	15,000	20,000
International Benefits (Subject to pre-authorization and clinical funding protocols)		
INTERNATIONAL EMMERGENCY EVACUATION BENEFITS		
In the case of a medical emergency / life threatening condition and where treatment is not available locally cover includes:	Maximum Limit of 500,000	Maximum Limit of 300,000
International evacuation and foreign treatment costs.		
Critical Care treatment		
In a case of a medically necessary, non-emergency life threatening condition, where treatment for in-patient care is not		
available locally cover includes:	Subject to overall limit	Subject to overal limit
International travel & Treatment costs		
Accomodation & Travel costs		
	Return standard air ticket and	Return standard air ticket and
	accomodation upto a	accomodation upto a
	maximium of 14days . \$40 per	maximium of 14days . \$60 per
	day pocket money for max	day pocket money for max
Applicable only to international emergency medical evacuations and critical care cases for the patient and	14days	14days
if applicable, one accompanying the patient.		
Repatriation of mortal remains		
Applies to only international medical emergency evacuation & critical care cases	25,000	33,000
Elective cases		
Applies to cases of obtaining medical services outside their country of residence.	Maxium upto ZMW 250,000	Maxium upto ZMW 300,000
Cover will inclde medical treatment costs but not travel costs.		
MEDICAL EVACUATION (local)		
Emergency road ambulance services	Subject to Overall Limit	Subject to Overall Limit
(subject to pre-authorisation)		
OUT-PATIENT BENEFITS		
Acute conditions Benefits	40,000	55,000
Consultations-GP/specialist		
Prescribed medication		
Diagnostic tests/labs and Radiology		
Covid 19 testing	covered upto 10 test per year	covered upto 10 test per year
DENTISTRY		
Basic Dentistry (Extraction, Fillings, x-Rays, pain management)	10,000	10,000
Specilaised Dentistry (Root canal Treament, Bridges	10,000	10,500
Inlays,Orals Surgery,Periodontal)		
OPTICAL BENEFITS	4,500	5,000
Optical Lens and Frame		
1 X 2 years Eye Examination		
PHYSIO (OUT-PATIENT)		
Auxillary services (Physiotherapy & chiropractor)	5400	5800

LOCAL AND INTERNATIONAL COVER

ZSIC MEDICA	LINSURANCE PRODUCI		
MEDICAL INSURANCE PLAN	E INSONANCE I NODOCI	PLATINUM PLUS	RUBY PLUS
AREA OF COVER		AFRICA AND INDIA	WORLDWIDE EXCLUDING USA
OVERALL LIMIT		4,000,000	6,000,000
IN-HOSPITAL BENEFITS	pont/consultations		
In-hospital accomodation, specialits treatm medications, physios, acute dialysis, patient			
Prosthesis	medaylasteses		
Emergency Ambulance services (subject to	pre-authorisation)	Subject to Overall limit	Subject to Overall limit
Specialised Radiology			
Neonatal Care			
MATERNITY		40.000	50,000
Ante-Natal care Normal delivery		40,000 50,000	50,000 60,000
In-Patient maternity (complications)		Subject to Overall Limit	Subject to Overall Limit
Postnatal Visits		4 visits	4 visits
External Medical Appliances		8,000	10,000
Major Disease Benefits (Chronic Diseases)		subject to overall limit	subject to overall limit
Cancer Treatment Organ transplant			
Kidney Dialysis			
Specialised Radiology		25,000	35,000
	to pre-authorization and clinical funding protocols)		
INTERNATIONAL EMMERGENCY EVACUA		Code in the control of the in-	Cook is at the cooking It live it
In the case of a medical emergency / life the International evacuation and foreign treating the case of a medical emergency / life the International evacuation and foreign treating the case of a medical emergency / life the case of a medical emergenc	hreatening condition and where treatment is not available locally cover includes:	Subject to overall limit	Subject to overall limit
international evacuation and foreign treati	ment costs.		
Critical Care treatment			
In a case of a medically necessary, non-em	nergency life threatening condition, where treatment for in-patient care is not		
available locally cover includes:		Subject to overall limit	Subject to overall limit
International travel & Treatment costs			
Accomodation & Travel costs			
Accomodation & Traver costs		Return standard air ticket and	Return standard air ticket and
		accomodation upto a	accomodation upto a
		maximium of 14days . \$80 per	maximium of 14days . \$100
		day pocket money for max	per day pocket money for
	y medical evacuations and criticak care cases for the patient and	14days	max 14days
if applicable, one accompanying the patien	nt.		
Repatriation of mortal remains			
Applies to only international medical emer		40,000	60,000
,	0 ,	,,,,,	
Elective cases			
Applies to cases of obtaining medical service		Subject to overall limit	Subject to overall limit
Cover will inclde medical treatment costs by	but not travel costs.		
MEDICAL EVACUATION (local)			
Emergency road ambulance services		Subject to Overall Limit	Subject to Overall Limit
,		,	,
(subject to pre-authorisation)			
OUT-PATIENT BENEFITS			
Acute conditions Benefits		60,000	70,000
Consultations-GP/specialist Prescribed medication			
Diagnostic tests/labs and Radiology			
Covid 19 testing		covered upto 10 test per year	covered upto 10 test per year
5		,	,
DENTISTRY			
Basic Dentistry (Extraction, Fillings, x-Rays, p	pain management)	15,500	20,000
Specilaised Dentistry (Root canal Trea	ament, "Bridges	15,000	20,500
Inlays,Orals Surgery,Periodontal)	ament, sriages	15,000	20,300
OPTICAL BENEFITS		5,500	8,000
Optical Lens and Frame			
1 X 2 years Eye Examination			
PHYSIO (OUT-PATIENT)	rooter	6000	CECC
Auxillary services (Physiotherapy & chiropi	ractory	6000	6500