



BENEFIT PACKAGE FOR FAMILY PLAN

PREMIUM - N28,000/ANNUM/FAMILY

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



**OYO STATE HEALTH
INSURANCE AGENCY**

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 (Counselling Only)	YES
CHILD HEALTH SERVICES	
Care for unregistered new born until baby is enrolled properly	YES (14 DAYS)
Routine Immunization(NPI)	YES
Additional Childhood Immunization (1) - under 5 years (HB& Rotavirus)	NO
Additional Childhood Immunization (2)-Meningitis, Mumps, Rubella)	NO
Incubator & Intensive Care	YES (3 DAYS)
Phototherapy	YES (3 DAYS)
Circumcision	YES
SURGICAL SERVICES	
MYOMECTOMY	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



**OYO STATE HEALTH
INSURANCE AGENCY**

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 CONCEPTION	YES
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 & MRI	YES <i>(80% Co-payment)</i> <i>(LIMITED TO HEAD INJURY & NEUROLOGICAL CASES)</i>
MEDICAL TOURISM	NO
EYE CARE	
Routine examination	YES
Treatment of infection	YES
LENSES/ OPTOMETRIC CARE Optical Lens limit	<i>N3,000 ONLY</i>
FERTILITY SERVICES	
Infertility consultation	YES
CANCER CARE (DIAGNOSIS & TREATMENT)	NO
RENAL FAILURE INCLUDING DIALYSIS	NO
OUT OF STATION CARE	NO
HIV/AIDS MANAGEMENT	
Voluntary Counselling & Testing	YES
Treatment of Opportunistic Infection	NO



**OYO STATE HEALTH
INSURANCE AGENCY**

PSYCHIATRIC ASSESMENT & TREATMENT (ACUTE CASES	YES <i>LMT (2 WEEKS)</i>
Anti-Retroviral Treatment Facilitation at Designated Centres in Nigeria	YES
ANNUAL MEDICAL CHECK-UP	YES <i>FASTING BLOOD SUGAR, BODY MASS INDEX, BLOOD PRESSURE, URINALYSIS</i>
DENTAL CARE	
Preventive Oral Health Counselling	YES
Simple extraction	YES <i>(ONE PER PREMIUM YEAR)</i>
DENTAL X-RAY	YES <i>(TWO PER PREMIUM YEAR)</i>
DENTAL FILLINGS	YES <i>(ONE PER PREMIUM YEAR)</i>
TREATMENT OF HALITOSIS	NO
SCALING & POLISHING	YES <i>(ONE PER PREMIUM YEAR)</i>
Surgical extraction	NO
Root Canal Treatment	NO
Pain Relief Therapy	YES
FIXING OF DENTURES, TOOTH WITHENING, TOOTH CROWNING	NO