



SME

INDIVIDUAL

FAMILY

HOSPITAL TIERS

TOTAL ANNUAL LIMIT

HEALTH BENEFITS PLAN/PREMIUMS

SILVER SME

GOLD SME

DIAMOND SME

65,482

101,017.00

133,969.00

327,410

505,085.00

669,845.00

BAND C

BAND B + C

BAND B + C

1,000,000

2,500,000

4,000,000

GENERAL MEDICAL SERVICES

General/non-specialist consultations and treatments (including
prescribed medications)

COVERED

COVERED

COVERED

Accommodation for in-patient care

10 DAYS

15 DAYS

21 DAYS

Hospital Ward Care

GENERAL WARD

SEMI-PRIVATE WARD

SEMI-PRIVATE WARD

Feeding for enrollees on admission

NOT COVERED

COVERED

COVERED

Accommodation for parents whose infants are on admission

5 DAYS

7 DAYS

ACCIDENT AND EMERGENCY CARE

100,000

200,000

UNLIMITED

Resuscitative care for accident and emergency cases

24 HOURS

24 HOURS

48 HOURS

HEAMATOLOGY

Hemoglobin (HB)

COVERED

COVERED

COVERED

Packed Cell Volume (PCV)

COVERED

COVERED

COVERED

Pregnancy test

COVERED

COVERED

COVERED

Full Blood Count and differentials (FBC)

COVERED

COVERED

COVERED

White Blood Cell count

COVERED

COVERED

COVERED

Red Blood Cell/Reticulocyte count

COVERED

COVERED

COVERED

Grouping and Cross Matching

COVERED

COVERED

COVERED

Genotype (on request by clinician)

COVERED

COVERED

COVERED

Blood group (on request by clinician)

COVERED

COVERED

COVERED

Erythrocyte Sedimentation Rate (ESR)

COVERED

COVERED

COVERED

Blood Pregnancy (Beta HCG) Test	COVERED	COVERED	COVERED
Blood Film	NOT COVERED	COVERED	COVERED

MICROBIOLOGY/ PARASITOLOGY

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

CHEMISTRY INVESTIGATIONS

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

BASIC DIAGNOSTIC IMAGING

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

HIV CARE/TREATMENT

Specialist Consultation	COVERED	COVERED	COVERED
Specialist Drug therapy	COVERED	COVERED	COVERED
Counselling Sessions	COVERED	COVERED	COVERED
Screening and Testings	COVERED	COVERED	COVERED

OBSTETRICS/NEONATAL CARE

Family Planning	IUCD/INJECTIBLES/PILLS	IUCD/INJECTIBLES/PILLS	COVERED
Antenatal Care (SPECIALIST CARE AND ANC DRUGS)	COVERED	COVERED	COVERED
Delivery (SVD/NORMAL and COMPLICATED)	CARE LIMIT 150,000	CARE LIMIT 250,000	CARE LIMIT 650,000
CAESARIAN SECTION (C/S)			
Neonatal / Special Baby Care Unit	48 HOURS	5 DAYS	10 DAYS

IMMUNIZATION

NPI	COVERED	COVERED	COVERED
Non-NPI	NOT COVERED	COVERED	COVERED
Adult immunization	NOT COVERED	NOT COVERED	COVERED

INFERTILITY CARE

Fertility Specialist Consultation and Counselling	1 SESSION	2 SESSION	3 SESSIONS
Fertility Investigations	NOT COVERED	NOT COVERED	CARE LIMIT 200,000

SPECIALIST MEDICAL SERVICES

General Consultations	COVERED	COVERED	COVERED
Specialist Consultations (Group 1) Family Medicine Obstetrics/Gynaecology	4 PER ANNUM	6 PER ANNUM	8 PER ANNUM
Cardiology Paediatrics General Surlogy			
Specialist Consultations (Group 2)			
Orthopedics	NOT COVERED	NOT COVERED	6 PER ANNUM
Endocrinology			
Haematology			
Maxillofacial Surgery			
Dermatology			
Neurology			
Urology			
ENT Surgery			
Gastroenterology			
Oncology			

Chronic Disease Management	100,000	200,000	300,000
ADVANCED DIAGNOSTIC IMAGING			
ECG (PRE AND POST EXERCISE)	COVERED	COVERED	COVERED
Colonoscopy/Endoscopy (Upper GI/Lower GI/ERCP)	NOT COVERED	1 PER ANNUM	1 PER ANNUM
Laryngoscopy/Bronchoscopy/Thoracoscopy	NOT COVERED	NOT COVERED	1 PER ANNUM
Hysteroscopy/Cystoscopy/Laparoscopy/Arthroscopy	NOT COVERED	NOT COVERED	1 PER ANNUM
Sigmoidoscopy/Enteroscopy/Gastroscopy	NOT COVERED	NOT COVERED	1 PER ANNUM
Doppler Ultrasound Scan	NOT COVERED	NOT COVERED	2 PER ANNUM
Echocardiography	NOT COVERED	1 PER ANNUM	2 PER ANNUM
CT Scan/MRI	NOT COVERED	1 PER ANNUM	2 PER ANNUM
ADVANCED LABORATORY INVESTIGATION			
Blood urea Nitrogen	COVERED	COVERED	COVERED
Hepatitis			
Hepatitis B Surface Antigen (HBsAg)	COVERED	COVERED	COVERED
Hepatitis C Screening	COVERED	COVERED	COVERED
Hepatitis B Screening	COVERED	COVERED	COVERED
Microscopy/Culture/Sensitivity (M/C/S)			
CSF Analysis	COVERED	COVERED	COVERED
Semen	COVERED	COVERED	COVERED
Thyroid Function Tests	COVERED	COVERED	COVERED
Serum Uric Acid	COVERED	COVERED	COVERED
24 Hour Creatinine Clearance	NOT COVERED	COVERED	COVERED
Pap Smear and Cytology	NOT COVERED	COVERED	COVERED
Prostate Specific Antigen	NOT COVERED	COVERED	COVERED
(HbA1C)	NOT COVERED	COVERED	COVERED
D-Dimer	NOT COVERED	COVERED	COVERED
G-6PD Screening	NOT COVERED	COVERED	COVERED
Creatinine phosphokinase	NOT COVERED	COVERED	COVERED
Serum Iron	NOT COVERED	COVERED	COVERED
Osmotic Fragility Test	NOT COVERED	COVERED	COVERED
Chlamydia Screening	NOT COVERED	COVERED	COVERED
Seminal Fluid Analysis (SFA)	NOT COVERED	NOT COVERED	COVERED
Syphilis Screening	NOT COVERED	NOT COVERED	COVERED
Protein Electrophoresis	NOT COVERED	NOT COVERED	COVERED

Coomb's Test (Indirect/Indirect)	NOT COVERED	NOT COVERED	COVERED
Serum immunoglobulins/Antibodies	NOT COVERED	NOT COVERED	NOT COVERED
Immunofluorescence assay	NOT COVERED	NOT COVERED	NOT COVERED

PHYSIOTHERAPY CARE

Specialist Consultation	COVERED	COVERED	COVERED
Supportive Devices (i.e. Cervical Collar and Crutches)	NOT COVERED	NOT COVERED	NIGERIAN MADE
Walker	NOT COVERED	NOT COVERED	NOT COVERED
Number of Sessions Covered	5 Sessions per annum	10 Sessions per annum	15 Sessions per annum

ENT (OTOLARYNGOLOGICAL SERVICES)

Treatment of ENT diseases and removal of foreign bodies	COVERED	COVERED	COVERED
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SURGERIES

MINOR SURGERIES			
INTERMEDIATE SURGERIES	N250,000 PER ANNUM	N450,000 PER ANNUM	N650,000 PER ANNUM
MAJOR SURGERIES			
INTENSIVE CARE			
ICU and ICU-related Care	COVERED (FOR 24 HOURS)	COVERED (FOR 24 HOURS)	COVERED (FOR 72 HOURS)

EYE/OPTICAL CARE

Specialist Ophthalmologist Consultation	COVERED	COVERED	COVERED
Basic ocular tests (Tonometry/Intra-Ocular Pressure, Refraction, Fundoscopy, Pachymetry, and Slit Lamp)	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
Lenses and Frames (Including Contact lenses)	UP TO 10, 000 ANNUAL LIMIT	UP TO 30, 000 ANNUAL LIMIT	UP TO 60, 000 ANNUAL LIMIT
Eye Surgery (Minor/Intermediate/Major)	NOT COVERED	NOT COVERED	SURGICAL LIMITS APPLIES

DENTAL CARE

Specialist Consultation	
Routine dental examination	

Preventive dental care and counselling	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
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
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)
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WELLNESS CHECKS

BMI Check	COVERED	COVERED	COVERED
General Physical Examination	COVERED	COVERED	COVERED
Blood Pressure Check (Hypertension Screening)	COVERED	COVERED	COVERED
Blood Sugar Check (Diabetes Screening)	COVERED	COVERED	COVERED
Blood Cholesterol Check	COVERED	COVERED	COVERED
Annual Visual Acuity Check (Using Snellen Chart)	COVERED	COVERED	COVERED
Urinalysis	COVERED	COVERED	COVERED
Chest X-ray	NOT COVERED	COVERED	COVERED
Pap Smear	NOT COVERED	COVERED	COVERED
PSA Check (For Men ≥ 40 years of age)	NOT COVERED	COVERED	COVERED
Mammography (For Women ≥ 40 years of age)	NOT COVERED	COVERED	COVERED
Liver Function Test	NOT COVERED	NOT COVERED	COVERED

Kidney Function Tests (E, U, and Cr)	NOT COVERED	NOT COVERED	COVERED
MENTAL CARE			
Mental illness care with certified psychiatrists	4 SESSIONS	6 SESSIONS	10 SESSIONS
AMBULANCE SERVICES			
Movement of patients to and fro Hospital	COVERED	COVERED	COVERED
Movement of patients to and fro Home to Hospital	NOT COVERED	NOT COVERED	NOT COVERED
ADDITIONAL BENEFITS			
GYM			
Access to gyms for regular exercise	DISCOUNTED ACCESS	1 SESSION PER WEEK	2 SESSION PER WEEK
SPA			
Facials	DISCOUNTED ACCESS	DISCOUNTED ACCESS	1 SESSION PER YEAR
Massage	DISCOUNTED ACCESS	DISCOUNTED ACCESS	1 SESSION PER YEAR
DRUG DELIVERY/ REFILLS	COVERED	COVERED	COVERED
TELEMEDICINE/ TELECONSULTATIONS	COVERED	COVERED	COVERED
HOME CARE SERVICES	NOT COVERED	NOT COVERED	NOT 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
- tions 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
- ll procedures, management and investigations not covered by the plan

250,150.00
1,250,750.00
BAND A + B + C
UNLIMITED

1,250,750.00

BAND A + B + C
UNLIMITED

COVERED
30 DAYS
PRIVATE WARD
COVERED
10 DAYS

30 DAYS

PRIVATE WARD

COVERED

10 DAYS

UNLIMITED

72 HOURS

	CHECKED
	COVERED

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UNLIMITED
21 DAYS

COVERED
COVERED
COVERED

5 SESSIONS
CARE LIMIT 500,000

COVERED
10 PER ANNUM

[illegible]

COVERED
COVERED
COVERED

COVERED
NIGERIAN MADE
COVERED
25 Sessions per annum

COVERED

N1,500,000 PER ANNUM

COVERED (7 DAYS)

COVERED
COVERED
COVERED; 2 PER ANNUM
UP TO 90, 000 ANNUAL LIMIT
SURGICAL LIMITS APPLIES

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COVERED

12 SESSIONS

COVERED

COVERED

3 SESSION PER WEEK

2 SESSION PER YEAR

1 SESSION PER YEAR

COVERED

COVERED

COVERED

