

PLAN TABLE OF BENEFITS.

	Essential	Classic	Gold	Diamond
Plan Benefits				
1. Emergency Medical Services.	Covered	Covered	Covered	Covered
a. Ambulance transport <ul style="list-style-type: none"> Roadside to Hospital Hospital to Hospital 	Covered	Covered	Covered	Covered
b. Emergency room stabilization	Covered	Covered	Covered	Covered
2. Intensive care	N50,000.00	N75,000.00	N120,000.00	N180,000.00
3. Physician/General Medical Services.				
a. General outpatient/ inpatient Consultation	Covered	Covered	Covered	Covered
b. Specialist outpatient/Inpatient consultation	Covered	Covered	Covered	Covered
c. Routine & Periodic Evaluation	Covered	Covered	Covered	Covered
d. Well – Baby Care	Covered	Covered	Covered	Covered
e. Well – Child Care	Covered	Covered	Covered	Covered
f. Diagnostic X-rays	Covered	Covered	Covered	Covered
Upper Limb <ul style="list-style-type: none"> Hand/Wrist Forearm (Radius/Ulna) Elbow Humerus Shoulder Clavicle 	Covered	Covered	Covered	Covered
Lower Limb <ul style="list-style-type: none"> Foot/Toe Ankle Leg (Tibia/Fibula) Knee Femur/Thigh Hip (single) Pelvis (AP) Pelvis & Hip 	Covered	Covered	Covered	Covered
Thorax <ul style="list-style-type: none"> Chest (AP/PA) Chest (PA/Lateral) Chest (Oblique) Apical/Lordotic Sternum Thoracic inlet 	Covered	Covered	Covered	Covered
Vertebral Spine <ul style="list-style-type: none"> Cervical spine Lateral neck (soft tissue) 	Covered	Covered	Covered	Covered

<ul style="list-style-type: none"> ▪ Thoracic spine ▪ Thoraco – lumbar spine ▪ Lumbo – sacral spine 				
Abdomen <ul style="list-style-type: none"> ▪ Abdomen (plain) ▪ Abdomen (erect/spine) 	Covered	Covered	Covered	Covered
g. Diagnostic Laboratory Tests	Covered	Covered	Covered	Covered
Hematology <ul style="list-style-type: none"> ▪ ESR ▪ Full Blood Count ▪ Hemoglobin ▪ Malaria Parasite ▪ PCV ▪ RBC ▪ Reticulocyte count ▪ WBC ▪ Platelets ▪ Prothrombin time ▪ Microfilaria ▪ Bleeding time ▪ Clotting time 	Covered	Covered	Covered	Covered
Serology <ul style="list-style-type: none"> ▪ Aso Titre ▪ Coombs Test ▪ Heaf Test ▪ Other Hepatitis Strain ▪ Pregnancy (Blood) ▪ Pregnancy (Urine) ▪ Rheumatoid factor ▪ VDRL 	Covered	Covered	Covered	Covered
Blood Chemistry <ul style="list-style-type: none"> ▪ Glucose ▪ Calcium ▪ Phosphorus ▪ Urea ▪ Creatinine ▪ Uric Acid ▪ Albumin ▪ Cholesterol ▪ Triglyceride ▪ HDL ▪ LDL ▪ SGOT ▪ SGPT ▪ Alkaline Phosphates ▪ Bilirubin ▪ Potassium 	Covered	Covered	Covered	Covered

<ul style="list-style-type: none"> Sodium Bicarbonate Chloride 				
Urine Chemistry <ul style="list-style-type: none"> Creatinine Clearance 	Covered	Covered	Covered	Covered
Microbiology <ul style="list-style-type: none"> Stool Microscopy Stool Occult Blood Sputum ZN Stain Urine MCS Stool MCS Swab MCS Sputum MCS 	Covered	Covered	Covered	Covered
4. Specialist Consultation	Covered	Covered	Covered	Covered
<ul style="list-style-type: none"> Cardiologist/Physician 	Covered	Covered	Covered	Covered
<ul style="list-style-type: none"> Obstetrician & Gynecologist 	Covered	Covered	Covered	Covered
<ul style="list-style-type: none"> Pediatrician 	Covered	Covered	Covered	Covered
<ul style="list-style-type: none"> Urology 	Covered	Covered	Covered	Covered
<ul style="list-style-type: none"> Dermatology 	Covered	Covered	Covered	Covered
<ul style="list-style-type: none"> Endocrinology 	Covered	Covered	Covered	Covered
<ul style="list-style-type: none"> Neurology 	Covered	Covered	Covered	Covered
<ul style="list-style-type: none"> Neurosurgery 	Covered	Covered	Covered	Covered
<ul style="list-style-type: none"> ENT 	Covered	Covered	Covered	Covered
<ul style="list-style-type: none"> Oncologist 	Covered	Covered	Covered	Covered
<ul style="list-style-type: none"> Cardiothoracic 	Covered	Covered	Covered	Covered
<ul style="list-style-type: none"> Orthopedic 	Covered	Covered	Covered	Covered
5. Rehabilitation Services (Outpatient Short Term Therapy)				
<ul style="list-style-type: none"> Consultation 	5 sessions	5 sessions	10 sessions	20 sessions
6. Immunization for ages 0-5				
<ul style="list-style-type: none"> BCG 	Covered	Covered	Covered	Covered
<ul style="list-style-type: none"> Measles 	Covered	Covered	Covered	Covered
<ul style="list-style-type: none"> DPT 	Covered	Covered	Covered	Covered
<ul style="list-style-type: none"> Oral Polio(OPV) 	Covered	Covered	Covered	Covered
<ul style="list-style-type: none"> HBV 	Covered	Covered	Covered	Covered
<ul style="list-style-type: none"> Yellow fever 	Covered	Covered	Covered	Covered
<ul style="list-style-type: none"> Measles 	Covered	Covered	Covered	Covered
Additional Immunization				
<ul style="list-style-type: none"> Meningococcal meningitis 	Not Covered	Not Covered	Covered	Covered
<ul style="list-style-type: none"> Typhoid 	Not Covered	Not Covered	Covered	Covered

▪ Pneumococcal (pneumovax)	Not Covered	Not Covered	Covered	Covered
▪ Rotavirus	Not Covered	Not Covered	Covered	Covered
▪ Hib	Not Covered	Not Covered	Covered	Covered
▪ Chicken Pox	Not Covered	Not Covered	Covered	Covered
Adult immunization				
▪ Meningitis				
▪ Well Child Evacuation/Child Health Supervision Services	Covered	Covered	Covered	Covered
7. Maternity Care (For Family Policy Holders Only)				
▪ Pre-natal care	Covered	Covered	Covered	Covered
▪ Normal delivery	Covered	Covered	Covered	Covered
▪ Assisted delivery	Covered	Covered	Covered	Covered
▪ Cesarean Section	Covered	Covered	Covered	Covered
▪ Postnatal care	Covered	Covered	Covered	Covered
▪ Puerperal infection	Covered	Covered	Covered	Covered
▪ Physician-prescribed bed rest during pregnancy	Covered	Covered	Covered	Covered
▪ Preeclampsia during the prenatal period	Covered	Covered	Covered	Covered
▪ Termination of pregnancy for life-endangering conditions	Covered	Covered	Covered	Covered
▪ Room and board, special diets, the services of a dietician, and skilled nursing in connection with childbirth for the mother or newborn child a vaginal delivery or a cesarean section delivery	Covered	Covered	Covered	Covered
8. Neonatal Services				
▪ Limit on incubator & phototherapy care	N50,000.00	N75,000.00	N100,000.00	N150,000.00
▪ Incubator care	Covered	Covered	Covered	Covered
▪ Term delivery	Covered	Covered	Covered	Covered

▪ Preterm delivery	Covered	Covered	Covered	Covered
▪ Phototherapy	Covered	Covered	Covered	Covered
▪ Exchange bloodtransfusion	Covered	Covered	Covered	Covered
9. Ophthalmic Services				
Ophthalmology				
Surgical Services(Limit)	N25,000.00	N35,000.00	N50,000.00	N75,000.00
▪ Pterygium excision	Covered	Covered	Covered	Covered
▪ S t y e incision/drainage	Covered	Covered	Covered	Covered
▪ C h a l a z i o n incision & drainage	Covered	Covered	Covered	Covered
▪ Pterygium excision	Covered	Covered	Covered	Covered
▪ Trabeculectomy	Covered	Covered	Covered	Covered
▪ Cataract surgery	Covered	Covered	Covered	Covered
Non-Surgical Services				
▪ Consultation	Covered	Covered	Covered	Covered
▪ Follow-up	Covered	Covered	Covered	Covered
▪ Foreign body removal	Covered	Covered	Covered	Covered
▪ Refraction	Covered	Covered	Covered	Covered
▪ CVF/Glaucoma screening and treatment	Not Covered	Not Covered	Covered	Covered
▪ Intra-Ocular Pressure	Covered	Covered	Covered	Covered
▪ Dilated funduscopy	Covered	Covered	Covered	Covered
▪ Diabetic & hypertensive retinopathy	Covered	Covered	Covered	Covered
Optical				
▪ Primary care	Covered	Covered	Covered	Covered
▪ Provision of lenses viz.: unifocal, bifocal, varifocal, contact	Covered	Covered	Covered	Covered
▪ Provision of optical frames available to all members of the family	N7,500.00	N10,000.00	N25, 000.00	N40, 000.00
10. Dental Care				
Benefit Covered				

▪ Simple extraction	Covered	Covered	Covered	Covered
▪ Surgical extraction	Not Covered	Not Covered	Covered	Covered
▪ Amalgam filling	Covered	Covered	Covered	Covered
▪ Composite filling	Covered	Covered	Covered	Covered
▪ Scaling & polishing (Therapeutic) (Preventive: 1 per 6 months)	Covered	Covered	Covered	Covered
▪ Pain therapy	Covered	Covered	Covered	Covered
▪ Root Canal Therapy	Not Covered	Not Covered	Covered	N45,000.00
Dental financial limits	N7,500.00	N10,000.00	N15,000.00	N30,000.00
11. Ear, Nose and Throat Care:				
Primary ENT				
▪ Consultation	Covered	Covered	Covered	Covered
Secondary ENT				
▪ Foreign Body Removal	Covered	Covered	Covered	Covered
▪ Otitis	Covered	Covered	Covered	Covered
▪ Ear Syringing	Covered	Covered	Covered	Covered
12. SURGERY (Limits)	Minor	Minor	Minor Intermediate	Minor Intermediate
	Intermediate	Intermediate	Major Surgeries	Major Surgeries
	Surgeries covered up to the limit of N200,000.00	Surgeries covered up to the limit of N200,000.00	covered up to the limit of N400,000.00	covered up to the limit of N500,000.00
Minor Surgery				
Surgical drainage of breast abscesses	Covered	Covered	Covered	Covered
Surgical drainage of galactoceles	Covered	Covered	Covered	Covered
Sub-periosteal drainage for acute osteomyelitis	Covered	Covered	Covered	Covered
Drainage for septic arthritis	Covered	Covered	Covered	Covered
Intercostal drainage insertion	Covered	Covered	Covered	Covered
Aspiration of joints	Covered	Covered	Covered	Covered
Debridement of wounds	Covered	Covered	Covered	Covered



Surgical repair of simple wounds	Covered	Covered	Covered	Covered
Biopsy of breast lump	Covered	Covered	Covered	Covered
Tracheostomy	Covered	Covered	Covered	Covered
Thoracotomy	Covered	Covered	Covered	Covered
Drainage of paronychia	Covered	Covered	Covered	Covered
Proctoscopy	Covered	Covered	Covered	Covered
Circumcision	Covered	Covered	Covered	Covered
Sigmoidoscopy	Not Covered	Not Covered	Covered	Covered
Intermediate Surgery				
Evacuation of impacted feces	Covered	Covered	Covered	Covered
Closed reduction of fractures	Covered	Covered	Covered	Covered
Closed reduction and immobilization of joint dislocations	Covered	Covered	Covered	Covered
Exostectomy	Covered	Covered	Covered	Covered
Chondromectomy	Covered	Covered	Covered	Covered
Ganglionectomy	Covered	Covered	Covered	Covered
Temporary diversion of urine	Covered	Covered	Covered	Covered
Electro fulguration of condylomata acuminata	Covered	Covered	Covered	Covered
Injection sclerotherapy of varicose veins	Covered	Covered	Covered	Covered
Incision of Accessory sinuses, mouth, salivary glands, or ducts	Covered	Covered	Covered	Covered
The reduction or manipulation of fractures of facial bones	Covered	Covered	Covered	Covered
Tonsillectomy for children (less than 12yrs)	Covered	Covered	Covered	Covered
Vasectomy	Covered	Covered	Covered	Covered
Excision of tumor on abdominal wall	Covered	Covered	Covered	Covered
Excision-biopsy of breast mass	Covered	Covered	Covered	Covered
Biopsy of tumor on abdominal wall	Covered	Covered	Covered	Covered
Biopsy of bone tumor	Not Covered	Not Covered	Covered	Covered
Inguinal herniorraphy	Covered	Covered	Covered	Covered
Femoral herniorraphy	Covered	Covered	Covered	Covered
Excision of lesions, cysts, tumors of the mandible, mouth, lip, or tongue	Covered	Covered	Covered	Covered
Ventral herniorraphy	Covered	Covered	Covered	Covered
Appendectomy	Covered	Covered	Covered	Covered
Varicocelelectomy	Not Covered	Not Covered	Covered	
Major Surgery				
Biopsy of thyroid gland	Not Covered	Not Covered	Covered	Covered

Oophorectomy	Not Covered	Not Covered	Covered	Covered
Surgical drainage of hematoma of rectus abdominus	Not Covered	Not Covered	Covered	Covered
Surgical drainage of peritoneal abscess	Not Covered	Not Covered	Covered	Covered
Laparotomy	Not Covered	Not Covered	Covered	Covered
Laparotomy and biopsy of disease viscera in abdominal cavity	Not Covered	Not Covered	Covered	Covered
Repair of colostomy	Not Covered	Not Covered	Covered	Covered
Anal sphincteroplasty	Not Covered	Not Covered	Covered	Covered
Excision-Ligation Hemorrhoidectomy	Not Covered	Not Covered	Covered	Covered
Milligan's procedure	Not Covered	Not Covered	Covered	Covered
Surgical drainage of anal abscess	Not Covered	Not Covered	Covered	Covered
Polypectomy	Not Covered	Not Covered	Covered	Covered
Sequestrectomy	Not Covered	Not Covered	Covered	Covered
Saucerization of chronically infected bone	Not Covered	Not Covered	Covered	Covered
Surgical excision of soft tissue tumor	Not Covered	Not Covered	Covered	Covered
Excision-biopsy of soft tissue tumors	Not Covered	Not Covered	Covered	Covered
Surgical drainage of hand abscess	Not Covered	Not Covered	Covered	Covered
Orchidopexy	Not Covered	Not Covered	Covered	Covered

Hydroceleectomy	Not Covered	Not Covered	Covered	Covered
Excision of Intrasrotal mass	Not Covered	Not Covered	Covered	Covered
Surgery for torsion of spermatic cord	Not Covered	Not Covered	Covered	Covered
Theirsch's procedure	Not Covered	Not Covered	Covered	Covered
Lord's procedure	Not Covered	Not Covered	Covered	Covered
Epigasticherniorraphy	Not Covered	Not Covered	Covered	Covered
Dissection of femoral triangle	Not Covered	Not Covered	Covered	Covered
Dissection of inguinal nodes	Not Covered	Not Covered	Covered	Covered
Venoplasty	Not Covered	Not Covered	Covered	Covered
Division of perforating veins	Not Covered	Not Covered	Covered	Covered
Prostatectomy	Not Covered	Not Covered	Covered	Covered
Myomectomy	Not Covered	Not Covered	Covered	Covered
Hysterectomy	Not Covered	Not Covered	Covered	Covered
Thyroidectomy	Not Covered	Not Covered	Covered	Covered
13. Health Maintenance & Preventive Services				
a. Annual Voluntary Comprehensive Medical Examination				
▪ Physical Examination	Not Covered	Not Covered	Covered	Covered

▪ Full blood count	Not Covered	Not Covered	Covered	Covered
▪ Urinalysis	Not Covered	Not Covered	Covered	Covered
▪ Blood sugar test	Not Covered	Not Covered	Covered	Covered
▪ Chest X-ray	Not Covered	Not Covered	Covered	Covered
▪ Cervical Screening	Not Covered	Not Covered	Covered	Covered
▪ Prostate Screening (age 40 and above)	Not Covered	Not Covered	Covered	Covered
▪ Mammogram (age 35 and above) OR breast scan (age 30 and above)	Not Covered	Not Covered	Covered	Covered
▪ Lipid profile	Not Covered	Not Covered	Covered	Covered
▪ ECG	Not Covered	Not Covered	Covered	Covered
b. Annual Voluntary Basic Medical Examination				
▪ Physical Examination	Covered	Covered	Covered	Covered
▪ Full blood count	Covered	Covered	Covered	Covered
▪ Urinalysis	Covered	Covered	Covered	Covered
▪ Blood sugar test	Covered	Covered	Covered	Covered
▪ Chest X-ray	Covered	Covered	Covered	Covered
14. HIV Prevention & Counseling	Covered	Covered	Covered	Covered
15. Hospital Inpatient Services For Covered Services				

Ward Eligibility	Standard ward	Standard ward	Semi-Private ward	Private ward
Special diets	Covered	Covered	Covered	Covered
Services of a dietician	Covered	Covered	Covered	Covered
Skilled nursing	Covered	Covered	Covered	Covered
Use of operating, delivery, cast, and treatment rooms and equipment	Covered	Covered	Covered	Covered
Prescribed drugs administered while the Enrollee is an Inpatient.	Covered	Covered	Covered	Covered
Medical and surgical dressings, supplies, casts, and splints that have been ordered by a Physician for Covered Services	Covered	Covered	Covered	Covered
Oxygen and administration of oxygen	Covered	Covered	Covered	Covered
Basic imaging (including X-rays)	Covered	Covered	Covered	Covered
Basic Serologic Investigations <ul style="list-style-type: none"> Full blood count Erythrocyte sedimentation rate Urinalysis Widal Malaria parasite Fasting blood sugar Blood grouping Genotype HIV test Hepatitis B serum antigen test 	Covered	Covered	Covered	Covered
Intermediate Imaging <ul style="list-style-type: none"> Investigations - CT Scan, ECG, Breast scan 	Emergency only	Emergency only	Covered	Covered



Intermediate Serologic Test	Covered	Covered	Covered	Covered
<ul style="list-style-type: none">▪ Hormone profiling▪ Hepatitis panel▪ E/U/Cr▪ Lipid profile▪ H -Pylori test▪ PSA▪ Liver Function Tests▪ Sputum tests▪ Other general blood tests▪ Swab MCS				
Advanced Investigations				
<ul style="list-style-type: none">▪ MRI	Not Covered	Not Covered	Covered	Covered
<ul style="list-style-type: none">▪ Echocardiogram	Not Covered	Not Covered	Covered	Covered
<ul style="list-style-type: none">▪ Mammogram	Covered	Covered	Covered	Covered
16. Behavioral Health Services Outpatient Psychiatric Care Services(8 OPD Consult)				
<ul style="list-style-type: none">▪ Evaluation and treatment of conditions, which are responsive to Time Limited Treatment.	Covered	Covered	Covered	Covered
<ul style="list-style-type: none">▪ Severe Mental Illness i.e. any of the following:	Covered	Covered	Covered	Covered
<ul style="list-style-type: none">▪ Schizophrenia	Covered	Covered	Covered	Covered

▪ Bipolar disorder (manic-depressive illness)	Covered	Covered	Covered	Covered
▪ Major depressive disorder	Covered	Covered	Covered	Covered
▪ Panic disorder	Covered	Covered	Covered	Covered
▪ Obsessive - compulsive disorder	Covered	Covered	Covered	Covered
▪ Schizoaffective disorder	Covered	Covered	Covered	Covered
▪ Individual Psychotherapy	Covered	Covered	Covered	Covered
▪ Group Psychotherapy	Covered	Covered	Covered	Covered
▪ Psychological Testing	Covered	Covered	Covered	Covered
▪ Family Counseling - Counseling with family members to aid diagnosis and treatment	Covered	Covered	Covered	Covered
17. Infertility Services (Testing and Diagnosis Only)For Family Policy Holders Only				
▪ Consultation with a reproductive endocrinology/infertility specialist	Not Covered	Covered	Covered	Covered
▪ Complete semen analysis	Not Covered	Covered	Covered	Covered
▪ Hysterosalpingogram as an initial test of tubal patency, unless contraindicated	Not Covered	Not Covered	Covered	Covered
▪ Mid-luteal endometrial biopsy	Not Covered	Not Covered	Covered	Covered
18. Family Planning/Birth Control				
▪ Depo Provera (injection)	Covered	Covered	Covered	Covered
▪ IUDs	Covered	Covered	Covered	Covered
▪ Norplant insertion	Covered	Covered	Covered	Covered
▪ Norplant removal	Covered	Covered	Covered	Covered
▪ Oral contraceptives	Covered	Covered	Covered	Covered