

SUPERB BENEFIT PACKAGE	
1 YEAR WAITING PERIOD IS APPLICABLE FOR PRE-EXISTING CONDITIONS	
OUT-PATIENT SERVICES	
OUT-PATIENT LIMIT	UP TO N50,000
OUTPATIENT CARE, GENERAL AND SPECIALIST CONSULTATION	✓
PRESCRIBED MEDICATIONS, SUPPLY OF DRUGS & CONSUMABLES	
<i>Prescribed Drugs</i>	✓
<i>Surgical Consumables</i>	✓
Neck collars, crutches	✗
DERMATOLOGY SERVICES	✓
NON-INVASIVE CARE, SIMPLE INFECTIONS OR CONDITIONS	
<i>Manipulations</i>	✓
<i>Pop Application</i>	✓
<i>Injections.</i>	✓
<i>Skilled Nursing Care</i>	✓
<i>Wound Dressings</i>	✓
EAR, NOSE AND THROAT SERVICES	✓
LABORATORY INVESTIGATIONS (HEAMATOLOGY, CHEMISTRY, MICROBIOLOGY, SEROLOGY)	✓
RADIOLOGY INVESTIGATIONS (X-RAY AND ULTRASOUND)	✓
ADVANCED AND COMPLEX INVESTIGATIONS	
<i>CT Scan</i>	✗
<i>MRI</i>	✗
FAMILY PLANNING	
<i>LUCD (Ippes loop)</i>	✗
<i>LUCD (mirena coil)</i>	✗
<i>Pills/ LUCD (copper T)</i>	✓
<i>Injectables</i>	✓
<i>Norplant</i>	✗
NEO NATAL CARE (FIRST 4 WEEKS AFTER BIRTH)	
First dose of immunization for new born with first 4 weeks after birth	✓
Circumcision (Up to In-Patient Limit)	✓
Ear Piercing, Exchange Blood Transfusion (Up to In-Patient Limit)	✓
Special Baby Care Unit (NICU, Phototherapy, Incubator Care)	✗
IMMUNIZATIONS – UP TO OUT-PATIENT LIMIT	
<i>BCG,</i>	✓
<i>Oral Polio,</i>	✓
<i>Vitamin A, Measles,</i>	✓
<i>Pentavalent (DPT, HIB, Hep B)</i>	✓
<i>Yellow Fever</i>	✓

MMR, Rotavirus	X
Chicken Pox	X
Pneumococcal Conjugate	X
PSYCHIATRIC TREATMENT	24 Hours
IN-PATIENT SERVICES	
IN-PATIENT LIMIT	UP TO N75,000
IN-PATIENT CARE, GENERAL AND SPECIALIST CONSULTATION	✓
PRESCRIBED MEDICATIONS, SUPPLY OF DRUGS & CONSUMABLES	✓
INTENSIVE CARE UNIT (ICU)	✓
FEEDING ON ADMISSION	✓
LABORATORY INVESTIGATIONS / DIAGNOSTIC TESTS	✓
RADIOLOGY INVESTIGATIONS (X-RAY AND ULTRASOUND)	✓
ADVANCED AND COMPLEX INVESTIGATIONS	
<i>CT Scan</i>	X
<i>MRI</i>	X
PHYSIOTHERAPY SERVICES	
PHYSIOTHERAPY (UP TO APPROVED LIMITS)	2 SESSIONS
PRESCRIBED THERAPEUTIC APPLIANCES (CERVICAL COLLAR, CRUTCHES)	X
ACCIDENTS AND EMERGENCIES	
<i>Evacuation from Road Side to Hospital (By Road)</i>	✓
OBSTETRICS AND GYNAECOLOGY SERVICES	
ANTENATAL + DELIVERY + POST DELIVERY CARE (BLOCK LIMIT)	N100,000
<i>Antenatal Care Services,</i>	✓
<i>Consultation,</i>	✓
<i>Ultrasound Scans,</i>	✓
<i>Laboratory Tests</i>	✓
<i>Management of Complications in Pregnancy</i>	✓
<i>Delivery Room Services</i>	✓
<i>Management of Labour</i>	✓
<i>Normal Par Vaginum Delivery</i>	✓
<i>Caesarean Section Delivery</i>	✓
<i>Assisted Delivery (Vacuum, Forceps)</i>	✓
SECOND OPINION SERVICE LOCALLY	✓
INVESTIGATION FOR INFERTILITY (CONSULTATION, COUNSELLING, USS, SFA, HORMONE PROFILE, LAPAROSCOPY)	X
SURGERIES (LIMIT FOR MINOR - MAJOR SURGERIES)	N100,000
Minor, Intermediate and Major Surgeries	✓
Gynaecological and Obstetrical Surgery	✓
Orthopaedic Surgery	✓
OTHER SERVICES	
HIV/AIDS CARE & TREATMENT AT DESIGNATED CENTERS	✓

ANNUAL HEALTH CHECKS FOR PRINCIPAL ONLY (DONE DURING HEALTH WEEK)	BASIC (PHYSICAL EXAMINATION, BP, BLOOD SUGAR, URINALYSIS)
OPHTHALMOLOGICAL SERVICES (BLOCK LIMIT)	
EYE CARE (BLOCK LIMIT)	10
<i>Foreign Body Removal,</i>	✓
<i>Stye Incision,</i>	✓
<i>Entropion and Ectropion Repairs,</i>	✓
<i>Chalazion Incision,</i>	✓
<i>Syringing and Probing,</i>	✓
<i>Eye Examination, Refraction,</i>	✓
<i>Conditions – Allergies, Conjunctivitis, Pterygium Excision</i>	✓
<i>Eye Surgeries (Up to Annual Surgery Limit)</i>	✓
FRAMES/LENSES ONCE IN TWO YEARS	✓
DENTAL SERVICES	
DENTAL CARE (BLOCK LIMIT)	10
<i>Primary Dental Care - Relief of Pain, Fillings, Simple Extraction, Preventive care, (Scaling and Polishing - Once A Year for Enrolees 12 Years and Above)</i>	✓
<i>Secondary Dental Care (Surgical Extraction)</i>	×
<i>Examination of Dentition</i>	✓
<i>Root Canal Therapy</i>	×
<i>X-Rays,</i>	✓
<i>Peri-Apical,</i>	✓
<i>Bite Wings,</i>	✓
<i>Simple Extraction,</i>	✓
<i>Amalgam Filling,</i>	✓
<i>Composite Filling/GIC Filling,</i>	✓
ENT CARE (EAR, NOSE AND THROAT)	OUT PATIENT LIMIT
<i>Primary Ent Care - Including Consultation, Treatment of Primary Infection and Foreign Bodies.</i>	✓

PREMIUM PER ANNUM – NGN25,000

EXCLUSIONS: (UNLESS OTHERWISE SPECIFICALLY STATED, THE FOLLOWINGS ARE EXCLUDED FROM THE BENEFIT PACKAGE)

- Transplant surgery
- Plastic/cosmetic surgeries
- Virility enhancing drugs
- Home care and domiciliary services
- Joint replacements and prosthetic limbs
- Congenital abnormalities
- Self-inflicted injuries
- Treatment of obesity
- Speech disorders
- Thyroid disorders
- Neurological and Neurosurgical disorders
- Burns greater than 9%
- Hormonal replacement therapy
- All other services or procedures not expressly stated in the benefit package are excluded

