



BENEFIT PACKAGES FOR PREGNANCY PLAN

BENEFIT PACKAGE	STD MEDIUM PLAN (Not to be chosen)	Without C-Section History	With C-Section History
		N45,000/3 YEARS	N50,000/YEAR
		Everything in STD MEDIUM PLAN	Everything in STD MEDIUM PLAN
Overall Medical Limit	N1,000,000.00	2 years premium for mother	1 year premium for mother
Emergency RTA, Emergency Stabilization,	YES N250,000.00	Child is covered till the expiry of mother's premium	Premium does not cover the child
OUTPATIENT SERVICES		CO-PAYMENT: 50% of the Surgery as stated on the Tariff.	CO-PAYMENT: 50% of the Surgery as stated on the Tariff.
REGISTRATION	YES	ACCEPTABLE AGE OF PREGNANCY: Not more than 3months.	ACCEPTABLE AGE OF PREGNANCY: Not more than 3months.
General Consultation	YES		
Specialist Consultation	YES (10TIMES/ANNUM)		
EKG	YES (TWO PER PREMIUM YEAR)		
ANOMALLY SCAN	ONE PER PREMIUM YEAR		
PELVIC SCAN	YES (3/PREMIUM YR)		
OBSTETRIC SCAN	YES (3/PREMIUM YR)		
ABDOMINAL SCAN	YES (2/PREMIUM YR)		
ECHOCARDIOGRAPH	YES(One per premium yr)		
CERVICAL CYTOLOGY	PAPS SMEAR, TISSUE BIOPSY		
EEG	YES (ONE/PREMIUM YR)		
Drugs	YES (GENERIC)		



OYO STATE HEALTH INSURANCE AGENCY

Physiotherapy Sessions	15 SESSIONS/ANNUM		
INPATIENT SERVICES			
General ward	YES (35DAYS)		
Semiprivate ward	YES		
Private Ward	YES		
ORTHOPEdic ADM	42DAYS		
Nursing care	YES		
Hospital Feeding (Where Available)	NO		
Drugs and infusions	YES		
Routine Laboratory investigations	YES		
MATERNITY SERVICES	LMT N250,000.00		
Antenatal care	YES		
Normal delivery	YES		
ROGAM	YES (N15,000.00 LMT)		
Post Natal Care	YES		
Induction of labour and assisted delivery	YES		
C/S (emergency & medically indicated electives)	YES		
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		
Incubator & Intensive Care	YES (5DAYS)		
Phototherapy	YES (5DAYS)		
Circumcision	YES		
SURGICAL SERVICES			
MYOMECTOMY	YES		
CERVICAL CERCLAGE	YES		



**OYO STATE HEALTH
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	SHIRODKAR SUTURE		
SALPINGECTOMY	YES		
ORIF	NO		
ELECTIVE HYSTERECTOMY	NO		
EMERGENCY HYSTERECTOMY	YES		
EXPLORATORY LAPAROTOMY	YES (50% COPAYMENT)		
OVARIAN BIOPSY	YES		
URETEROVAGINAL FISTULA REPAIR	YES (50% COPAYMENT)		
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 CONCEPTION	YES		
MINOR SURGERIES			
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 LMT (50% COYPAYMENY (LIMITED TO		



**OYO STATE HEALTH
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	HEAD INJURY & NEUROLOGIC CASES) (1 TIMES PER PREMIUM YEARS		
EYE CARE			
Routine examination	YES		
Treatment of infection	YES		
LENSES/ OPTOMETRIC CARE	LENS LMT		
Optical Lens limit	N10,000 ONLY		
OPHTHALMIC SURGERIES	LMT 50% COPAYMENT CATARACT GLAUCOMA PTERGIUM, CHALAZION EXCISION FOREIGN BODY REMOVAL		
OPHTHALMIC EXAM &TREATMENT	EYE DRESSING VISUAL AQUITY TEST COLOUR VISION TEST REFRACTION PUPILARY DIALATION		
FERTILITY SERVICES			
Infertility consultation	YES		
CANCER CARE (DIAGNOSIS & TREATMENT)	LMT N100,000)		
RENAL FAILURE INCLUDING DIALYSIS	4 SESSIONS ONLY		
OUT OF STATION CARE EMERGENCIES ONLY	YES		
HIV/AIDS MANAGEMENT			
Voluntary Counselling & Testing	YES		
Treatment of Opportunistic Infection	YES		



OYO STATE HEALTH INSURANCE AGENCY

PSYCHIATRIC ASSESSMENT & TREATMENT (ACUTE CASES	YES		
ANNUAL MEDICAL CHECK-UP	YES FASTING BLOOD SUGAR, BODY MASS INDEX, BLOOD PRESSURE, URINALYSIS. Chest xray, ECG, Abdominal scan		
DENTAL CARE			
Preventive Oral Health Counselling	YES		
Simple extraction	YES (THREE PER PREMIUM YEAR)		
DENTAL X-RAY	YES (3/PREMIUM YR) includes Panoramic view, bitewings Periapical,		
DENTAL FILLINGS	YES Composite, Amalgam class 2 (Two/premium yr)		
Gum Treatment	YES Periodontal gum treatment		
SCALING & POLISHING	YES (Therapeutic heavy & light) (2/premium yr)		
Surgical extraction	YES(one/premium yr)		
Root Canal Treatment	NO		
Pain Relief Therapy	YES		
FIXING OF DENTURES, TOOTH WITHENING, TOOTH CROWNING	NO		
ENT	50% COYPAYMENT ON SURGERIES ABOVE 10,000 -FOREIGN BODY REMOVAL FROM EAR -EAR SYRINGING -ADENOIDECTOMY		



**OYO STATE HEALTH
INSURANCE AGENCY**

	-TONSILLECTOMY -AUDIOMETRY -LARYNGOSCOPY -RELEASE TONGUE TIE		
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NOTE: ENROLLEES are not expected to undergo surgeries until after 2months of joining the scheme.

All Hypertensive and Diabetic patients are to pay a premium of **N50,000/head/annum.**