

BENEFIT PACKAGE FOR FAMILY PLAN

PREMIUM - N28,000/ANNUM/FAMILY

BENEFIT PACKAGE	STANDARD PLAN	
OVERALL MEDICAL LIMIT	N275,000.00	
Emergency	YES	
RTA, Emergency Stabilization,	N100,000.00	
OUTPATIENT SER	VICES	
REGISTRATION	YES	
General Consultation	YES	
Specialist Consultation	YES (5 TIMES/ANNUM)	
ECG	ONE PER PREMIUM YEAR	
ANOMALLY SCAN	NO	
ECHOCARDIOGRAPH	NO	
CERVICAL CYTOLOGY	NO	
Drugs	YES (Generic Drugs)	
Physiotherapy Sessions	4 SESSIONS PER MONTH	
INPATIENT SERVICES		
General ward	YES	
28 DAYS PER PREMIUM YEAR FOR ORTHOPEDIC	14 DAYS / PREMIUM YEAR	
CASES		
Semi private ward	NO	
35 DAYS FOR ORTHOPEDIC CASES		
Private Ward	NO	
60 DAYS FOR ORTHOPEDIC CASES		
Nursing care	YES	
Hospital Feeding (Where Available)	NO	
Drugs and infusions	YES	
Routine Laboratory investigations	YES	
MATERNITY SERVICES	LMT N100,000.00	
Antenatal care	YES	
Normal delivery	YES	



ROGAM	YES (N10,000.00 LMT)
Post Natal Care	YES
Induction of labour and assisted delivery	YES
C/S (emergency & medically indicated electives)	YES (50% Co Payment)
Family Planning Services	YES
(Counselling Only)	
CHILD HEALTH SERVICES	
Care for unregistered new born until baby is enrolled	YES
properly	(14 DAYS)
Routine Immunization(NPI)	YES
Additional Childhood Immunization (1) - under 5 years	NO
(HB& Rotavirus)	
Additional Childhood Immunization (2)-Meningitis,	NO
Mumps, Rubella)	
Incubator & Intensive Care	YES (3 DAYS)
Phototherapy	YES (3 DAYS)
Circumcision	YES
SURGICAL SERVICES	
МУОМЕСТОМУ	YES
CERVICAL CERCLAGE	YES
EMERGENCY SALPINGECTOMY	NO
ORIF	NO
ELECTIVE HYSTERECTOMY	NO
EMERGENCY HYSTERECTOMY	YES
EXPLORATORY LAPAROTOMY	NO
OVARIAN BIOPSY	NO
URETEROVAGINAL FISTULA REPAIR	YES
GENERAL ANESTHESIA	YES
SPINAL ANESTHESIA	YES
APPENDECTOMY	YES
SIMPLE CONGENITAL TALIPES REPAIR	YES
CLOSED REDUCTION OF FRACTURE	YES



REPAIR OF THIRD DEGREE TEAR	YES	
HERNIORRAHAPHY	YES	
REPAIR OF EPISIOTOMY	YES	
SUTURING OF LACERATIONS	YES	
HERNIOTOMY	YES	
D&C/ EVACUATION OF RETAINED PRODUCT OF	YES	
CONCEPTION	125	
PAP SMEAR PROCEDURE	YES	
INCISION & DRAINAGE OF ABSCESS	YES	
GAGLION EXCISION	YES	
LUMPECTOMY	YES	
BASIC POP APPLICATION FOR SIMPLE FRACTURE	YES	
Plain X-Rays & Ultrasound Scans	YES	
ADVANCED INVESTIGATION INCLUDING CT-SCAN &	YES	
MRI	(80% Co-payment)	
	(LIMITED TO HEAD INJURY &	
	NEUROLOGICAL CASES)	
MEDICAL TOURISM	NO '	
EYE CARE		
	VPC	
Routine examination	YES	
Treatment of infection	YES	
LENSES/ OPTOMETRIC CARE	N3,000 ONLY	
Optical Lens limit		
FERTILITY SERVICES		
Infertility consultation	YES	
CANCER CARE (DIAGNOSIS & TREATMENT)	NO	
CANCER CARE (DIAGNOSIS & TREATMENT) RENAL FAILURE INCLUDING DIALYSIS	NO NO	
RENAL FAILURE INCLUDING DIALYSIS	NO	
RENAL FAILURE INCLUDING DIALYSIS OUT OF STATION CARE	NO	



PSYCHIATRIC ASSESMENT & TREATMENT (ACUTE CASES Anti-Retroviral Treatment Facilitation at Designated Centres in Nigeria ANNUAL MEDICAL CHECK-UP ANNUAL MEDICAL CHECK-UP FASTING BLOOD SUGAR, BODY MASS INDEX, BLOOD PRESSURE, URINALYSIS DENTAL CARE Preventive Oral Health Counselling Simple extraction YES (ONE PER PREMIUM YEAR) DENTAL X-RAY TREATMENT OF HALITOSIS SCALING & POLISHING SURGICAL Extraction Root Canal Treatment Pain Relief Therapy FIXING OF DENTURES, TOOTH WITHENING, TOOTH CROWNING			
Anti-Retroviral Treatment Facilitation at Designated Centres in Nigeria ANNUAL MEDICAL CHECK-UP ANNUAL MEDICAL CHECK-UP Preventive Oral Health Counselling Simple extraction DENTAL CARE Preventive Oral Health Counselling YES (ONE PER PREMIUM YEAR) DENTAL X-RAY TREATMENT OF HALITOSIS SCALING & POLISHING SURGICAL EXTRACTION SURGical extraction NO Root Canal Treatment NO Pain Relief Therapy FIXING OF DENTURES, TOOTH WITHENING, TOOTH PYES PES FIXING OF DENTURES, TOOTH WITHENING, TOOTH YES FIXING OF DENTURES, TOOTH WITHENING, TOOTH	PSYCHIATRIC ASSESMENT & TREATMENT (ACUTE	YES	
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FIXING OF DENTURES, TOOTH WITHENING, TOOTH NO	Root Canal Treatment	NO	
	Pain Relief Therapy	YES	
CROWNING	FIXING OF DENTURES, TOOTH WITHENING, TOOTH	NO	
	CROWNING		