



OYO STATE HEALTH INSURANCE AGENCY

BENEFIT PACKAGE	STD PLUS PLAN	STD MEDIUM PLAN	STD PEAK PLAN
PREMIUM	N13,500/YEAR	N50,000/YEAR	N108,000/YEAR
OVERALL MEDICAL LIMIT	N420,000.00	N1,000,000.00	N2,500,000.00
Emergency	YES	YES	YES
RTA, Emergency Stabilization,	N150,000.00	N250,000.00	N500,000.00
OUTPATIENT SERVICES			
REGISTRATION	YES	YES	YES
General Consultation	YES	YES	YES
Specialist Consultation	YES (6 TIMES/ANNUM)	YES (10TIMES/ANNUM)	YES (UNLIMITED)
ECG	ONE PER PREMIUM YEAR	YES (TWO PER PREMIUM YEAR)	FOUR PER PREMIUM YEAR
ANOMALLY SCAN	NO	ONE PER PREMIUM YEAR	ONE PER PREMIUM YEAR
PELVIC SCAN	YES (2/PREMIUM YR)	YES (3/PREMIUM YR)	YES (4/PREMIUM YR)
OBSTETRIC SCAN	YES (3/PREMIUM YR)	YES (3/PREMIUM YR)	YES (4/PREMIUM YR)
ABDOMINAL SCAN	YES (1/PREMIUM YR)	YES (2/PREMIUM YR)	YES (3/PREMIUM YR)
ECHOCARDIOGRAPH	NO	YES(One per premium yr)	TWO PER PREMIUM YEAR
CERVICAL CYTOLOGY	PAPS SMEAR, (50% COPAYMENT)	PAPS SMEAR, TISSUE BIOPSY	ONE PER PREMIUM YEAR
EEG	NO	YES (ONE/PREMIUM YR)	YES (2 /PREMIUM)
Drugs	YES (GENERIC)	YES (GENERIC)	YES (BRANDED & GENERIC)
Physiotherapy Sessions	12 SESSIONS/ANNUM	15 SESSIONS/ANNUM	15 SESSIONS/ANNUM
INPATIENT SERVICES			
General ward	YES (21 DAYS)	YES (35DAYS)	YES (42DAYS)
Semiprivate ward	NO	YES	YES (42DAYS)
Private Ward	NO	YES	YES(42 DAYS)
ORTHOPEDIC ADM	35DAYS	42DAYS	60DAYS
Nursing care	YES	YES	YES
Hospital Feeding (Where Available)	NO	NO	NO

Drugs and infusions	YES	YES	YES
Routine Laboratory investigations	YES	YES	YES
MATERNITY SERVICES	LMT N150,000.00	LMT N250,000.00	LMT N300,000.00
Antenatal care	YES	YES	YES
Normal delivery	YES	YES	YES
ROGAM	YES (N10,000.00 LMT)	YES (N15,000.00 LMT)	YES (N20,000.00 LMT)
Post Natal Care	YES	YES	YES
Induction of labour and assisted delivery	YES	YES	YES
C/S (emergency & medically indicated electives)	YES	YES	YES
Family Planning Services (Counselling Only)	YES	YES	YES
CHILD HEALTH SERVICES			
Care for unregistered new born until baby is enrolled properly	YES (14 DAYS)	YES (14 DAYS)	YES (14 DAYS)
Routine Immunization(NPI)	YES	YES	YES
Incubator & Intensive Care	YES (3 DAYS)	YES (5DAYS)	YES (7DAYS)
Phototherapy	YES (3 DAYS)	YES (5DAYS)	YES (7DAYS)
Circumcision	YES	YES	YES
SURGICAL SERVICES			LMT N750,000.00
MYOMECTOMY	YES	YES	YES
CERVICAL CERCLAGE	YES	YES SHIRODKAR SUTURE	YES
SALPINGECTOMY	NO	YES	YES
ORIF	NO	NO	YES (LMT 500,000)
ELECTIVE HYSTERECTOMY	NO	NO	YES
EMERGENCY HYSTERECTOMY	YES	YES	YES
EXPLORATORY LAPAROTOMY	NO	YES (50% COPAYMENT)	YES
OVARIAN BIOPSY	YES	YES	YES
URETEROVAGINAL FISTULA REPAIR	NO	YES (50% COPAYMENT)	YES
GENERAL ANESTHESIA	YES	YES	YES
SPINAL ANESTHESIA	YES	YES	YES
APPENDECTOMY	YES	YES	YES

SIMPLE CONGENITAL TALIPES REPAIR	YES	YES	YES
CLOSED REDUCTION OF FRACTURE	YES	YES	YES
REPAIR OF THIRD-DEGREE TEAR	YES	YES	YES
HERNIORRHAPHY	YES	YES	YES
REPAIR OF EPISIOTOMY	YES	YES	YES
SUTURING OF LACERATIONS	YES	YES	YES
HERNIOTOMY	YES	YES	YES
D&C/ EVACUATION OF RETAINED PRODUCT OF CONCEPTION	YES	YES	YES
MINOR SURGERIES			
PAP SMEAR PROCEDURE	YES	YES	YES
INCISION & DRAINAGE OF ABSCESS	YES	YES	YES
GAGLION EXCISION	YES	YES	YES
LUMPECTOMY	YES	YES	YES
BASIC POP APPLICATION FOR SIMPLE FRACTURE	YES	YES	YES
Plain X-Rays & Ultrasound Scans	YES	YES	YES
ADVANCED INVESTIGATION INCLUDING CT-SCAN & MRI	NO	YES LMT (50% COYPAYMENY (LIMITED TO HEAD INJURY & NEUROLOGICAL CASES) (1 TIMES PER PREMIUM YEARS)	YES LMT (50% COYPAMENT (2 TIMES PER PREMIUM YRS)
EYE CARE			
Routine examination	YES	YES	YES
Treatment of infection	YES	YES	YES
LENSES/ OPTOMETRIC CARE Optical Lens limit	N4,000 ONLY	LENS LMT N10,000 ONLY	N15,000 ONLY
OPHTHALMIC SURGERIES	NO	LMT 50% COPAYMENT CATARACT GLAUCOMA PTERGIUM, CHALAZION EXCISION FOREIGN BODY REMOVAL	
OPHTHALMIC EXAM & TREATMENT	YES	EYE DRESSING	YES

		VISUAL ACUITY TEST COLOUR VISION TEST REFRACTION PUPILARY DIALATION	
FERTILITY SERVICES			
Infertility consultation	YES	YES	YES
CANCER CARE (DIAGNOSIS & TREATMENT)	LMT N50,000.00	LMT N100,000)	LMT N350,000.00
RENAL FAILURE INCLUDING DIALYSIS	NO	4 SESSIONS ONLY	6 SESSIONS ONLY
OUT OF STATION CARE EMERGENCIES ONLY	YES	YES	YES
HIV/AIDS MANAGEMENT			
Voluntary Counselling & Testing	YES	YES	YES
Treatment of Opportunistic Infection	YES	YES	YES
PSYCHIATRIC ASSESMENT & TREATMENT (ACUTE CASES	YES	YES	YES
ANNUAL MEDICAL CHECK- UP	YES FASTING BLOOD SUGAR, BODY MASS INDEX, BLOOD PRESSURE, URINALYSIS	YES FASTING BLOOD SUGAR, BODY MASS INDEX, BLOOD PRESSURE, URINALYSIS. Chest xray, ECG, Abdominal scan	YES (LMT 25,800.00) Urinalysis, PCV , HIV, Hepati B, Chest X-ray, LFT + Protein, Rest ECG, PSA , FBS/RBS, Cervical Pap Smear, Mammogram, SFA, Sputum Mcs, CSF , Hormonal Assay
DENTAL CARE			LMT N75,000.00
Preventive Oral Health Counselling	YES	YES	YES
Simple extraction	YES (ONE PER PREMIUM YEAR)	YES (THREE PER PREMIUM YEAR)	YES (THREE PER PREMIUM YEAR)
DENTAL X-RAY	YES (TWO PER PREMIUM YEAR)	YES (3/PREMIUM YR) includes Panoramic view, bitewings Periapical,	YES (FOUR PER PREMIUM YEAR)
DENTAL FILLINGS	YES (ONE PER PREMIUM YEAR)	YES Composite, Amalgam class 2 (Two/premium yr)	YES (TWO PER PREMIUM YEAR)
Gum Treatment	YES	YES Periodontal gum treatment	YES

SCALING & POLISHING	YES (ONE PER PREMIUM YEAR)	YES (Therapeutic heavy & light) (2/premium yr)	YES (TWO PER PREMIUM YEAR)
Surgical extraction	NO	YES(one/premium yr)	TWO PER PREMIUM YEAR
Root Canal Treatment	NO	NO	YES
Pain Relief Therapy	YES	YES	YES
FIXING OF DENTURES, TOOTH WITHENING, TOOTH CROWNING	NO	NO	NO
ENT	YES N10,000	50% COYPAYMENT ON SURGERIES ABOVE 10,000 -FOREIGN BODY REMOVAL FROM EAR -EAR SYRINGING -ADENOIDECTOMY -TONSILECTOMY -AUDIOMETRY -LARYNGOSCOPY -RELEASE TONGUE TIE	YES