

BENEFITS PLAN	
COVERED SERVICES	RUBY
medical emergency services	COVERED
outpatient services	General + Specialist consultation (15)
inpatient medical services	private ward (25 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
Catarh 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//CR	COVERED
- BLOOD GROUP AND GENOTYPE	COVERED
- HBsAg	COVERED
- HIV / HCV	COVERED
- H. PYLORI	COVERED
- COOMBS TEST	COVERED
- BLOOD CULTURE	COVERED
- PERIPHERIAL BLOOD FILM	COVERED
- CLOTING 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
Fabrilie convulsions	COVERED
Routine immunisation services	COVERED
ICU/SCBU (1* 24Hrs and monetary limit 50,000)	COVERED
SURGICAL SERVICES	
Minor Procedures	COVERED
Intermediate procedures	COVERED
Major procedures	Surgical limit = 400,000.00 for individual
EYE SERVICES	
Basic eye examination (only)	COVERED
- Stye	COVERED
- Conjunctivitis	COVERED
- ocular allergies	COVERED
- keratitis	COVERED
Optical Lens Limit (Biennial)	30,000
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	60% COVERED
XCT	COVERED
Surgical extraction	30,000
RADIOLOGICAL SERVICES	
X-rays and Ultrasound	COVERED
CT Scan & MRI (50% co-payment)	EMERGENCY + ONCE
Echocardiography	COVERED
Electrocardiography	50% COVERED
Doppler scan	50% COVERED
PHYSIOTHERAPY	
Sessions	10
MEDICAL CHECK UP	
Annual Medical Examination	35% copayment on Investigations
PRESCRIBE MEDICATION	Branded
ADDED BENEFITS	
Family planning services	COVERED
Renal dialysis (Monetary limit of 30,000)	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	N170,000.00
FAMILY (MAXIMUM OF 4 )	N600,000.00
ADDITIONAL DEPENDANT EACH	N140,000.00
ADDITIONAL BENEFITS	
Feeding (N1500.00 Per day)	2500/DAY
Gym services	Twice a week
Ambulance services	Home, accident scene, and Hospital to Hospital
Mortuary services	Fifteen days