



## ANNEX III-Health Insurance Coverage

Services Description	Minimum Benefits (Please note that services provided by the HMO are not limited to this list, however these are the minimum requirements to)
<b>EMERGENCY SERVICES</b>	Covered
Local transfer to hospital (site to hospital)	
Stabilization	
Emergency drug and investigations	
Evacuation	Inter-state medical evacuation
<b>OUTPATIENT SERVICES</b>	Covered
General consultation	
Specialist consultation	Internal medicine, Cardiology,
Routine Laboratory tests	
<b>Non Routine Laboratory Investigations</b>	Covered
Vitamin D Investigations (D3 25-Hydroxy & 1, 25-Dihydroxy)	
Hepatitis profile	Kidney Function Test, Liver Function Test
<b>Hormonal Assays</b>	(Thyroid Hormones, Pituitary Hormones,
Prescribed Drugs	Covered
Physiotherapy	12 sessions
Management of Chronic diseases	For example; Hypertension, Diabetes, Asthma, Sickle-cell disease. Consultation with GP/specialist
Management of Hepatitis B	
Medical Dermatology	Coverage for non-cosmetic diseases
Skin Biopsy	
ENT Services	Treatment of ENT disease
Cervical Collar	
Dietician	Consultation Only
Speech Therapy	
Adult Immunization (Hepatitis B & Yellow Fever)	Chicken Pox, MMR, Pneumococcal, Meningitis,
<b>INPATIENT SERVICES</b>	Covered
Ward Type	General ward, semi private ward, private ward
General / specialist doctor review	
Nursing care	
Drugs and infusions	
Routine Laboratory investigations	Covered
Vitamin D Investigations	D3 25-Hydroxy & 1, 25- Dihydroxy
Hepatitis profile (Excluding viral load);	Kidney Function
<b>Hormonal Assays</b>	Thyroid Hormones, Pituitary Hormones, Pancreatic
Hospital feeding	where available
Management of End Stage Kidney Disease	Acute renal dialysis

Admission days	Up to 7days
Intensive care unit (ICU)	Covered
Overall Financial Limit	Up to N450,000
<b>MATERNITY SERVICES</b>	Covered
Antenatal	
Normal delivery	
Induction of labour and assisted delivery	
C/S (emergency & medically indicated electives)	covered
Reimbursement for Delivery Abroad	Up to N200,000
Congenital anomaly treatment (only on children born	Up to N300,000 per annum
Epidural Anesthesia for Women in Labour	
Family Planning Services -1	Limited to counseling, OCPs
Family Planning Services -2 (Implants)	Pills, Injectibles, Copper IUCD, tubal ligation (only
<b>CHILD HEALTH SERVICES</b>	Covered
<b>Routine NPI Immunization</b>	Under 5 years: Tuberculosis, Pneumococcal, Measles, Yellow Fever, (Pentavalent vaccine; Diphtheria, Pertussis, Tetanus, Hemophilus Influenza type B, Hepatitis B)
<b>Routine NPI Immunization</b>	2 under 5 years: Pneumococcal Conjugate Vaccine (PCV), Rotavirus & Vitamin A.
Childhood Immunization	1. Inactivated Polio Vaccine (IPV),
Well Baby Clinic	Covered
Phototherapy, Neonatal care and Incubator care	Covered, minimum of 7days incubator care
Neonatal ICU	Covered
<b>SURGICAL SERVICES</b>	Covered
Minor procedures	
Intermediate	
Major procedures	
<b>RADIOLOGICAL SERVICES</b>	
Plain X-Rays & Ultrasound Scans	
Electrocardiogram and Electroencephalogram	
Echocardiogram and Doppler Scan	
Radio-opaque Studies (Barium Meal / enema, HSG, Either of Computer Tomography (CT Scan), Optical	once per annum
<b>other investigations</b>	Esophagogastroduedenoscopy, Enteroscopy, Colonoscopy, Sigmoidoscopy, Proctoscopy, Hysteroscopy, Cystoscopy, Ureteroscopy, Bronchoscopy,
Audiogram	Laryngoscopy.
<b>EYE CARE</b>	Covered
Consultation & Routine examination	
Treatment of infection	

Annual Optical glasses	change of lenses and frames, once every 2 years at
Simple Eye Surgeries e.g. Pterygium, Styel, Chalazion	
Cataract & Glaucoma surgery	
<b>DENTAL CARE</b>	Covered
Consultation & Routine examination	
Treatment of infection	
Plain dental X-rays	
Other Dental care services	Simple extraction, Amalgam dental fillings, Composite dental fillings, scaling and polishing, surgical extraction, root canal treatment, orthodontics treatment, dental crowns,
<b>MEDICAL CHECK-UP</b>	
Routine physicals (no investigations)	
<b>Annual Medical Examinations I (with investigations) for principal</b>	Physical Examination, Genotype, Electrocardiogram (ECG) - Resting, Urinalysis, Full Blood Count, Cholesterol Check, Random or Fasting Blood Sugar, Liver Function Test, Kidney Function Test, Chest X-ray, Breast Scan (women below 35), Mammogram (Women above 35), Pap
<b>Annual Medical Examinations II (with</b>	Physical Examination, BP Check, BMI, Lipid Profile
<b>MENTAL HEALTH SERVICES &amp; PSYCHOSOCIAL</b>	Covered
Counseling	A least once a week
Outpatient consultation & Treatment	8 weeks
<b>FERTILITY SERVICES</b>	
Basic investigations (e.g. Semen analysis, HSG)	Investigations- Echochadiogram, MRI, CT scan,
Simple surgical intervention (E.g. Hydrotubation)	
Non-hormonal drug treatment	
<b>CANCER CARE</b>	Covered
Cancer screening	
Colposcopy	
Mammogram	
PSA test	
Surgical treatment	
Chemotherapy & Radiotherapy	
<b>HIV/AIDS MANAGEMENT</b>	Covered
Voluntary counseling & testing	
Treatment of opportunistic infections	
Anti-retroviral treatment facilitation	Access to retroviral medication
<b>MANAGEMENT OF TUBERCULOSIS</b>	Anti TB treatment Facilitation at designated
<b>MANAGEMENT OF DIABETIC PATIENTS</b>	covered
Medication delivery service	
<b>FITNESS SERVICES</b>	Covered

Year Round Gym Membership	Access twice/trice a week
<b>TELEMEDICINE CONSULTATION</b>	Covered

\*Please provide other available benefits offered by your HMO in your submission