

# Emerald Corporate Plans





RADIOLOGICAL INVESTIGATIONS ;									
Nursing care	√	√	√	√	√	√	√	√	√
Nebulisation	x	√	√	√	√	√	√	√	√
Acute care benefits including out-of-network care	x	√	√	√	√	√	√	√	√
Minor surgery									
•Simple suturing of Lacerations	√	√	√	√	√	√	√	√	√
•Incision & Drainage	√	√	√	√	√	√	√	√	√
•Tongue Tie Release	x	√	√	√	√	√	√	√	√
•Aspirations & Paracentesis	x	√	√	√	√	√	√	√	√
•Debridgement of wounds-Minor	√	√	√	√	√	√	√	√	√
SPECIALIST CONSULTATION									
Consultation with common specialist		Covered Up to 2 visits	Covered Up to 3 visits	Covered Up to 4 visits	Covered Up to 6 visits	Covered Up to 7 visits	Covered Up to 8 visits	Covered Up to 9 visits	Covered Up to 9 visits
•Gynaecologist	x	√	√	√	√	√	√	√	√
•Obstetrician	x	√	√	√	√	√	√	√	√
•General Surgeon	x	√	√	√	√	√	√	√	√
•Pediatrician	x	√	√	√	√	√	√	√	√
•ENT Surgeon	x	√	√	√	√	√	√	√	√
•Family Physician	x	√	√	√	√	√	√	√	√
•Cardiologist	x	√	√	√	√	√	√	√	√
•Neurologist	x	√	√	√	√	√	√	√	√
•Orthopaedic Surgeon	x	√	√	√	√	√	√	√	√
•Psychiatrist	x	√	√	√	√	√	√	√	√
Consultation with Rare Specialists-									
•Neurosurgion	x	x	x	√	√	√	√	√	√
•Endocrinologist	x	x	x	√	√	√	√	√	√
•Rheumatologist	x	x	x	√	√	√	√	√	√
•Urologist	x	x	x	√	√	√	√	√	√
•Nephrologist	x	x	x	√	√	√	√	√	√
•Oncologist	x	x	x	√	√	√	√	√	√
•Cardio-Thoracic Surgeon	x	x	x	√	√	√	√	√	√
•Immunologist	x	x	x	√	√	√	√	√	√
•Enterologist	x	x	x	√	√	√	√	√	√
•Neonatalogist	x	x	x	√	√	√	√	√	√
CHRONIC DISEASE MANAGEMENT									
Prescribed Medications for Hypertension, Diabetes, Asthma, Sickle cell,Peptic & Duodenal Ulcer, Arthritis.	x	x	Up to ₦60,000 per Year	Up to ₦80,000 per Year	Up to ₦100,000 per Year	Up to ₦120,000 per Year	Up to ₦150,000 per Year	Up to ₦180,000 per Year	Up to ₦200,000 per Year
PREVENTIVE & HEALTH PROMOTION BENEFIT									
Annual physical in your doctor room	x	√	√	√	√	√	√	√	√
Annual Medical Screening							√		
•Physical Examination	√	√	√	√	√	√		√	√
•Fasting Blood Sugar	x	x	√	√	√	√	√	√	√
•Urinalysis	x	x	√	√	√	√	√	√	√
•Stool For Occult Blood	x	x	√	√	√	√	√	√	√
•HIV 1&2 Screening	x	x	√	√	√	√	√	√	√
•Complete Blood Count	x	x	x	√	√	√	√	√	√





IN-PATIENT BENEFIT									
Ward admission	Standard Ward up to 24hrs Per Annum	Standard Ward up to 5 days Per Annum	Standard Ward up to 15 days per annum	Semi-Private Ward up to 15 days per annum	Private Ward up to 18 days per annum	Private Ward up to 22 days per annum	Private ward up to 25 days per annum	Private ward up to 30 days per annum	Private ward up to 30 days per annum
Feeding	x	√	√	√	√	√	√	√	√
Accommodation for mothers whose dependants are on admission (SCBU/NICU cases only, excluding feeding)	x	x	up to 2 days	up to 2 days	up to 2 days	up to 2 days	up to 2 days	up to 2 days	up to 2 days
Laboratory investigations	√	√	√	√	√	√	√	√	√
Nursing care	√	√	√	√	√	√	√	√	√
Dressing	√	√	√	√	√	√	√	√	√
Prescribed medications:									
Non-chronic condition medication	√	√	√	√	√	√	√	√	√
Chronic condition medication	x	covered up limit on chronic medications	covered up limit on chronic medications	covered up limit on chronic medications	covered up limit on chronic medications	covered up limit on chronic medications	covered up limit on chronic medications	covered up limit on chronic medications	covered up limit on chronic medications
Specialist Review									
Specialist Review for non-chronic conditions	x	√	√	√	√	√	√	√	√
Specialist Review for chronic conditions	x	subject to limit on plan	subject to limit on plan	subject to limit on plan	subject to limit on plan	subject to limit on plan	subject to limit on plan	subject to limit on plan	subject to limit on plan
PAEDIATRIC CARE (FAMILY PLAN HOLDER ONLY)									
Consultation with Peadeatrician	x	x	Covered subject to limit on specialist consultation	Covered subject to limit on specialist consultation	Covered subject to limit on specialist consultation	Covered subject to limit on specialist consultation	Covered subject to limit on specialist consultation	Covered subject to limit on specialist consultation	Covered subject to limit on specialist consultation
Consultation with Neonatologist	x	x	Covered subject to limit on specialist consultation	Covered subject to limit on specialist consultation	Covered subject to limit on specialist consultation	Covered subject to limit on specialist consultation	Covered subject to limit on specialist consultation	Covered subject to limit on specialist consultation	Covered subject to limit on specialist consultation
Phototherapy	x	x	Up to 3 days per annum	Up to 7 days per annum	Up to 10 days per annum	Up to 12 days per annum	Up to 14 days per annum	Up to 16 days per annum	Up to 18 days per annum
SCBU-Incubator care	x	x							
Neonatal care	x	x	√	√	√	√	√	√	√
ACCIDENT & EMERGENCY BENEFIT									
Nationwide Emergency evacuation- Road site to Hospital, hospital to Hospital consultations	x								
Stabilization in Emergency room care	x	Up to ₦50,000 Limit per annum	Up to ₦150,000 Limit per annum	Up to ₦200,000 Limit per annum	Up to ₦250,000 Limit per annum	Up to ₦300,000 Limit per annum	Up to ₦350,000 Limit per annum	Up to ₦400,000 Limit per annum	Up to ₦600,000 Limit per annum
Intensive care unit	x								
Investigations	x								
Surgical intervention	x								
Prescribed medications	x								
EYE CARE BENEFIT									
GP Consultation	√	√	√	√	√	√	√	√	√
Pain therapy	√	√	√	√	√	√	√	√	√
Consultation with Optician	x	√	√	√	√	√	√	√	√
Tests, Lens & Prescribed Medications	x	Up to ₦5,000 Limit	Up to ₦10,000 Limit	Up to ₦12,000 Limit	Up to ₦15,000 Limit	Up to ₦20,000 Limit	Up to ₦30,000 limit	Up to ₦40,000 limit	Up to ₦50,000 limit
Eye Surgery such as Pterygium excision & Cataract extraction as well as post-surgery prescribed medications	x	x	X	Up to ₦75,000 Limit	Up to ₦100,000 Limit	Up to ₦140,000 Limit	Up to ₦160,000 limit	Up to ₦180,000 limit	Up to ₦200,000 limit
DENTAL CARE BENEFIT									
GP Consultation	√	√	√	√	√	√	√	√	√
Pain therapy	√	√	√	√	√	√	√	√	√
Dental investigations, simple & surgical extraction,	x	x	Up to ₦15,000 per annum	Up to ₦20,000 per annum	Up to ₦40,000 per annum	Up to ₦60,000 per annum	Up to ₦80,000 limit per annum	Up to ₦100,000 limit per annum	Up to ₦120,000 limit per annum
Composite Filling	x	x							



CRITICAL ILLNESS BENEFIT									
Pre/ Post hospital care	x	x	x	x	x	x	x	x	√
Emergency care including intensive room care	x	x	x	x	x	x	x	x	√
Second Medical Opinion (In India)	x	x	x	x	x	x	x	x	√
Congenital malformation	x	x	x	x	x	x	x	x	√

Add-on Benefit at Additional Premium	
Emergency evacuation by air ambulance	\$1200/head
Evacuation cost (Air & Ground)	
Hospital expenses	
Accompanying family member (1)	
Ground Ambulance	
Maternity services in India	To be advised
Hospital Cash Benefit	
Pre-existing conditions	



## 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