

CKAGE	UHC PLAN ,FAMILY PLAN	TOP-UP 1 PLAN	TOP-UP 2 PLAN	IRORUN BOKU
OVERALL MEDICAL LIMIT	N420,000.00	N1,000,000.00	N2,500,000.00	N2,500,000.00
Emergency	YES	YES	YES	YES
RTA, Emergency	N150,000.00	N250,000.00	N500,000.00	N250,000.00
Stabilization,				
OUTPATIENT SERVICES				
REGISTRATION	YES	YES	YES	YES
General Consultation	YES	YES	YES	YES
Specialist Consultation	YES (6 TIMES/ANNUM)	YES (10TIMES/ANNUM)	YES (UNLIMITED)	YES (12 times per annum) for all beneficiaries
ECG	ONE PER PREMIUM YEAR	YES (TWO PER PREMIUM YEAR)	FOUR PER PREMIUM YEAR	YES (2 per premium year)
ANOMALY SCAN	NO	ONE PER PREMIUM YEAR	ONE PER PREMIUM YEAR	YES (1 per premium year)
PELVIC SCAN	YES (2/PREMIUM YR)	YES (3/PREMIUM YR)	YES (4/PREMIUM YR)	YES (3 per premium year)
OBSTETRIC SCAN	YES (3/PREMIUM YR)	YES (3/PREMIUM YR)	YES (4/PREMIUM YR)	YES (5 per premium year)
ABDOMINAL SCAN	YES (1/PREMIUM YR)	YES (2/PREMIUM YR)	YES (3/PREMIUM YR)	YES (2 per premium year)
ECHOCARDIOGRAPH	NO	YES (One per premium yr)	TWO PER PREMIUM YEAR	YES (2 per premium yr)
CERVICAL CYTOLOGY	PAPS SMEAR, (50% COPAYMENT)	PAPS SMEAR, TISSUE BIOPSY	ONE PER PREMIUM YEAR	PAPS SMEAR, TISSUE BIOPSY (1 per premium year)
EEG	NO	YES (ONE/PREMIUM YR)	YES (2 /PREMIUM)	YES (1 per premium year)
Drugs	YES (GENERIC)	YES (GENERIC)	YES (BRANDED & GENERIC)	YES (Generic & Branded)
Physiotherapy Sessions	12 SESSIONS/ANNUM	15 SESSIONS/ANNUM	15 SESSIONS/ANNUM	YES (48 Sessions per year)
INPATIENT SERVICES				
General ward	YES (21 DAYS)	YES (35DAYS)	YES (42DAYS)	YES (35 DAYS)
Semiprivate ward	NO	YES	YES (42DAYS)	YES (15 days)
Private Ward	NO	YES	YES (42 DAYS)	YES (Exclusive Management)
ORTHOPEDIC ADM	35DAYS	42DAYS	60 DAYS	42 Days
Nursing care	YES	YES	YES	YES
Hospital Feeding (Where Available)	NO	NO	NO	NO
Drugs and infusions	YES	YES	YES	YES
Routine Laboratory investigations	YES	YES	YES	YES
MATERNITY SERVICES	LMT N150,000.00	LMT N250,000.00	LMT N300,000.00	LMT N400,000.00 (All inclusive)
Antenatal care	YES	YES	YES	YES
Normal delivery	YES	YES	YES	YES
ROGAM	YES (N10,000.00 LMT)	YES (N15,000.00 LMT)	YES (N20,000.00 LMT)	YES (N30,000.00 LTM)
Post Natal Care	YES	YES	YES	YES
Induction of labour and assisted delivery	YES	YES	YES	YES
C/S (emergency & medically indicated electives)	YES	YES	YES	YES
Family Planning Services (Counselling Only)	YES	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)	YES (14 DAYS)
Routine Immunization(NPI)	YES	YES	YES	YES
Incubator & Intensive Care	YES (3 DAYS)	YES (5DAYS)	YES (7DAYS)	YES (10 DAYS)
Phototherapy	YES (3 DAYS)	YES (5DAYS)	YES (7DAYS)	YES (10 DAYS)
Circumcision	YES	YES	YES	YES
SURGICAL SERVICES			LMT N750,000.00	
MYOMECTOMY	YES	YES	YES	YES
CERVICAL CERCLAGE	YES	YES SHIRODKAR SUTURE	YES	YES SHIRODKAR SUTURE
SALPINGECTOMY	NO	YES	YES	YES
ORIF	NO	NO	YES (LMT 500,000)	YES (Principal only)
ELECTIVE HYSTERECTOMY	NO	NO	YES	YES (Medically indicated)

EMERGENCY Hysterectomy	YES	YES	YES	YES
EXPLORATORY LAPAROTOMY	NO	YES (50% COPAYMENT)	YES	YES
OVARIAN BIOPSY	YES	YES	YES	YES (Principal only)
URETEROVAGINAL FISTULA REPAIR	NO	YES (50% COPAYMENT)	YES	YES
GENERAL ANESTHESIA	YES	YES	YES	YES
SPINAL ANESTHESIA	YES	YES	YES	YES
APPENDECTOMY	YES	YES	YES	YES
SIMPLE CONGENITAL TALIPES REPAIR	YES	YES	YES	YES
CLOSED REDUCTION OF FRACTURE	YES	YES	YES	YES
REPAIR OF THIRD DEGREE TEAR	YES	YES	YES	YES
HERNIORRAPHY	YES	YES	YES	YES
REPAIR OF EPISIOTOMY	YES	YES	YES	YES
SUTURING OF LACERATIONS	YES	YES	YES	YES
HERNIOTOMY	YES	YES	YES	YES
D&C/ EVACUATION OF RETAINED PRODUCT OF CONCEPTION	YES	YES	YES	YES
MINOR SURGERIES				
PAP SMEAR PROCEDURE	YES	YES	YES	
INCISION & DRAINAGE OF ABSCESS	YES	YES	YES	YES
GAGLION EXCISION	YES	YES	YES	YES
LUMPECTOMY	YES	YES	YES	YES
BASIC POP APPLICATION FOR SIMPLE FRACTURE	YES	YES	YES	YES
Plain X-Rays & Ultrasound Scans	YES	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)	YES Principal only CT Scan (Twice a year) (1 MRI PER YEAR)
EYE CARE				
Routine examination	YES	YES	YES	YES
Treatment of infection	YES	YES	YES	YES
LENSSES/ OPTOMETRIC CARE	N4,000 ONLY	LENS LMT	N15,000 ONLY	LENS LMT
Optical Lens limit		N10,000 ONLY		N20,000 ONLY
OPHTHALMIC SURGERIES	NO	LMT 50% COPAYMENT for (CATARACT,GLAUCOMA,PTERGIUM, CHALAZION EXCISION,FOREIGN BODY REMOVAL	YES	principal only)CATARACT, GLAUCOMA PTERGIUM, CHALAZION EXCISION,FOREIGN BODY REMOVAL
OPHTHALMIC EXAM&TREATMENT	YES	EYE DRESSING, VISUAL AQUITY TEST, COLOUR VISION TEST, REFRACTION, PUPILARY DIALATION	YES	EYE DRESSING, VISUAL AQUITY TEST, COLOUR VISION TEST, REFRACTION,PUPILARY DIALATION
FERTILITY SERVICES				
Infertility consultation	YES	YES	YES	YES, LMT TO DRUGS
CANCER CARE (DIAGNOSIS & TREATMENT)	LMT N50,000.00	LMT N100,000)	LMT N350,000.00	YES 4 sessions of Chemotherapy/Radiotherapy (Principal only)
RENAL FAILURE INCLUDING DIALYSIS	NO	4 SESSIONS ONLY	6 SESSIONS ONLY	4 SESSIONS ONLY (PRINCIPAL ONLY)
OUT OF STATION CARE EMERGENCIES ONLY	YES	YES	YES	YES
HIV/AIDS MANAGEMENT				
Voluntary Counselling & Testing	YES	YES	YES	YES
Treatment of Opportunistic Infection	YES	YES	YES	YES
PSYCHIATRIC ASSESSMENT CASES	YES	YES	YES	YES
ANNUAL MEDICAL CHECK-UP	YES	YES	YES (LMT 25,800.00)	

	FASTING BLOOD SUGAR, BODY MASS INDEX, BLOOD PRESSURE, URINALYSIS	FASTING BLOOD SUGAR, BODY MASS INDEX, BLOOD PRESSURE, URINALYSIS, Chest Xray, ECG, Abdominal scan	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 LMT N75,000.00	YES (Principal only) FASTING BLOOD SUGAR, FASTING LIPID PROFILE, BODY MASS INDEX, BLOOD PRESSURE, URINALYSIS, CHEST X-RAY, PAP SMEAR, PSA.
COMPREHENSIVE ANNUAL CHECKUP	NO	No	Yes	YES (Principal only) Grade level 12 & above, ECG, ABDOMINAL SCAN, COLONOSCOPY, LIVER FUNCTION TEST, EUCR TEST, MAMMOGRAPHY, HbA1c TEST
DENTAL CARE				
Preventive Oral Health Counselling	YES	YES	YES	YES
Simple extraction	YES (ONE PER PREMIUM YEAR)	YES ((THREE PER PREMIUM YEAR))	YES (THREE PER PREMIUM YEAR)	YES (3 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)	YES (3 per premium year) Panoramic view, bitewings Periapical,
DENTAL FILLINGS	YES (ONE PER PREMIUM YEAR)	YES Composite, Amalgam class 2 (Two/premium yr)	YES (TWO PER PREMIUM YEAR)	YES Composite, Amalgam class 2 (Two/premium yr)
Gum Treatment	YES	YES Periodontal gum treatment	YES	YES Periodontal gum treatment
SCALING & POLISHING	YES (ONE PER PREMIUM YEAR)	YES (Therapeutic heavy & light) (2/premium yr)	YES (TWO PER PREMIUM YEAR)	YES (Therapeutic heavy & light) YES (2 per premium year)
Surgical extraction	NO	YES (one/premium yr)	TWO PER PREMIUM YEAR	YES (1 per premium year)
Root Canal Treatment	NO	NO	YES	YES (1 Principal only)
Pain Relief Therapy	YES	YES	YES	YES
FIXING OF DENTURES, TOOTH WHITENING, TOOTH CROWNING	NO	NO	NO	NO
ENT	YES N10,000	50% COYPAMENT ON SURGERIES ABOVE 10,000	YES	YES
		FOREIGN BODY REMOVAL FROM EAR	FOREIGN BODY REMOVAL FROM EAR	-RELEASE TONGUE TIE
		-EAR SYRINGING	-EAR SYRINGING	-EAR SYRINGING
		-ADENOIDECTOMY	-ADENOIDECTOMY	-ADENOIDECTOMY
		-TONSILECTOMY	-TONSILECTOMY	-TONSILECTOMY
		-AUDIOMETRY	-AUDIOMETRY	-AUDIOMETRY
		-LARYNGOSCOPY	-LARYNGOSCOPY	-LARYNGOSCOPY
		-RELEASE TONGUE TIE	-RELEASE TONGUE TIE	-FOREIGN BODY REMOVAL FROM EAR