



## ILERA-EKO SOCIAL HEALTH INSURANCE BENEFITS PACKAGE

# DIASPORA PLAN

### REGISTRATION AND CONSULTATION

- Teleconsultation
- Telemonitoring
- Counselling
- Advice/prescription for medication, where available
- Registration
- General consultation
- Health education on various illnesses HIV, Hypertension, Diabetes Mellitus, Tuberculosis, Chronic Obstructive Pulmonary Disease (COPD)

### SPECIALIST CARE

- Specialist Consultation (limited to 4)
  - General surgeons, Paediatrician,
  - Gynaecologist, Physician, Orthopaedics (Fractures)

### COMMON AILMENTS

- Outpatient care for common ailments - Malaria and other acute uncomplicated febrile illnesses, Diarrhoeal diseases, Acute respiratory tract infections, Uncomplicated pneumonia, Simple anaemia (not requiring blood transfusion), Simple skin diseases Other uncomplicated bacterial, fungal, parasitic and viral infections and illnesses,
- Follow-up treatment of chronic illnesses, e.g., Hypertension, Diabetes mellitus, Sickle cell, Asthma,
- First Aid for Dog bites, Snakebites, Scorpion stings, Arthritis, and other minor musculoskeletal diseases

### CHILDHOOD ILLNESSES

- Feeding problems and nutritional counselling
- Treatment of common childhood illnesses, e.g., (Malaria, Other febrile illnesses, Diarrhoea diseases, Uncomplicated malnutrition, Measles, Upper respiratory tract infections
- Uncomplicated pneumonia and other childhood exanthemas, Common skin diseases

### EYECARE

- Treatment of minor eye ailments including Conjunctivitis, Parasitic and allergic ailments, Simple contusion, Abrasions
- Removal of conjunctival non-penetrating foreign body
- Refraction, Lens and Frames (**₦10,000 LIMIT**)

### FAMILY PLANNING SERVICES

- Counselling on family planning methods

<ul style="list-style-type: none"> <li>• Provision of services - Oral Contraceptive, Condom (3units-per family/policy)</li> </ul>
<ul style="list-style-type: none"> <li>• Provision of services - Emergency contraception, Injectables, Implant, Plain Intrauterine contraceptive device (Copper T)</li> </ul>
<b>CHILD WELFARE SERVICES</b>
<ul style="list-style-type: none"> <li>• Nutritional advice, health education and other services</li> </ul>
<ul style="list-style-type: none"> <li>• Growth monitoring</li> </ul>
<ul style="list-style-type: none"> <li>• National Programme on Immunization (NPI) schedule for Under 5s</li> </ul>
<b>HOSPITAL CARE AND ADMISSION</b>
<ul style="list-style-type: none"> <li>• Standard/General ward</li> <li>• A single meal where available</li> <li>• 15 days cumulative/annum</li> </ul>
<b>PHARMACEUTICAL CARE</b>
<ul style="list-style-type: none"> <li>• Provision of prescribed drugs in line with LSHS for primary care cases</li> </ul>
<b>BLOOD TRANSFUSION</b>
<ul style="list-style-type: none"> <li>• Two (2) pint limit per year</li> <li>• Donor Screening</li> </ul>
<b>CHRONIC DISEASES</b>
<ul style="list-style-type: none"> <li>• Screening and Diagnosis of Diabetes, Hypertension, Asthma</li> </ul>
<ul style="list-style-type: none"> <li>• Treatment of Diabetes, Hypertension and Asthma</li> </ul>
<ul style="list-style-type: none"> <li>• Periodic routine investigations for Diabetes and Hypertension</li> </ul>
<b>HIV/AIDS SERVICES</b>
<ul style="list-style-type: none"> <li>• Provider initiated test based on clinical guidelines</li> <li>• Referral to HIV referral centers for treatment</li> </ul>
<ul style="list-style-type: none"> <li>• Client-Initiated testing (once a year)</li> </ul>
<ul style="list-style-type: none"> <li>• HIV service charge (consultation and dispensing of medication)</li> </ul>
<ul style="list-style-type: none"> <li>• Perinatal HIV exposure for Neonate (Zidovudine and Nevirapine)</li> </ul>
<b>TUBERCULOSIS SERVICES</b>
<ul style="list-style-type: none"> <li>• Sputum AFB for Tuberculosis</li> <li>• Referral linkages to designated treatment centres for treatment)</li> </ul>
<ul style="list-style-type: none"> <li>• TB Service charge (Consultation, counselling and dispensing of drugs)</li> </ul>
<ul style="list-style-type: none"> <li>• TB Service charge (Consultation, counselling and dispensing of drugs)</li> </ul>
<b>HAEMATOLOGY</b>
<ul style="list-style-type: none"> <li>• Full Blood count, ESR Westergren, Malaria Parasites, Genotype</li> </ul>
<ul style="list-style-type: none"> <li>• Rhesus Factor, Blood Group, Bleeding Time, Clotting Time, Prothrombin Time (PT), Partial Thromboplastin Time (PTT), Screening of Blood</li> </ul>
<b>CLINICAL CHEMISTRY</b>
<ul style="list-style-type: none"> <li>• Random/Fasting Blood Sugar, Electrolyte (Sodium, Potassium, Chloride &amp; Bicarbonate)</li> <li>• Pregnancy Test, Urinalysis, Widal</li> </ul>
<ul style="list-style-type: none"> <li>• Oral Glucose Tolerance Test (OGTT)</li> </ul>
<ul style="list-style-type: none"> <li>• Blood Urea Creatinine, Creatinine Clearance,</li> </ul>

<ul style="list-style-type: none"> <li>• Liver function Test (Cholesterol, Triglyceride, HDL/LDL Cholesterol, Gamma GT, Uric Acid, Bilirubin (Direct/Indirect))</li> <li>• Albumin, Glycosylated Haemoglobin (HbA1C)</li> </ul>
<b>MICROBIOLOGY</b>
<ul style="list-style-type: none"> <li>• Sputum M/C/S</li> </ul>
<ul style="list-style-type: none"> <li>• M/C/S for urine, stool, blood, HVS, wound swabs, semen and CSF</li> <li>• Semen analysis</li> <li>• Helicobacter Pylori</li> </ul>
<b>DIAGNOSTIC RADIOLOGICAL INVESTIGATIONS</b>
<ul style="list-style-type: none"> <li>• X-Ray (Chest and Limbs)</li> </ul>
<ul style="list-style-type: none"> <li>• Mammogram (Once per year)</li> </ul>
<ul style="list-style-type: none"> <li>• Echocardiogram (Once per year)</li> </ul>
<ul style="list-style-type: none"> <li>• Computer Tomography (Emergency immediately following stroke) – (Once per year)</li> </ul>
<b>ULTRASOUND SCAN AND TESTS</b>
<ul style="list-style-type: none"> <li>• Obstetric Scan</li> </ul>
<ul style="list-style-type: none"> <li>• Abdominopelvic USS (<b>3 PER YEAR</b>)</li> </ul>
<ul style="list-style-type: none"> <li>• ECG</li> <li>• Cervical Cytology (VIA)</li> </ul>
<ul style="list-style-type: none"> <li>• Pap Smear, Prostate-specific Antigen (PSA)</li> </ul>
<b>MATERNAL &amp; NEWBORN CARE (PRINCIPAL OR SPOUSE ONLY)</b>
<ul style="list-style-type: none"> <li>• Antenatal Services (VDRL, Hep B (HbsAg), HIV, blood group, BP, glucose, HB, prenatal drugs and at least 2 routine ultrasound scans)</li> </ul>
<ul style="list-style-type: none"> <li>• Cervical Cerclage</li> </ul>
<ul style="list-style-type: none"> <li>• Normal Delivery, Assisted vacuum or forceps deliveries,</li> <li>• Elective/Emergency Caesarean Section</li> <li>• Dilatation and curettage for missed abortion and incomplete abortion,</li> <li>• Rho(D) immune globulin human (Anti-D)</li> </ul>
<ul style="list-style-type: none"> <li>• Hysterectomy</li> <li>• Explorative laparotomy indicated to control post-partum haemorrhage</li> </ul>
<ul style="list-style-type: none"> <li>• National Programme on Immunization (NPI) vaccination schedule</li> <li>• Circumcision of a male neonate</li> <li>• Ear piercing of female neonate</li> </ul>
<ul style="list-style-type: none"> <li>• Perinatal care for the following conditions in the first 28days</li> <li>• Incubator care for premature newborn (5 days limit)</li> <li>• Ophthalmia neonatorum, Phototherapy, Asphyxia, Sepsis</li> </ul>
<ul style="list-style-type: none"> <li>• Local Ambulance Services for Maternity emergency from Primary care facility</li> </ul>
<b>DENTAL CARE</b>
<ul style="list-style-type: none"> <li>• Preventive oral health care COUNSELLING</li> <li>• Scaling and polishing (once a year)</li> <li>• Tooth extraction (max 3 per annum)</li> </ul>
<ul style="list-style-type: none"> <li>• Dental X-ray (max 3 per annum)</li> <li>• Composite Filing (max 1 per annum)</li> </ul>

SURGERIES	
<ul style="list-style-type: none"> <li>• Incisions and Drainages</li> <li>• Suturing of Minor Laceration</li> <li>• Wound dressing (5 days limit)</li> </ul>	
<ul style="list-style-type: none"> <li>• Herniotomy Herniorrhaphy, Appendectomy,</li> <li>• Lumpectomy (ganglion, simple lipoma)</li> <li>• POP application for simple fractures</li> </ul>	
<ul style="list-style-type: none"> <li>• Emergency Salpingectomy</li> <li>• Repair of vesicovaginal/recto-vaginal fistula</li> </ul>	
<ul style="list-style-type: none"> <li>• Breast Fibroadenoma (Excision Biopsy)</li> </ul>	
EMERGENCY CARE	
<ul style="list-style-type: none"> <li>• RENAL DIALYSIS Emergency Haemodialysis for Acute Renal Failure (3 Sessions)</li> </ul>	
<ul style="list-style-type: none"> <li>• Establishing an intravenous (infusion) line, Simple tracheostomy</li> <li>• Management of convulsion, Control of bleeding, Cardio-Pulmonary resuscitation, Assisted respiration (e.g., Ambubag, etc.),</li> <li>• Management of simple fractures (using splints, neck collars etc.)</li> <li>• Aspiration of mucus plug to clear airways. Acute Asthma Attack &amp; other emergency conditions as may be listed from time to time</li> </ul>	
<ul style="list-style-type: none"> <li>• SEXUAL VIOLENCE TRAUMA (<b>¥100,000 LIMIT</b>) <ul style="list-style-type: none"> <li>➢ Colporrhaphy</li> <li>➢ Anal Sphincter repair</li> </ul> </li> </ul>	
<ul style="list-style-type: none"> <li>• CANCER TREATMENT (From second continuous year on the scheme at Designated Centres) - <b>¥2,000,000 LIMIT</b> (On second continuous year of policy)</li> <li>• Treatment of Early Stages (1-2) of Breast, Prostate, Cervix, Colorectal,</li> <li>• Childhood cancer - Burkitt's Lymphoma and Retinoblastoma</li> </ul>	

PREMIUM TABLE		
	INDIVIDUAL	FAMILY
USD (\$)	55	270
GBP (£)	45	220
EURO (€)	54	272

RIDER PREMIUM		
	RIDER 1	RIDER 2
USD (\$)	24	515

RIDER BENEFITS		
	RIDER 1	RIDER 2
<b>SPECIALIST CARE (RIDER 1)</b>		
<ul style="list-style-type: none"> <li>• Medical Second Opinion (via telemedicine)</li> </ul>		
<b>HOME NURSING VISIT (RIDER 2)</b>		
<ul style="list-style-type: none"> <li>• Fortnightly Home Visit by Nurse</li> </ul>		