

CARDINAL PLUS

The Cardinal Plus is purposed to provide healthcare services to the principal beneficiary, his spouse and four (4) dependants below the age of 21 (Limited to Nigeria only). As a wide-ranging mid-tier service with richer benefits and greater flexibility, subscribers have access to out-patient care services, in-patient, maternity, child health, radiology, optical, dental, fertility and oncology.

The following services are covered in our Cardinal Plus:

OUTPATIENT SERVICE
<ul style="list-style-type: none">• General and Specialist Medical Consultation• Laboratory services• Outpatient services• Provision of prescribed drugs• Counseling• Physiotherapy• Minor surgeries• Annual Medical Examination [Basic investigation]
INPATIENT SERVICES
<ul style="list-style-type: none">• Hospitalization in a semi-private or private ward• Intermediate & major surgeries• Nursing care• Intensive care services
MATERNITY SERVICES
<ul style="list-style-type: none">• Antenatal care• Delivery• Postnatal care• Caesarean section• Gynecological service (On recommendation)• Evacuation (dilatation and curettage)
CHILD HEALTH SERVICES
<ul style="list-style-type: none">• Routine childhood immunization and simple preventive measures<ul style="list-style-type: none">➤ BCG, Measles, DPT, Oral Polio, Hepatitis B.
RADIOLOGICAL SERVICES

- X-rays & Ultrasound scans
- CT Scan
- Mammogram

OPTICAL & OPHTHALMOLOGICAL SERVICES

- Eye examinations
- Treatment of eye ailments
- Provision of optical lenses (UP TO A LIMIT OF **N20,000 FOR THE PRINCIPAL AND N12,000 FOR DEPENDANTS, ONCE EVERY TWO YEARS**)

DENTAL SERVICES

- Routine Examination
- Dental Extractions [simple & surgical]
- Dental fillings (Composite and Amalgam)
- Scaling and Polishing
- Root canal treatment

FERTILITY SERVICES

- Basic fertility investigations e.g. HSG
- Non-hormonal drugs

ONCOLOGICAL SERVICES

- Screening e.g breast, cervical and prostate
- Treatment limited to surgical procedure

GENERAL EXCLUSIONS

The following are excluded from all proposed plans: -

- Transplant surgery
- Plastic/cosmetic surgeries
- Other investigations and treatment for problems relating to infertility e.g

hydrotubation, I.V.F, G.I.F.T and artificial insemination

- Virility enhancing drugs
- Herbal drugs, non-prescription drugs, food supplements and experimental drugs and treatment
- Dental care not listed in the covered services
- Home care and domiciliary services
- Joint replacements and prosthetic limbs
- Long term psychiatric illness (Longer than 6 months)
- Comprehensive health screening/well persons check outside the scope of the benefits covered by the selective health screening
- Treatment for newborns not registered on the plan after 6 weeks of birth.
- Self-inflicted injuries
- Injuries arising from extreme sports, conflicts and natural disasters.
- Treatment of obesity
- Speech disorders
- Room upgrades beyond that specified in the plan benefits
- Learning difficulties, behavioral and developmental problems
- Consultations with unrecognized consultants, hospitals, family doctors, therapists, dental practitioners or complementary medicines practitioners
- Any other treatment, service, procedure or investigation not listed in the schedule of covered medical services

TARIFF	
PER PERSON	N150, 000
PER FAMILY	N525, 000