Crown Jewel HMO

RC: 2015498

CORPORATE PLAN

HEALTH BENEFITS PLAN/PREMIUMS

	SILVER CORPORATE	GOLD CORPORATE	DIAMOND CORPORATE	PLATINUM CORPORATE
INDIVIDUAL	52,394	80,814.00	106,953.00	200,120.00
FAMILY	262,970	404,070.00	534,765.00	950,675.00
HOSPITAL TIERS	BAND C	BAND B + C	BAND B + C	BAND A + B + C
TOTAL ANNUAL LIMIT	1,000,000	2,500,000	4,000,000	UNLIMITED
GENERAL MEDICAL SERVICES				
General/non-specialist consultations and treatments (including prescribed medications)	COVERED	COVERED	COVERED	COVERED
Accommodation for in-patient care	10 DAYS	15 DAYS	21 DAYS	30 DAYS
Hospital Ward Care	GENERAL WARD	SEMI-PRIVATE WARD	SEMI-PRIVATE WARD	PRIVATE WARD
Feeding for enrollees on admission	NOT COVERED	COVERED	COVERED	COVERED
Accommodation for parents whose infants are on admission		5 DAYS	7 DAYS	10 DAYS
ACCIDENT AND EMERGENCY CARE	100,000	200,000	UNLIMITED	UNLIMITED
Resuscitative care for accident and emergency cases	24 HOURS	24 HOURS	48 HOURS	72 HOURS
GENERAL INVESTIGATIONS				
HEMATOLOGY				
Hemoglobin (HB)	COVERED	COVERED	COVERED	COVERED
Packed Cell Volume (PCV)	COVERED	COVERED	COVERED	COVERED
Pregnancy test	COVERED	COVERED	COVERED	COVERED
Full Blood Count and differentials (FBC)	COVERED	COVERED	COVERED	COVERED
White Blood Cell count	COVERED	COVERED	COVERED	COVERED
Red Blood Cell/Reticulocyte count	COVERED	COVERED	COVERED	COVERED
Grouping and Cross Matching	COVERED	COVERED	COVERED	COVERED
Genotype (on request by clinician)	COVERED	COVERED	COVERED	COVERED

Blood group (on request by clinician)	COVERED	COVERED	COVERED	COVERED
Erythrocyte Sedimentation Rate (ESR)	COVERED	COVERED	COVERED	COVERED
Blood Pregnancy (Beta HCG) Test	COVERED	COVERED	COVERED	COVERED
Blood Film	NOT COVERED	COVERED	COVERED	COVERED

MICROBIOLOGY AND PARASITOLOGY

Malaria Parasite (MP)	COVERED	COVERED	COVERED	COVERED
Microscopy				
Stool/Urine	COVERED	COVERED	COVERED	COVERED
Endocervical (ECS)/High Vaginal (HVS)/ Urethral Swab	COVERED	COVERED	COVERED	COVERED
Throat/ Ear/ Wound/ Eye/ Sputum Swab	COVERED	COVERED	COVERED	COVERED
VDRL (Veneral Disease Research Laboratory) test	COVERED	COVERED	COVERED	COVERED
H.Pylori	COVERED	COVERED	COVERED	COVERED
Mantoux/Heaf's Test	COVERED	COVERED	COVERED	COVERED
Blood Culture	NOT COVERED	COVERED	COVERED	COVERED
Stool Occult Blood	NOT COVERED	COVERED	COVERED	COVERED

CHEMISTRY INVESTIGATIONS

Fasting/Random Blood Sugar (FBS)/(RBS)	COVERED	COVERED	COVERED	COVERED
2 Hours Post-prandial Blood Sugar	COVERED	COVERED	COVERED	COVERED
Oral Glucose Tolerance Test (OGTT)	COVERED	COVERED	COVERED	COVERED
Electrolytes, Urea and Creatinine (E/U/Cr)	COVERED	COVERED	COVERED	COVERED
Serum Bicarbonate/Alkaline Phosphate/Acid Phosphate/Inorganic Phosphate	COVERED	COVERED	COVERED	COVERED
Serum Bilirubin (Total and Direct)/Albumin	COVERED	COVERED	COVERED	COVERED
Prothrombin time (PT/INR)	COVERED	COVERED	COVERED	COVERED
Urine Pregnancy Test	COVERED	COVERED	COVERED	COVERED
Lipid Profile (Cholesterol, HDL, LDL, Triglyceride Profile)	COVERED	COVERED	COVERED	COVERED
Liver Function Test (LFT)	NOT COVERED	COVERED	COVERED	COVERED

BASIC DIAGNOSTIC IMAGING

X-Rays (All)	COVERED	COVERED	COVERED	COVERED
Ultrasound Scans	COVERED	COVERED	COVERED	COVERED

HIV CARE AND TREATMENT				
Specialist Consulltation	COVERED	COVERED	COVERED	COVERED
Specialist Drug therapy	COVERED	COVERED	COVERED	COVERED
Counselling Sessions	COVERED	COVERED	COVERED	COVERED
Screening and Testings	COVERED	COVERED	COVERED	COVERED
OBSTETRICS/NEONATAL CARE				
Family Planning	IUCD/INJECTIBLES/ PILLS	IUCD/INJECTIBLE S/PILLS	COVERED	COVERED
Antenatal Care (SPECIALIST CARE AND ANC DRUGS)	COVERED	COVERED	COVERED	COVERED
Delivery (SVD/NORMAL and COMPLICATED)	CARE LIMIT 150,000	CARE LIMIT 250,000	CARE LIMIT 650,000	UNLIMITED
CAESARIAN SECTION (C/S)				
Neonatal / Special Baby Care Unit	48 HOURS	5 DAYS	10 DAYS	21 DAYS
IMMUNIZATION				
NPI	COVERED	COVERED	COVERED	COVERED
Non-NPI	NOT COVERED	COVERED	COVERED	COVERED
Adult immunization	NOT COVERED	NOT COVERED	COVERED	COVERED
INFERTILITY CARE				
Fertility Specialist Consultation and Counselling	1 SESSION	2 SESSION	3 SESSIONS	5 SESSIONS
Fertility Investigations	NOT COVERED	NOT COVERED	CARE LIMIT 200,000	CARE LIMIT 500,000
SPECIALIST MEDICAL SERVICES				
General Consulations	COVERED	COVERED	COVERED	COVERED
ist Consultations (Group 1) Family Medicine Obstetrics/Gynae	4 PER ANNUM	6 PER ANNUM	8 PER ANNUM	10 PER ANNUM
Cardiology Paediatrics General Surlogy				
Specialist Consultations (Group 2)				
Orthopedics				COVERED
Endocrinology				COVERED

Haematology	NOT COVERED	NOT COVERED	6 PER ANNUM	COVERED
Maxilofacial Surgery				COVERED
Dermatology				COVERED
Neurology				COVERED
Urology				COVERED
ENT Surgery				COVERED
Gastroenterology				COVERED
Oncology				COVERED
Chronic Disease Management	100,000	200,000	300,000	400,000
ADVANCED DIAGNOSTIC IMAGING				
ECG (PRE AND POST EXERCISE)	COVERED	COVERED	COVERED	COVERED
Colonoscopy/Endoscopy (Upper GI/Lower GI/ERCP)	NOT COVERED	1 PER ANNUM	1 PER ANNUM	2 PER ANNUM
Laryngoscopy/Bronchoscopy/Thoracoscopy	NOT COVERED	NOT COVERED	1 PER ANNUM	2 PER ANNUM
Hysteroscopy/Cystoscopy/Laparoscopy/Arthroscopy	NOT COVERED	NOT COVERED	1 PER ANNUM	2 PER ANNUM
Sigmoidoscopy/Enteroscopy/Gastroscopy	NOT COVERED	NOT COVERED	1 PER ANNUM	2 PER ANNUM
Doppler Ultrasound Scan	NOT COVERED	NOT COVERED	2 PER ANNUM	3 PER ANNUM
Echocardiography	NOT COVERED	1 PER ANNUM	2 PER ANNUM	3 PER ANNUM
CT Scan/MRI	NOT COVERED	1 PER ANNUM	2 PER ANNUM	3 PER ANNUM
ADVANCED LABORATORY INVESTIGATION				
Blood urea Nitrogen	COVERED	COVERED	COVERED	COVERED
Hepatitis				
Hepatitis B Surface Antigen (HBSAg)	COVERED	COVERED	COVERED	COVERED
Hepatitis C Screening	COVERED	COVERED	COVERED	COVERED
Hepatitis B Screening	COVERED	COVERED	COVERED	COVERED
Microscopy/Culture/Sensitivity (M/C/S)				
CSF Analysis	COVERED	COVERED	COVERED	COVERED
Semen	COVERED	COVERED	COVERED	COVERED
Thyroid Function Tests	COVERED	COVERED	COVERED	COVERED
Serum Uric Acid	COVERED	COVERED	COVERED	COVERED
24 Hour Creatinine Clearance	NOT COVERED	COVERED	COVERED	COVERED
Pap Smear and Cytology	NOT COVERED	COVERED	COVERED	COVERED
Prostate Specific Antigen	NOT COVERED	COVERED	COVERED	COVERED

(HBA1C)	NOT COVERED	COVERED	COVERED	COVERED
D-Dimer	NOT COVERED	COVERED	COVERED	COVERED
G-6PD Screening	NOT COVERED	COVERED	COVERED	COVERED
Creatinine phosphokinase	NOT COVERED	COVERED	COVERED	COVERED
Serum Iron	NOT COVERED	COVERED	COVERED	COVERED
Osmotic Fragility Test	NOT COVERED	COVERED	COVERED	COVERED
Chlamydia Screening	NOT COVERED	COVERED	COVERED	COVERED
Seminal Fluid Analysis (SFA)	NOT COVERED	NOT COVERED	COVERED	COVERED
Syphilis Screening	NOT COVERED	NOT COVERED	COVERED	COVERED
Protein Electrophoresis	NOT COVERED	NOT COVERED	COVERED	COVERED
Coomb's Test (Indirect/Indirect)	NOT COVERED	NOT COVERED	COVERED	COVERED
Serum immunoglobulins/Antibodies	NOT COVERED	NOT COVERED	NOT COVERED	COVERED
Immunofluorescence assay	NOT COVERED	NOT COVERED	NOT COVERED	COVERED
PHYSIOTHERAPY CARE				
Specialist Consultation	COVERED	COVERED	COVERED	COVERED
Supportive Devices (i.e. Cervical Collar and Crutches)	NOT COVERED	NOT COVERED	NIGERIAN MADE	NIGERIAN MADE
Walker	NOT COVERED	NOT COVERED	NOT COVERED	COVERED
Number of Sessions Covered	**5 Sessions per annum**	**10 Sessions per annum**	**15 Sessions per annum**	**25 Sessions per annum**
ENT (OTOLARYNGOLOGICAL SERVICES)				
Treatment of ENT diseases and removal of foreign bodies	**COVERED**	**COVERED**	**COVERED**	**COVERED**
SURGERIES				
MINOR SURGERIES	**N250,000 PER ANNUM**	**N450,000 PER ANNUM**	**N650,000 PER ANNUM**	**N1,500,000 PER ANNUM**
INTERMEDIATE SURGERIES				
MAJOR SURGERIES				
INTENSIVE CARE				
ICU and ICU-related Care	COVERED (FOR 24 HOURS)	COVERED (FOR 24 HOURS)	COVERED (FOR 72 HOURS)	COVERED (7 DAYS)
EYE/OPTICAL CARE				
Specialist Ophthalmologist Consultation	COVERED	COVERED	COVERED	COVERED

Basic ocular tests (Tonometry/Intra-Ocular Pressure, Refraction, Fundoscopy, Pachymetry, and Slit Lamp)	COVERED	COVERED	COVERED	COVERED
Advanced Ocular tests (Central Visual Field, Indirect Ophthalmoscopy, Depth Perception Test, Shirmer's Tear Test, Amsler Test, Retina Photography, OCT Scan, A Scan, B Scan)	NOT COVERED	NOT COVERED	COVERED, 1 PER ANNUM	COVERED; 2 PER ANNUM
Lenses and Frames (Including Contact lenses)	**UP TO 10, 000 ANNUAL LIMIT**	**UP TO 30, 000 ANNUAL LIMIT**	**UP TO 60, 000 ANNUAL LIMIT**	**UP TO 90, 000 ANNUAL LIMIT**
Eye Surgery (Minor/Intermediate/Major)	NOT COVERED	NOT COVERED	**SURGICAL LIMITS APPLIES**	**SURGICAL LIMITS APPLIES**
DENTAL CARE				
Specialist Consultation	**ALL DENTAL CARE COVERED UP TO ANNUAL LIMIT OF 100,000 NAIRA**	**ALL DENTAL CARE COVERED UP TO ANNUAL LIMIT OF 250,000 NAIRA**	**ALL DENTAL CARE COVERED UP TO ANNUAL LIMIT OF 400,000 NAIRA**	**ALL DENTAL CARE COVERED UP TO ANNUAL LIMIT OF 650,000 NAIRA**
Routine dental examination				
Preventive dental care and counselling				
Dental pain therapy				
Access to prescribed drugs				
Surgical/Non-Surgical extraction				
Root Canal Therapy				
Scaling and Polishing				
Operculectomy				
Gingival Curettage				
Composite/Amalgam Filling				
Incision and Drainage				
CANCER CARE				
Oncologist/ Cancer Specialist visits	**NOT COVERED**	**ALL CANCER CARE COVERED UP TO 300,000 NAIRA PER ANNUM**	**ALL CANCER CARE COVERED UP TO 650,000 NAIRA PER ANNUM**	**ALL CANCER CARE COVERED UP TO 1,500,000 NAIRA PER ANNUM**
Oncological investigations				
Cancer-related Radiological investigations				
Chemotherapy				
Surgical cancer care				
RENAL CARE (DIALYSIS)				

Dialysis and all related care	NOT COVERED	COVERED (3 SESSIONS PER YEAR)	COVERED (6 SESSIONS PER YEAR)	COVERED (10 SESSIONS PER YEAR)
WELLNESS CHECKS				
BMI Check	COVERED	COVERED	COVERED	COVERED
General Physical Examination	COVERED	COVERED	COVERED	COVERED
Blood Pressure Check (Hypertension Screening)	COVERED	COVERED	COVERED	COVERED
Blood Sugar Check (Diabetes Screening)	COVERED	COVERED	COVERED	COVERED
Blood Cholesterol Check	COVERED	COVERED	COVERED	COVERED
Annual Visual Acuity Check (Using Snellen Chart)	COVERED	COVERED	COVERED	COVERED
Urinalysis	COVERED	COVERED	COVERED	COVERED
Chest X-ray	NOT COVERED	COVERED	COVERED	COVERED
Pap Smear	NOT COVERED	COVERED	COVERED	COVERED
PSA Check (For Men ≥ 40 years of age)	NOT COVERED	COVERED	COVERED	COVERED
Mammography (For Women ≥ 40 years of age)	NOT COVERED	COVERED	COVERED	COVERED
Liver Function Test	NOT COVERED	NOT COVERED	COVERED	COVERED
Kidney Function Tests (E, U, and Cr)	NOT COVERED	NOT COVERED	COVERED	COVERED
MENTAL CARE				
Mental illness care with certified psychiatrists	4 SESSIONS	6 SESSIONS	10 SESSIONS	12 SESSIONS
AMBULANCE SERVICES				
Movement of patients to and fro Hospital	COVERED	COVERED	COVERED	COVERED
Movement of patients to and fro Home to Hospital	NOT COVERED	NOT COVERED	NOT COVERED	COVERED
ADDITIONAL BENEFITS				
GYM				
Access to gyms for regular exercise	DISCOUNTED ACCESS	1 SESSION PER WEEK	2 SESSION PER WEEK	3 SESSION PER WEEK
SPA				
Facials	DISCOUNTED ACCESS	DISCOUNTED ACCESS	1 SESSION PER YEAR	2 SESSION PER YEAR
Massage	DISCOUNTED ACCESS	DISCOUNTED ACCESS	1 SESSION PER YEAR	1 SESSION PER YEAR

DRUG DELIVERY/ REFILLS	COVERED	COVERED	COVERED	COVERED
TELEMEDICINE/ TELECONSULTATIONS	COVERED	COVERED	COVERED	COVERED
HOMECARE SERVICES	NOT COVERED	NOT COVERED	NOT COVERED	COVERED

****All tests must be Pre-authorised by** CROWN JEWEL HMO

GENERAL EXCLUSIONS

The following exclusions are applicable to all the plans

- Cosmetic Surgery
- Dental Prosthesis
- Dental & Surgical Implants
- Domiciliary/Hospice Care
- Alternative /Unorthodox medicine
- Neonatal care not listed under neonatal services
- Self-inflicted injuries
- Congenital abnormalities for children not born on the plan

ıditions caused by an act of war, an epidemic or Enrolee participating in a riot

Services primarily for weight reduction or treatment of obesity

- Treatment of substance abuse
- Professional Sports and wilful exposure to needless danger
- School admission test
- Stem cell transplant or bone marrow transplant
- Laparoscopic surgery
- Epidural for normal delivery

All procedures, management and investigations not covered by the plan