

**TABLE OF BENEFITS**



Please refer to the Policy Document for Detailed informaton  
**Annual benefits limit In Tanzania Shillings per family per year**  
**Date of Issue 10.03.2025**

<b>PRODUCT NAME</b>		<b>TUMAINI PLAN</b>	
Region of Cover		Tanzania	
Network of Providers		Tumaini Network	
<b>Family/Membership Size</b>	<b>OVERALL INPATIENT LIMIT PER FAMILY</b>	<b>OVERALL OUTPATIENT LIMIT PER FAMILY</b>	
Principal Member Only	1,500,000	350,000	
Principal Member plus 1 dependent	2,000,000	450,000	
Principal Member plus 2 dependents	2,250,000	500,000	
Principal Member plus 3 dependents	2,500,000	550,000	
Principal Member plus 4 dependents	2,750,000	550,000	
Principal Member plus 5 dependents	3,000,000	600,000	
<b>A. IN-PATIENT BENEFITS Subject to approval and preauthorisation (within In patient limits and subject to limit per benefit)</b>			
1. Hospital accommodation, nursing, theatre and ICU/HDU costs	General Ward		
2. Surgeons', anaesthetists' consultants and physicians' fees	Covered		
3. Physiotherapy	Covered		
4. Internal prostheses, medical aids/devices where used as an integral part of a surgical procedure	Covered		
5. Prescribed drugs and medicines	Covered		
6. Diagnostic procedures including x-rays, pathology and MRI/CT/PET scans	Covered		
7. Accident and emergency room treatment which results in eligible in-patient, day-patient treatment	Covered		
8. Local ambulance services when required for transportation to hospital in the event of a medical emergency (restricted from one health facility to another)	Covered subject to a maximum limit of 100,000 per member		
9. External Medical Appliances (Limited to 1 Applaince per year) as a sub limit of overall Inpatient benefit. Including Hearing aids, Nebulizers, Crutches and Wheelchairs, (Ergonomic chair Excluded)	Sub limit of 100,000 per member		
10. <b>Maternity Benefits</b> - Child Birth (Normal/Caesarean Section and complication arising out of delivery)	Sub limit of 600,000		
<b>11. COVID 19 Treatment</b>	Covered		
<b>12. Pre-existing and Chronic Conditions including HIV/AIDS</b>	Covered		
Covers hospitalization, medication, treatment and consultation by a general doctor (or a specialist doctor) while admitted for chronic or pre-existing condition.			
<b>B. OUTPATIENT BENEFITS</b>			
1. Physician and consultants fees	Covered		
2. Prescribed drugs, medication and dressings	Covered		
3. Maternity (Ante and Post Natal Visits)	Covered		
4. Diagnostic tests, x-rays, pathology	Covered		
5. Medication for Outpatient Chronic conditions	Covered		
<b>C. OPTICAL BENEFITS</b>			
Eye test, Frames and Lenses ( Strategis Pre-authorization required) Additional limit per member	<b>50,000</b>		
<b>D. DENTAL BENEFITS</b>			
Basic Dentistry ( Strategis Pre-authorization required)	<b>50,000</b>		
Basic dental procedures including removal of teeth and fillings			