

BENFITS PLAN		
COVERED SERVICES	SAPHIRE	
medical emergency services	COVERED	
outpatient services	General + Specialist consultation (5)	
inpatient medical services	General ward 15 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/CR	COVERED	
- BLOOD GROUP AND GENOTYPE	COVERED	
- HBsAg	COVERED	
- HBV / HCV	NOT COVERED	
- H. PYLORI	NOT COVERED	
- COOMBS TEST	NOT COVERED	
- BLOOD CULTURE	NOT COVERED	
- PERIPHERAL BLOOD FILM	NOT COVERED	
- CLOTTING PROFILE	NOT COVERED	
- BLEEDING TIME	NOT COVERED	
- INR	NOT COVERED	
- D- DIMER	NOT COVERED	
- FECAL OCCULT BLOOD	NOT COVERED	
- FERRITIN LEVELS	NOT COVERED	
- HbA1c	NOT 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	NOT COVERED	
Febrile convulsions	COVERED	
Routine immunization services	COVERED	
ICU/SCBU (1* 24Hrs and monetary limit 50,000)	COVERED	
SURGICAL SERVICES		
Minor Procedures	COVERED	
Intermediate procedures	COVERED	
Major procedures	Surgical limit = 150,000 for individual	
EYE SERVICES		
Basic eye examination (only)	COVERED	
- Stye	COVERED	
- Conjunctivitis	COVERED	
- ocular allergies	COVERED	
- keratitis	COVERED	
- Optical Lens Limit (Biennial)	10,000	
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	NOT COVERED	
RCT	NOT COVERED	
Surgical extraction	10,000	
RADIOLOGICAL SERVICES		
X-rays and Ultrasound	COVERED	
CT Scan & MRI (50% co-payment)	EMERGENCY ONLY	
Echocardiography	COVERED	
Electrocardiography	NOT COVERED	
Doppler scan	NOT COVERED	
PHYSIOTHERAPY		
Sessions	3	
MEDICAL CHECK UP		
Annual Medical Examination	50% copayments on investigation	
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	NOT COVERED	
Blood pressure, diabetes and sickle cell anemia can be managed based on plan of choice.	COVERED	
PREMIUM PER ANNUM		
SINGLE INDIVIDUAL	N47,000.00	
FAMILY (MAXIMUM OF 4)	N180,000.00	
ADDITIONAL DEPENDANT EACH	N30,000.00	
ADDITIONAL BENEFITS		
Feeding (N1500.00 Per day)	COVERED	
Gym services	NOT COVERED	
Ambulance services	Hospital to Hospital only	
Mortuary services	Five days	