

ILERA EKO STANDARD JAARA

SCOPE OF BENEFIT COVERAGE

DETAILS	ILERA EKO STANDARD JAARA
Consultation	
<ul style="list-style-type: none"> • Registration • General consultation • Blood Pressure, Weight, Temperature Checks, Height, RR • Specialist Consultation (General surgeons, Paediatrician, ENT Surgeon, Dietician, Gynaecology, Family Physician, Cardiology, Orthopaedics) • Physiotherapy (when medically indicated) 	<p>COVERED</p> <p>(limited to 4 visits)</p> <p>(Up to 5 sessions annual)</p>
COMMON AILMENTS	
<ul style="list-style-type: none"> • 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, Osteoarthritis. • First Aid for Dog bites, Snakebites, Scorpion stings, and other minor musculoskeletal diseases 	COVERED
CHILDHOOD ILLNESSES	
<ul style="list-style-type: none"> • Feeding problems and nutritional counselling • Treatment of common childhood illnesses, e.g., (Malaria and other uncomplicated febrile illnesses, Diarrhoea diseases, Uncomplicated malnutrition, Measles, Upper respiratory tract infections. • Uncomplicated pneumonia and other childhood exanthemas, Common skin diseases 	COVERED
EYECARE	
• Treatment of minor eye ailments including Conjunctivitis, Parasitic and allergic ailments, Simple contusion, Abrasions	COVERED
• Removal of conjunctival non-penetrating foreign body	COVERED
• Refraction, Lens and Frames	₦10,000 LIMIT
• Pterygium Surgery	COVERED
• Cataract Extraction Surgery	COVERED
FAMILY PLANNING SERVICES	

· Counselling on family planning methods	COVERED
· Provision of services - Oral Contraceptive, Condom (3units-per family/policy)	COVERED
· Provision of services - Emergency contraception, Injectables, Implant, Plain Intrauterine contraceptive device (Copper T)	COVERED
CHILD WELFARE SERVICES	
· Nutritional advice, health education and other services	COVERED
· Growth monitoring	COVERED
· National Programme on Immunization (NPI) schedule for Under 5s	COVERED
HOSPITAL CARE AND ADMISSION	
· Standard/General ward · A single meal where available · 15 days cumulative/annum	COVERED
PHARMACEUTICAL CARE	
· Provision of prescribed drugs in line with LSHS drug formulary	COVERED
BLOOD TRANSFUSION	
· Two (2) pint limit per year · Donor Screening	COVERED
CHRONIC DISEASE	
· Screening and Diagnosis of Diabetes, Hypertension, Asthma, Osteoarthritis.	COVERED
· Treatment of Diabetes, Hypertension. Asthma and Osteoarthritis · Periodic routine investigations for Diabetes and Hypertension	COVERED
HIV/AIDS SERVICES	
· Provider initiated test based on clinical guidelines · Referral to HIV referral centres for treatment	COVERED
· Client-Initiated testing (once a year)	COVERED
· HIV service charge (consultation and dispensing of medication)	COVERED
· Perinatal HIV exposure for Neonate (Zidovudine and Nevirapine)	COVERED
TUBERCULOSIS SERVICES	
· Sputum AFB for Tuberculosis · Referral linkages to designated treatment centres for treatment)	COVERED
· TB Service charge (Consultation, counselling and dispensing of drugs)	COVERED
HAEMATOLOGY	
· Full Blood count, ESR Westergren, Malaria Parasites, Genotype	COVERED
· Rhesus Factor, Blood Group, Bleeding Time, Clotting Time, Prothrombin Time (PT), Partial Thromboplastin Time (PTT), Screening of Blood	COVERED
CLINICAL CHEMISTRY	
· Random/Fasting Blood Sugar, 2HPP, Electrolyte (Sodium, Potassium, Chloride & Bicarbonate) · Pregnancy Test, Urinalysis, Widal	COVERED
· Oral Glucose Tolerance Test (OGTT)	
· Blood Urea Creatinine, Creatinine Clearance, · Liver function Test (Cholesterol, Triglyceride, HDL/LDL Cholesterol, Gamma GT, Uric Acid, Bilirubin (Direct/Indirect) · Albumin, Glycosylated Haemoglobin (HbA1C)	COVERED
MICROBIOLOGY	
· Sputum M/C/S	COVERED
· M/C/S for urine, stool, blood, HVS, wound swabs, semen and CSF · Semen analysis · Helicobacter Pylori	COVERED
DIAGNOSTIC RADIOLOGICAL INVESTIGATIONS	
· Plain X-Ray (Chest, limbs, abdomen, vertebra, pelvis)	COVERED

· Echocardiogram	COVERED 1 per year
ULTRASOUND SCAN & TESTS	
· Obstetric Scan	COVERED
· Abdomen USS, Pelvic USS	2 PER YEAR
· ECG · Cervical Cytology (VIA) · Mammogram	(2 Per Year) (1 Per Year) (1 Per Year)
MATERNAL & NEWBORN CARE (PRINCIPAL OR SPOUSE ONLY)	
· Antenatal Services (VDRL, Hep B (HbsAg), HIV, blood group, BP, glucose, HB, prenatal drugs and at least 2 routine ultrasound scans)	COVERED
· Cervical Cerclage	COVERED
· Normal Delivery, Assisted vacuum or forceps deliveries, · Elective/Emergency Caesarean Section · Dilatation and curettage for missed abortion and incomplete abortion, · Rho(D) immune globulin human (Anti-D)	COVERED
· Hysterectomy · Explorative laparotomy indicated to control post-partum haemorrhage, Ruptured Ectopic	COVERED
· National Programme on Immunization (NPI) vaccination schedule · Circumcision of a male neonate · Ear piercing of female neonate	COVERED
· Perinatal care for the following conditions in the first 28days Ø Incubator care for premature newborn (5 days limit) Ø Ophthalmia neonatorum, Phototherapy, Asphyxia, Sepsis, EBT, Neonatal Tetanus.	COVERED
· Local Ambulance Services for Maternity emergency from Primary care facility	COVERED
DENTAL CARE	
· Preventive oral health care COUNSELLING · Scaling and polishing (once a year), · Non-Surgical extraction (max 2 per annum)	COVERED
· Dental X-ray (max 2 per annum) · Composite Filing (max 1 per annum)	COVERED
SURGERIES	
Minor · Incisions and Drainages · Suturing of Minor Laceration · Wound dressing (5 days limit) · Herniotomy Herniorrhaphy, Appendectomy, · Lumpectomy (ganglion, simple lipoma, breast) · POP application for simple fractures	COVERED COVERED
Major · Exploratory Laparotomy (Ruptured appendix & Ruptured Ectopic) · Salpingectomy · Repair of vesicovaginal/recto-vaginal fistula	COVERED
Renal Dialysis	
· Acute Renal Failure (at designated centers)	COVERED (3 Sessions)
ANNUAL MEDICAL SCREENING (at designated centers) FOR PRINCIPAL & SPOUSE	
· Physical examination	COVERED
· Urinalysis	COVERED

· Fasting Blood Sugar	COVERED
· Total Cholesterol	COVERED
· Basic Eye Exam	COVERED
· CA- 125	COVERED
· Stool, occult blood	COVERED
· X-RAY Chest (PA View)	COVERED
· PAP Smear	COVERED
· Sono Breasts	COVERED
· HbsAg	COVERED
· Serum PSA (Male 40 Years & Above)	COVERED
EMERGENCY CARE	
<ul style="list-style-type: none"> · Establishing an intravenous (infusion) line, Simple tracheostomy, Management of convulsion, Control of bleeding, Cardio-Pulmonary resuscitation, Assisted respiration (e.g. Ambu bag, etc.), · Management of simple fractures (using splints, neck collars etc.), · Aspiration of mucus plug to clear airways. Acute Asthma Attack & other emergency conditions as may be listed from time to time 	COVERED
TELEMEDICINE SERVICES	
<ul style="list-style-type: none"> · Teleconsultation Services (Physical access at the vBooth 8:30am – 4pm & 24hrs via the App and Telephone 080000 EKO-VBT 080 000 356 828) · Advice / Prescription for medication where available · Health education broadcast · Mental Health Consultation & Counseling 	COVERED
CANCER TREATMENT From second continuous year on the scheme at Designated Centres)	
<ul style="list-style-type: none"> · Treatment of Breast, Prostate, Cervix, Colorectal · Childhood cancer - Burkitt's Lymphoma and Retinoblastoma 	N2,000,000 LIMIT

PLAN PREMIUMS

	INDIVIDUAL		FAMILY OF UP TO 4		FAMILY OF UP TO 6	
	Individual Premium	Annual Rates	Family Premium (4 Size)	Annual Rates	Family Premium (6 Size)	Annual Rates
Annual	15,000	15,000	55,000	55,000	80,000	80,000
Semi Annual	8,000	16,000	29,250	58,500	42,500	85,000
Quarter	4,125	16,500	15,000	60,000	22,000	88,000
Month (Initial Premium Payment- 3Months Lump Sum)	1,500	18,000	5,400	65,000	8,000	96,000

Notes

1. Access to Maternal Services, Surgeries, Annual Medical Investigations and Secondary Services is subject to full payment of annual premiums.
2. Maternal Care is an exclusion for dependents
3. Family of up to 4 comprises of Principal, Spouse & 2 children below 23years, or Principal and 3 children below 23 years.
4. Family of up to 6 comprises of Principal, Spouse & 4 children below 23years, or Principal and 5 children below 23 years.
5. Adult dependent age limit is under 23years.
6. Additional dependent below 23 years will attract an additional premium of N10,000
7. Additional dependent above 23 years will attract the individual premium
8. Payment of premiums must be made on or before 25th of every month to initiate access to care the following month.