

## Health Insurance Benefits for iHealth Networking team members

	4referrals/30days	6referrals/30days	High-Class-Networkers
<b>Plan Benefits</b>	Covered	Covered	Covered
<b>1. Preventive Services</b>	✓	✓	✓
a. Annual Health Screening	Physical exam	Physical exam, Urinalysis, PCV, Body Mass Index	Physical exam, Urinalysis, PCV, Body Mass Index, FBS, Chest X ray, ECG, Total Cholesterol, Lung function test, Breast scan / mammogram, Abdominopelvic USS, Pap smear (women >40 yrs), PSA (men >40yrs)
b. Wellness Club Membership	✓	✓	✓
c. Periodic Health Promotion	✓	✓	✓
<b>2. Emergency Medical Services</b>	✓	✓	✓
a. Ambulance transport	✓	✓	✓
b. Emergency room stabilization	✓	✓	✓
c. Intensive care	X	1 day	5 days
<b>3. Physician Services</b>	✓	✓	✓
a. General outpatient/ inpatient Consultation	✓	✓	✓

b. Specialist outpatient/Inpatient consultation	✓	✓	✓
c. Diagnostic X-rays and Lab tests	✓	✓	✓
d. Diagnostic Ultrasound	✓	✓	✓

e. Advanced & Complex Investigations	X	ECG, Barium studies.	ECG, Barium studies, CT scan, Doppler Scan, Echocardiogram, MRI, CT angiogram, Mammogram, Cardiac enzymes.
f. Prescription Drugs for covered services.	✓	✓	✓
<b>4. Hospital Inpatient Services For covered benefits</b>	✓	✓	✓
a. Hospitalization	Standard ward	Semi private room	Private room
b. Special medical diets	X		✓
<b>5. No of Hospital available for usage</b>	1	1	Roaming (including special hospitals)
<b>6. Chronic Illness Management</b>	X	✓	✓
<b>7. Fertility Services</b>	X	Counseling, SFA, USS.	Counseling, SFA, USS, Hormonal profile, HSG + Hydrotubation, Hysteroscopy. Basic /First line drugs.

<b>8. Maternity Care</b>	✓	✓	✓
a. Antenatal care	✓	✓	✓
b. Normal delivery	✓	✓	✓
c. Assisted delivery	✓	✓	✓
d. Caesarean section delivery		✓	✓
e. Postnatal care	✓	✓	✓
<b>9. Neonatal Services</b>	✓	✓	✓
a. Phototherapy care	3 days	5 days	10 days
b. Incubator care	2 days	2 days	7 days
c. Preterm care	2 days	2 days	7 days

d. Exchange blood transfusion	<b>X</b>	1session	5 sessions
<b>10. Immunizations</b>			
a. Childhood Immunizations	BCG, OPV, DPT, Measles, Pentavalent, Yellow fever, Hepatitis B, Vit A vaccines.	BCG, OPV, DPT, Measles vaccine, Pentavalent, Yellow fever, Hepatitis B, Vit A vaccines.	All Childhood Immunizations, including booster vaccines.

<b>11. Family Planning</b>	✓	✓	✓
a. Oral contraceptives	✓	✓	✓
b. Intrauterine Device (IUD)	✓	✓	✓
c. Depo Provera (injection)	X	✓	✓
d. Norplant	X	X	✓
e. BTL + Vasectomy	X	X	✓
<b>12. Surgical Services</b>	✓	✓	✓
a. Minor Surgeries e.g. suturing of laceration, joint aspirations.	✓	✓	✓
b. Intermediate Surgeries e.g. Hernioraphy, Appendectomy, Endoscopy+.	X	✓	✓
c. Major surgeries e.g. Myomectomy, Adenotosilectomy, Exploratory Laparotomy, Skin grafting, Endoscopy++.	X	X	✓
d. Major – Major Surgeries e.g. Endoscopy+++, Laparoscopy, ORIF, Thyroidectomy.	X	X	✓
e. Neurosurgery.	X	X	N500,000.00

<b>13. Psychiatry Services.</b>			
a. Evaluation and Diagnosis	✓	✓	✓
b. Acute care/Emergency stabilization (30days).	X	X	✓
<b>14. Dialysis.</b>	X	1 Session	5 Sessions
15. Physiotherapy care.	X	5 Sessions	25 Sessions
<b>16. Dental Care.</b>	✓	✓	✓
a. Dental Trauma.	✓	✓	✓
b. Pain therapy.	✓	✓	✓
c. Scaling & Polishing.	X	✓	✓
d. Simple extraction.	X	✓	✓
e. Surgical extraction.	X	✓	✓
f. Composite filling.	X	✓	✓
g. Amalgam filling.	X	✓	✓
h. Root Canal Therapy.	X	X	✓
i. Orthodontics.	X	X	✓

j. Dental Limits.	X	N20,000.00	N100,000.00
<b>17. Ophthalmic Services.</b>	✓	✓	✓
a. Basic optical care	✓	✓	✓
b. Secondary care		✓	✓
c. Frame and lenses.	X	N10,000.00	N40,000.00
d. Ophthalmic surgery.	X	X	N200,000.00
<b>18. HIV Treatment.</b>	✓	✓	✓
a. Definitive treatment i.e. provision of ARVs.	✓	✓	✓
b. Treatment of opportunistic infections.	✓	✓	✓
<b>19. ***Overseas Treatment for medical conditions that cannot be treated locally</b>			✓
Region of cover	Nigeria	Nigeria	Nigeria, India, UAE, South Africa
<b>20. Cancer care:</b> Consultation, Surgery + Radiotherapy & Chemotherapy.	X	Limit of N100,000.00	Limit of N500,000.00

<b>21. Mortuary Services</b> up to a family limit (embalment, autopsy plus fridge excluding ambulance, casket).	<b>X</b>	N50,000.00	N250,000.00
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Please note: New born of members of IHNG shall have free covered for the first eight (8) weeks of life, during which it is expected that the registration would have been concluded with our recommended HMO.

#### **EXCLUSIONS:**

The following are excluded from these Plans except otherwise agreed –

1. Treatment for benefits not covered by the plan.
2. Treatment by a provider not in recommended HMO Network providers (Check the list of hospitals) except approved by us.
3. Cosmetic/plastic surgery.
4. Complex major surgery e.g. heart surgeries, renal transplant, etc.
5. Congenital & neurological abnormalities.
6. Illnesses arising out of addictive conditions/disorders or drug/substance abuse.
7. Provision of hearing aids and artificial limbs.
8. Autoimmune / autoantibody conditions e.g. Systemic Lupus Erythematosus, Dyscoid Lupus Erythematosus, Motor Neuron Lesion etc.
9. Chronic psychiatric illness.
10. Weight Modifications treatment.
11. Joint replacement surgeries.