

| CKAGE | UHC PLAN ,FAMILY PLAN | TOP-UP 1 PLAN | TOP-UP 2 PLAN | IRORUN BOKU |
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| OVERALL MEDICAL LIMIT | N420,000.00 | N1,000,000.00 | N2,500,000.00 | ₦2,500,000.00 |
| 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) |
| ANOMALLY 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 ₦ 400,000.00 (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 (₦30,000.00 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) | YESYES (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) |

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| 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 |
| HERNIORRAHAPHY | 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% COYPAYMENT) (LIMITED TO HEAD INJURY & NEUROLOGICAL CASES) (1 TIMES PER PREMIUM YEARS) | YES LMT (50% COYPAYMENT (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 |
| LENSES/ 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 ACUITY TEST, COLOUR VISION TEST, REFRACTION, PUPILARY DILATION | YES | EYE DRESSING, VISUAL ACUITY TEST, COLOUR VISION TEST, REFRACTION, PUPILARY DILATION |
| 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) | |

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| | 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 SUGER, 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 WITHENING, TOOTH CROWNING | NO | NO | NO | NO |
| ENT | YES N10,000 | 50% COYPAYMENT 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 |