

Details of Our Plans & Services

SERVICES	CARDINAL	CARDINAL PLUS	ULTIMATE
OUTPATIENT:			
General Consultation	+	+	+
Specialist Consultation	+	+	+
Laboratory Services	+	+	+
Provision of Prescribed Drugs	+	+	+
Counselling	+	+	+
Physiotherapy (Max of 5sessions)	+	+	+
Physiotherapy (Max of 6sessions)	-	+	+
Physiotherapy (Max of 12sessions)	-	-	+
Minor Surgeries	+	+	+
Annual Medical Check-up (Basic Investigations)	+	+	-
Annual Medical Examination (Basic Investigations)	+	+	-
Annual Medical Examination (Unrelated to Illness)	-	-	+

INPATIENT:			
Hospitalization in General Ward	+	+	+
Hospitalization in Semi-Private Ward	-	+	+
Hospitalization in Private Ward	-	-	+
Hospital Feeding (When Available)	-	-	+
Minor Surgeries	+	+	+
Intermediate Surgeries	-	+	+
Major Surgeries	-	-	+
Nursing Care	+	+	+
Intensive Care Services (Max of 10days)	-	-	+
Accident and Emergencies	+	+	+
Ambulance Care (Hospital to Hospital)	-	+	+
Ambulance Services (Road Side to Hospital)	-	-	+
Blood Transfusion (2session/year)	-	+	+
Blood Transfusion (6session/year)	-	+	+
Blood Transfusion (Up to 8session/year)	-	-	+
RADIOLOGY:			

Xrays	+	+	+
Ultra-Sound Scan	+	+	+
CT Scan	-	+	+
Mammogram	-	-	+
MRI (When Necessary)	-	-	+
MATERNITY			
Antenatal Care	-	+	+
Delivery	-	+	+
Postnatal Care	-	+	+
PNC for Pregnancy & Deliveries with Complications	-	+	+
Caesarean Section (CS)	-	+	+
Gynaecological Services (On Recommendation)	-	+	+
Evacuation (Dilation & Curettage)	-	+	+
Family Planning Services (IUCD, Norplant and OCPs)	-	+	+
Circumcision	-	-	+
CHILD HEALTH			
Routine Childhood Immunization & Simple Preventive Measures (BCG, Measles, DPT, Oral Polio, Hepatitis B)	-	+	+
Additional Immunization (As per	-	+	+

NPI)			
Simple Vaccines	-	-	+
OPTICAL & OPHTHALMOLOGICAL			
Eye Examination	+	+	+
Treatment of Infection	+	+	+
Refraction	+	+	+
Removal of Cataract	-	+	+
Glaucoma Phasing	-	+	+
Provision of Optical Lenses (Max of N8,000 once every 2years)	+	+	+
Provision of Optical Lenses (Max of N20,000 for Principal & N12,000 for Dependants) Once every 2years	-	+	+
Provision of Optical Lenses (Max of N50,000 for Principal & N20,000 for Dependants) Once every 2years	-	-	+
Provision of Contact Lenses	-	-	-
DENTAL			
Routine Examination	+	+	+
Dental Extraction (Simple & Surgical)	+	+	+
Dental Fillings (Composite & Amalgam)	+	+	+
Scaling &Polishing	-	+	+
Root Canal Therapy	-	+	+

Root Canal Therapy (Max of one Per Year)	-	+	+
Root Canal Therapy (Max of four Per Year)	-	-	+
Orthodontics Treatment	-	-	+
Crown and Dentures	-	-	-
FERTILITY			
Counselling	-	+	+
Basic Fertility Investigations	-	+	+
Non-hormonal Drugs	-	+	+
ONCOLOGY			
Screening (eg Breast, Cervical & Prostate)	-	+	+
Treatment Limited to Surgical Procedure	-	+	+
Management (Max ₦1million)	-	-	+
PRICING			
Price Per Enrollee (₦)	N 75, 200	N150, 000	
Price Per Family/Group (₦)	N250, 000	N525, 000	

ADDITIONAL BENEFITS (ULTIMATE PLAN)

- 24-hour Emergency Evacuation of an insured person with full medical cover up to plan benefit level for In-hospital treatment to the nearest appropriate facility (including Hospital to Hospital evacuation).
- Air Travel and Return of the insured person by commercial airline to the country of residence or to the country where the evacuation occurred.
- Local Stabilization (In-country)
- Local Road /Air Ambulance (In-country)

- Covers the costs of one other person to travel with patient including accommodation with overall members' benefits. Restricted to one person recommended by the client, and subject to pre-authorization.
- Visa processing
- In-hospital benefits: Accommodation, Intensive Care Unit /High Care Unit, Theatre Fees, Branded Drugs - Theatre Drugs, Ward Drugs
- Surgical Procedures including in-Hospital visits by Specialists
- Internal surgical appliances/ Prosthesis subject to pre-Authorization.
- External surgical appliances/Prosthesis limited to orthopaedic braces, elastic stockings, crutches
- Blood transfusion
- Pathology & Radiology
- Post -Operative care
- Access to gym and spa Physiotherapy, Occupational and Speech Therapy
- Oncology Treatment (in-patient)
- Acute Renal Dialysis (Maximum 10 sessions based on co-insurance where we cover 50% and the client pays 50%)
- CT and MRI Scans (subject to pre-authorization)
- Surgeries
- Evacuation of mortal remains to the country of nationality.
- Annual medical checks-up (twice in a year for principal and once for dependants).

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, hysterosalpingogram, 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
- 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

Things to Note:

- The maximum size for corporate cover is 50 persons, irrespective of pre-existing conditions. However, for groups with less than fifty persons, pre-existing conditions will not be covered for the first two years.
- Maximum age for cover is 65 years
- Family is deemed as employee, a spouse and four biological children below 21 years of age.
- Pre-existing conditions are defined as pregnancy, major diseases, chronic illness and complications arising from diabetes or hypertension