

# Emerald Retail/SME plans 5-9



# RETAIL/SME PACKAGE 2 (5-9 lives)

	Emerald Starter	Emerald Standard	Emerald Pro	Emerald Classic	Emerald Premium	Emerald VIP	Emerald Platinum
REGION OF COVER	Nigeria	Nigeria	Nigeria	Nigeria	Nigeria	Nigeria	Nigeria
PROVIDER TYPE	Standard Network	Standard Network	Standard Network	Standard Network	Standard Network	Enhanced Network	Enhanced Network
PREMIUM PER PERSON Per Annum	₦44,250	₦46,500	₦58,650	₦62,880	₦73,185	₦140,775	₦192,300
PREMIUM PER PERSON Per Month			₦5,200	₦5,500	₦6,500	₦12,700	₦17,500
PREMIUM PER FAMILY Per Annum (Maximum of 4 children under 21 years of age)	₦87,000	₦100,500	₦148,200	₦168,000	₦204,000	₦434,400	₦631,500
<b>OUT-PATIENT BENEFIT</b>							
GP Consultations at chosen accredited primary care provider including investigations, Basic Imaging (X Ray & USS) nursing care and prescribed medications	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Acute care benefits including out-of-network care	Not Covered	Not Covered	Covered	Covered	Covered	Covered	Covered
Minor Surgeries	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Annual physical in your doctor room	Not Covered	Not Covered	Covered	Covered	Covered	Covered	Covered
<b>SPECIALIST CONSULTATION</b>							
Consultation with common specialist (Gynaecologist, Obstetrician, General Surgeon, Paediatrician, ENT Surgeon, Family Physician, Cardiologist)	Not Covered	up to 2 visits Per Annum	Covered up to 2 visits Per Annum	Covered up to 3 visits Per Annum	Covered up to 4 visits Per Annum	Covered up to 5 visits Per Annum	Covered up to 6 visits Per Annum
Consultation with Rare Specialists- Neurosurgion, Endocrinologist, Rheumatologist, Nephrologist etc	Not Covered	Not Covered	Not Covered				
<b>CHRONIC DISEASE MANAGEMENT</b>							
Prescribed Medications (after 12mths on the scheme)	Not Covered	Not Covered	Up to ₦20,000 Per Annum	Up to ₦25,000 Per Annum	Up to ₦40,000 Per Annum	Up to ₦60,000 Per Annum	Up to ₦70,000 Per Annum
<b>PREVENTIVE &amp; HEALTH PROMOTION BENEFIT</b>							
Routine Medical Screening	Not Covered	Not Covered	Not Covered	Not Covered	Covered	Covered	Covered
Comprehensive Annual Medical screening at designated facilities:	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Covered
<b>UNDER FIVE IMMUNIZATION BENEFIT</b>							
NPI-approved Immunization limited to BCG, OPV, Hepatitis B, DPT, Heamophilus Influenza B, Measles, Yellow Fever	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Non-NPI Immunization limited to Rotavirus, Pneumococcal, Chicken Pox, Typhoid Fever, Meningitis	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Covered	Covered
<b>MAJOR DISEASE CONDITION BENEFITS</b>							
Surgical Procedures (Intermediate & Major)	Not Covered	Up to ₦40,000 Limit Per Annum	Up to ₦50,000 Limit Per Annum	Up to ₦80,000 Limit Per Annum	Up to ₦120,000 Limit Per Annum	Up to ₦150,000 Limit Per Annum	Up to ₦200,000 Limit Per Annum
Cancer care Limit Per Annuned to diagnosis, radiotherapy & chemotherapy	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Up to ₦100,000 Limit Per Annum
<b>REPRODUCTIVE HEALTH BENEFIT</b>							
Family Planning including IUCDS, Injectables, Oral Contraceptives, Norplant (after 12mths on the scheme)	Not Covered	Not Covered	Up to ₦5,000 Per Annum	Up to ₦10,000 Per Annum	Up to ₦15,000 Per Annum	Up to ₦20,000 Per Annum	Up to ₦50,000 Per Annum
Infertility Limit Per Annuned to diagnosis & prescribed medications	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Up to ₦50,000 Per Annum	Up to ₦100,000 Per Annum

MATERNITY BENEFITS: (Family Plan holders only after 12mths)							
Ante-natal care at registered network provider	Not Covered	Up to ₦30,000 Limit Per Annum	Up to ₦50,000 Limit Per Annum	Up to ₦80,000 Limit Per Annum	Up to ₦100,000 Limit Per Annum	Up to ₦120,000 Limit Per Annum	Up to ₦150,000 Limit Per Annum
Normal Delivery including Post-Partum Care							
Operative Delivery including Post-partum care							
Medical Conditions during Pregnancy		Covered	Covered	Covered	Covered	Covered	Covered
Complications from Pregnancy & Childbirth		Covered	Covered	Covered	Covered	Covered	Covered
IN-PATIENT BENEFIT							
Ward admission & Feeding	Standard Ward up to 24hrs Per Annum	Standard Ward up to 5 days Per Annum	Standard Ward up to 10 days Per Annum	Semi-Private Ward up to 10 days Per Annum	Private Ward up to 15 days Per Annum	Private ward up to 18 days Per Annum	Private ward up to 22 days Per Annum
Laboratory investigations, Nursing care, dressing & prescribed medications	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Specialist Review	Not Covered	Covered up to specialist consult Limit Per Annum stated above	Covered up to specialist consult Limit Per Annum stated above	Covered up to specialist consult Limit Per Annum stated above	Covered up to specialist consult Limit Per Annum stated above	Covered up to specialist consult Limit Per Annum stated above	Covered up to specialist consult Limit Per Annum stated above
PAEDIATRIC CARE (FAMILY PLAN HOLDER ONLY)							
Consultation with Neonatologist & Peadeatrician	Not Covered	Not Covered	Not Covered	Covered up to 2 consults max	Covered up to 2 consults max	Covered up to 2 consults max	Covered up to 2 consults max
Neonatal care including Phototherapy & Incubator care	Not Covered	Not Covered	Not Covered	Up to 24hrs Per Annum	Up to 24hrs Per Annum	Up to 48hrs Per Annum	Up to 48hrs Per Annum
Exchange blood transfusion	Not Covered	Not Covered	Not Covered	covered up to ₦25,000	covered up to ₦35,000	covered up to ₦50,000	covered up to ₦70,000
ACCIDENT & EMERGENCY BENEFIT							
Nationwide Emergency evacuation, Emergency room care including consultations, investigations, surgical intervention & prescribed medications to stabilize patient in Emergency room only	Not Covered	Up to ₦30,000 Limit Per Annum	Up to ₦50,000 Limit Per Annum	Up to ₦60,000 Limit Per Annum	Up to ₦80,000 Limit Per Annum	Up to ₦100,000 Limit Per Annum	Up to ₦120,000 Limit Per Annum
EYE CARE BENEFIT							
Treatment of minor eye ailments:Conjunctivitis, Simple contusion, abrasions, foreign bodies,	covered	covered	covered	covered	covered	covered	covered
Consultation with Optician including test, Lens & Prescribed Medications	Not Covered	Not Covered	Up to ₦3,500 Limit Per Annum	Up to ₦5,500 Limit Per Annum	Up to ₦7,500 Limit Per Annum	Up to ₦10,000 Limit Per Annum	Up to ₦15,000 Limit Per Annum
DENTAL CARE BENEFIT							
Basic dental care Limit Per Annumed to GP consult and pain relief	covered	covered	covered	covered	covered	covered	covered
Consultation with Dentist including Dental investigations, pain therapy, simple & surgical extraction, Amalgam filling, Root canal treatment, Gingival treatment & crowning only	Not Covered	Not Covered	Up to ₦6,000 Per Annum	Up to ₦8,000 Per Annum	Up to ₦10,000 Per Annum	Up to ₦15,000 Limit Per Annum	Up to ₦20,000 Limit Per Annum
ADDITIONAL BENEFITS							
Physiotherapy	Not Covered	Not Covered	3 Sessions Per Annum	5 Sessions Per Annum	7 Sessions Per Annum	10 sessions Per Annum	15 sessions Per Annum
Psychiatry assessment & treatment of acute phase up to 2 weeks	Not Covered	Not Covered	Covered	Covered	Covered	Covered	Covered
HIV/AIDS Treatment at designated centres	Not Covered	Not Covered	Covered	Covered	Covered	Covered	Covered
Specialized Laboratory Studies like Hormonal Assays, D-dimers, Cardiac Enzymes etc	Not Covered	Not Covered	Not Covered	Covered	Covered	Covered	Covered
Specialized Imaging Studies echocardiogram, IVU, Contrast studies, Doppler Scan etc	Not Covered	Not Covered	Not Covered	Not Covered	Covered	Covered	Covered
Advanced Radiological Studies CT scan or MRI (once annually)	Not Covered	Not Covered	Not Covered	Not Covered	Limit Per Annumed to CT-Scan	Covered	Covered
Telemedicine	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Overall Limit Per Annum Per Individual		₦145,000	₦323,750	₦350,000	₦600,000	₦770,000	₦1,070,000
Financial Limit Per Annum per Family		₦361,000	₦809,375.00	₦875,000.00	₦1,497,000.00	₦1,925,000.00	₦2,670,000.00
<b>*Please note that there is a 12months waiting period for all chronic conditions, maternity &amp; surgical cases.</b>							

## PERSONALIZED TELEHEALTH BENEFIT

<b>Annual coverage limit</b>	<b>\$643.50 (₦370,000)</b>
REGION OF COVER	Africa + UAE + Asia + UK + US
Local consultation with General Practitioner or Follow-Up (Including 2nd opinions and diagnosis, prescriptions/ lab test /imaging test reviews)	Capped at 4 consultations per quarter
Foreign consultation with General Practitioner or Follow-Up (Including 2nd opinions and diagnosis, prescriptions / lab test/imaging test reviews)	Cover up to 50% per visit
Local Specialist Consultations or Follow-Up (Including 2nd opinions and diagnosis)	Capped at 2 consultations per quarter
Foreign Specialist Consultations and Follow-Up (Including 2nd opinions and diagnosis, prescriptions/ lab test/imaging test reviews)	Cover up to 30% per visit
Free Breast Examination (Mammogram) at partner labs	Capped at 1 screening per annum
Free Pap smear (test for cervical cancer in women) at partner labs	Capped at 1 screening per annum
One Free Annual Consultation with a local Gynecologist	Covered
Local consultation with Pediatric Specialist	Capped at 1 consultation per quarter and a follow-up
Foreign consultation with Pediatric Specialist	Cover up to 50% per visit
Psychiatry sessions including medication (local and foreign teleconsultations)	10% discount off each teleconsultation session
Annual Postrate Cancer Screening at partner labs	Covered
Schedule laboratory tests (health screening) & X-Rays at partner labs	Annual coverage of up to \$52.17 (₦30,000)
Advanced investigations (including discounted MRI, CT Scans, PET Scans at partner imaging centers)	Covered up to \$70 (₦40,000) per annum
"Molecular Diagnostics (including discounted COVID-19 testing at partner labs)"	Out of pocket
Post-procedure care cordination abroad	Not covered
Order Prescription Medicines for malaria & typhoid (pick up at partner pharmacy closest to you/request delivery)	Get 10% discount (Covered up to \$52.17 (₦30,000) per annum
Coordination and matching to care facilities abroad for elective & non-elective procedures (including Visa, Travel & Logistics, clinical liaison, billing and other concierge support)	Not covered
Personalized Access Portal	Covered
Personalized Message a provider feature	Covered
Digital access to electronic medical record (EMR)	Covered
Health education and resource access	Covered
Wellness Benefits (discounts apply when you visit any of our partner wellness facilities/centers)	10% Discount off teleconsultation sessions

## NOTES

1. GP consultations includes investigations, basic imaging (XRAY & USS), nursing care, prescribed medication
2. Acute care benefits includes out-of-network care
3. Annual physical to take place in doctor's office
4. Common specialists includes Obstetrician, General Surgeon, Paediatrician, ENT Surgeon, Family Physician, Cardiologist
5. Comprehensive Annual Medical Screening available at designated facilities.
6. NPI-approved immunisation includes Hepatitis B, DPT, Haemophilus Influenza B, Measles, Yellow Fever
7. Non-NPI immunisation includes Rota virus, pneumococcal, chicken pox, typhoid fever, meningitis
8. Cancer care limited to diagnosis, radiotherapy & chemotherapy
9. Infertility consultations limited to diagnosis & prescribed medications
10. Maternity benefits available to females on family plans
11. Nationwide Emergency Evacuation includes emergency room care, investigations, surgical intervention & prescribed medications to stabilise patient in emergency room only

## A. TELEHEALTH Notes:

1. Benefits are restricted to outpatient services only. These are any service or treatment that doesn't require hospitalisation. And any appointment at a facility outside the hospital.
2. Free chat access available for medical emergencies and routine medical information.
3. Access loans to purchase medication, pay for your surgical procedures and cater to your well being within 24-48 hours. Pay back monthly at very low interest rates.  
Apply here: <https://diagnostar.com/services/?healthcare-financing-solutions>
4. \*\*Health screening includes Physical, BP, HIV, Cholesterol, Blood Sugar, PCV, Urinalysis, aLFT, E/u/Cr, ECG, Pap Smear, Physical Breast Examination, Mammogram, PSA Test.

## B. Wellness Benefits include:

- 1 Mental health sessions,
- 2 Gym Sessions & Fitness Classes/Trainings,
- 3 Yoga Classes & Instructions,
- 4 Nutrition Coaching including Diet Management & Healthy Meal Plans,
- 5 Health & Personal Care Trainings,
- 6 Weight Management Sessions,
- 7 Consultations with Nutritionists & Estheticians,
- 8 Chiropractic Sessions,
- 9 Spa Sessions (including deep tissue, full body massage & exfoliation),
- 10 Addiction Trainings (including Smoke Cessation Training), &
- 11 Alternative Medical Sessions (limited to Naturopathy)

## **EXCLUSIONS: The following are excluded from all plans**

1. Advanced and complex investigations not stated in schedule of covered services
2. Other investigations and treatment for problems relating to infertility e.g. hydrotubation, hysterosalpingogram, I.V.F, G.I.F.T and artificial insemination
3. Virility enhancing drugs
4. Herbal drugs, non-prescription drugs, food supplements and experimental drugs and treatment
5. Other laboratory investigations not listed in the schedule of covered services
6. Dental care
7. Home care and domiciliary services
8. Joint replacements and prosthetic limbs
9. Long term psychiatric illness (Longer than 6 months)
10. Comprehensive health screening/well persons check outside the scope of the benefits covered by the health checks.
11. Pre – School Health examinations
12. Neonatal care and treatment for newborns
13. All Covid-19 Treatment
14. Speech disorders
15. Management of severe burns (Burns covering more than 10% body surface area)
16. Learning difficulties, behavioral and developmental problems
17. Consultations with unrecognized consultants, hospitals, family doctors, therapists, or complementary medicines practitioners
18. Any other treatment, service, procedure or investigation not listed in the schedule of covered medical services
19. Emergency services