



Mitera HMO **Retail Plans**



Consultation coverage

ONLY ACCESSIBLE FROM QUARTER 1

Benefits	RETAIL MiBASIC PLAN	RETAIL MiCLASSIC PLAN	RETAIL MiCLASSIC PLAN	RETAIL MiCLASSIC PLAN
HOSPITAL TIER(S)	BAND D	BAND C	BAND B	BAND A
PREMIUMS PER MONTH (NAIRA)				
INDIVIDUAL	6,500	8,000	27,500	40,000
FAMILY (3)	19,500	24,000	82,500	120,000
TOTAL BENEFIT LIMITS PER INDIVIDUAL PER MONTH (NAIRA)	100,000	150,000	200,000	250,000
TOTAL BENEFIT LIMITS PER INDIVIDUAL PER ANNUM (NAIRA)	1,200,000	1,800,000	2,400,000	3,000,000
GENERAL CONSULTATION	COVERED (Outpatient and Inpatient)	COVERED (Outpatient and Inpatient)	COVERED (Outpatient and Inpatient)	COVERED (Outpatient and Inpatient)
Treatment of basic medical and surgical (minor) outpatient and in-patient cases	COVERED	COVERED	COVERED	COVERED

SPECIALIST CONSULTATION	"COVERED UP TO 3 SESSIONS PER ANNUM (Outpatient and Inpatient; Based on referral from Primary Provider)"	"COVERED UP TO 5 SESSIONS PER ANNUM (Outpatient and Inpatient; Based on referral from Primary Provider)"	"COVERED UP TO 6 SESSIONS PER ANNUM (Outpatient and Inpatient; Based on referral from Primary Provider)"	"COVERED UP TO 6 SESSIONS PER ANNUM (Outpatient and Inpatient; Based on referral from Primary Provider)"
· O and G specialist	✓	✓	✓	✓
· Pediatrician	✓	✓	✓	✓
· General Surgeon	✓	✓	✓	✓
· Cardiothoracic Surgeon	✓	✓	✓	✓
· Neurosurgeon	✓	✓	✓	✓
· Cardiologist	✓	✓	✓	✓
· ENT Surgeon	✓	✓	✓	✓
· Urologist	✓	✓	✓	✓
· Orthopedic Surgeon	✓	✓	✓	✓
· Gastroenterologist	✓	✓	✓	✓
· Psychiatrist	✓	✓	✓	✓
· Neonatologist	For family plans ONLY	For family plans ONLY	For family plans ONLY	For family plans ONLY

ACCIDENT AND EMERGENCY CARE

· 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.	✓	✓	✓	✓
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• Diagnostics and imaging

• Chest X-Rays	✓	✓	✓	✓
• Plain Abdominal X-Rays,	✓	✓	✓	✓
• Limbs X-rays	✓	✓	✓	✓
• Neck X-rays	✓	✓	✓	✓
• Skull X-rays	✓	✓	✓	✓
• Lumbosacral X-Rays	✓	✓	✓	✓
• X-rays of Body Joints	✓	✓	✓	✓
• Ultrasound Scan	✓	✓	✓	✓

• Hematological tests

• Hemoglobin	✓	✓	✓	✓
• Packed Cell Volume	✓	✓	✓	✓
• White cell differential count	✓	✓	✓	✓
• Full Blood Count and differentials	✓	✓	✓	✓
• White Blood Cell count	✓	✓	✓	✓
• Red Blood Cell count	✓	✓	✓	✓

• Chemistry

• Fasting Blood Sugar	✓	✓	✓	✓
• Random Blood Sugar	✓	✓	✓	✓
• Electrolyte, Urea and Creatinine	✓	✓	✓	✓
• Prostate Specific Antigen	✓	✓	✓	✓
• Serum albumin	✓	✓	✓	✓
• Serum ALT/SGPT	✓	✓	✓	✓
• Serum AST/SGOT	✓	✓	✓	✓
• Serum Bilirubin (Direct and Indirect)	✓	✓	✓	✓

• Microbiology

• Malaria Parasite	✓	✓	✓	✓
• Widal	✓	✓	✓	✓
• Urine MCS	✓	✓	✓	✓
• Stool MCS	✓	✓	✓	✓

• Serology

• Hepatitis B Screening (on request by clinician)	✓	✓	✓	✓
• HIV Screening (on request by clinician)	✓	✓	✓	✓
• Genotype (on request by clinician)	✓	✓	✓	✓
• Blood group (on request by clinician)	✓	✓	✓	✓

• NPI IMMUNIZATION (0-5 YEARS)

FOR FAMILY PLANS ONLY

• BCG	✓	✓	✓	✓
• OPV	✓	✓	✓	✓
• DPT	✓	✓	✓	✓

• AMBULANCE SERVICES

• Movement of patients to and fro Hospital	COVERED (ROADSIDE TO HOSPITAL ONLY)	COVERED (ROADSIDE TO HOSPITAL AND HOSPITAL TO HOSPITAL)	COVERED (ROADSIDE TO HOSPITAL AND HOSPITAL TO HOSPITAL)	COVERED (ROADSIDE TO HOSPITAL AND HOSPITAL TO HOSPITAL)
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• ADMISSIONS AND ACCOMMODATION

• Feeding for enrollees on admission	COVERED	COVERED	COVERED	COVERED
• Hospital Ward Care	COVERED (GENERAL WARD ONLY)	COVERED (GENERAL WARD ONLY)	COVERED (GENERAL WARD ONLY)	COVERED (GENERAL WARD ONLY)
• Skilled medical and paramedical services	COVERED	COVERED	COVERED	COVERED
• Supply of prescribed intravenous/intramuscular, oral and topical drugs	COVERED	COVERED	COVERED	COVERED
• Supply of all medical and surgical consumables	COVERED	COVERED	COVERED	COVERED

• Accommodation for in-patient care	COVERED (20 DAYS/ANNUM)	COVERED (30 DAYS/ANNUM)	COVERED (30 DAYS/ANNUM)	COVERED (30 DAYS/ANNUM)
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• MINOR SURGERIES

• Wound dressing	✓	✓	✓	✓
• Incision & drainage of acute and chronic abscesses	✓	✓	✓	✓
• Suturing of minor wounds	✓	✓	✓	✓
• Suturing of lacerations	✓	✓	✓	✓
• Ear piercing	✓	✓	✓	✓
• Male circumcision	✓	✓	✓	✓

• PRIMARY 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	✓	✓	✓	✓
• Scaling and Polishing	(COVERED UP TO 5,000 Naira ANNUAL LIMIT)	(COVERED UP TO 7,500 Naira ANNUAL LIMIT)	(COVERED UP TO 10,000 Naira ANNUAL LIMIT)	(COVERED UP TO 15,000 Naira ANNUAL LIMIT)

• PHYSIOTHERAPY CARE

• Specialist Consultation	✓	✓	✓	✓
• Routine fitness examination	✓	✓	✓	✓
• Preventive Counselling on referral	✓	✓	✓	✓
• Pain therapy	✓	✓	✓	✓
• Access to prescribed drugs	✓	✓	✓	✓
• Number of Sessions	COVERED (UP TO 3 SESSIONS)	COVERED (UP TO 5 SESSIONS)	COVERED (UP TO 5 SESSIONS)	COVERED (UP TO 5 SESSIONS)

• PSYCHIATRY CARE

• Mental illnesses	COVERED (OUTPATIENT CASES ONLY; UP TO 4 WEEKS LIMIT)	COVERED (OUTPATIENT CASES ONLY; UP TO 6 WEEKS LIMIT)	COVERED (OUTPATIENT CASES ONLY; UP TO 6 WEEKS LIMIT)	COVERED (OUTPATIENT CASES ONLY; UP TO 6 WEEKS LIMIT)
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• POSTNATAL CARE

• POSTNATAL CARE	COVERED UP TO 6 WEEKS	COVERED UP TO 6 WEEKS	COVERED UP TO 6 WEEKS	COVERED UP TO 6 WEEKS
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• FAMILY PLANNING

• Injectibles (Depo Provera)	FOR FAMILY PLAN ONLY	FOR FAMILY PLAN ONLY	FOR FAMILY PLAN ONLY	FOR FAMILY PLAN ONLY
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• OBSTETRICS CARE (COVERED AFTER 10 MONTHS OF UNINTERRUPTED SUBSCRIPTION)

• Antenatal Care	✓	✓	✓	✓
• Delivery (NORMAL)	✓	✓	✓	✓
• Delivery (MULTIPLE)	✓	✓	✓	✓
• Assisted Delivery	✓	✓	✓	✓
• Manual Vacuum Aspiration	✓	✓	✓	✓
• CAESERIAN SECTION	✓	✓	✓	✓

ACCESSIBLE FROM QUARTER 5

• INCUBATOR CARE

FOR FAMILY PLAN ONLY

- Neonatal / Special Baby Care Unit

COVERED (FOR
24 HOURS)COVERED (FOR
48 HOURS)COVERED (FOR
48 HOURS)COVERED (FOR
48 HOURS)

• EYE CARE

COVERED UP TO A
GLOBAL ANNUAL LIMIT
OF 15,000 NAIRACOVERED UP TO A
GLOBAL ANNUAL LIMIT
OF 25,000 NAIRACOVERED UP TO A
GLOBAL ANNUAL LIMIT
OF 40,000 NAIRACOVERED UP TO A
GLOBAL ANNUAL LIMIT
OF 50,000 NAIRA

- Specialist Consultation
- Routine ocular examinations
- Pharmacological treatment of acute and chronic ocular infections
- Lenses and Frames (ONCE EVERY 2 YEARS)

COVERED (UP TO
5,000 ANNUAL LIMIT)COVERED (UP TO
10,000 ANNUAL LIMIT)COVERED (UP TO
15,000 ANNUAL LIMIT)COVERED (UP TO
25,000 ANNUAL LIMIT)

• INTERMEDIATE SURGERIES

(Covered up to 150,000 Naira
Annual GLOBAL limit)(Covered up to 250,000 Naira
Annual GLOBAL limit)(Covered up to 350,000 Naira
Annual GLOBAL limit)(Covered up to 500,000 Naira
Annual GLOBAL limit)

- Adenoidectomy
- Appendicectomy
- Cholecystectomy
- Fistulectomy
- Ganglionectomy
- Hernioraphy
- Herniotomy
- Lumpectomy
- Manual Vacuum Aspiration
- Pterygium Excision
- Repair of penile avulsion

Not covered

Not covered

Not covered

Not covered



Not covered

Not covered

Not covered

Not covered

Not covered

Not covered

Not covered

Not covered

Not covered



Not covered



Not covered



Not covered

Not covered

Not covered

Not covered

Not covered

Not covered

Not covered

Not covered

ACCESSIBLE FROM QUARTER 6