

# AVURA CARES HMO PLANS

PLAN NAME & PRICING (PER ANNUM)	SAFEPAL
INDIVIDUAL	₦ 107,000.00
COUPLE (TWO INDIVIDUALS)	₦ 210,000.00
FAMILY (TWO ADULTS AND FOUR CHILDREN)	₦ 535,000.00
HOSPITAL TIER(S)	TIER 3
<b>BENEFITS</b>	
TOTAL BENEFIT LIMITS PER ENROLLEE (NAIRA); NOT TRANSFERABLE	3,500,000
<b>GENERAL CONSULTATION</b>	
Treatment of basic outpatient and inpatient cases	COVERED
<b>MEDICATIONS</b>	
Chronic disease medications	COVERED
Non-chronic disease medications	COVERED
<b>SPECIALIST CONSULTATION</b>	
Obstetrician	COVERED
Gynecologist	COVERED
Pediatrician	COVERED
General Surgeon	COVERED
Cardiothoracic Surgeon	COVERED
Neurosurgeon	COVERED
ENT Surgeon (Otorhinolaryngologist)	COVERED
Urologist	COVERED
Orthopedic Surgeon	COVERED
Gastroenterologist	COVERED
Cardiologist	COVERED
Neurologist	COVERED
Nephrologist	COVERED
Psychiatrist	COVERED
Neonatologist	COVERED
Dermatologist	COVERED
Dietician/Nutritionist	COVERED
Pulmonologist/Respiratory Physician	COVERED
Hematologist	COVERED
Oncologist	COVERED
Pathologist	COVERED
Endocrinologist	COVERED
Family Physician	COVERED
Oral and Maxillofacial Surgeon	COVERED
<b>ACCESS TO FREE TELEMEDICINE APP</b>	
Free chats with qualified and certified Doctors when in need of care during any medical emergency	COVERED
Free chats with qualified and certified Doctors when in need of any routine medical information	COVERED
Free drug Pick-up after concluding chats with qualified and certified Doctors at designated Pharmacies	COVERED

GPS-enabled access to hospital directories when hospital information is needed	COVERED
Free Telemedicine app with details of all covered benefits on the scheme	COVERED
<b>ACCIDENT AND EMERGENCY CARE</b>	
Resuscitative care for accident and emergency cases, including basic radiological and laboratory investigations needed to stabilize the patient before being moved to the ICU if needed.	COVERED
<b>BASIC DIAGNOSTIC IMAGING</b>	
Chest X-Rays	COVERED
Abdominal X-Rays	COVERED
Limbs (Hand, Forearm, Upper arm, Thigh and Leg) X-rays	COVERED
Neck X-rays	COVERED
Sinus X-rays	COVERED
Mastoid X-rays	COVERED
Cervical Spine X-rays	COVERED
Skull X-rays	COVERED
Pelvic X-rays	COVERED
Thoracic Inlet X-rays	COVERED
Thoraco-Lumbar X-rays	COVERED
Lumbosacral X-Rays	COVERED
Mandibles/Temporomandibular Joint X-Rays	COVERED
X-rays of All Body Joints	COVERED
Routine Ultrasound Scans (Obstetrics; Abdominal, Pelvic, Abdominopelvic, Breast, Testicular/Scrotal, Thyroid, Prostate, Bladder, and Brain Ultrasound Scans)	COVERED
<b>ADVANCED DIAGNOSTIC IMAGING</b>	
Doppler Ultrasound Scan	NOT COVERED
ECG (PRE AND POST EXERCISE)	COVERED
CT Scan	COVERED (1 SESSION PER ANNUM)
MRI	COVERED (1 SESSION PER ANNUM)
Echocardiography	COVERED (1 SESSION PER ANNUM)
Proctoscopy	NOT COVERED
Sigmoidoscopy	NOT COVERED
Upper GI Endoscopy	NOT COVERED
Endoscopic Ultrasound	NOT COVERED
Endoscopic retrograde cholangiopancreatography (ERCP)	NOT COVERED
Enterostomy	NOT COVERED
Gastroscopy	NOT COVERED
Colonoscopy	NOT COVERED
Laryngoscopy (Direct and Indirect)	NOT COVERED
Bronchoscopy	NOT COVERED
Thoracoscopy	NOT COVERED
Hysteroscopy	NOT COVERED
Cystoscopy	NOT COVERED
Laparoscopy	NOT COVERED
Arthroscopy	NOT COVERED
<b>HEMATOLOGICAL TESTS</b>	
Hemoglobin (HB)	COVERED

Packed Cell Volume (PCV)	COVERED
White cell count (Total and Differential)	COVERED
Full Blood Count and differentials (FBC)	COVERED
White Blood Cell Count	COVERED
Red Blood Cell/Reticulocyte count	COVERED
Grouping and Cross-Matching	COVERED
Genotype (on request by clinician)	COVERED
Blood group (on request by clinician)	COVERED
Erythrocyte Sedimentation Rate (ESR)	COVERED
MCHC	COVERED
MCH	COVERED
MCV	COVERED
Blood Film	COVERED
Blood Pregnancy (Beta HCG) Test	COVERED
<b>CHEMISTRY INVESTIGATIONS</b>	
Fasting Blood Sugar	COVERED
Random Blood Sugar	COVERED
2 Hours Post-Prandial Blood Sugar	COVERED
Oral Glucose Tolerance Test (OGTT)	COVERED
Glucose Challenge Test	COVERED
Electrolytes, Urea and Creatinine	COVERED
Lipid Profile (Fasting) (Cholesterol, HDL, LDL, Triglyceride Profile)	COVERED
Liver Function Test (LFT)	COVERED
Serum Sodium	COVERED
Serum Calcium	COVERED
Serum Magnesium	COVERED
Serum Potassium	COVERED
Serum Lithium	COVERED
Serum Chloride	COVERED
Serum Bicarbonate	COVERED
Serum Alkaline Phosphate	COVERED
Serum Acid Phosphate	COVERED
Serum Inorganic Phosphate	COVERED
Serum Bilirubin (Total and Direct)	COVERED
Serum Albumin	COVERED
Serum Lactate Dehydrogenase	COVERED
Serum Gamma Glutamyl Transferase	COVERED
Prothrombin time (PT/INR)	COVERED
Urine Pregnancy Test	COVERED
<b>MICROBIOLOGY AND PARASITOLOGY</b>	
Malaria Parasite (MP)	COVERED
Urine M/C/S	COVERED
Endocervical Swab (ECS) M/C/S	COVERED
High Vaginal Swab (HVS) M/C/S	COVERED
Urethral Swab M/C/S	COVERED
Throat Swab M/C/S	COVERED
Ear Swab M/C/S	COVERED
Wound Swab M/C/S	COVERED

Eye Swab M/C/S	COVERED
Sputum M/C/S	COVERED
Aspirates M/C/S	COVERED
Stool M/C/S	COVERED
VDRL (Venereal Disease Research Laboratory) Test	COVERED
H.Pylori	COVERED
Trypanosomes screening	COVERED
Toxoplasma Screening	COVERED
Skin Snip for Microfilaria	COVERED
Skin Scraping for Fungi	COVERED
Leishmania Screening	COVERED
Mantoux/Heaf's Test	COVERED
Blood Culture	COVERED
Stool Occult Blood	COVERED
<b>ADVANCED LABORATORY INVESTIGATIONS/PATHOLOGY</b>	
Blood urea Nitrogen	COVERED
Hepatitis B Surface Antigen (HBSAg)	COVERED
(HBA1C)	COVERED
Hepatitis C Screening	COVERED
Hepatitis B Screening	COVERED
HIV Screening	COVERED
HIV Confirmatory Test	COVERED
G-6PD Screening	COVERED
Thyroid Function Tests	COVERED
Serum Uric Acid	COVERED
Creatinine phosphokinase	COVERED
Syphilis Screening	NOT COVERED
Serum immunoglobulins/Antibodies	NOT COVERED
Immunofluorescence assay	NOT COVERED
QBC Malaria Concentration And Fluorescent Staining	COVERED
Pap Smear and Cytology	COVERED
Prostate-Specific Antigen	COVERED
Protein Electrophoresis	NOT COVERED
CSF M/C/S (CSF Analysis)	COVERED
Semen M/C/S	COVERED
Serum Creatinine Phosphokinase	COVERED
Serum Iron	COVERED
24-Hour Creatinine Clearance	COVERED
Coomb's Test (Indirect)	NOT COVERED
Coomb's Test (Direct)	NOT COVERED
Osmotic Fragility Test	COVERED
Chlamydia Screening	COVERED
Seminal Fluid Analysis (SFA)	COVERED
Clotting Time	COVERED
Bleeding Time	COVERED
D-Dimer	COVERED
Sputum Acid Fast Bacilli (AFB) Test	COVERED
<b>ADMISSIONS AND ACCOMMODATION</b>	

Feeding for enrollees on admission	COVERED
Hospital Ward Care	COVERED (SEMI-PRIVATE WARD)
Skilled medical and paramedical services	COVERED
Supply of prescribed intravenous/intramuscular, oral and topical drugs	COVERED
Supply of all medical and surgical consumables	COVERED
Blood grouping, cross matching, and transfusion	COVERED
Accommodation for in-patient care	COVERED
Accommodation for parents/relatives of patients on admission (Excludes feeding for parents/relatives)	COVERED (FOR 48 HOURS; LIMITED TO ICU AND NEONATAL CARE ONLY)
<b>INTENSIVE CARE</b>	
ICU and ICU-related Care	COVERED (FOR 48 HOURS)
<b>EYE/OPTICAL CARE</b>	
Specialist Ophthalmologist Consultation	COVERED
Basic ocular tests (Tonometry/Intra-Ocular Pressure, Refraction, Fundoscopy, Pachymetry and Slit Lamp)	COVERED
Advanced Ocular tests (Central Visual Field, Indirect Ophthalmoscopy, Depth Perception Test, Shirmer's Tear Test, Amsler Test, Retina Photography, OCT Scan, A Scan, B Scan)	NOT COVERED
Lenses and Frames (Including Contact lenses)	COVERED (UP TO 15,000 ANNUAL LIMIT)
Eye Surgeries (Treatment of glaucoma and Cataract extraction)	As a part of the Overall limit on Surgical services
<b>DENTAL CARE</b>	
Specialist Consultation	ALL DENTAL CARE IS COVERED UP TO AN ANNUAL LIMIT OF 30,000 NAIRA
Routine dental examination	
Preventive dental care and counselling	
Dental pain therapy	
Pharmacological treatment of acute and chronic dental infections	
Access to prescribed drugs	
Surgical extraction & Non-surgical extraction	
Root Canal Therapy, Composite Filling, Amalgam Filling, Operculectomy, Gingival Curettage, Incision & Drainage, Scaling & Polishing	
Orthodontic Treatment	NOT COVERED
Orthodontics, prosthetics, and oral/maxillofacial surgery	NOT COVERED
<b>ENT</b>	
Treatment of ENT diseases and removal of foreign bodies	COVERED
ENT Surgeries	As a part of Surgical services
<b>PHYSIOTHERAPY CARE</b>	
Specialist Consultation	COVERED
Routine fitness examination	COVERED
Preventive Counselling on referral	COVERED
Pain therapy	COVERED
Access to prescribed drugs	COVERED
Cervical Collar and Crutches	COVERED
Walker	NOT COVERED
Number of Sessions Covered	10 Sessions per annum
<b>SURGERIES</b>	
MINOR SURGERIES	

INTERMEDIATE SURGERIES	COVERED UP TO 400,000 NAIRA PER ANNUM
MAJOR SURGERIES	
<b>OBSTETRICS CARE</b>	<b>(COVERED FOR INDIVIDUAL PLAN HOLDERS WITH COMPANY PRINCIPALS ≥ 30)</b>
Antenatal Care (INCLUDING ALL SPECIALIST CARE AND ANC DRUGS)	COVERED (FAMILY PLAN)
Delivery (SVD/NORMAL and COMPLICATED)	
Delivery (MULTIPLE)	
Assisted Delivery	
Therapeutic Abortion (Manual Vacuum Aspiration)	
Peri-Natal Obstetric Procedures (Cerclage, Amniocentesis, Fetal blood sampling, Extra cephalic Version)	
CAESARIAN SECTION	
<b>INFERTILITY CARE</b>	
Fertility Specialist Consultation and Counselling	COVERED (UP TO 30,000 NAIRA LIMIT)
Fertility Investigations (USS, SFA, etc)	
Fertility Treatment	NOT COVERED
<b>CARE FOR THE NEWBORN</b>	
Care for babies actively on the plan	COVERED
Care for babies NOT actively on the plan (Expires after 6 weeks of life)	COVERED UP TO 40,000 NAIRA LIMIT
<b>INCUBATOR CARE</b>	
Neonatal / Special Baby Care Unit	COVERED (FOR 5 DAYS)
<b>NPI IMMUNIZATION (0-5 YEARS)</b>	
BCG	COVERED
Polio (OPV/IPV)	COVERED
Pentavalent	COVERED
Hepatitis B	COVERED
Diphtheria Pertussis Tetanus (DPT)	COVERED
Vitamin A	COVERED
Measles	COVERED
Yellow fever	COVERED
<b>ADDITIONAL IMMUNIZATION (0-5 YEARS)</b>	
Chicken Pox	COVERED
Meningitis	COVERED
MMR	COVERED
Varicella	COVERED
Cholera	NOT COVERED
Pneumococcal	NOT COVERED
Rotavirus	NOT COVERED
<b>ADDITIONAL IMMUNIZATION (6 YEARS AND ABOVE)</b>	
Hepatitis B	COVERED
Meningitis	COVERED
Varicella	COVERED

Hepatitis A	COVERED
TDAP (Adults)	COVERED
Yellow fever	COVERED
Typhoid	COVERED
HPV	NOT COVERED
Pneumococcal	NOT COVERED
<b>FAMILY PLANNING</b>	
Contraceptive pills	COVERED
Implants - Implanon, Norplant, Jadelle	COVERED
Copper T Intrauterine Device, Injectibles (Depo Provera,Noristerat)	COVERED
Tubal Ligation	COVERED UNDER SURGERY LIMIT
Vasectomy	COVERED UNDER SURGERY LIMIT
<b>GYM</b>	
Access to gyms for regular exercise	COVERED (1 SESSION PER WEEK)
<b>SPA</b>	
Facials or Body Massage	COVERED (1 SESSION PER YEAR)
<b>CANCER CARE</b>	
Oncologist/ Cancer Specialist visits	ALL CANCER CARE COVERED UP TO 400,000 NAIRA PER ANNUM
Oncological investigations	
Cancer-related Radiological investigations	
Surgical cancer care	
Chemotherapy	
<b>RENAL CARE (DIALYSIS)</b>	
Dialysis and all related care	COVERED (3 SESSIONS PER YEAR)
<b>WELLNESS CHECKS</b>	
BMI Check	COVERED
General Physical Examination	COVERED
Blood Pressure Check (Hypertension Screening)	COVERED
Blood Sugar Check (Diabetes Screening)	COVERED
Blood Cholesterol Check	COVERED
Annual Visual Acuity Check (Using Snellen Chart)	COVERED
Mammography (For Women $\geq$ 40 years of age every two years)	COVERED
Cervical Cancer Screening (every three years)	COVERED
Pap Smear	COVERED
PSA Check (For Men $\geq$ 40 years of age)	COVERED
Urinalysis	COVERED
Chest X-ray	COVERED
Liver Function Test	NOT COVERED
Kidney Function Tests (E, U, and Cr)	NOT COVERED
<b>AMBULANCE SERVICES</b>	
Movement of patients to and fro Hospital	COVERED (HOSPITAL TO HOSPITAL; ROADSIDE TO HOSPITAL)

<b>PSYCHIATRY CARE</b>	
Mental illness care with certified psychiatrists (Outpatient)	COVERED (8 SESSIONS PER YEAR)
<b>HIV CARE AND TREATMENT</b>	
Specialist Consultation	COVERED
Specialist Drug therapy	COVERED
Counselling Sessions	COVERED
<b>SEEKING SECOND OPINION</b>	
Diagnosis confirmation from secondary and tertiary care centres	COVERED
Line of treatment confirmation from secondary and tertiary care centres	COVERED
Line of treatment confirmation from Internationally Certified Medical and Surgical Specialists Outside Africa	NOT COVERED
<b>EXPANDED BENEFITS</b>	
Employee Assistance Programme (EAP)	COVERED
After-demise compensation	COVERED (UP TO 50,000 NAIRA/ FAMILY)
Congenital disease (only on children born within the plan)	NOT COVERED
Inpatient psychiatry coverage	NOT COVERED
Child delivery reimbursement abroad, global emergency care refund limit.	NOT COVERED
Coverage within our Egypt/Senegal networks for surgery/cancer.	NOT COVERED
Personal health equipment for chronic conditionS	NOT COVERED
Doctor and vaccination home visits	COVERED