THE EDOHIS BENEFIT PACKAGE
(6th EDITION, 2025)
MAY 2025

S/N	BENEFITS	BENEFIT CATEGORY	BENEFIT CLASS	PRICE	PAYMENT MECHANISM	INFORMAL BRONZE HEALTHPLAN(₦18,000)	INFORMAL SILVER HEALTH PLAN (₦35,000)	FORMAL HEALTH PLAN	ENHANCED PRIVATE HEALTH PLAN (₦75,000)
TOTAL BENEFIT LIMIT PER ENROLLE									
(NAIRA) NOT TRANSFERABLE									
PRIMARY INVESTIGATIONS (10 % CO-PAYMENT APPLIES)									
1	G.P Consultation, Proper History Taking, Examination to help reach a diagnosis and counselling.	Primary	Consultation	Nil	Capitated	Covered	Covered	Covered	Covered
2	Immunization against childhood killer diseases; BCG, Oral Polio, DPT, Rota virus, Measles, Hepatitis B, HPV, Vitamin A, Yellow fever, and other vaccines included in the National Programme on Immunization (NPI SCHEME)	Primary	Health	Nil	Capitated	Covered	Covered	Covered	Covered
3	Drainage Of Simple Abscess (I&D),Minor Wound Dressing, Minor Wound Debridement, Surgical Repairs of Minor Lacerations & Passage of Urethral Catheter	Primary	Health	Nil	Capitated	Covered	Covered	Covered	Covered
4	Acute Uncomplicated Febrile Illness, Uncomplicated Diarrhoeal Diseases, Uncomplicated Malaria, Acute Upper Respiratory Tract Infections, Simple Anaemia (Not Requiring Blood Transfusion), Worm Infestation, Uncomplicated Bacteria, Fungal, Parasitic & Viral Infection and Illnesses, Dog Bite, Snake, Scorpion Stings.	Primary	Health	Nil	Capitated	Covered	Covered	Covered	Covered
5	RVS Counselling and Health Education, Treatment of Simple Opportunistic Infections.	Primary	Health	Nil	Capitated	Covered	Covered	Covered	Covered
6	Management of Uncomplicated STIs.	Primary	Health	NIL	Capitated	Covered	Covered	Covered	Covered
7	Psychosomatic illness, Insomnia (Counselling)	Primary	Health	Nil	Capitated	Covered	Covered	Covered	Covered
8	(Paediatrics) Feeding Problems and Nutritional Services, Treatment of Common Childhood Illnesses, E.g, (Uncomplicated Malaria, Other Febrile Illnesses, Vomiting and Uncomplicated Diarrhoeal Diseases, Uncomplicated Malnutrition.	Primary	Health	NIL	Capitated	Covered	Covered	Covered	Covered
9	Hives, Measles, Upper Respiratory Tract Infections, Other Childhood Exanthemas, Simple Skin Diseases and Viral Illnesses.	Primary	Health	NIL	Capitated	Covered	Covered	Covered	Covered
10	Treatment Of Minor Eye Ailments Including Conjunctivitis, simple contusions, and abrasions.	Primary	Health	NIL	Capitated	Covered	Covered	Covered	Covered
11	Penlight inspection of the anterior portion of the eye.	Primary	Health	Nil	Capitated	Covered	Covered	Covered	Covered
12	Dilatation of the eye	Primary	Health	1,000	Capitated	Covered	Covered	Covered	Covered
13	Fluorescence Staining	Primary	Health	1,000	Capitated	Covered	Covered	Covered	Covered

14	Establishing An Intravenous Line, Establishing Patent Airway, Management of Convulsion.	Primary	Health	Nil	Capitated	Covered	Covered	Covered	Covered
15	Control Of Bleeding, Cardio-Pulmonary Resuscitation, Immobilization of Fractures Using Splints, To Ease Transportation of Patients, Aspiration of Mucus Plug to Clear, Airways.	Primary	Health	Nil	Capitated	Covered	Covered	Covered	Covered
16	Family Planning Counselling and Sex Education Only.	Primary	Health	Nil	Capitated	Covered	Covered	Covered	Covered
17	Hospital Bed Occupancy (Cumulative Per Year)	Primary	Health	Nil	Capitated	Covered	Covered	Covered	Covered
18	Growth Monitoring, Nutritional Advice and Health Education	Primary	Health	Nil	Capitated	Covered	Covered	Covered	Covered
19	Dental Care Education (Preventive and Promoter Oral Care)	Primary	Health	Nil	Capitated	Covered	Covered	Covered	Covered
20	Dental Topical Fluoridation (Children)	Primary	Health	2,000	Capitated	Covered	Covered	Covered	Covered
21	Release Of Tongue Tie (Neonates)	Primary	Health	1,500	Capitated	Covered	Covered	Covered	Covered
22	Catheterization of urinary bladder	Primary	Health	1000	Capitated	Covered	Covered	Covered	Covered
PRIMARY INVESTIGATIONS (10 % CO-PAYMENT APPLIES)									
23	Primary Consultation for referrals	Primary	Consultations	1,000	Capitated	Covered	Covered	Covered	Covered
24	Malaria Parasite (MP Test)	Primary	Laboratory	1,000	Capitated	Covered	Covered	Covered	Covered
25	White Blood Cells (WBC)	Primary	Laboratory	1,500	Capitated	Covered	Covered	Covered	Covered
26	Fasting Blood Sugar (FBS)	Primary	Laboratory	1,500	Capitated	Covered	Covered	Covered	Covered
27	Random Blood Sugar (RBS)	Primary	Laboratory	1,500	Capitated	Covered	Covered	Covered	Covered
28	Hb/PCV	Primary	Laboratory	1,000	Capitated	Covered	Covered	Covered	Covered
29	Urinalysis	Primary	Laboratory	1,000	Capitated	Covered	Covered	Covered	Covered
30	Blood Film Microfilaria	Primary	Laboratory	2,000	Capitated	Covered	Covered	Covered	Covered
31	Mean Corp. HB Conc. (MCHC)	Primary	Laboratory	350	Capitated	Covered	Covered	Covered	Covered
32	Mean Cell Volume (MCV)	Primary	Haematology & Blood Group Serology	350	Capitated	Covered	Covered	Covered	Covered
33	Mean Cell Haemoglobin (MCH)	Primary	Haematology & Blood Group Serology	350	Capitated	Covered	Covered	Covered	Covered
34	Red Cell Count (RBC)	Primary	Haematology & Blood Group Serology	600	Capitated	Covered	Covered	Covered	Covered
35	Reticulocyte Count	Primary	Haematology & Blood Group Serology	600	Capitated	Covered	Covered	Covered	Covered
36	Platelets Count	Primary	Haematology & Blood Group Serology	1,000	Capitated	Covered	Covered	Covered	Covered
37	Erythrocyte Sedimentation Rate (ESR)	Primary	Laboratory	1,500	Capitated	Covered	Covered	Covered	Covered
38	Full Blood Count (FBC)	Primary	Laboratory	2,500	Capitated	Covered	Covered	Covered	Covered

39	WBC-Differential	Primary	Laboratory	1,500	Capitated	Covered	Covered	Covered	Covered
40	Bleeding Time	Primary	Haematology & Blood Group Serology	1,000	Capitated	Covered	Covered	Covered	Covered
41	Clotting Time	Primary	Haematology & Blood Group Serology	1,000	Capitated	Covered	Covered	Covered	Covered
42	Pregnancy Test (Urine)	Primary	Laboratory	1,000	Capitated	Not Covered	Covered	Covered	Covered
43	Pregnancy (Blood)	Primary	Laboratory	1,000	Capitated	Not Covered	Covered	Covered	Covered
44	Widal (Typhoid Test)	Primary	Laboratory	1,500	Capitated	Covered	Covered	Covered	Covered
45	VDRL (Syphilis Test)	Primary	Laboratory	1,500	Capitated	Covered	Covered	Covered	Covered
46	RVS	Primary	Laboratory	1,500	Capitated	Covered	Covered	Covered	Covered
47	H.PYLORI	Primary	Laboratory	2,000	Capitated	Covered	Covered	Covered	Covered
48	Genotype	Primary	Laboratory	2,000	Capitated	Covered	Covered	Covered	Covered
49	Blood group	Primary	Laboratory	2,000	Capitated	Covered	Covered	Covered	Covered
SPECIALISTS CONSULTATIONS									
50	Obstetrician	Secondary	CONSULT	10,000	Fee For Service	Not Covered	Covered	Covered	Covered
51	GYNAECOLOGIST	Secondary	CONSULT	10,000	Fee For Service	Covered	Covered	Covered	Covered
52	Pediatrician	Secondary	CONSULT	10,000	Fee For Service	Not Covered	Covered	Covered	Covered
53	General Surgeon	Secondary	CONSULT	10,000	Fee For Service	Covered	Covered	Covered	Covered
54	Cardiothoracic Surgeon	Secondary	CONSULT	10,000	Fee For Service	Not Covered	Covered	Covered	Covered
55	ENT Surgeon (Otorhinolaryngologist)	Secondary	CONSULT	10,000	Fee For Service	Covered	Covered	Covered	Covered
	Opthalmologist	Secondary	CONSULT	10,000	Fee For Service	Covered	Covered	Covered	Covered
56	Urologist	Secondary	CONSULT	10,000	Fee For Service	Covered	Covered	Covered	Covered
57	Orthopedic Surgeon	Secondary	CONSULT	10,000	Fee For Service	Covered	Covered	Covered	Covered
58	Gastroenterologist	Secondary	CONSULT	10,000	Fee For Service	Covered	Covered	Covered	Covered
59	Cardiologist	Secondary	CONSULT	15,000	Fee For Service	Covered	Covered	Covered	Covered
60	Neurologist	Secondary	CONSULT	15,000	Fee For Service	Not covered	Covered	Covered	Covered
61	Nephrologist	Secondary	CONSULT	10,000	Fee For Service	Not covered	Covered	Covered	Covered
62	Psychiatrist	Secondary	CONSULT	10,000	Fee For Service	Not covered	Covered	Covered	Covered
63	Neonatologist	Secondary	CONSULT	10,000	Fee For Service	Not Covered	Covered	Covered	Covered
64	Dermatologist	Secondary	CONSULT	10,000	Fee For Service	Covered	Covered	Covered	Covered
65	Pulmonologist/Respiratory Physician	Secondary	CONSULT	10,000	Fee For Service	Covered	Covered	Covered	Covered
66	Hematologist	Secondary	CONSULT	10,000	Fee For Service	Covered	Covered	Covered	Covered
67	Pathologist	Secondary	CONSULT	10,000	Fee For Service	Covered	Covered	Covered	Covered
68	Endocrinologist	Secondary	CONSULT	10,000	Fee For Service	Not covered	Covered	Covered	Covered
69	Family Physician	Secondary	CONSULT	10,000	Fee For Service	Covered	Covered	Covered	Covered
SECONDARY SERVICES (GENERAL DESCRIPTIVE SERVICES)									
70	Severe Malaria	Secondary	Health	Nil	Fee For Service	Covered	Covered	Covered	Covered
71	Typhoid	Secondary	Health	Nil	Fee For Service	Covered	Covered	Covered	Covered

72	Pneumonia	Secondary	Health	Nil	Fee For Service	Covered	Covered	Covered	Covered
73	Specialist Initial Consultation (Subject to Confirmation) (2DIFFERENT SPECIALIST CONSULT PER INDIVIDUAL PER ANNUM)	Secondary	Consultation	10,000	Fee For Service	Covered	Covered	Covered	Covered
74	Specialist Review/Followup (Per Visit) (2 Reviews/followup PER SPECIALIST) (4 SPECIALIST AND 2 FOLLOW UP FOR FORMAL SECTOR)	Secondary	Health	5,000	Fee For Service	Covered	Covered	Covered	Covered
75	Pharmacist Consult	Secondary	Health	1,500	Fee For Service	Covered	Covered	Covered	Covered
76	Special Nursing Care (E.G. Intensive Care, SCBU, Paediatric Emergency Etc.)	Secondary	Health	1,500	Fee For Service	Not covered	Covered	Covered	Covered
77	Nursing Care & Surgical Admission Hospital Bed Occupancy (Per Annum)	Secondary	Health	2,000	Fee For Service	Covered	Covered	Covered	Covered
78	General Anaesthetic Fee(1per Procedure)	Secondary	Health	50,000	Fee For Service	Covered	Covered	Covered	Covered
79	Spinal Anaesthetic Fee (1 per Procedure)	Secondary	Health	30,000	Fee For Service	Covered	Covered	Covered	Covered
EAR, NOSE & THROAT (ENT/MAXILOFACIAL SURGERY) BUNDLE SURGERIES (50% CO-PAYMENT APPLIES TO SELECTED SERVICES WHILE FULL PAYMENT FOR OTHERS)									
80	Antral Washout (Co-payment 50/50)	Secondary	Surgery	50,000	Fee For Service	Not Covered	Covered 50/50 (1)	Covered 50/50 (1)	Covered (1)
81	Ear Syringing	Secondary	Surgery	5,000	Fee for service	Not Covered	Covered (1)	Covered (1)	Covered (1)
82	Ear Dressing (Per Annum)	Secondary	Surgery	3,000	Fee for service	Covered (2 Procedures)	Covered (3) Procedures	Covered (4) Procedures	Covered (5) Procedures
83	Foreign Body Removal from Ear	Secondary	Surgery	12,000	Fee For Service	Covered	Covered (1) 50/50	Covered (1) 50/50	Covered (1)
84	Nasal Toileting	Secondary	Surgery	3,500	Fee For Service	Covered (1)	Covered (2)	Covered (3)	Covered (4)
85	Foreign Body Removal from Nose	Secondary	Surgery	12,000	Fee For Service	Covered (1) 50/50	Covered (1) 50/50	Covered (1) 50/50	Covered (1)
86	Intranasal Biopsy + Histology	Secondary	Surgery	30,000	Fee for service	Not Covered	Covered (50/50))	Covered(per family)	Covered (1)
87	Laryngoscopy	Secondary	Surgery	25,000	Fee for service	Not Covered	Covered (1) (50/50)	Covered (1) 50/50	Covered (1)
88	Video Otoscopy	Secondary	Health	5,000	Fee for service	Not Covered	Not Covered	Covered (1)	Covered (1)
89	Release Of Tongue Tie (Toddler)	Secondary	Surgery (Full Payment)	10,000	Fee For Service	Not Covered	Covered	Covered	Covered
90	Endoscopic Sinus Surgery	Secondary	Surgery	250,000	Fee For Service	Not Covered	Not Covered	Not Covered	Covered (50/50)
91	Drainage of Peritonsilar Abscess	Secondary	Surgery	40,000	Fee For Service	Not Covered	Not Covered	Covered (1)	Covered (2)
92	Myringotomy	Secondary	Surgery	50,000	Fee For Service	Not Covered	Not Covered	Covered	Covered
93	Aural Polypectomy	Secondary	Surgery	40,000	Fee For Service	Not Covered	Not Covered	Covered	Covered
94	Nasal Polypectomy under G.A	Secondary	Surgery	2OO,000	Fee For Service	Not Covered	Not Covered	Covered (50/50)	Covered (50/50)
95	Tonsilectomy / Adenotonsilectomy	Secondary	Surgery	250,000	Fee For Service	Not Covered	Not Covered	Covered (50/50) 1 Per Family	Covered (50/50)

96	Total Maxillectomy	Secondary	Surgery	300,000	Fee For Service	Not Covered	Not Covered	Covered (50/50)	Covered (50/50)
97	Medial Maxillectomy	Secondary	Surgery	250,000	Fee For Service	Not Covered	Not Covered	Covered (50/50)	Covered (50/50)
OBSTETRIC & GYNEACOLOGY (BUNDLE SURGERIES (50% CO-PAYMENT APPLIES TO SELECTED SERVICES WHILE FULL PAYMENT FOR OTHERS)				**MATERNITY LIMITS**		NOT COVERED	190,000.00	400,000.00	350,000.00
98	Evacuation Of Retained Product of Conception (ERPC)	Secondary	Surgery	30,000	Fee For Service	NOT Covered	Covered (1)	Covered (1)	Covered (1)
99	Marsupialisation (Bartholin Cyst)	Secondary	Surgery	25,000	Fee For Service	Not Covered	Covered (50/50)	Covered (1)	Covered (2)
100	Repair Of Episiotomy	Secondary	Surgery	15,000	Fee For Service	Not Covered	Covered	Covered	Covered
101	Colporrhaphy- Vaginal Wall Repair/ Colpoperineorrhaph y	Secondary	Surgery	50,000	Fee For Service	Not Covered	Not Covered	Not Covered	*Covered
102	Instrumental Delivery (Forceps, Vacuum Extraction)	Secondary	Surgery	15,000	Fee For Service	Not Covered	Covered	Covered	Covered
103	Repair Of Third- Degree Tears/Cervical Tear	Secondary	Surgery	40,000	Fee For Service	Not Covered	Covered	Covered	Covered
104	Antenatal Care (Consultation + routine Lab Test + 2Scans + routine Haematinics)	Secondary	Health	40,000	Fee For Service	Not Covered	Covered	Covered	Covered
105	Single Delivery. Delivery Is Every Two Years for Four Live Births	Secondary	Health	50,000	Fee For Service	Not Covered	Covered	Covered	Covered
106	Multiple Delivery. Delivery Is Every Two Years for Two Live Births	Secondary	Health	60,000	Fee For Service	Not Covered	Covered	Covered	Covered
107	C/S +Spinal (Delivery Is Every Two Years for Four Live Births)	Secondary	Surgery	250,000	Fee For Service	Not Covered	Covered (50/50)	Covered	Covered
108	Repeat C/S+ Spinal Anaesthesia+Adhesioly sis (Delivery Is Every Two Years for Four Live Births)	Secondary	Surgery	300,000	Fee For Service	Not Covered	Covered (50/50)	Covered	Covered
BUNDLE SURGERIES (50% CO-PAYMENT APPLIES TO SELECTED SERVICES WHILE FULL PAYMENT FOR OTHERS)				**SURGICAL LIMITS**		150,000.00	200,000.00	300,000.00	400,000.00
109	Salpingo- Oophorectomy	Secondary	Surgery	200,000	Fee For Service	Not Covered	Covered (50/50)	Covered (50/50)	Covered (50/50)
110	Pelvic/Abdominal Abscess Drainage	Secondary	Surgery	80,000	Fee For Service	Not Covered	Covered	Covered	Covered
111	Exploratory laparotomy	Secondary	Surgery	200,000	Fee For service	Covered (50/50)	Covered (50/50)	Covered (50/50)	Covered (50/50)
112	Ovarian Cystectomy	Secondary	Surgery	150,000	Fee For Service	Not Covered	Covered (50/50)	Covered (50/50)	Covered
113	Repair Of Perforated/Rupture d Uterus	Secondary	Surgery	100,000	Fee For Service	Not Covered	Covered	Covered	Covered
114	Salpingectomy (E.G. For Ectopic Pregnancy)	Secondary	Surgery	200,000	Fee For Service	Not Covered	Covered (50/50)	Covered (50/50)	Covered (50/50)
115	Appendectomy	Secondary	Surgery	150,000	Fee For Service	Covered	Covered	Covered (2 per Family)	Covered
116	Herniorrhaphy	Secondary	Surgery	150,000	Fee For Service	Covered (1)	Covered (1)	Covered (2 per Family)	Covered (1)
117	Herniotomy	Secondary	Surgery	130,000	Fee For Service	Not Covered	Covered	Covered	Covered

118	Haemorrhoidectomy	Secondary	Surgery	150,000	Fee For Service	Not Covered	Not Covered	Covered 50/50	Covered
119	Suprapubic Cystostomy	Secondary	Surgery	25,000	Fee For Service	Not Covered	Covered	Covered	Covered
120	Surgery Of Torsion of Spermatic Cord	Secondary	Surgery	100,000	Fee For Service	Covered	Covered	Covered	Covered
121	Hydrocelectomy	Secondary	Surgery	100,000	Fee For Service	Not Covered	Covered (50/50)	Covered (50/50)	Covered (50/50)
122	Prostatectomy	Secondary	Surgery	300,000	Fee For Service	Not Covered	Not Covered	Covered (50/50)	Covered (50/50)
123	Myomectomy	Secondary	Surgery	250,000	Fee For Service	Not Covered	Not Covered	Covered (50/50)	Covered (50/50)
124	Mastoidectomy	Secondary	Surgery	315,000	Fee For Service	Not Covered	Not Covered	Not Covered	Covered (50/50)
INTERNAL MEDICINE (FULL PAYMENT)									
125	Nebulisation + Sterile Water/Normal Saline/salbutamol nebules (Per Day)	Secondary	Health	2,500	Fee For Service	Covered (2)	Covered (2)	Covered (2)	Covered (2)
126	Oxygen Therapy (Quarter)	Secondary	Health	5,000	Fee For Service	Covered (1)	Covered (2)	Covered (4 per family)	Covered (4)
127	Resuscitation(CPR/AED ALL TYPES / Suction	Secondary		5,000	Fee For Service	Covered	Covered	Covered	Covered
PHYSIOTHERAPY (FULL PAYMENT)									
128	Physiotherapy Session	Secondary		5,000	Fee For Servic e	Covered(1 session)	Covered (1 session)	Covered (2 Sessions)	Covered (2 Sessions)
ORTHOPAEDICS (50% CO-PAYMENT APPLIES TO SELECTED SERVICES WHILE FULL PAYMENT FOR OTHERS)									
129	MUA & Pop Application (1 per Annum)	Secondary	Health	50,000	Fee For Service	Covered	Not Covered	Covered	Covered
130	Above Knee Pop Cast (1 Per Annum)	Secondary	Health	15,000	Fee For Service	Not Covered	NOT Covered	Covered	Covered
131	Below Knee Pop Cast (1 Per Annum)	Secondary	Health	15,000	Fee For Service	Not Covered	NOT Covered	Covered	Covered
132	Boot Pop Cast (1 Per Annum)	Secondary	Health	15,000	Fee For Service	Not Covered	NOT Covered	Covered	Covered
133	Above Knee Back Slab (1 Per Annum)	Secondary	Health	15,000	Fee For Service	Not Covered	NOT Covered	Covered	Covered
134	Above Elbow Pop Cast (1 Per Annum)	Secondary	Health	15,000	Fee For Service	Not Covered	NOT Covered	Covered	Covered
135	Below Knee Back Slab (1 Per Annum)	Secondary	Health	15,000	Fee For Service	Not Covered	NOT Covered	Covered	Covered
136	Below Elbow Pop Cast (1 Per Annum)	Secondary	Health	15,000	Fee For Service	Not Covered	NOT Covered	Covered	Covered
137	U-Shaped Pop Cast (1 Per Annum)	Secondary	Health	15,000	Fee For Service	Not Covered	NOT Covered	Covered	Covered
138	U-Shaped Pop Back Slap(1 Per Annum)	Secondary	Health	15,000	Fee For Service	Not Covered	NOT Covered	Covered	Covered
139	Hanging Cast (1 Per Annum)	Secondary	Health	15,000	Fee For Service	Not Covered	NOT Covered	Covered	Covered
140	Hip Spica Pop Cast (1 Per Annum)	Secondary	Health	15,000	Fee For Service	Not Covered	NOT Covered	Covered	Covered
141	Minor Jacket Pop Cast (1 Per Annum)	Secondary	Health	15,000	Fee For Service	Not Covered	NOT Covered	Covered	Covered
142	Thoracolumbar Pop Cast (1 Per Annum)	Secondary	Health	15,000	Fee For Service	Not Covered	NOT Covered	Covered	Covered
143	Lumber Pop Cast (1 Per Annum)	Secondary	Health	15,000	Fee For Service	Not Covered	NOT Covered	Covered	Covered
144	Full Arm Casts (1 Per Annum)	Secondary	Health	15,000	Fee For Service	Covered	NOT Covered	Covered	Covered
145	Full Leg Casts (1 Per Annum)	Secondary	Health	15,000	Fee For Service	Covered	NOT Covered	Covered	Covered
146	Scotch Cast	Secondary	Health	15,000	Fee For Service	Covered	NOT Covered	Covered	Covered
147	Amputation- Finger	Secondary	Health	15,000	Fee For Service	Not Covered	Covered (1)	Covered (2 PER FAMILY)	Covered (2)
148	Amputation-Toes	Secondary	Health	15,000	Fee For Service	Not Covered	Covered (1)	Covered (2)	Covered (2)

149	Removal of Pop	Secondary	Health	15,000	Fee For Service	Covered	NOT Covered	Covered	Covered
150	Closed Reduction (1 Per Annum)	Secondary	Surgery	50,000	Fee For Service	Not Covered	NOT Covered	Covered (50/50)	Covered (50/50)
151	External Fixator (1 Per Annum)	Secondary	Surgery	70,000	Fee For Service	Not Covered	NOT Covered	Covered (50/50)	Covered (50/50)
GENERAL SURGERY (BUNDLE SURGERIES (50% CO-PAYMENT APPLIES TO SELECTED SERVICES WHILE FULL PAYMENT FOR OTHERS)									
152	Major Wound Dressing	Secondary	Surgery	3,000	Fee For Service	Covered (3)	Covered (3)	Covered (3)	Covered (4)
153	Major Debridement	Secondary	Surgery	15,000	Fee For Service	Not Covered	Not Covered	Covered (1)	Covered (2)
154	Circumcision (Maximum 6 Weeks of Age)	Secondary	Surgery	8,000	Fee For Service	Not Covered	Covered	Covered	Covered
155	Incision And Drainage of MAJOR Abscess (Per Annum)	Secondary	Surgery	12,000	Fee For Service	Covered (1)	Covered (2)	Covered (2)	Covered (3)
156	Incision And Drainage of MINOR Abscess (Per Annum)	Secondary	Surgery	5,000	Fee For Service	Covered (1)	Covered (2)	Covered (2)	Covered (3)
157	Lumpectomy + Histology Excision (Breast) (2 PER ANNUM)	Secondary	Surgery	50,000	Fee For Service	Not Covered	Covered (50/50)	Covered (50/50)	Covered (50/50)
158	EXCISION BIOPSY + HISTOLOGY (TISSUE)	Secondary	Surgery	30,000	Fee for service	Not Covered	Covered (50/50)	Covered (50/50)	Covered
159	Suture Of Major Wound	Secondary	Surgery	15,000	Fee For Service	Covered (1)	Covered (2)	Covered (3)	Covered (3)
160	Ingrowing Toe Nail Excision (50/50)	Secondary	Surgery	20,000	Fee For Service	Not Covered	Covered	Covered	Covered
OPTOMETRY SERVICES (10% CO-PAYMENT APPLIES FOR ALL EYE TESTS)				OPTICAL LIMIT		25,000.00	30,000.00	35,000.00	45,000.00
161	Optometrist consultation	Secondary	Health	1,000	Fee For Service	Covered [2]	Covered [2]	Covered [3]	Covered (3)
162	Plain white lens/bifocal/Readers + Frame (once in 2 years)	Secondary	Health	30,000	Fee For Service	Covered (25,000)	Covered	Covered (1 PER FAMILY)	Covered
164	Indirect Ophthalmoscopy (1 Per Annum)	Secondary	Health	5,000	Fee For Service	Covered	Covered	Covered	Covered
165	Fundus Photography	Secondary	Health	5,000	Fee For Service	Covered (1)	Covered (1)	Covered (2)	Covered (3)
166	Gonioscopy	Secondary	Health	5,000	Fee for Service	Not Covered	Not Covered	Covered	Covered
167	Ocular Ultrasonography (Bscan)	Secondary	Health	8,000	Fee For Service	Not Covered	Not Covered	Covered (1)	Covered (2)
168	Ocular ULTRASOUND (A Scan)	Secondary	Health	8,000	Fee For	Not Covered	Not Covered	Covered (1)	Covered (2)
169	Slit-lamp Biomicroscopy (Per Annum)	Secondary	Health	3,000	Fee for Service	Covered (1)	Covered (1)	Covered (2)	Covered (2)
170	Retinoscopy/Auto refraction and subject refraction	Secondary	Health	4,000	Fee for Service	Covered (1)	Covered (1)	Covered (2)	Covered (2)
171	Keratometry (Per Annum)	Secondary	Health	4,000	Fee for Service	Covered (1)	Covered (1)	Covered (2)	Covered (2)
172	Tonometry (Per Annum)	Secondary	Health	4,000	Fee For Service	Covered (2 Session)	Covered (2 Sessions)	Covered (2 Sessions)	Covered (2)Sessions)
173	Central Visual Field (CVF)	Secondary	Health	9,000	Fee For Service	Not Covered	Covered (1)	Covered (1)	Covered (2)
174	Ocular dressing/Padding/ irrigation	Secondary	Health	2,500	Fee For Service	Covered (2 Dressings)	Covered (2 Dressings)	Covered (3Dressings)	Covered (4 Dressings)
OPHTHALMOLOGICAL SERVICES (BUNDLE SURGERIES) (50% CO-PAYMENT APPLIES TO SELECTED SERVICES WHILE FULL PAYMENT FOR OTHERS)				OPTICAL SURGICAL LIMIT		Not covered	180,000.00	200,000.00	250,000.00
175	Subconjunctival Injection	Secondary	Health	5,000	Fee For Service	Not Covered	Covered (1)	Covered (2)	Covered (3)

176	Intravitreal Injection (Anti-VEGF)	Secondary	Health	25,000	Fee For Service	Not Covered	Not Covered	Covered (2)	Covered (3)
177	Abscess Drainage of Lid	Secondary	Health	10,000	Fee For Service	Not Covered	Covered (1)	Covered (2)	Covered (3)
178	Paracentesis (A/C Wash Out)	Secondary	Health	10,000	Fee For Service	Not Covered	Covered	Covered	Covered
179	Foreign body removal (eye)	Secondary	Health	10,000	Fee For Service	Not Covered	Covered	Covered	Covered
180	Chalazion Excision (1 procedure per Annum)	Secondary	Health	15,000	Fee For Service	Not Covered	Covered	Covered	Covered
181	Evisceration (50/50)	Secondary	SURGERY	50,000	Fee For Service	Not Covered	Covered 50/50	Covered 50/52	Covered
182	Enucleation (50/50)	Secondary	SURGERY	60,000	Fee For Service	Not Covered	Covered 50/50	Covered 50/50	Covered
183	Eyelid repair	Secondary	Health	30,000	Fee For Service	Not Covered	Covered	Covered	Covered
184	Pterygium Excision 1 per annum (Unilateral pterygium excision after 6 months on the scheme.)	Secondary	SURGERY	80,000	Fee For Service	Not Covered	Covered (50/50)	Covered 50/50	Covered
185	Cataract Surgery 1 per annum (After 6 months on the scheme)	Secondary	SURGERY	180,000	Fee For Service	Not Covered	Covered 50/50	Covered (50/50)	Covered
186	Laser Capsulotomy	Secondary	SURGERY	50,000	Fee For Service	Not Covered	Not Covered	Covered 50/50	Covered 50/50
187	Laser Iridotomy/Trabeculectomy Both Eyes	Secondary	SURGERY	80,000	Fee For Service	Not Covered	Not Covered	Covered 50/50	Covered 50/50
188	Laser Cryophotocoagulation	Secondary	SURGERY	60,000	Fee For Service	Not Covered	Not Covered	Covered 50/50	Covered 50/50
189	Vitrectomy	Secondary	Surgery	50,000	Fee For Service	Not Covered	Not Covered	Covered	Covered
PAEDIATRICS SERVICES (FULL PAYMENT)									
190	Aspirations / Paracentesis	Secondary	Health	3,000	Fee For Service	Not Covered	Covered	Covered	Covered
191	Lumbar Puncture (1 Per Annum)	Secondary	Health	10,000	Fee For Service	Not Covered	Covered	Covered	Covered
192	Phototherapy Per Day	Secondary	Health	3,000	Fee For Service	Not Covered	Covered (3)	Covered (3)	Covere (4)
DENTAL SERVICES/SURGERY (BUNDLE SURGERIE S) (50% CO-PAYMENT APPLIES TO SELECTED SERVICES WHILE FULL PAYMENT FOR OTHERS)				Dental surgical limit		15000	20000	30000	40000
Dentist				10,000.00	Fee For Service	Covered (1)	Covered (1)	Covered (2)	Covered (3)
193	Simple Extraction	Secondary	Surgery	15,000	Fee For Service	Covered (1)	Covered (1)	Covered (2)	Covered (3)
194	Composite Restoration Anterior	Secondary	Surgery	8,000	Fee For Service	Covered (1)	Covered (1)	Covered (2)	Covered (3)
195	Composite Restoration Posterior	Secondary	Surgery	10,000	Fee For Service	Covered (1)	Covered (1)	Covered (2)	Covered (3)
196	Pulpal Treatment (Children)	Secondary	Surgery	10,000	Fee For Service	Not Covered	Covered (1)	Covered (2)	Covered (3)
197	PULPECTOMY	Secondary	Surgery	15,000	Fee For Service	Not Covered	Covered (1)	Covered (2)	Covered (3)
198	G.I.C Filling (Anterior)	Secondary	Surgery	10,000	Fee For Service	Covered (1)	Covered (1)	Covered (3)	Covered (4)
199	G.I.C Filling (Posterior)	Secondary	Surgery	10,000	Fee For Service	Covered (2)	Covered (2)	Covered (3)	Covered (4)
200	Surgical Extraction	Secondary	Surgery	30,000	Fee For Service	Not Covered	Covered (1)	Covered (2)	Covered (3)
201	Scaling & Polishing (PER ANUM)	Secondary	Surgery	20,000	Fee For Service	Not Covered	Not Covered	Covered (50/50)	Covered (1 session)
202	Incision & Decompression	Secondary	Surgery	20,000	Fee For Service	Not Covered	Covered (1)	Covered (1)	Covered (2)
203	Curettage	Secondary	Surgery	8000 per quadrant	Fee For Service	Not Covered	Not Covered	Covered (2 sessions)	Covered (2Sessions)
204	Intra-oral Suturing (minor)	Secondary	Minor	15,000	Fee For Service	Not Covered	Not Covered	Covered (1)	Covered (1)
205	Intra – oral Suturing (major)	Secondary	Major	20,000	Fee For Service	Not Covered	Not Covered	Covered (1)	Covered (1)
206	Root Canal Treatment (RCT)	Secondary	Health	40,000	Fee For Service	Not Covered	Not Covered	Covered (50/50)	Covered (1 session)

207	Desensitization	Secondary	Health	3500 per tooth		Not Covered	Not Covered	Covered (2)	Covered (2)
208	Removable Partial Denture	Secondary	Surgery	7,000 for one and 5,000 for any additional	Fee for Service	Not Covered	Not Covered	Covered (2 dentures)	Covered (2 dentures)
209	Splinting of mobile teeth	Secondary	Surgery	7,500	Fee for Service	Not Covered	Covered (1)	Covered (1)	Covered (1)
210	Incisional Biopsy	Secondary	Surgery	25,000	Fee for Service	Not Covered	Covered (1)	Covered (1)	Covered (1)
211	Operculectomy	Secondary	Surgery	10,000	Fee for Service	Not Covered	Not Covered	Covered (1)	Covered (1)
212	Gingivectomy	Secondary	Surgery	10,000	Fee for Service	Not Covered	Not Covered	Covered (1)	Covered (1)
CLINICAL CHEMISTRY/HISTOPATHOLOGY (10% CO-PAYMENT APPLIES)									
213	Full Electrolytes	Secondary	Lab. Investigation (Clinical Chemistry)	3,500	Fee For Service	Covered	Covered	Covered	Covered
214	Sodium	Secondary	Lab. Investigation (Clinical Chemistry)	1,000	Fee For Service	Covered	Covered	Covered	Covered
215	Potassium	Secondary	Lab. Investigation (Clinical Chemistry)	1,000	Fee For Service	Covered	Covered	Covered	Covered
216	Chloride	Secondary	Lab. Investigation (Clinical Chemistry)	1,000	Fee For Service	Covered	Covered	Covered	Covered
217	Bicarbonate	Secondary	Lab. Investigation (Clinical Chemistry)	1,000	Fee For Service	Covered	Covered	Covered	Covered
218	Urea	Secondary	Lab. Investigation (Clinical Chemistry)	1,000	Fee For Service	Covered	Covered	Covered	Covered
219	Liver Function Test (LFT)	Secondary	Lab. Investigation (Clinical Chemistry)	5,000	Fee For Service	Not Covered	Not Covered	Covered (1)	Covered (2)
220	HBA1C (Per Annum)	Secondary	Lab. Investigation (Clinical Chemistry)	10,000	Fee For Service	Not Covered	Covered (50/50)	Covered (1)	Covered (2)

221	Thyroid Function Test	Secondary	Lab. Investigation(Clinical Chemisty)	12,000	Fee For Service	Not Covered	Not Covered	Covered (1)	Covered (2)
222	Total Bilirubin	Secondary	Lab. Investigation (Clinical Chemistry)	1,000	Fee For Service	Not Covered	Covered (2)	Covered (3)	Covered (4)
223	Direct Bilirubin	Secondary	Lab. Investigation (Clinical Chemistry)	1,000	Fee For Service	Not Covered	Covered (2)	Covered (2)	Covered (2)
224	Direct Coomb's Test	Secondary	Haematology & Blood Group Serology	1,500	Fee For Service	Not Covered	Covered	Covered (1)	Covered (1)
225	Indirect Coomb's Test	Secondary	Haematology & Blood Group Serology	1,500	Fee For Service	Not Covered	Covered	Covered	Covered
226	Alkaline Phosphatase	Secondary	Lab. Investigation (Clinical Chemistry)		Fee For Service	Not Covered	Covered (1)	Covered (2)	Covered (3)
227	Alanine Aminotransferase (SGPT)	Secondary	Lab. Investigation (Clinical Chemistry)	1,000	Fee For Service	Not Covered	Covered (1)	Covered (2)	Covered (3)
228	Aspartate Aminotransferase SGOT)	Secondary	Lab. Investigation (Clinical Chemistry)	1,000	Fee For Service	Not Covered	Covered (1)	Covered (2)	Covered (3)
229	Fasting Lipid Profile	Secondary	Lab. Investigation (Clinical Chemistry)	**5000**	Fee For Service	Not covered	Covered (1)	Covered (2)	Covered (3)
230	Prostate Specific Antigen (PSA)	Secondary	Lab. Investigation (Clinical Chemistry)	10,000	Fee For Service	Not Covered	Not Covered	Covered (1)	Covered (2)
231	Total Protein	Secondary	Lab. Investigation (Clinical Chemistry)	2,000	Fee For Service	Not Covered	Covered (1)	Covered (2)	Covered (3)

232	Albumin	Secondary	Lab. Investigation (Clinical Chemistry)	1,500	Fee For Service	Not Covered	Covered (1)	Covered (2)	Covered (3)
233	Globulin	Secondary	Lab. Investigation (Clinical Chemistry)	1,500	Fee For Service	Not Covered	Covered (1)	Covered (2)	Covered (3)
234	Acid Phosphatase (Total & Prostatic) Each	Secondary	Lab. Investigation (Clinical Chemistry)	2,000	Fee For Service	Not Covered	Not Covered	Covered (1)	Covered (2)
235	Cholesterol	Secondary	Lab. Investigation (Clinical Chemistry)	2,500	Fee For Service	Covered (1)	Covered (1)	Covered (2)	Covered (3)
236	Triglyceride	Secondary	Lab. Investigation (Clinical Chemistry)	1,500	Fee For Service	Not Covered	Covered (1)	Covered (2)	Covered (3)
237	Uric Acid	Secondary	Lab. Investigation (Clinical Chemistry)	1,000	Fee For Service	Not Covered	Covered (1)	Covered (2)	Covered (3)
238	Iron	Secondary	Lab. Investigation (Clinical Chemistry)	1,000	Fee For Service	Not Covered	Covered (1)	Covered (1)	Covered (2)
239	Phosphate	Secondary	Lab. Investigation (Clinical Chemistry)	1,000	Fee For Service	Not Covered	Covered (1)	Covered (2)	Covered (3)
240	CSF: Chloride	Secondary	Lab. Investigation (Clinical Chemistry)	1,000	Fee For Service	Not Covered	Not Covered	Covered (1)	Covered (2)
241	CSF: Protein (Total)	Secondary	Lab. Investigation (Clinical Chemistry)	1,000	Fee For Service	Not Covered	Not Covered	Covered (1)	Covered (2)

242	CSF: Glucose	Secondary	Lab. Investigation (Clinical Chemistry)	1,000	Fee For Service	Not Covered	Not Covered	Covered (1)	Covered (2)
243	Urea Clearance	Secondary	Lab. Investigation (Clinical Chemistry)	1,000	Fee For Service	Not Covered	Not Covered	Covered	Covered
244	Calcium	Secondary	Lab. Investigation (Clinical Chemistry)	1,000	Fee For Service	Covered (1)	Covered (1)	Covered (2)	Covered (3)
245	E/U/Creatinine	Secondary	Lab. Investigation (Clinical Chemistry)	5,000	Fee For Service	Covered (1)	Covered (1)	Covered (2)	Covered (3)
246	Prothrombin Time (PT)	Secondary	Haematology & Blood Group Serology	1,000	Fee For Service	Covered (1)	Covered (1)	Covered (2)	Covered (3)
247	Partial Prothrombin Time (PTT)	Secondary	Haematology & Blood Group Serology	1,500	Fee For Service	Covered (1)	Covered (1)	Covered (2)	Covered (3)
248	Peripheral Blood Film	Secondary	Haematology & Blood Group Serology	3,500	Fee For Service	Covered (1)	Covered (1)	Covered (2)	Covered (3)
249	Screening Of Donor Blood	Secondary	Haematology & Blood Group Serology	2,000	Fee For Service	Covered	Covered	Covered	Covered
250	Cross Match	Secondary	Haematology & Blood Group Serology	2,000	Fee For Service	Covered	Covered	Covered	Covered
251	Urine Microscopy/ Culture & Sensitivity	Secondary	Microbiology/ Parasitology	3,000	Fee For Service	Covered	Covered	Covered	Covered
252	Stool Microscopy/ Culture & Sensitivity	Secondary	Microbiology/ Parasitology	3,000	Fee For Service	Covered	Covered	Covered	Covered
253	Stool Occult Blood Test	Secondary	Microbiology/ Parasitology	3,000	Fee For Service	Not Covered	Covered	Covered	Covered
254	Blood Microscopy/ Culture & Sensitivity	Secondary	Microbiology/ Parasitology	3,000	Fee For Service	Not Covered	Covered	Covered	Covered
255	Blood Microfilaria	Secondary	Microbiology/ Parasitology	3,000	Fee For Service	Not Covered	Not Covered	Covered	Covered
256	Blood Trypanosomes	Secondary	Microbiology/ Parasitology	3,000	Fee For Service	Not Covered	Not Covered	Covered	Covered

257	Sputum Gram Stain	Secondary	Microbiology/ Parasitology	2,000	Fee For Service	Not Covered	Covered	Covered	Covered
258	SPUTUM: Z.N Stain For AFB	Secondary	Microbiology/ Parasitology	3000	Fee For Service	Not Covered	Covered	Covered	Covered
259	Sputum Microscopy/ Culture & Sensitivity	Secondary	Microbiology/ Parasitology	3000	Fee For Service	Not Covered	Covered	Covered	Covered
260	CSF Microscopy & Count	Secondary	Microbiology/ Parasitology	3000	Fee For Service	Not Covered	Not Covered	Covered	Covered
261	CSF Gram Stain	Secondary	Microbiology/ Parasitology	3,000	Fee For Service	Not Covered	Not Covered	Covered	Covered
262	CSF Microscopy/ Culture & Sensitivity	Secondary	Microbiology/ Parasitology	3,000	Fee For Service	Not Covered	Not Covered	Covered	Covered
263	SWABS- Pus, Wound, Throat, Eye, Ear, Urethral, Aspirates, HVS, Endo- Cervical E.T.C Gram Stain (Where Applicable)	Secondary	Microbiology/ Parasitology	3,000	Fee For Service	Covered	Covered	Covered	Covered
264	SKIN Snip (Microfilaria)	Secondary	Microbiology/ Parasitology	3,000	Fee For Service	Not Covered	Not Covered	Covered	Covered
265	SKIN Microscopy (KOH Mount)	Secondary	Microbiology/ Parasitology	3,000	Fee For Service	Not Covered	Not Covered	Covered	Covered
266	SKIN Scraping for Fungal Element (Culture)	Secondary	Microbiology/ Parasitology	3,000	Fee For Service	Not Covered	Not Covered	Covered	Covered
267	SKIN Heaf's/ Mantoux Test	Secondary	Microbiology/ Parasitology	2,500	Fee For Service	Covered	Not Covered	Covered	Covered
268	Hepatitis B Surface Antigen (HBSAG) (2 Per Year)	Secondary	Other Serological Test	3,000	Fee For Service		Covered	Covered	Covered
269	HIV Confirmatory Test (1 Per Year)	Secondary	Other Serological Test	1,500	Fee For Service	Not Covered	Not Covered	Covered	Covered
270	Hepatitis C Virus (HCV) (2 Per Year)	Secondary	Other Serological Test	3,000	Fee For Service	Covered	Covered	Covered	Covered
271	Rhesus Factor Determination (1 Per Year)	Secondary	Other Serological Test	2,000	Fee For Service	Not Covered	Not Covered	Covered	Covered
272	PAP SMEAR/CYTOLOGY (once every three years for 21-65)	Secondary	Histology/ Cytology	16,500	Fee For Service	Covered	Covered	Covered	Covered
273	HPV (Human Papilloma Virus) (1 Per Year)	Secondary	Histology/ Cytology	25,000	Fee For Service	Covered	Covered	Covered	Covered
274	Tissue Biopsy (1 Per Year)	Secondary	Histology/ Cytology	10,000	Fee For Service	Not Covered	Not Covered	Covered	Covered
275	Lymph Nodes Biopsy (1 Per Year)	Secondary	Histology/ Cytology	10,000	Fee For Service	Not Covered	Not Covered	Covered	Covered
276	Hand/ Finger (1 Per Year)	Secondary	Radiographic And Ultra-Sonographic Investigation (Upper Limb)	4,000	Fee For Service	Not Covered	Covered	Covered	Covered

277	Wrist (1 Per Year)	Secondary	Radiographic And Ultra-Sonographic Investigation (Upper Limb)	4,000	Fee For Service	Not Covered	Covered	Covered	Covered
278	Forearm (1 Per Year)	Secondary	Radiographic And Ultra-Sonographic Investigation (Upper Limb)	4,000	Fee For Service	Not Covered	Covered	Covered	Covered
279	Elbow (1 Per Year)	Secondary	Radiographic And Ultra-Sonographic Investigation (Upper Limb)	4,000	Fee For Service	Not Covered	Covered	Covered	Covered
280	Humerus (1 Per Year)	Secondary	Radiographic And Ultra-Sonographic Investigation (Upper Limb)	5,000	Fee For Service	Not Covered	Covered	Covered	Covered
281	Shoulder (1 Per Year)	Secondary	Radiographic And Ultra-Sonographic Investigation (Upper Limb)	5,000	Fee For Service	Not Covered	Covered	Covered	Covered
282	Clavicle (1 Per Year)	Secondary	Radiographic And Ultra-Sonographic Investigation (Upper Limb)	4,000	Fee For Service	Not Covered	Covered	Covered	Covered
283	Foot/Toe (1 Per Year)	Secondary	Radiographic And Ultra-Sonographic Investigations (Lower Limb)	5,000	Fee For Service	Not Covered	Covered	Covered	Covered
284	Ankle (1 Per Year)	Secondary	Radiographic And Ultra-Sonographic Investigations (Lower Limb)	5,000	Fee For Service	Not Covered	Covered	Covered	Covered

285	Leg (Tibia/Fibula) (1 Per Year)	Secondary	Radiographic And Ultra-Sonographic Investigations (Lower Limb)	5,000	Fee For Service	Not Covered	Covered	Covered	Covered
286	Knee (1 Per Year)	Secondary	Radiographic And Ultra-Sonographic Investigations (Lower Limb)	5,000	Fee For Service	Not Covered	Covered	Covered	Covered
287	Hip (1 Per Year)	Secondary	Radiographic And Ultra-Sonographic Investigations (Lower Limb)	5,000	Fee For Service	Not Covered	Covered	Covered	Covered
288	Femur Or Thigh (1 Per Year)	Secondary	Radiographic And Ultra-Sonographic Investigations (Lower Limb)	6,500	Fee For Service	Not Covered	Covered	Covered	Covered
289	Pelvic (1 Per Year)	Secondary	Radiographic And Ultra-Sonographic Investigations (Lower Limb)	5,500	Fee For Service	Covered	Covered	Covered	Covered
290	Chest (PA/AP) (1 Per Year)	Secondary	Radiographic And Ultra8sonograhic Investigations (Thorax)	5500	Fee For Service	Covered	Covered	Covered	Covered
291	Chest (Pa/Lateral) (1 Per Year)	Secondary	Radiographic And Ultra-Sonographic Investigations (Thorax)	5500	Fee For Service	Covered	Covered	Covered	Covered
292	Chest For Ribs 7(Oblique) (1 Per Year)	Secondary	Radiographic And Ultra-Sonographic Investigations (Thorax)	5000	Fee For Service	Not Covered	Covered	Covered	Covered
293	Apical/Lordotic (1 Per Year)	Secondary	Radiographic And Ultra-Sonographic	4,000	Fee For Service	Not Covered	Covered	Covered	Covered

294	Sternum (1 Per Year)	Secondary	Radiographic And Ultra-Sonographic Investigations (Thorax)	4,000	Fee For Service	Not Covered	Covered	Covered	Covered
295	Thoracic Inlet (1 Per Year)	Secondary	Radiographic And Ultra-Sonographic Investigations (Thorax)	5,000	Fee For Service	Not Covered	Covered	Covered	Covered
296	Cervical Spine (1 Per Year)	Secondary	Radiographic And Ultra-Sonographic Investigations (Vertebrae)	6500	Fee For Service	Not Covered	Covered	Covered	Covered
297	Lateral Neck (1 Per Year)	Secondary	Radiographic And Ultra-Sonographic Investigations (Vertebrae)	5,000	Fee For Service	Not Covered	Covered	Covered	Covered
298	Thoracic Spine (1 Per Year)	Secondary	Radiographic And Ultra-Sonographic Investigations (Vertebrae)	6,500	Fee For Service	Not Covered	Covered	Covered	Covered
299	Thoraco Lumbar Spine (1 Per Year)	Secondary	Radiographic And Ultra-Sonographic Investigations (Vertebrae)	7500	Fee For Service	Not Covered	Covered	Covered	Covered
300	Lumbar Spine (1 Per Year)	Secondary	Radiographic And Ultra-Sonographic Investigations (Vertebrae)	6,000	Fee For Service	Not Covered	Covered	Covered	Covered
301	Lumbo Sacral Spine (1 Per Year)	Secondary	Radiographic And Ultra-Sonographic Investigations (Vertebrae)	7500	Fee For Service	Not Covered	Covered	Covered	Covered

302	Sacrum (1 Per Year)	Secondary	Radiographic And Ultra-Sonographic Investigations (Vertebrae)	5,000	Fee for service	Not Covered	Not Covered	Covered	Covered
303	Sacroilliac Joint (S.I.J) (1 Per Year)	Secondary	Radiographic And Ultra-Sonographic Investigations (Vertebrae)	5,000	Fee For Service	Not Covered	Not Covered	Covered	Covered
304	Cervical Spine (Oblique) (1 Per Year)	Secondary	Radiographic And Ultra-Sonographic Investigations	6,000	Fee For Service	Not Covered	Covered	Covered	Covered
305	Sacro – Coccyx (1 Per Year)	Secondary	Radiographic And Ultra-Sonographic Investigations (Vertebrae)	5,000	Fee For Service	Not Covered	Covered	Covered	Covered
306	Abdomen (Plain) (1 Per Year)	Secondary	Radiographic And Ultra-Sonographic Investigations (Vertebrae)	5,000	Fee For Service	Not Covered	Not Covered	Covered	Covered
307	Abdomen (Erect/Supine) (1 Per Year)	Secondary	Radiographic And Ultra-Sonographic Investigations (Vertebrae)		Fee For Service	Not Covered	Not Covered	Covered	Covered
308	Skull (Ap/Lat) (2 Per Year)	Secondary	Radiographic And Ultra-Sonographic Investigations (Skull Series)	6500	Fee For Service	Not Covered	Covered	Covered	Covered
309	Mastoids (1 Per Year)	Secondary	Radiographic And Ultra-Sonographic Investigations (Skull Series)	5000	Fee For Service	Not Covered	Not Covered	Covered	Covered

310	Sinuses AP/LNT/OM/ Post Nasal Space (1 Per Year)	Secondary	Radiographic And Ultra-Sonographic Investigations (Skull Series)	7500	Fee For Service	Covered	Covered	Covered	Covered
311	Mandibles (Jaw) (1Per Year)	Secondary	Radiographic And Ultra-Sonographic Investigations (Skull Series)	6000	Fee For Service	Not Covered	Not Covered	Covered	Covered
312	Temporo- Mandibular Joints (Tmj) (1Per Year)	Secondary	Radiographic And Ultra-Sonographic Investigations (Skull Series)	6,000	Fee For Service	Not Covered	Not Covered	Covered	Covered
313	Occipito- Mental (Om) (1 Per Year)	Secondary	Radiographic And Ultra-Sonographic Investigations (Skull Series)	6,000	Fee For Service	Not Covered	Not Covered	Covered	Covered
314	Periapical (Per Year)	Secondary	Radiographic And Ultra-Sonographic Investigations (Dental X-Ray)	6,000	Fee For Service	Covered (2)	Covered (2)	Covered (3)	Covered (4)
315	Panoramic View (2 Per Year)	Secondary	Radiographic And Ultra-Sonographic Investigations (Dental X-Ray)	10,000	Fee For Service	Not Covered	Not Covered	Covered	Covered
316	Barium Swallow (1 Per Year)	Secondary	Radiographic And Ultra-Sonographic Investigations	15,000	Fee For Service	Not Covered	Not Covered	Covered	Covered
317	Barium Meal/Follow Through (1 Per Year)	Secondary	Radiographic And Ultra-Sonographic Investigations	15,000	Fee For Service	Not Covered	Not Covered	Covered	Covered
318	Barium Enema (1 Per Year)	Secondary	Radiographic And Ultra-Sonographic Investigations	15,000	Fee For Service	Not Covered	Not Covered	Covered	Covered

319	Intravenous Urography (1 Per Year)	Secondary	Radiographic And Ultra-Sonographic Investigations	15,000	Fee For Service	Not Covered	Not Covered	Not Covered	Covered
320	Cysto- Urethrogram (1 Per Annum)	Secondary	Radiographic And Ultra-Sonographic Investigations (Special Investigations)	15,000	Fee For Service	Not Covered	Not Covered	Covered	Covered
321	Mammogram (1 Per Annum)	Secondary	Radiographic And Ultra-Sonographic Investigations (Special Investigations)	25,000	Not Covere d	NOT Covered	Not Covered	Covered	Covered
322	Electrocardiography (ECG) (Per Annum)	Secondary	Radiographic And Ultra-Sonographic Investigations (Special Investigations)	12,000	Fee For Service	Covered (1)	Covered (1)	Covered (1)	Covered (2)
323	Electroencephalograph y (EEG) (1 Per Annum)	Secondary	Radiographic And Ultra-Sonographic Investigations (Special Investigations)	12,000	Fee For Service	Not Covered	Not Covered	Covered	Covered
324	ECHO (Per Annum)	Secondary	Radiographic And Ultra-Sonographic Investigations (Special Investigations)	20,000	Fee For Service	Not Covered	Not Covered	Covered (1)	Covered (1)
325	CT SCAN (ALL TYPES) (1 Per Annum)	Secondary	Radiographic And Ultra-Sonographic Investigations (Special Investigations)	55,000	Fee For Servic	Not Covered	Not Covered	Covered (1)	Covered (1)
326	Lung Function Test (Spirometry) (1 Per Annum)	Secondary	(Special Investigations)	2,000	Fee For Service	Covered	Covered	Covered	Covered

327	Obstetric Scan (2 in 2years)	Secondary	Ultrasound Scanning	5,000	Fee For Service	Not Covered	Covered	Covered	Covered
328	Abdominal Scan (Per Year)	Secondary	Ultrasound Scanning	4,500	Fee For Service	Covered (1)	Covered (1)	Covered (2)	Covered (2)
329	Biophysical Profile (BPP) (1 in 2Years)	Secondary	Ultrasound Scanning	10,000	Fee For Service	Not Covered	Covered (1)	Covered (1)	Covered (1)
330	Pelvic Scan (Per Year)	Secondary	Ultrasound Scanning	3,500	Fee For Service	Covered (2)	Covered (2)	Covered (3)	Covered (3)
331	Breast Scan (1 Per Year)	Secondary	Ultrasound Scanning	6,000	Fee For Service	Covered	Covered	Covered	Covered
332	Soft Tissue scan (Per Year)	Secondary	Ultrasound Scanning	5,000	Fee For Service	Covered (1)	Covered (1)	Covered (2)	Covered (3)
333	Doppler Scan (1 Per Year)	Secondary	Ultrasound Scanning	10,000	Fee For Service	Not Covered	Not Covered	Covered (1)	Covered (2)
334	Bladder Scan (1 Per Year)	Secondary	Ultrasound Scanning	5,000	Fee For Service	Covered	Covered	Covered	Covered
335	AbdominoPelvic Scan (Per Year)	Secondary	Ultrasound Scanning	6,500	Fee For Service	Covered (2)	Covered (2)	Covered (3)	Covered (3)
336	Prostate Scan (1 Per Year)	Secondary	Ultrasound Scanning	6,500	Fee For Service	Not Covered	Covered	Covered	Covered
337	Thyroid Scan (1 Per Year)	Secondary	Ultrasound Scanning	6,500	Fee For Service	Not Covered	Covered	Covered	Covered
338	Testes/Scrotal Scan (Each) (Per Year)	Secondary	Ultrasound Scanning	6,500	Fee For Service	Not Covered	Covered (1)	Covered (2)	Covered (2)
339	Ovulometry / TransVaginal Scan (Per Year)	Secondary	Ultrasound Scanning	6,500	Fee For Service	Covered (1)	Covered (1)	Covered (2)	Covered (2)
340	Trans- Fontanellar Scan 1 Per Year (Children)	Secondary	Ultras. Scan	6,000	Fee For Service	Not Covered	Covered	Covered	Covered
PHYSIOTHERAPY CARE									
341	PHYSIOTHERAPY CONSULT	Secondary			Fee For Service	Covered	Covered	Covered	Covered
342	ACCESS TO PRESCRIBED MEDICATIONS ON THE BENEFIT	Secondary			Fee For Service	Covered	Covered	Covered	Covered
OBSTETRIC CARE							MATERNITY LIMIT APPLIES	MATERNITY LIMIT APPLIES	MATERNITY LIMIT APPLIES
343	ANC	Secondary			Fee For Service	Not Covered	Covered	Covered	Covered
344	DELIVERY SINGLE	Secondary	DELIVERY SINGLE		Fee For Service	Not Covered	Covered	Covered	Covered
345	DELIVERY MULTIPLE	Secondary			Fee For Service	Not Covered	Covered	Covered	Covered
346	ASSISTED DELIVERY	Secondary			Fee For Service	Not Covered	Covered	Covered	Covered
347	THERAPEUTIC ABORTION (MANUAL VACUUM ASPIRATION)	Secondary			Fee For Service	Not Covered	Covered	Covered	Covered
348	CESAREAN SECTION	Secondary			Fee For Service	Not Covered	Covered(50/50)	Covered	Covered

WELLNESS CHECKS (ONCE A YEAR)								
349	BMI	Secondary		capitated	Covered	Covered	Covered	Covered
350	GENERAL PHYSICIAN EXAM	Secondary		capitated	Covered	Covered	Covered	Covered
351	BLOOD PRESSUE CHECK	Secondary		Capitated	Covered	Covered	Covered	Covered
352	URINALYSIS	Secondary		Capitated	Covered	Covered	Covered	Covered
353	GENOTYPE	Secondary		capitated	Covered	Covered	Covered	Covered
354	BLOOD GROUP	Secondary		Capitated	Covered	Covered	Covered	Covered
355	RVS	Secondary		Capitated	Covered	Covered	Covered	Covered
356	BLOOD SUGAR CHECK	Secondary		Capitated	Covered	Covered	Covered	Covered
357	PAP SMEAR	Secondary		Fee For Service	Not Covered	Not Covered	Covered	Covered
358	PSA > 40 YEARS	Secondary		Fee For Service	Not Covered	Not Covered	Covered	Covered

NOTE:

- Antenatal Care and Delivery

1. Antenatal (ANC) registration begins at twelve (12) weeks of pregnancy(gestation) and the claim for the registration should be accompanied by 2 ultrasound scans (Two Obstetric scans + booking investigations are covered under the ANC bundle).
2. Deliveries are bundled and it is covered once every two (2) years for four (4) live births.
3. C/S delivery is only covered 50/50 on SILVER PLAN and fully across FORMAL AND ENHANCED PLAN. 4. The neonate is covered for the following six (6) weeks post-delivery; (Cord care, Eye care, Management of simple neonatal infections, Phototherapy, Admission including ICU Care and routine immunizations under the N.P.I Scheme). Thereafter, parents must endeavour to register the child under the scheme.
5. Glasses are prescribed once in two years across all health plans and bundled for Family.
6. Co payment of 10% applies to all eye tests.
7. The optical prescriptions of enrollee's must be stated in the claim for that service as this determines the amount to be claimed for.
8. In cases when the prescribed lens is a special-order lens and exceeds the maximum amount the enrollee is entitled to that service, the enrollee must sign a consent form from the health care facility.

Bed Space

9. Hospital bed occupancy is covered across all health plans.

Co-Payment

12. Co-payment of 10% applies for all Drugs, Laboratory investigations, Diagnostics and Eye tests across all health plans.
13. 50/50 co-payment applies for selected services (Bundled surgeries are inclusive).
14. Anaesthesia is unbundled from all surgeries.
15. All surgeries, ANC and delivery to be done after 6 months of enrollee been on the scheme
16. Enrollee's are entitled to see a maximum of 2 different specialist in a year and 2 specialist followup per specialist and 4 different specialist with 2 specialist follow up each including dependant for Formal sector.
17. For selected cases of referrals that need lots of fasting blood sugar (FBS)test while on admission, please note that only 10 FBS test per annum will be paid by EDOHIS. Same applies to PCV e.t.c
18. Services not currently listed on the Benefits Package are regarded as services under exclusion and are not covered under EDOHIS.

Exclusions List

The following are excluded from all plans;

- Transplant surgery.
- Plastic / Cosmetic surgeries.
- HIV management
- TB treatment
- Virility-enhancing drugs.
- Infertility Investigations & treatment.
- Herbal drugs, non-prescription drugs, food drugs and experimental drugs and treatment.
- Joint replacement and prosthetic limbs.
- Selected Psychiatric illness.
- Neonatal care not listed under neonatal services.

• Obesity treatment.
• Speech disorders / Learning difficulties.
• Consultations with unrecognized consultants, hospitals, family doctors, therapists, dental practitioners or complementary medicines practitioners.
• General mortuary services.
• All cancer cares .
• Blood transfusions.
• Any other treatment not listed in the benefit package.

Please note that this document is subject to periodic review