

BENEFITS PLAN	
COVERED SERVICES	EMERALD
medical emergency services	COVERED
outpatient services	General + Specialist consultation (10)
inpatient medical services	semi private ward (20 days cumulative)
malaria	COVERED
- Typhoid	COVERED
- ENDOCRINE / METABOLIC DISORDERS	COVERED
- ALLERGIES	COVERED
- MEASLES	COVERED
- CHICKEN POX	COVERED
- URINARY TRACT INFECTION	COVERED
- Uncomplicated urinary tract infection	COVERED
- PEPTIC ULCER DISEASE	COVERED
- Acute exacerbation of peptic ulcer disease	COVERED
- INDIGESTION	COVERED
- UPPER AND LOWER RESPIRATORY TRACT INFECTION	COVERED
- Pneumonia	COVERED
- Bronchitis	COVERED
- Influenza	COVERED
- Viral Croup	COVERED
- Bronchiolitis	COVERED
- Tonsillitis	COVERED
- ASTHMA	COVERED
Catarrh and cold	COVERED
HIV/AIDS investigation for confirmation	COVERED
INVESTIGATIONS	
- PCV	COVERED
- MP	COVERED
- WIDAL	COVERED
- FBC + DIFF	COVERED
- SERUM PREGNANCY TEST (BLOOD)	COVERED
- URINE PREGNANCY TEST (URINE)	COVERED
- ESR	COVERED
- RBS/FBS	COVERED
- URINALYSIS	COVERED
- M/C/S (URINE, SPUTUM, CSF, WOUND SWAB)	COVERED
- E.U/ICR	COVERED
- BLOOD GROUP AND GENOTYPE	COVERED
- HBsAg	COVERED
- HBV / HCV	COVERED
- H. PYLORI	COVERED
- COOMBS TEST	COVERED
- BLOOD CULTURE	COVERED
- PERIPHERIAL BLOOD FILM	COVERED
- CLOTTING PROFILE	COVERED
- BLEEDING TIME	COVERED
- INR	COVERED
- D- DIMER	COVERED
- FECAL OCCULT BLOOD	COVERED
- FERRITIN LEVELS	COVERED
- HbA1c	COVERED
- LFT	COVERED
- KFT	COVERED
MATERNITY AND CHILD SERVICES	
Confirmation of pregnancy	COVERED
Antenatal Care (from 12weeks)	COVERED
Management of labor and delivery	COVERED
Surgical intervention	COVERED
Postnatal care	COVERED
Pedile convulsions	COVERED
Routine Immunization services	COVERED
ICU/SCBU (L* 24Hrs and monetary limit 50,000)	COVERED
SURGICAL SERVICES	
Minor Procedures	COVERED
Intermediate procedures	COVERED
Major procedures	Surgical limit = 200,000 for individual
EYE SERVICES	
Basic eye examination (only)	COVERED
- Styte	COVERED
- Conjunctivitis	COVERED
- ocular allergies	COVERED
- keratitis	COVERED
- Optical Lens Limit (Biennial)	15,000
- Eye surgeries (minor)	COVERED
- Eye surgery (intermediate)	COVERED
- Eye surgeries (Major)	NOT COVERED
DENTAL CARE	
TREATMENT OF MINOR AILMENTS	COVERED
- Gingivitis	COVERED
- Scurvy	COVERED
- Tooth pain	COVERED
- Simple Extraction	COVERED
- Routine pain management	COVERED
- Amalgam filling	COVERED
- Scaling and polishing	COVERED
- Denture and bridges	50% COVERED
- RCT	COVERED
- Surgical extraction	15,000
RADIOLOGICAL SERVICES	
X-rays and Ultrasound	COVERED
CT Scan & MRI (50% co-payment)	EMERGENCY + ONCE
Echocardiography	COVERED
Electrocardiography	NOT COVERED
Doppler scan	30% COVERED
PHYSIOTHERAPY	
Sessions	5
MEDICAL CHECK UP	
Annual Medical Examination	45% copayment on investigations
PRESCRIBE MEDICATION	Generic
ADDED BENEFITS	
Family planning services	COVERED
Renal dialysis (Monetary limit of 30,000)	NOT COVERED
Infertility consultation, investigation and non-hormonal drug management	COVERED
Blood pressure, diabetes and sickle cell anemia can be managed based on plan of choice.	COVERED
PREMIUM PER ANNUM	
SINGLE INDIVIDUAL	N\$5,000.00
FAMILY (MAXIMUM OF 4)	N\$00,000.00
ADDITIONAL DEPENDANT EACH	N\$5,000.00
ADDITIONAL BENEFITS	
Feeding (N1500.00 Per day)	COVERED
Gym services	Once a week
Ambulance services	Hospital, accident scene
Mortuary services	Ten days