

<b>PREMIUM /ANNUM</b>	<b>BLUE PLAN</b>	<b>ROYAL PLAN</b>	<b>PLATINUM PLAN</b>
<b>INDIVIDUAL</b>	<b>N30,000.00</b>	<b>N52,000.00</b>	<b>N90,000.00</b>
<b>FAMILY OF 2</b>	<b>N57,500.00</b>	<b>N90,640.00</b>	<b>N163,620.00</b>
<b>FAMILY OF 3</b>	<b>N80,500.00</b>	<b>N128,440.00</b>	<b>N235,620.00</b>
<b>FAMILY OF 4</b>	<b>N103,000.00</b>	<b>N166,240.00</b>	<b>N307,600.00</b>
<b>FAMILY OF 5</b>	<b>N125,000.00</b>	<b>N203,200.00</b>	<b>N377,980.00</b>
<b>FAMILY OF 6</b>	<b>N146,500.00</b>	<b>N239,300.00</b>	<b>N473,740.00</b>
<b>CONSULTATION</b>			
General Consultation	Covered	Covered	Covered
Specialist Consultation (up to Approved Limits)	3 Per Annum	4 Per Annum	6 Per Annum
<b>PSYSIOTHERAPY SERVICES</b>			
Physiotherapy Sessions (up to Approved Limits)	3 Per Annum	5 Per Annum	10 Per Annum
Prescribed Physiotherapeutic appliances such as collar, crutches e.t.c	Not Covered	Covered	Covered
<b>OBSTETRICS AND GYNAECOLOGICAL SERVICES</b>			
Antenatal Care	Covered	Covered	Covered
Induction of Labour and Normal Delivery	Covered	Covered	Covered
Assisted Delivery	Covered	Covered	Covered
Emergency or Medically Indicated Elective Caesarean Section	Not Covered	Covered	Covered
Post Natal Care	Covered	Covered	Covered
Family Planning Services- Pills and Injectibles	Covered	Covered	Covered
Family Planning Services – Copper IUCD	Not Covered	Covered	Covered
Fertility services (Investigations only)	Counseling , SFA	Counseling, USS, SFA,HSG, Hormonal Assay	Counseling, USS, SFA, HSG, Hormonal Assay, Hysteroscopy
<b>NEONATAL/PEDIATRIC SERVICES</b>			
Primary Care including circumcision, Ear piercing and exchange Blood transfusion	Covered	Covered	Covered
Special Baby Care Unit (Intensive Care Unit- including life support, Phototherapy and incubator Care)	Not Covered	Covered	Covered
Routine immunization (NPI)FOR 0-5yrs – Pneumococcal, DPT, Hepatitis B, HiB (Pentavalent), BCG, Measles, Oral Polio, Vitamin A Supplementation and Yellow fever	Covered	Covered	Covered
Additional Immunization for Children for Children 6 to 17 years (Meningitis, Yellow Fever and Hepatitis B)	Not Covered	Not Covered	Covered

Additional Immunization for under 5, (Hexaxim (DTPa-HepB-IPV-Hib), Varicella, Rotarix, Pneumococcal, Yellow Fever, Meningococcal, Hepatitis B, HIB, MMR & Typherix) at Designated Centre	Not Covered	Not Covered	Covered
<b>ACCIDENTS AND EMERGENCIES</b>			
Stabilization, Emergency drugs and Investigations (Including CT scan and MRI)	Not Covered	Covered	Covered
Intensive Care Unit (ICU)	Covered	Covered	Covered
<b>DENTAL SERVICES</b>			
Primary Dental Care-Examination, Basic dental treatment, Scaling and Polishing	Covered	Covered	Covered
Composite Filling, Non Surgical Extractions and Pain therapy/Relief	Not Covered	Covered	Covered
Simple Amalgam	Not Covered	Not Covered	Covered
Secondary Dental Care-Surgical tooth extraction, Root canal treatments	Not Covered	Covered	Covered
<b>OPHTHALMOLOGICAL SERVICES</b>			
Primary Eye Care Consultation, Examination, Simple or primary infection or conditions and Medication	Covered	Covered	Covered
Eye Testing	Covered	Covered	Covered
Biennial Optical lenses and Frames	Not Covered	Covered	Covered
Eye Surgeries	Covered	Covered	Covered
<b>OTOLARYNGOLOGICAL (ENT) SERVICES</b>			
Treatment of ENT diseases and removal of foreign bodies	Covered	Covered	Covered
ENT Surgeries	Not Covered	Not Covered	Covered
<b>SURGICAL SERVICES</b>			
Minor, Intermediate, Major Surgeries and Procedures	Covered	Covered	Covered
Anaesthesia, Surgical supplies/Consumables, Administration of Blood products, etc	Covered	Covered	Covered

<b>ADMISSION SERVICES</b>			
Admissions in Hospital	Covered	Covered	Covered
Feeding on Admission	Covered	Covered	Covered
Drugs and Infusions	Covered	Covered	Covered
Admission Days Per Annum	15 Days	20 Days	25 Days
<b>OTHER SERVICES/BENEFITS</b>			
Annual Health check up at designated centre	Not Covered	Physical Examination, BMI, Urinalysis, PCV, Blood Pressure, Blood sugar, Genotype, Chest X-ray, ECG, Serum Cholesterol, LFT, E/U/Cr, Annual mammogram, Cervical Smears every 2 years for women: 30 years and above, PSA for men above 40 years	Physical Examination, BMI, Urinalysis, PCV, Blood Pressure, Blood sugar, Genotype, Chest X-ray, ECG, Serum Cholesterol, LFT, E/U/Cr, Annual mammogram, Cervical Smears every 2 years for women: 30 years and above, PSA for men above 40 years
Structured Lifestyle Management Programmes	Covered	Covered	Covered
Health Nuggets/Talk/Education Forum or Wellness fairs	Covered	Covered	Covered
HIV/AIDS- Diagnosis + Treatment at Free Specialist centers'	Covered	Covered	Covered
Renal Dialysis	Not Covered	Covered	Covered
Outpatient Psychiatry cover	Not Covered	1 week	2 Week