



Mitera HMO **Corporate Plans**



Consultation coverage

PLAN NAME & PRICING (PER ANNUM)	MiShield	MiGem	MiCrystal	MiPlatinum	MiElite
INDIVIDUAL	74,400.00	98,400.00	186,000.00	320,000.00	550,000.00
FAMILY	367,200.00	516,000.00	930,000.00	1,600,000.00	2,700,000.00
MINIMUM NUMBER OF PRINCIPALS					
· REQUIRED TO ACTIVATE EACH PLAN	20	20	20	20	20
BENEFITS					
HOSPITAL TIER(S)	BAND D	BAND C AND D	BAND B,C AND D	BAND A,B,C AND D	BAND A+, A, B, C AND D
TOTAL BENEFIT LIMITS PER ANNUM (NAIRA); NOT TRANSFERABLE	2,000,000.00	3,500,000.00	5,000,000.00	7,000,000.00	10,000,000.00
GENERAL CONSULTATION	UNLIMITED	UNLIMITED	UNLIMITED	UNLIMITED	UNLIMITED
· Treatment of basic outpatient and in-patient cases	✓	✓	✓	✓	✓
SPECIALIST CONSULTATION	UNLIMITED	UNLIMITED	UNLIMITED	UNLIMITED	UNLIMITED
· Obstetrician	✓	✓	✓	✓	✓
· Gynaecologist	✓	✓	✓	✓	✓
· Pediatrician	✓	✓	✓	✓	✓
· General Surgeon	✓	✓	✓	✓	✓
· Cardiothoracic Surgeon	✓	✓	✓	✓	✓
· Neurosurgeon	✓	✓	✓	✓	✓
· ENT Surgeon (Otorhinolaryngologist)	✓	✓	✓	✓	✓
· Urologist	✓	✓	✓	✓	✓
· Orthopedic Surgeon	✓	✓	✓	✓	✓
· Gastroenterologist	✓	✓	✓	✓	✓
· Cardiologist	✓	✓	✓	✓	✓
· Neurologist	✓	✓	✓	✓	✓
· Nephrologist	✓	✓	✓	✓	✓
· Psychiatrist	✓	✓	✓	✓	✓
· Neonatologist	✓	✓	✓	✓	✓
· Dermatologist	✓	✓	✓	✓	✓
· Dietician/Nutritionist	✓	✓	✓	✓	✓
· Pulmonologist/Respiratory Physician	✓	✓	✓	✓	✓
· Hematologist	✓	✓	✓	✓	✓
· Oncologist	✓	✓	✓	✓	✓
· Pathologist	✓	✓	✓	✓	✓
· Endocrinologist	✓	✓	✓	✓	✓
· Family Physician	✓	✓	✓	✓	✓
· Oral and Maxillofacial Surgeon	✓	✓	✓	✓	✓

ACCESS TO FREE TELEMEDICINE APP	UNLIMITED	UNLIMITED	UNLIMITED	UNLIMITED	UNLIMITED
• Free chats with qualified and certified Doctors when in need of care during any medical emergency	✓	✓	✓	✓	✓
• Free chats with qualified and certified Doctors when in need of any routine medical information	✓	✓	✓	✓	✓
• Free drug Pick-up after concluding chats with qualified and certified Doctors at designated Pharmacies	✓	✓	✓	✓	✓
• GPS-enabled access to hospital directories when hospital information is needed	✓	✓	✓	✓	✓
• Free Telemedicine app with details of all covered benefits on the scheme	✓	✓	✓	✓	✓
ACCIDENT AND EMERGENCY CARE	UNLIMITED	UNLIMITED	UNLIMITED	UNLIMITED	UNLIMITED
• Resuscitative care for accident and emergency cases, including basic radiological and laboratory investigations needed to stabilize patient before being moved to the ICU if need be.	✓	✓	✓	✓	✓
BASIC DIAGNOSTIC IMAGING	UNLIMITED	UNLIMITED	UNLIMITED	UNLIMITED	UNLIMITED
• Chest X-Rays	✓	✓	✓	✓	✓
• Abdominal X-Rays	✓	✓	✓	✓	✓
• Limbs(Hand,Forearm,Upper arm,Thigh and Leg) X-rays	✓	✓	✓	✓	✓
• Neck X-rays	✓	✓	✓	✓	✓
• Sinus X-rays	✓	✓	✓	✓	✓
• Mastoid X-rays	✓	✓	✓	✓	✓
• Cervical Spine X-rays	✓	✓	✓	✓	✓
• Skull X-rays	✓	✓	✓	✓	✓
• Pelvic X-rays	✓	✓	✓	✓	✓
• Thoracic Inlet X-rays	✓	✓	✓	✓	✓
• Thoraco-Lumbar X-rays	✓	✓	✓	✓	✓
• Lumbosacral X-Rays	✓	✓	✓	✓	✓
• Mandibles/Temporomandibular Joint X-Rays	✓	✓	✓	✓	✓
• X-rays of All Body Joints	✓	✓	✓	✓	✓
• Routine Ultrasound Scans (Obstetrics; Abdominal, Pelvic, Abdominopelvic, Breast, Testicular/Scrotal, Thyroid, Prostate, Bladder, and Brain Ultrasound Scans)	✓	✓	✓	✓	✓

ADVANCED DIAGNOSTIC IMAGING

• Doppler Ultrasound Scan	NOT COVERED	NOT COVERED	NOT COVERED	COVERED (1 SESSION PER ANNUM)	COVERED (2 SESSION PER ANNUM)
• ECG (PRE AND POST EXERCISE)	COVERED	COVERED	COVERED	COVERED	COVERED
• CT Scan	COVERED (1 SESSION PER ANNUM)	COVERED (1 SESSION PER ANNUM)	COVERED (2 SESSIONS PER ANNUM)	COVERED (3 SESSIONS PER ANNUM)	COVERED (4 SESSIONS PER ANNUM)
• MRI	COVERED (1 SESSION PER ANNUM)	COVERED (1 SESSION PER ANNUM)	COVERED (2 SESSIONS PER ANNUM)	COVERED (3 SESSIONS PER ANNUM)	COVERED (4 SESSIONS PER ANNUM)
• Echocardiography	NOT COVERED	COVERED (1 SESSION PER ANNUM)	COVERED (2 SESSIONS PER ANNUM)	COVERED (3 SESSIONS PER ANNUM)	COVERED (4 SESSIONS PER ANNUM)
• Proctoscopy	NOT COVERED	NOT COVERED	COVERED (1 SESSION PER ANNUM)	COVERED (2 SESSIONS PER ANNUM)	COVERED (4 SESSIONS PER ANNUM)
• Sigmoidoscopy	NOT COVERED	NOT COVERED	COVERED (1 SESSION PER ANNUM)	COVERED (2 SESSIONS PER ANNUM)	COVERED (4 SESSIONS PER ANNUM)
• Upper GI Endoscopy	NOT COVERED	NOT COVERED	COVERED (1 SESSION PER ANNUM)	COVERED (2 SESSIONS PER ANNUM)	COVERED (4 SESSIONS PER ANNUM)
• Endoscopic Ultrasound	NOT COVERED	NOT COVERED	COVERED (1 SESSION PER ANNUM)	COVERED (2 SESSIONS PER ANNUM)	COVERED (4 SESSIONS PER ANNUM)
• Endoscopic retrograde cholangiopancreatography (ERCP)	NOT COVERED	NOT COVERED	COVERED (1 SESSION PER ANNUM)	COVERED (2 SESSIONS PER ANNUM)	COVERED (4 SESSIONS PER ANNUM)
• Enteroscopy	NOT COVERED	NOT COVERED	COVERED (1 SESSION PER ANNUM)	COVERED (2 SESSIONS PER ANNUM)	COVERED (4 SESSIONS PER ANNUM)
• Gastroscopy	NOT COVERED	NOT COVERED	COVERED (1 SESSION PER ANNUM)	COVERED (2 SESSIONS PER ANNUM)	COVERED (4 SESSIONS PER ANNUM)
• Colonoscopy	NOT COVERED	NOT COVERED	COVERED (1 SESSION PER ANNUM)	COVERED (2 SESSIONS PER ANNUM)	COVERED (4 SESSIONS PER ANNUM)
• Laryngoscopy (Direct and Indirect)	NOT COVERED	NOT COVERED	COVERED (1 SESSION PER ANNUM)	COVERED (2 SESSIONS PER ANNUM)	COVERED (4 SESSIONS PER ANNUM)
• Bronchoscopy	NOT COVERED	NOT COVERED	COVERED (1 SESSION PER ANNUM)	COVERED (2 SESSIONS PER ANNUM)	COVERED (4 SESSIONS PER ANNUM)
• Thoracoscopy	NOT COVERED	NOT COVERED	COVERED (1 SESSION PER ANNUM)	COVERED (2 SESSIONS PER ANNUM)	COVERED (4 SESSIONS PER ANNUM)
• Hysteroscopy	NOT COVERED	NOT COVERED	COVERED (1 SESSION PER ANNUM)	COVERED (2 SESSIONS PER ANNUM)	COVERED (4 SESSIONS PER ANNUM)
• Cystoscopy	NOT COVERED	NOT COVERED	COVERED (1 SESSION PER ANNUM)	COVERED (2 SESSIONS PER ANNUM)	COVERED (4 SESSIONS PER ANNUM)
• Laparoscopy	NOT COVERED	NOT COVERED	COVERED (1 SESSION PER ANNUM)	COVERED (2 SESSIONS PER ANNUM)	COVERED (4 SESSIONS PER ANNUM)
• Arthroscopy	NOT COVERED	NOT COVERED	COVERED (1 SESSION PER ANNUM)	COVERED (2 SESSIONS PER ANNUM)	COVERED (4 SESSIONS PER ANNUM)

BASIC DIAGNOSTIC IMAGING

	UNLIMITED	UNLIMITED	UNLIMITED	UNLIMITED	UNLIMITED
• Hemoglobin (HB)	✓	✓	✓	✓	✓
• Packed Cell Volume (PCV)	✓	✓	✓	✓	✓
• White cell count (Total and Differential)	✓	✓	✓	✓	✓
• Full Blood Count and differentials (FBC)	✓	✓	✓	✓	✓
• White Blood Cell count	✓	✓	✓	✓	✓
• Red Blood Cell/Reticulocyte count	✓	✓	✓	✓	✓
• Grouping and Cross Matching	✓	✓	✓	✓	✓
• Genotype (on request by clinician)	✓	✓	✓	✓	✓
• Blood group (on request by clinician)	✓	✓	✓	✓	✓
• Erythrocyte Sedimentation Rate (ESR)	✓	✓	✓	✓	✓
• MCHC	✓	✓	✓	✓	✓
• MCH	✓	✓	✓	✓	✓
• MCV	✓	✓	✓	✓	✓
• Blood Film	✓	✓	✓	✓	✓
• Blood Pregnancy (Beta HCG) Test	✓	✓	✓	✓	✓

CHEMISTRY INVESTIGATIONS

UNLIMITED

UNLIMITED

UNLIMITED

UNLIMITED

UNLIMITED

- Fasting Blood Sugar
- Random Blood Sugar
- 2 Hours Post-prandial Blood Sugar
- Oral Glucose Tolerance Test (OGTT)
- Glucose Challenge Test
- Electrolytes, Urea and Creatinine
- Lipid Profile (Fasting) (Cholesterol, HDL, LDL, Triglyceride Profile)
- Liver Function Test (LFT)
- Serum Sodium
- Serum Calcium
- Serum Magnesium
- Serum Potassium
- Serum Lithium
- Serum Chloride
- Serum Bicarbonate
- Serum Alkaline Phosphate
- Serum Acid Phosphate
- Serum Inorganic Phosphate
- Serum Bilirubin (Total and Direct)
- Serum Albumin
- Serum Lactate Dehydrogenase
- Serum Gamma Glutamyl Transferase
- Prothrombin time (PT/INR)
- Urine Pregnancy Test



MICROBIOLOGY AND PARASITOLOGY

- Malaria Parasite (MP)
- Urine M/C/S
- Endocervical Swab (ECS) M/C/S
- High Vaginal Swab (HVS) M/C/S
- Urethral Swab M/C/S
- Throat Swab M/C/S
- Ear Swab M/C/S
- Wound Swab M/C/S
- Eye Swab M/C/S
- Sputum M/C/S
- Aspirates M/C/S
- Stool M/C/S



- VDRL (Venereal Disease Research Laboratory) Test



- H.Pylori



- Trypanosomes screening



- Toxoplasma Screening



- Skin Snip for Microfilaria



- Skin Scraping for Fungi



- Leishmania Screening



- Mantoux/Heaf's Test



- Blood Culture



- Stool Occult Blood



• ADVANCED LABORATORY INVESTIGATIONS/PATHOLOGY

- Blood urea Nitrogen



- Hepatitis B Surface Antigen (HBsAg)



- (HBA1C)



- Hepatitis C Screening



- Hepatitis B Screening



- HIV Screening



- HIV Confirmatory Test



- G-6PD Screening



- Thyroid Function Tests



- Serum Uric Acid



- Creatinine phosphokinase



- Syphilis Screening



- Serum immunoglobulins/Antibodies



- Immunofluorescence assay



- QBC Malaria Concentration And



- Fluorescent Staining



- Pap Smear and Cytology



- Prostate Specific Antigen



- Protein Electrophoresis



- CSF M/C/S (CSF Analysis)



- Semen M/C/S



- Serum Creatinine Phosphokinase



- Serum Iron



- 24 Hour Creatinine Clearance



- Coomb's Test (Indirect)



- Coomb's Test (Direct)



- Osmotic Fragility Test



- Chlamydia Screening



- Seminal Fluid Analysis (SFA)



- Clotting Time



- Bleeding Time



- D-Dimer



- Sputum Acid Fast Bacilli (AFB) Test



ADMISSIONS AND ACCOMMODATION

- Feeding for enrollees on admission

COVERED

COVERED

COVERED

COVERED

COVERED

- Hospital Ward Care

COVERED (GENERAL WARD ONLY)

COVERED (SEMI-PRIVATE WARD)

COVERED (PRIVATE WARD)

COVERED (PRIVATE WARD)

COVERED (PRIVATE WARD)

- Skilled medical and paramedical services

COVERED

COVERED

COVERED

COVERED

COVERED

- Supply of prescribed intravenous/intramuscular, oral and topical drugs

COVERED

COVERED

COVERED

COVERED

COVERED

- Supply of all medical and surgical consumables

COVERED

COVERED

COVERED

COVERED

COVERED

- Blood grouping, cross matching, and transfusion

COVERED

COVERED

COVERED

COVERED

COVERED

- Accommodation for in-patient care

COVERED

COVERED

COVERED

COVERED

COVERED

- Accommodation for parents/relatives of patients on admission (Excludes feeding for parents/relatives)

COVERED (FOR 24 HOURS; LIMITED TO ICU AND NEONATAL CARE ONLY)

COVERED (FOR 48 HOURS; LIMITED TO ICU AND NEONATAL CARE ONLY)

COVERED (FOR 48 HOURS; LIMITED TO ICU AND NEONATAL CARE ONLY)

COVERED (FOR 48 HOURS; LIMITED TO ICU AND NEONATAL CARE ONLY)

COVERED (FOR 5 DAYS PER ANNUM; LIMITED TO ICU AND NEONATAL CARE ONLY)

INTENSIVE CARE

- ICU and ICU-related Care

COVERED (FOR 24 HOURS)

COVERED (FOR 48 HOURS)

COVERED (FOR 72 HOURS)

COVERED (FOR 7 Days)

COVERED (FOR 10 Days)

EYE/OPTICAL CARE

- Specialist Ophthalmologist Consultation

COVERED

COVERED

COVERED

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COVERED

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COVERED

- Basic ocular tests (Tonometry/Intra-Ocular Pressure, Refraction, Fundoscopy, Pachymetry, and Slit Lamp)

COVERED

COVERED

COVERED

COVERED

COVERED

- Advanced Ocular tests (Central Visual Field, Indirect Ophthalmoscopy, Depth Perception Test, Shirmer's Tear Test, Amsler Test, Retina Photography, OCT Scan, A Scan, B Scan)

NOT COVERED

NOT COVERED

COVERED; 1 SESSION EACH PER ANNUM

COVERED; 2 SESSIONS EACH PER ANNUM

COVERED; 3 SESSIONS EACH PER ANNUM

- Lenses and Frames (Including Contact lenses)

COVERED (UP TO 10,000 ANNUAL LIMIT)

COVERED (UP TO 15,000 ANNUAL LIMIT)

COVERED (UP TO 30,000 ANNUAL LIMIT)

COVERED (UP TO 40,000 ANNUAL LIMIT)

COVERED (UP TO 60,000 ANNUAL LIMIT)

DENTAL CARE

- Specialist Consultation
- Routine dental examination
- Preventive dental care and counselling
- Dental pain therapy
- Pharmacological treatment of acute and chronic dental infections
- Access to prescribed drugs
- Surgical extraction
- Non-surgical extraction
- Root Canal Therapy
- Scaling and Polishing
- Operculectomy
- Gingival Curettage
- Composite Filling
- Amalgam Filling
- Incision and Drainage

ALL DENTAL CARE
COVERED UP TO
ANNUAL LIMIT OF
15,000 NAIRA

ALL DENTAL CARE
COVERED UP TO
ANNUAL LIMIT OF
30,000 NAIRA

ALL DENTAL CARE
COVERED UP TO
ANNUAL LIMIT OF
75,000 NAIRA

ALL DENTAL CARE
COVERED UP TO
ANNUAL LIMIT OF
100,000 NAIRA

ALL DENTAL CARE
COVERED UP TO
ANNUAL LIMIT OF
150,000 NAIRA

PHYSIOTHERAPY CARE

- Specialist Consultation
- Routine fitness examination
- Preventive Counselling on referral
- Cervical Collar and Crutches
- Walker
- Pain therapy
- Access to prescribed drug
- Number of Sessions Covered

COVERED

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7 Sessions per annum

10 Sessions per annum

15 Sessions per annum

25 Sessions per annum

30 Sessions per annum

OBSTETRICS CARE

(FOR FAMILY PLAN
HOLDERS AND INDIVIDUAL
PLAN HOLDERS WITH
COMPANY PRINCIPALS ≥
30)

(FOR FAMILY PLAN
HOLDERS AND
INDIVIDUAL PLAN
HOLDERS WITH
COMPANY PRINCIPALS ≥
30)

(FOR FAMILY PLAN
HOLDERS AND INDIVIDUAL
PLAN HOLDERS WITH
COMPANY PRINCIPALS ≥ 30)

(FOR FAMILY PLAN
HOLDERS AND INDIVIDUAL
PLAN HOLDERS WITH
COMPANY PRINCIPALS ≥ 30)

(FOR FAMILY PLAN
HOLDERS AND INDIVIDUAL
PLAN HOLDERS WITH
COMPANY PRINCIPALS ≥ 30)

- Antenatal Care (INCLUDING ALL SPECIALIST CARE AND ANC DRUGS)
- Delivery (SVD/NORMAL and COMPLICATED)
- Delivery (MULTIPLE)
- Assisted Delivery
- Therapeutic Abortion (Manual Vacuum Aspiration)
- CAESARIAN SECTION

COVERED;
UNLIMITED

COVERED;
UNLIMITED

COVERED;
UNLIMITED

COVERED;
UNLIMITED

COVERED;
UNLIMITED

INFERTILITY CARE

- Fertility Specialist Consultation and Counselling
- Fertility Investigations

COVERED (1 SESSION ONLY)

COVERED (1 SESSION ONLY)

COVERED (1 SESSION ONLY)

COVERED (1 SESSION ONLY)

COVERED (1 SESSION ONLY)

NOT COVERED (TPA)

COVERED (UP TO 30,000
NAIRA LIMIT)

COVERED (UP TO 60,000
NAIRA LIMIT)

COVERED (UP TO 100,000
NAIRA LIMIT)

COVERED (UP TO 150,000
NAIRA LIMIT)

INCUBATOR CARE

• Neonatal / Special Baby Care Unit	COVERED (FOR 48 HOURS)	COVERED (FOR 5 DAYS)	COVERED (FOR 10 DAYS)	COVERED (FOR 21 DAYS)	COVERED (FOR 30 DAYS)

NPI IMMUNIZATION (0-5 YEARS)

• BCG	✓	✓	✓	✓	✓
• OPV/IPV	✓	✓	✓	✓	✓
• PENTAVALENT	✓	✓	✓	✓	✓
• HEPATITIS B	✓	✓	✓	✓	✓
• DPT	✓	✓	✓	✓	✓
• VITAMIN A	✓	✓	✓	✓	✓
• MEASLES	✓	✓	✓	✓	✓
• YELLOW FEVER	✓	✓	✓	✓	✓

ADDITIONAL IMMUNIZATION (0-5 YEARS)

• CHICKEN POX	✓	✓	✓	✓	✓
• MENINGITIS	NOT COVERED	✓	✓	✓	✓
• MMR	✓	✓	✓	✓	✓
• PNEUMOCOCCAL	NOT COVERED	NOT COVERED	✓	✓	✓
• ROTAVIRUS	NOT COVERED	NOT COVERED	✓	✓	✓

ADDITIONAL IMMUNIZATION (6 YEARS AND ABOVE)

• HEPATITIS B	✓	✓	✓	✓	✓
• YELLOW FEVER	NOT COVERED	✓	✓	✓	✓
• MENINGITIS	NOT COVERED	✓	✓	✓	✓

CARE FOR THE NEWBORN

• Care for babies actively on the plan	COVERED	COVERED	COVERED	COVERED	COVERED
• Care for babies NOT actively on the plan (Expires after 6 weeks of life)	COVERED UP TO 30,000 NAIRA LIMIT	COVERED UP TO 40,000 NAIRA LIMIT	COVERED UP TO 50,000 NAIRA LIMIT	COVERED UP TO 60,000 NAIRA LIMIT	COVERED UP TO 100,000 NAIRA LIMIT

FAMILY PLANNING

• Copper T Intrauterine Device	NOT COVERED	✓	✓	✓	✓
• Injectibles (Depo Provera, Noristerat)	NOT COVERED	✓	✓	✓	✓
• Contraceptive pills	✓	✓	✓	✓	✓
• Jadelle implant	✓	✓	✓	✓	✓
• Implanon	NOT COVERED	NOT COVERED	✓	✓	✓
• Norplant	NOT COVERED	NOT COVERED	✓	✓	✓

GYM

• Access to gyms for regular exercise	NOT COVERED	COVERED (1 SESSION PER WEEK)	COVERED (2 SESSIONS PER WEEK)	COVERED (3 SESSIONS PER WEEK)	COVERED (4 SESSIONS PER WEEK)
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SPA

• Facials	NOT COVERED	EITHER OF FACIALS OR BODY MASSAGE COVERED	COVERED (1 SESSION PER YEAR)	COVERED (1 SESSION PER YEAR)	COVERED (1 SESSION PER YEAR)
• Body Massage	NOT COVERED		COVERED (1 SESSION PER YEAR)	COVERED (2 SESSION PER YEAR)	COVERED (2 SESSION PER YEAR)

SURGERIES

• MINOR SURGERIES	COVERED UP TO 200,000 NAIRA PER ANNUM	COVERED UP TO 400,000 NAIRA PER ANNUM	COVERED UP TO 1,000,000 NAIRA PER ANNUM	COVERED UP TO 2,000,000 NAIRA PER ANNUM	COVERED UP TO 3,000,000 NAIRA PER ANNUM
• INTERMEDIATE SURGERIES					
• MAJOR SURGERIES					

CANCER CARE

• Oncologist/ Cancer Specialist visits	ALL CANCER CARE COVERED UP TO 250,000 NAIRA PER ANNUM	ALL CANCER CARE COVERED UP TO 400,000 NAIRA PER ANNUM	ALL CANCER CARE COVERED UP TO 750,000 NAIRA PER ANNUM	ALL CANCER CARE COVERED UP TO 1,000,000 NAIRA PER ANNUM	ALL CANCER CARE COVERED UP TO 1,500,000 NAIRA PER ANNUM
• Oncological investigations					
• Cancer-related Radiological investigations					
• Surgical cancer care					
• Chemotherapy					

RENAL CARE (DIALYSIS)

• Dialysis and all related care	COVERED (2 SESSIONS PER YEAR)	COVERED (3 SESSIONS PER YEAR)	COVERED (4 SESSIONS PER YEAR)	COVERED (5 SESSIONS PER YEAR)	COVERED (7 SESSIONS PER YEAR)
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WELLNESS CHECKS

• BMI Check	✓	✓	✓	✓	✓
• General Physical Examination	✓	✓	✓	✓	✓
• Blood Pressure Check (Hypertension Screening)	✓	✓	✓	✓	✓
• Blood Sugar Check (Diabetes Screening)	✓	✓	✓	✓	✓
• Blood Cholesterol Check	✓	✓	✓	✓	✓
• Annual Visual Acuity Check (Using Snellen Chart)	✓	✓	✓	✓	✓
• Mammography (For Women ≥ 40 years of age)	NOT COVERED	✓	✓	✓	✓
• Pap Smear	✓	✓	✓	✓	✓
• PSA Check (For Men ≥ 40 years of age)	✓	✓	✓	✓	✓
• Liver Function Test	NOT COVERED	✓	✓	✓	✓
• Kidney Function Tests (E, U, and Cr)	NOT COVERED	✓	✓	✓	✓
• Urinalysis	✓	✓	✓	✓	✓
• Chest X-ray	✓	✓	✓	✓	✓

AMBULANCE SERVICES

• Movement of patients to and fro Hospital	COVERED (HOSPITAL TO HOSPITAL; ROADSIDE TO HOSPITAL)	COVERED (HOSPITAL TO HOSPITAL; ROADSIDE TO HOSPITAL)	COVERED (HOSPITAL TO HOSPITAL; ROADSIDE TO HOSPITAL; HOME TO HOSPITAL)	COVERED (HOSPITAL TO HOSPITAL; ROADSIDE TO HOSPITAL; HOME TO HOSPITAL)	COVERED (HOSPITAL TO HOSPITAL; ROADSIDE TO HOSPITAL; HOME TO HOSPITAL)
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PSYCHIATRY CARE

• Mental illness care with certified psychiatrists	COVERED (6 SESSIONS PER YEAR)	COVERED (8 SESSIONS PER YEAR)	COVERED (12 SESSIONS PER YEAR)	COVERED (12 SESSIONS PER YEAR)	COVERED (15 SESSIONS PER YEAR)
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HIV CARE AND TREATMENT

• Specialist Consultation	✓	✓	✓	✓	✓
• Specialist Drug therapy	✓	✓	✓	✓	✓
• Counselling Sessions	✓	✓	✓	✓	✓

SEEKING SECOND OPINION

• Line of treatment confirmation from secondary and tertiary care centres	✓	✓	✓	✓	✓
• Line of treatment confirmation from Internationally Certified Medical and Surgical Specialists Outside Africa	NOT COVERED	NOT COVERED	COVERED; 1 CASE PER YEAR	COVERED; 2 CASES PER YEAR	COVERED; 4 CASES PER YEAR

MORTUARY SERVICES

• After-demise compensation	NOT COVERED	COVERED (UP TO 50,000 NAIRA LIMIT)	COVERED (UP TO 100,000 NAIRA LIMIT)	COVERED (UP TO 200,000 NAIRA LIMIT)	COVERED (UP TO 400,000 NAIRA LIMIT)
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LIST OF EXCLUSIONS

- Medical examinations, services and supplies.
- Advanced surgeries
- Cosmetic services
- Custodial care
- Dental care
- Experimental, unorthodox or trado-medical care
- Eye treatment
- Force majeure
- Professional sports and high risk sports
- Illnesses of unknown cause
- Injuries related to intoxication or fights and physical brawls.
- Obstetrics
- Overseas treatment
- Treatment, service or supplies considered not to be medically necessary.
- Work-related accidents
- Search and rescue
- Treatment of newborns of non-covered mothers
- Treatment of newborns not registered after 6 weeks of birth
- Treatment for sexual dysfunction
- Miscellaneous