

## **ULTIMATE (International Plan)**

The Ultimate plan provides for both domestic and international healthcare cover for a group of clients (not less than 50 persons) without recourse to their pre-existing health conditions. It also takes care of stand-alone cover for individuals who may wish to purchase an international health insurance package irrespective of pre-existing medical conditions.

The Ultimate Plan is our top-tier comprehensive offering, providing 24hr emergency evacuation, local road and air ambulance services, and granting robust access to out-patient, in-patient, maternity, child health, radiology, optical, dental, fertility, oncology and others, as well as evacuation of mortal remains to country of nationality.

Details of this plan include:

<b>OUTPATIENT SERVICE</b>
<ul style="list-style-type: none"><li>• General and Specialist Medical Consultation</li><li>• Laboratory services</li><li>• Outpatient services</li><li>• Provision of prescribed drugs</li><li>• Counseling</li><li>• Physiotherapy (10sessions)</li><li>• Minor surgeries</li><li>• Annual Medical Examination [Basic investigation]</li></ul>
<b>INPATIENT SERVICES</b>
<ul style="list-style-type: none"><li>• Hospitalization in a semi-private or private ward</li><li>• Intermediate &amp; major surgeries</li><li>• Nursing care</li><li>• Intensive care services (10days)</li></ul>
<b>MATERNITY SERVICES</b>
<ul style="list-style-type: none"><li>• Antenatal care</li><li>• Delivery</li><li>• Postnatal care</li><li>• Caesarean section</li><li>• Gynecological service (On recommendation)</li></ul>

- Evacuation (dilatation and curettage)

### **CHILD HEALTH SERVICES**

- Routine childhood immunization and simple preventive measures
  - BCG, Measles, DPT, Oral Polio, Hepatitis B.

### **RADIOLOGICAL SERVICES**

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

### **OPTICAL & OPHTHALMOLOGICAL SERVICES**

- Eye examinations
- Treatment of eye ailments
- Provision of optical lenses (UP TO A LIMIT OF **N30,000 FOR THE PRINCIPAL AND N15,000 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

### **ADDITIONAL BENEFITS**

- 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.
- 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 orthopedic braces, elastic stockings, crutches
- Blood transfusion
- Pathology & Radiology
- Post -Operative care
- 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.

### **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
- Injuries arising from natural disaster, extreme sports and conflicts.
- 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**

**Please call ZUMA HEALTH TRUST for breakdown of tariff on this.**