

CLIENT NAME	ASSEMBLE INSURANCE PRODUCT
Accident And Illness Hospitalisation Cover	
<i>Hospitalisation: Pre-authorization will be required for Hospitalisation cover</i>	
HEALTH PLANS	FARU PRODUCT
Geographical Zone	Local Cover
BENEFITS	Per Person
OVERALL ANNUAL LIMIT (OAL)	TZS 23,000,000
Rehabilitation (within OAL) Wheel chairs, prosthesis and crutches	TZS 1,000,000
IN-PATIENT & DAYCARE TREATMENT	
Hospital	Covered
Bed limit	Covered
Overseas referral treatment not available locally	Covered in Tanzania
Accidents & Emergency, Intensive Care & Theatre Costs	Covered
Nursing Fees, medical expenses & charges	Covered
Surgeons, Anaethetists, Physicians fees	Covered
Prescribed medicines and drugs	Covered
X-rays	Covered
MRI and CT scans	Covered
Pathology, diagnostic tests & procedures	Covered
Radiology, radiotherapy & chemotherapy	Covered
ICU and Critical Care Wards: Admissions to these units with special authorization required from ASSEMBLE (Within OAL)	Covered
Chronic, Congenital conditions and Major Medical Illness	TZS 5,000,000
Physiotherapy (Within OP Limit)	Covered
Parent Accommodation, insured parent with an insured child under 8 years of age in hospital	Covered
Psychiatric treatment (within OAL)	up to 20%
OUT-PATIENT (OP) TREATMENT	
Overall Annual Limit per person	TZS 1,000,000
Radiology, MRI and CT scans (Notification and preauthorization required)	Covered
Primary consultations and treatment to include medical practioners' fees, prescribed medicines, drugs and dressings.	Covered
X-rays, pathology,diagnostic tests & procedures	Covered
Physiotherapy	Covered
MATERNITY COVER	
Normal and CS delivery including Newborn Care (within OAL)	TZS 800,000 (Cash Benefit)
OPTOMETRY : OUTPATIENT	
Overall Annual Limit	TZS 150,000
All prescribed lenses excluding contact lenses. Lenses and frame may be replaced in course of membership year to the maximum benefit per member for the year	Covered
DENTAL TREATMENT: OUTPATIENT	
Overall Annual Limit	TZS 150,000
Consultation, simple extractions, difficult extractions, fillings (temporary, permanent, amalgam, composite GIC). Gum surgery, root canal treatment, pulpotomy & minor oral surgery	Covered
RESCUE AND EVACUATION	
Emergency Rescue Services (Notification and Authorization required)	Covered
Medical Evacuation (Notification and Authorization Required)	Covered
Local Emergency road ambulance: Costs of road ambulance transport required due to an emergency or medical necessity to the nearest available and appropriate medical facility. (Notification and Authorization required)	Covered
Local Emergency Evacuation: The transportation costs of a member from a medical facility where the it is considered the care is inadequate to another medical facility. (Notification and Pre-authorisation required)	Covered
OTHER BENEFITS	
Emergency road ambulance : Costs of road ambulance transport required due to an emergency or medical necessity to the nearest available local hospital and within jurisdiction where cover applies	Covered
VALUE ADDED BENEFITS	
Funeral	TZS 300,000 per person

Main benefit summary

Health Plan	BRONZE JAMII FARU	
In patient per person	TZS	23,000,000
Out patient per person	TZS	1,000,000
Dental	TZS	150,000
Optical	TZS	150,000
Maternity	TZS	800,000

Premiums Totals Summary per each health plan

Target Numbers	Premium Per Person	TOTAL PREMIUM
-	TZS 500,000	TZS -

Note:

The cover will only access specified list of medical service providers only with Referral to Muhimbili Hospital

Thank you in advance for giving ASSEMBLE an opportunity to provide you a proposal for medical insurance, it is our hope you join our one big happy ASSEMBLE family.

Please note that this proposal is based on the group size and cover limits quoted above for a cover period of 12 months and is valid for 60 days from date of issue.

Any change in group size, cover limit or cover period will result in change of benefits and premiums

The minimum enrolment for the proposed scheme should be at least 85% of the population indicated in your request.

We look forward to a favorable response to our proposal.

Yours sincerely,

Underwriting Department

CLIENT NAME	ASSEMBLE INSURANCE PRODUCT
Accident And Illness Hospitalisation Cover	
<i>Hospitalisation: Pre-authorization will be required for Hospitalisation cover</i>	
HEALTH PLANS	NYATI PLAN
Geographical Zone	Local
BENEFITS	Per Person
OVERALL ANNUAL LIMIT (OAL)	TZS 11,500,000
Rehabilitation (within OAL) Wheel chairs, prosthesis and crutches	TZS 500,000
IN-PATIENT & DAYCARE TREATMENT	
Hospital	Covered
Bed limit	Covered
Overseas referral treatment not available locally	Covered in Tanzania
Accidents & Emergency, Intensive Care & Theatre Costs	Covered
Nursing Fees, medical expenses & charges	Covered
Surgeons, Anaesthetists, Physicians fees	Covered
Prescribed medicines and drugs	Covered
X-rays	Covered
MRI and CT scans	Covered
Pathology, diagnostic tests & procedures	Covered
Radiology, radiotherapy & chemotherapy	Covered
ICU and Critical Care Wards: Admissions to these units with special authorization required from ASSEMBLE (Within OAL)	Covered
Chronic, Congenital conditions and Major Medical Illness	TZS 2,500,000
Physiotherapy (Within OP Limit)	Covered
Parent Accommodation, insured parent with an insured child under 8 years of age in hospital	Covered
Psychiatric treatment (within OAL)	up 20%
OUT-PATIENT (OP) TREATMENT	
Overall Annual Limit per person	TZS 700,000
Radiology, MRI and CT scans (Notification and preauthorization required)	Covered
Primary consultations and treatment to include medical practitioners' fees, prescribed medicines, drugs and dressings.	Covered
X-rays, pathology, diagnostic tests & procedures	Covered
Physiotherapy	Covered
MATERNITY COVER	
Normal and CS delivery including Newborn Care (within OAL)	TZS 500,000 (Cash Benefit)
OPTOMETRY : OUTPATIENT	
Overall Annual Limit	TZS 150,000
All prescribed lenses excluding contact lenses. Lenses and frame may be replaced in course of membership year to the maximum benefit per member for the year	Covered
DENTAL TREATMENT: OUTPATIENT	
Overall Annual Limit	TZS 150,000
Consultation, simple extractions, difficult extractions, fillings (temporary, permanent, amalgam, composite GIC). Gum surgery, root canal treatment, pulpotomy & minor oral surgery	Covered
RESCUE AND EVACUATION	
Emergency Rescue Services (Notification and Authorization required)	Covered
Medical Evacuation (Notification and Authorization Required)	Covered
Local Emergency road ambulance: Costs of road ambulance transport required due to an emergency or medical necessity to the nearest available and appropriate medical facility. (Notification and Authorization required)	Covered
Local Emergency Evacuation: The transportation costs of a member from a medical facility where the it is considered the care is inadequate to another medical facility. (Notification and Pre-authorisation required)	Covered
OTHER BENEFITS	
Emergency road ambulance : Costs of road ambulance transport required due to an emergency or medical necessity to the nearest available local hospital and within jurisdiction where cover applies	Covered
VALUE ADDED BENEFITS	
Funeral	TZS 300,000 per person

Main benefit summary

Health Plan	BRONZE JAMII NYATI	
In patient per person	TZS	11,500,000
Out patient per person	TZS	700,000
Dental	TZS	150,000
Optical	TZS	150,000
Maternity	TZS	500,000

Premiums Totals Summary per each health plan

Target Numbers	Premium Per Person	TOTAL PREMIUM
-	TZS 450,000	TZS -

Note:

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Accident And Illness Hospitalisation Cover	
<i>Hospitalisation: Pre-authorization will be required for Hospitalisation cover</i>	
HEALTH PLANS	CHUI PLAN
Geographical Zone	Local
BENEFITS	Per Person
OVERALL ANNUAL LIMIT (OAL)	TZS 5,700,000
Rehabilitation (within OAL) Wheel chairs, prosthesis and crutches	TZS 300,000
IN-PATIENT & DAYCARE TREATMENT	
Hospital	Covered
Bed limit	Covered
Overseas referral treatment not available locally	Covered in Tanzania
Accidents & Emergency, Intensive Care & Theatre Costs	Covered
Nursing Fees, medical expenses & charges	Covered
Surgeons, Anaesthetists, Physicians fees	Covered
Prescribed medicines and drugs	Covered
X-rays	Covered
MRI and CT scans	Covered
Pathology, diagnostic tests & procedures	Covered
Radiology, radiotherapy & chemotherapy	Covered
ICU and Critical Care Wards: Admissions to these units with special authorization required from ASSEMBLE (Within OAL)	Covered
Chronic, Congenital conditions and Major Medical Illness	TZS 1,000,000
Physiotherapy (Within OP Limit)	Covered
Parent Accommodation, insured parent with an insured child under 8 years of age in hospital	Covered
Psychiatric treatment (within OAL)	up 20%
OUT-PATIENT (OP) TREATMENT	
Overall Annual Limit per person	TZS 300,000
Radiology, MRI and CT scans (Notification and preauthorization required)	Covered
Primary consultations and treatment to include medical practitioners' fees, prescribed medicines, drugs and dressings.	Covered
X-rays, pathology, diagnostic tests & procedures	Covered
Physiotherapy	Covered
MATERNITY COVER	
Normal and CS delivery including Newborn Care (within OAL)	TZS 200,000 (Cash Benefit)
OPTOMETRY : OUTPATIENT	
Overall Annual Limit	TZS 150,000
All prescribed lenses excluding contact lenses. Lenses and frame may be replaced in course of membership year to the maximum benefit per member for the year	Covered
DENTAL TREATMENT: OUTPATIENT	
Overall Annual Limit	TZS 150,000
Consultation, simple extractions, difficult extractions, fillings (temporary, permanent, amalgam, composite CIC). Gum surgery, root canal treatment, pulpotomy & minor oral surgery	Covered
RESCUE AND EVACUATION	
Emergency Rescue Services (Notification and Authorization required)	Covered
Medical Evacuation (Notification and Authorization Required)	Covered
Local Emergency road ambulance: Costs of road ambulance transport required due to an emergency or medical necessity to the nearest available and appropriate medical facility. (Notification and Authorization required)	Covered
Local Emergency Evacuation: The transportation costs of a member from a medical facility where the it is considered the care is inadequate to another medical facility. (Notification and Pre-authorization required)	Covered
OTHER BENEFITS	
Emergency road ambulance : Costs of road ambulance transport required due to an emergency or medical necessity to the nearest available local hospital and within jurisdiction where cover applies	Covered
VALUE ADDED BENEFITS	
Funeral	TZS 300,000 per person

Main benefit summary

Health Plan	BRONZE JAMII CHUI	
In patient per person	TZS	5,700,000
Out patient per person	TZS	500,000
Dental	TZS	150,000
Optical	TZS	150,000
Maternity	TZS	200,000

Premiums Totals Summary per each health plan

Target Numbers	Premium Per Person	TOTAL PREMIUM
-	TZS 410,000	TZS -

Note:

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