

RIVCHPP INFORMAL HEALTH PLANS

RIVCARE BASIC-₦38,500*	RIVCARE PREMIUM-₦68,500*	RIVCARE PREMIUM PLUS-₦98,500*
Primary Care & Family Physician Consultations. Outpatient Limit – 20 visits	Primary Care, Specialist & Family Physician Consultations. Outpatient Limit – 25 visits	Primary Care & Specialist Family Physician Consultations. Outpatient Limit – 35 visits
Secondary Care Specialist Consultation (2 per annum) <ul style="list-style-type: none"> I. Dermatologist II. Endocrinologist III. Cardiologist IV. OBGYN V. General Surgeon VI. Paediatrician VII. Neonatologist VIII. ENT Surgeon IX. Orthopedic Surgeon X. Psychiatrist XI. Physiotherapy 	Secondary Care Specialist Consultation (5 per annum) <ul style="list-style-type: none"> I. Dermatologist II. Endocrinologist III. Cardiologist IV. OBGYN V. General Surgeon VI. Paediatrician VII. Neonatologist VIII. ENT Surgeon IX. Orthopedic Surgeon X. Psychiatrist XI. Physiotherapy 	Secondary Care Specialist Consultation (7 per annum) <ul style="list-style-type: none"> I. Dermatologist II. Endocrinologist III. Cardiologist IV. OBGYN V. General Surgeon VI. Paediatrician VII. Neonatologist VIII. ENT Surgeon IX. Orthopedic Surgeon X. Psychiatrist XI. Physiotherapy
	Tertiary Tier Care Specialist-3 per annum <ul style="list-style-type: none"> I. Neurologist II. Neurosurgeon III. Cardiothoracic IV. Nephrologist V. Gastroenterologist VI. Urologist VII. Pulmonologist VIII. Hematologist IX. Pathologist X. Oral and Maxillofacial Surgeon 	Tertiary Tier Care Specialist- 5 per annum <ul style="list-style-type: none"> I. Neurologist II. Neurosurgeon III. Cardiothoracic IV. Nephrologist V. Gastroenterologist VI. Urologist VII. Pulmonologist VIII. Hematologist IX. Pathologist X. Oral and Maxillofacial Surgeon
Pharmacy Benefits: 50% Cost sharing after N100,000	Pharmacy Benefits: 50% Cost sharing after N150,000	Pharmacy Benefits: 50% Cost sharing after N200,000

Inpatient Prescription Medicines	Inpatient Prescription Medicines	Inpatient Prescription Medicines
	Outpatient Prescription Medicines Chronic Disease Medication	
<p>Laboratory Tests</p> <ul style="list-style-type: none"> -Full blood count -Urinalysis -Blood film for malaria -Serum electrolyte urea and creatinine -Fasting blood glucose -Pregnancy test -Genotype -Blood group -HIV screening -H. Pylori 	<p>Laboratory Tests</p> <ul style="list-style-type: none"> -Full blood count -Urinalysis -Blood film for malaria -Serum electrolyte urea and creatinine -Fasting blood glucose -Pregnancy test -Genotype -Blood group -HIV screening -H. Pylori 	<p>Laboratory Tests</p> <ul style="list-style-type: none"> -Full blood count -Urinalysis -Blood film for malaria -Serum electrolyte urea and creatinine -Fasting blood glucose -Pregnancy test -Genotype -Blood group -HIV screening -H. Pylori
<p>Radio-Diagnostic investigations</p> <ul style="list-style-type: none"> I. Chest x-ray II. Thoracic inlet Xray III. Thoracic spine Xray IV. Lumbar spine V. Lumbosacral spine VI. Cervical Spine Xray, etc 	<p>Radio-Diagnostic investigations</p> <ul style="list-style-type: none"> - Chest x-ray - Thoracic inlet Xray - Thoracic spine Xray - Lumbar spine - Lumbosacral spine - Cervical Spine Xray, etc 	<p>Radio-Diagnostic investigations</p> <ul style="list-style-type: none"> I. Chest x-ray II. Thoracic inlet Xray III. Thoracic spine Xray IV. Lumbar spine V. Lumbosacral spine VI. Cervical Spine Xray, etc
Ultrasound Scan (Abdominal, Pelvic, Obstetric)	Ultrasound Scan (Abdominal, Pelvic, Obstetric)	Ultrasound Scan (Abdominal, Pelvic, Obstetric, Doppler)
	Complex CT investigation (ECHO, CT SCAN) – 1 complex investigation per year	Complex CT investigation (ECHO, CT SCAN, MRI) – 2 complex investigations per year
HOSPITALISATION –25days per annum	HOSPITALISATION –30days per annum <ul style="list-style-type: none"> I. Semi-Private Ward II. Nursing care 	HOSPITALISATION – 38days per annum <ul style="list-style-type: none"> I. Semi-Private Ward II. Nursing care
DENTAL SERVICE – Limit of N20,000 <ul style="list-style-type: none"> I. Primary dental care 	DENTAL SERVICE – Limit of N40,000 <ul style="list-style-type: none"> II. Primary dental care 	DENTAL SERVICE – Limit of N60,000 <ul style="list-style-type: none"> I. Primary dental care II. Non-surgical dental care (scaling and polishing,

	<p>III. Non-surgical dental care (scaling and polishing, amalgam – simple and composite</p> <p>IV. Surgical dental care</p> <p>V. Surgical extraction</p>	<p>amalgam – simple and composite</p> <p>III. Surgical dental care</p> <p>Surgical extraction</p>
MNCH	MNCH	MNCH
<ul style="list-style-type: none"> - Antenatal care medical expenses for delivery (normal, assisted delivery/Caesarean section – N200,000) - Accommodation for mother of the newborn on admission – 4 days - Post natal check-up (1st 6 weeks) within out-patient limit - Family planning (Pills, Vasectomy, IUCD injectables) 	<ul style="list-style-type: none"> - Antenatal care medical expenses for delivery (normal, assisted delivery/Caesarean section – N300,000) - Accommodation for mother of the newborn on admission – 6 days - Post natal check-up (1st 6 weeks) within out-patient limit - Family planning (Pills, Vasectomy, IUCD injectables) 	<ul style="list-style-type: none"> - Antenatal care medical expenses for delivery (normal, assisted delivery/Caesarean section – N400,000) - Accommodation for mother of the newborn on admission – 9 days - Post natal check-up (1st 6 weeks) within out-patient limit - Family planning (Pills, Vasectomy, IUCD injectables)
PRIMARY EYE CARE	EYE CARE – N20,000	EYE CARE – N40,000
i) Eye testing	<p>I. Lens and or frame</p> <p>II. Eye testing</p> <p>III. Tonometry</p> <p>IV. Refractory</p> <p>V. Fundoscopy</p> <p>VI. Pachymetry</p> <p>VII. Slit lamp</p>	<p>I. Lens and or frame</p> <p>II. Eye testing</p> <p>III. Tonometry</p> <p>IV. Refractory</p> <p>V. Fundoscopy</p> <p>VI. Pachymetry</p> <p>VII. Slit lamp</p>
PAEDIATRICS (child welfare clinic circumcision, ear piercing, growth and development monitoring, routine neo-natal immunization (under 2 years), BCG, OPV, Pentavalent, Measles, Yellow Fever, Vitamin A supplementation)	PAEDIATRICS (child welfare clinic circumcision, ear piercing, growth and development monitoring, routine neo-natal immunization (under 2 years), BCG, OPV, Pentavalent, Measles, Yellow Fever, Vitamin A supplementation)	PAEDIATRICS (child welfare clinic circumcision, ear piercing, growth and development monitoring, routine neo-natal immunization (under 2 years), BCG, OPV, Pentavalent, Measles, Yellow Fever, Vitamin A supplementation)

	<ul style="list-style-type: none"> - Pre-mature babies incubator care, Phototherapy and Exchange Blood Transfusion – N200,000 	<ul style="list-style-type: none"> - Pre-mature babies incubator care, Phototherapy and Exchange Blood Transfusion – N300,000
MINOR, INTERMEDIATE AND MAJOR SURGERY – N250,000 <ul style="list-style-type: none"> - Accident/Emergency Stabilization 	MINOR, INTERMEDIATE AND MAJOR SURGERY – N350,000 <ul style="list-style-type: none"> - Accident/Emergency Stabilization - Intensive Care Unit – Cost sharing after N400,000 	MINOR, INTERMEDIATE AND MAJOR SURGERY – N450,000 <ul style="list-style-type: none"> - Accident/Emergency Stabilization Intensive Care Unit – Cost sharing after N500,000.
EAR, NOSE & THROAT (ENT) <ul style="list-style-type: none"> I. Consultation II. Antral wash-out III. Foreign body removal from Ear, Nose and Throat 	EAR, NOSE & THROAT (ENT) <ul style="list-style-type: none"> IV. Antral wash-out V. Foreign body removal from Ear, Nose and Throat VI. Tonsillectomy VII. Nasal Polypectomy VIII. Tracheostomy IX. Adenoidectomy X. Myringotomy 	EAR, NOSE & THROAT (ENT) <ul style="list-style-type: none"> I. Antral wash-out II. Foreign body removal from Ear, Nose and Throat III. Tonsillectomy IV. Nasal Polypectomy V. Tracheostomy VI. Adenoidectomy VII. Myringotomy
EMERGENCIES Primary care Emergencies.	EMERGENCIES <ul style="list-style-type: none"> - Emergency road ambulance service for critical cases site to hospital; hospital to hospital- 2 per year 	EMERGENCIES <ul style="list-style-type: none"> - Emergency road ambulance service for critical cases site to hospital; hospital to hospital- 4 per year
MENTAL HEALTH Counseling/consultation	MENTAL HEALTH <ul style="list-style-type: none"> - Counseling/consultation, Psychiatry/Psychologist, Outpatient care (online and physical), Inpatient care – N50,000 	MENTAL HEALTH Counseling/consultation, Psychiatry/Psychologist, Outpatient care (online and physical), Inpatient care – N100,000
	Dialysis – N50,000	Dialysis – N100,000

HIV Counselling, testing, drugs	- HIV Counselling, testing, drugs	HIV Counselling, testing, drugs
	- Adult immunization - Tetanus - Telemedicine Consultation - Travel care within Nigeria	- Adult immunization - Tetanus - Telemedicine Consultation - Travel care within Nigeria
- Physiotherapy (3 sessions per annum)	- Physiotherapy (5 sessions per annum) - Support appliances (POP, Crutches, Collar)	- Physiotherapy (7 sessions per annum) Support appliances (POP, Crutches, Collar)
	Mortuary service care (embalming, autopsy) – N100,000/Family	Mortuary service care (embalming, autopsy) – N150,000/Family

EXCLUSIONS

1	Occupational/industrial injuries to the extent covered under the Workmen Compensation Act.
2	Injuries resulting from: Natural disasters e.g earthquakes, landslides conflict social unrest, riots, wars.
3	Epidemic and pandemics
4	Injuries arising from extreme sports e.g, car racing, horse racing, polo, mountaineering, boxing, wrestling, e.t.c.
5	Drug abuse/addiction
6	Foreign medical visit
7	Cosmetic surgeries
8	Orthodontic services, dental implant, bleaching, crown, bridges and veneers
9	Ophthalmology: Provision of contact lenses
10	Internal Medicine: Anti-tuberculosis drugs
11	Paediatric Surgery: Treatment of congenital abnormalities requiring advanced surgical procedure e.g, TOF, ASD VSD
12	Obstetrics & Gynecology: Assisted Reproductive Technology and ICSI
13	Transplant surgery, joint replacements and prostheses
14	Consultations with unregistered clinicians

15	Artificial ventilation and use of ventilator
16	Supply of medical of medical equipment including wearables
17	Treatment of congenital abnormalities requiring advanced surgical procedures eg TOF, ASD, VSD
18	Cancer care
19	Paying blood donors/ "touts"
20	Extensive reconstructive orthopedic surgeries
21	Services not included in a benefit package

ENROLLEE RESPONSIBILITIES

- 1) Ensure accurate personal and health-related information are provided.
- 2) Ensure timely payments of premium
- 3) Use healthcare services responsibly and avoid misuse, such as unnecessary or frequent visits without valid reasons.
- 4) Follow proper referral channels, use designated providers
- 5) Do not use another person health insurance details
- 6) Adhere to prescribed treatment, medications and follow up, pay 15% of the cost of prescribed medications at each visit.
- 7) Follow the rules of the healthcare facilities and RIVCHPP
- 8) Treat health care providers and RIVCHPP staff respectfully
- 9) Use the appropriate channels to report or resolve grievance regarding care.
- 10) Give correct and timely feedback where applicable

***The cost per plan is per individual per year**

- **After successful payment and registration access to care begins after 60 days**

- 15% of the cost of prescribed drugs per visit would be paid by the enrollee before the pharmacy limit stated above

