**At a minimum, the following services (including any limitations on duration and number of uses) shall be provided:**

# 1. HEALTH PLAN SERVICES

| Covered Services | Is this service provided? Limitations/durations of use(s). |
|---|---|
| **EMERGENCY SERVICES** | |
| Local evacuation to hospital (site to hospital) | |
| Ambulance Services (Hospital to Hospital, also limited to inter-state in cases of proven emergency & where essentially medically indicated **ONLY)** | |
| Stabilization | |
| Emergency drug and investigations | |
| | |
| **OUTPATIENT SERVICES** | |
| General consultation | |
| Specialist consultation; Internal medicine, Cardiology, Dermatology, Pediatrics, Orthopedic Consult, Urology, etc. | |
| Routine Laboratory tests | |
| **Non Routine Laboratory Investigations** | |
| Vitamin D Investigations (D3 25-Hydroxy & 1, 25-Dihydroxy) | |
| Hepatitis profile (Excluding viral load); Kidney Function Test, Liver Function Test | |
| **Hormonal Assays** (Thyroid Hormones, Pituitary Hormones, Pancreatic hormones, Sex Hormones, Adrenal hormones). | |
| Prescribed Drugs | |
| Physiotherapy | **15 Session** |
| Management of Chronic diseases. E.g. Hypertension, Diabetes, Asthma, Sickle-cell disease etc. ***(except excluded conditions)*** | |
| Management of Hepatitis B | **N150,000** |
| Medical Dermatology | |
| Skin Biopsy | |
| ENT Services | |
| Cervical Collar | **+ Crutches** |
| Prosthesis (Necessitated by accidental bodily injury) | **Up to limit of N150,000** |
| Dietician (Consultation Only) | |
| Speech Therapy | **15 Sessions** |
| Adult Immunization (Hepatitis B & Yellow Fever), Meningitis | |
| On-site health checks, Health talk/education forum or wellness fair/workshops | 3 sessions |
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| **INPATIENT SERVICES** | |
| General ward | |
| Semi private ward | |
| Private ward | |

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| Accommodation for mothers with neonates on admission (where available) | **14 days** |
| General/specialist doctor review | |
| Nursing care | |
| Drugs and infusions | |
| Routine Laboratory investigations | |
| **Covered Services** | |
| **Non Routine Laboratory Investigations** | |
| Vitamin D Investigations (D3 25-Hydroxy & 1, 25-Dihydroxy) | |
| Hepatitis profile (Excluding viral load); Kidney Function Test, Liver Function Test | |
| **Hormonal Assays** (Thyroid Hormones, Pituitary Hormones, Pancreatic hormones, Sex Hormones, Adrenal hormones). | |
| Hospital feeding (where available) | |
| Management of End Stage Kidney Disease | 20 Dialysis Sessions (or as recommended by the renal specialist) Per Annum |
| Max admission days | 21 days |
| Intensive care unit (ICU) | **14 days** |
| | |
| **MATERNITY SERVICES**<br>**(Not covered for children, Siblings or Parent dependant)** | |
| Antenatal care | |
| Normal delivery | |
| Induction of labour and assisted delivery | |
| C/S (emergency & medically indicated electives) | |
| Reimbursement for Delivery Abroad | **200, 000** |
| Epidural Anesthesia for Women in Labour | |
| Family Planning Services -1 (Limited to counseling, OCPs and copper-T IUCDs) | |
| Family Planning Services -2 (Implants) | |
| Tubal Ligation and Vasectomy | |
| | |
| **CHILD HEALTH SERVICES** | |
| **Routine NPI Immunization – 1 under 5 years**:<br>Tuberculosis, Poliomyelitis, Measles, Yellow Fever, (**Pentavalent vaccine**; Diphtheria, Pertussis, Tetanus, Hemophilus Influenza type B, Hepatitis B) | |
| **Routine NPI Immunization - 2 under 5 years:**<br>Pneumococcal Conjugate Vaccine (PCV), Rotavirus & Vitamin A. | |

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| Additional Childhood Immunization - under 5 yrs.<br>**1.** Inactivated Polio Vaccine (IPV),<br>**2.** Hepatitis A (Hep. A) vaccine<br>**3.** Chicken Pox (Varicella),<br>**4.** Measles Mumps & Rubella (MMR) vaccine<br>**5.** Meningococcal vaccine (Menavax),<br>**6.** Typhoid (Typherix),<br>**7.** Cervical cancer Vaccine (Cevarix) - Girls, Age 8-15.<br>**8.** Malaria Vaccine | **ALL** |
| Small Pox, Monkey Pox, Bird Flu – **(Children under 4 years)** | |
| Well Baby Clinic | |
| Phototherapy, Neonatal care and Incubator care | **28 days** |
| Neonatal ICU | |
| Management of congenital malformation & neonatal complications (**for children born on the plan**) | **Up to limit of N1,000,000** |
| | |
| **SURGICAL SERVICES** | |
| Minor procedures | |
| Intermediate | |
| Major procedures | |

| Covered Services | |
|---|---|
| **SURGICAL SERVICES (Cont'd)** | |
| Complex Surgical Procedures (Brain and Spine surgeries, Heart surgery, Knee & hip replacement surgeries) | **Up to the limit of N1,500,000 P.A** |
| Endoscopic Surgical Procedures | **Up to the limit of N1,500,000 P.A** |
| | |
| **RADIOLOGICAL SERVICES** | |
| Plain X-Rays & Ultrasound Scans | Unlimited |
| Electrocardiogram and Electroencephalogram | Unlimited |
| Echocardiogram and Doppler Scan | 3 sessions per annum |
| Radio-opaque Studies (Barium Meal / enema, HSG, IVU), | 3 sessions per annum |
| Either of Computer Tomography (CT Scan),<br>Optical Coherence Tomography (OCT),<br>Magnetic Resonance Imaging (MRI) per annum | **3 Sessions** |
| **OTHER SPECIAL INVESTIGATIONS**: Endoscopic Procedures; Esophagogastroduedenoscopy, Enteroscopy, Colonoscopy, Sigmoidoscopy, Proctoscopy, Hysteroscopy, Cystoscopy, Ureteroscopy, Bronchoscopy, Laryngoscopy. | |
| Audiogram | |
| | |
| **EYE CARE** | |
| Consultation & Routine examination | |
| Treatment of infection | |
| Annual Optical glasses limit | **N40,000** |
| Simple Eye Surgeries e.g. Pterygium, Stye, Chalazion | |
| Cataract & Glaucoma surgery | |
| Treatment of Acute & Chronic eye diseases | |
| Inpatient non-accidental ophthalmologic care | |
| | |
| **DENTAL CARE** | |
| Consultation & Routine examination | |
| Treatment of infection | |
| Plain dental X-rays | |
| Simple extraction | |
| Pain management | |
| Amalgam dental fillings | |
| Composite dental fillings | |
| Scaling & polishing | |
| Surgical extraction | |
| Root canal treatment | |
| Orthodontics treatment Children <18 years | |
| Dental crowns | |
| Bridgework | |
| Implants | |
| **MEDICAL CHECK-UP (At designated centers only)** | |

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| Routine physicals (no investigations) | |
| **Annual Medical Examinations (with investigations):** Physical Examination, Electrocardiogram (ECG) – Resting, Urinalysis, Full Blood Count, Cholesterol Check, Random or Fasting Blood Sugar, Liver Function Test, Kidney Function Test, Chest X-ray, Breast Scan (women below 35), Mammogram (Women above 35), Pap Smear, Prostate Specific Antigen (Men above 45), HIV, HBSAg, Hepatitis C (enrollee consent required), Lung Function test, Blood group, Genotype. | **Principal and Spouse** |
| **Medical Check-up for Dependent (Spouse and 4 children)**<br>Urinalysis, Chest X-ray, Blood group, Genotype, PCV, Stool M/C/S, general physical examination, height, weight, BMI, vital signs, growth and developmental assessment, with optional tests (fasting blood glucose, lipid profile, vitamin D, iron studies, thyroid function) as clinically indicated, Full lab panels, imaging, age-appropriate tests. | **(Limited to four biological Children Only)** |

| Covered Services | |
|---|---|
| **MEDICAL CHECK-UP (At designated centers only) Cont'd** | |
| **Medical Check-up for New recruits;**<br>FBS **OR** RBS, HIV, Urinalysis, Chest X-ray, Hepatitis B, Hepatitis C, PCV, BP, BMI | |
| | |
| **MENTAL HEALTH SERVICES** | |
| Counseling | |
| Outpatient consultation & Treatment | |
| Inpatient psychiatric care - Max admission days | |
| | |
| **FERTILITY SERVICES (after one year membership)** | |
| Basic and advanced fertility investigations, including semen analysis, semen culture, sperm morphology assessment, hysterosalpingography (HSG), pelvic and transvaginal ultrasound, and baseline hormonal profile assessments (FSH, LH, prolactin, TSH, progesterone).<br>• Ovarian reserve testing, including Anti-Müllerian Hormone (AMH) testing and antral follicle count.<br>• Ovulation assessment and cycle monitoring.<br>• Screening for reproductive tract infections.<br>• Specialist fertility consultations, evaluation, and counseling.<br>• Medical management of infertility, including ovulation induction and cycle regulation (excluding assisted reproductive technologies such as IVF/ICSI).<br>• Follow-up reviews related to fertility assessment and individualized treatment planning. | |
| Simple surgical intervention (E.g. Hydrotubation) | |
| Non-hormonal drug treatment | |
| | |
| **CANCER CARE** | |
| Cancer screening (limited to examination of Breasts, Cervix & Prostate cancer) | |
| Colposcopy | |
| Mammogram | |
| PSA test, Histology and cytology, Immunohistochemistry, Tumor marker tests | |
| Surgical treatment | |
| Chemotherapy & Radiotherapy | **Combined Limit of N3,000,000 P.A** |
| | |
| **HIV/AIDS MANAGEMENT** | |
| Voluntary counseling & testing | |
| Treatment of opportunistic infections | |
| Anti-retroviral treatment facilitation at designated centers in Nigeria | |
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| **MANAGEMENT OF TUBERCULOSIS** | |
| Anti TB treatment Facilitation at designated Centers in Nigeria | |
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| **OTHERS** | |
| Mortuary benefit | |
| Interstate referral services for services not available in state | |
| Second opinion service by experts **(Local only)** | |
| Corona Virus Vaccination | |
| Corona Virus treatment | |
| Structured lifestyle management program (Pharmacy benefit management for chronic medication) at designated pharmacy shops | |
| Ambulance Services (Hospital to Hospital, also limited to inter-state in cases of proven emergency & where essentially medically indicated **ONLY)** | **Up to limit of N200,000 P.A** |
| Emergency Air Ambulance Services (**evacuation of Critically Ill staff to hospitals; based on Request ONLY)** | |
| SPA – At **designated Centers (Principal Only)** | **2 sessions/annum** |
| | |
| **FITNESS SERVICES** | |
| Gym access at Affiliated Centers **(Principals and Spouse Only)** | |