

CORPORATE BENEFIT PACKAGE

HEALTH PLAN/SERVICE DESCRIPTION	BRONZE	SILVER	GOLD	GOLD PLUS	PLATINUM
REGISTRATION	COVERED	COVERED	COVERED	COVERED	COVERED
INCLUDING SUPPLY OF ID CARDS	COVERED	COVERED	COVERED	COVERED	COVERED
CONSULTATION					
• GENERAL PRACTITIONER	COVERED	COVERED	COVERED	COVERED	COVERED
• SPECIALIST CONSULTATION WHEN NECESSARY	COVERED	COVERED	COVERED	COVERED	COVERED
SUPPLY OF DRUGS					
PRESCRIBED DRUGS	UP TO N100,000	UP TO N150,000	UP TO N200,000	UP TO N250,000	UP TO N350,000
NON-INVASIVE CARE AT OPD (BASIC PATIENT CARE)					
MANIPULATIONS	COVERED	COVERED	COVERED	COVERED	COVERED
POP APPLICATION	COVERED	COVERED	COVERED	COVERED	COVERED
INJECTIONS.	COVERED	COVERED	COVERED	COVERED	COVERED
• SKILLED NURSING CARE	COVERED	COVERED	COVERED	COVERED	COVERED
• WOUND DRESSINGS	COVERED	COVERED	COVERED	COVERED	COVERED
INVASIVE CARE					
• INCISION & DRAINAGES	COVERED	COVERED	COVERED	COVERED	COVERED
• MEDIUM-LARGE ABSCESSSES	COVERED	COVERED	COVERED	COVERED	COVERED

CATHETERISATION	COVERED	COVERED	COVERED	COVERED	COVERED
FEEDING ON ADMISSION	COVERED	COVERED	COVERED	COVERED	COVERED
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LABORATORY INVESTIGATIONS					
HEAMATOLOGY –					
• HEAMOGLOBIN,	COVERED	COVERED	COVERED	COVERED	COVERED
• PACKED CELL VOLUME,	COVERED	COVERED	COVERED	COVERED	COVERED
• DIFFERENTIAL COUNT, FULL BLOOD COUNT, WHITE CELL COUNT, RED BLOOD COUNT,	COVERED	COVERED	COVERED	COVERED	COVERED
• ESR WESTERGREEN, RETICULOCYTES, PLATELETS, HCHC, MCV, (GENOTYPE & BLOOD GROUP - WITH CLINICAL INDICATION)	COVERED	COVERED	COVERED	COVERED	COVERED
• DIRECT COOMB’S TEST, INDIRECT COOMB’S TEST,	COVERED	COVERED	COVERED	COVERED	COVERED
• MALARIA PARASITES,	COVERED	COVERED	COVERED	COVERED	COVERED
• CLOTTING TIME, PROTHROMBIN TIME, PARTIAL THROMBOPLASTIN TIME (SURGERY ONLY)	COVERED	COVERED	COVERED	COVERED	COVERED
CLINICAL CHEMISTRY –				COVERED	COVERED
• FASTING BLOOD SUGAR, RANDOM BLOOD SUGAR, 2HR POST PRANDIAL, GLUCOSE TOLERANCE TEST,	COVERED	COVERED	COVERED	COVERED	COVERED
• TOTAL BILIRUBIN, DIRECT BILIRUBIN, INDIRECT BILIRUBIN (EXCLUDING LIVER DISEASE)	COVERED	COVERED	COVERED	COVERED	COVERED
• SGOT & SGPT, ALKALINE PHOSPHATASE, LIVER FUNCTION TEST,	ONCE PER ANNUM	ONCE PER ANNUM	TWICE PER ANNUM	TWICE PER ANNUM	THRICE PER ANNUM
• TOTAL PROTEIN, ALBUMIN, UREA, CREATINE CLEARANCE,	COVERED	COVERED	COVERED	COVERED	COVERED
• SODIUM, POTASSIUM, CHLORIDE BICARBONATE, ELECTROLYTE AND UREA, URIC ACID, CALCIUM, PHOSPHORUS AND PHOSPHATASE,	COVERED	COVERED	COVERED	COVERED	COVERED
• TOTAL ACID PHOSPHATASE, AMYLASE,	COVERED	COVERED	COVERED	COVERED	COVERED

• LIPID PROFILE	3 SESSIONS	4 SESSIONS	5 SESSIONS	5 SESSIONS	7 SESSIONS
MICROBIOLOGY –					
• OCCULT BLOOD,	COVERED	COVERED	COVERED	COVERED	COVERED
• URINE MCS,	COVERED	COVERED	COVERED	COVERED	COVERED
• MANTOUX TEST/ HEAF,	COVERED	COVERED	COVERED	COVERED	COVERED
• URINE MICROSCOPY, URINALYSIS,	COVERED	COVERED	COVERED	COVERED	COVERED
• SEMEN MCS, ASPIRATE PUS MCS,	COVERED	COVERED	COVERED	COVERED	COVERED
• MICROFILARIA,	COVERED	COVERED	COVERED	COVERED	COVERED
• HVS MCS,	COVERED	COVERED	COVERED	COVERED	COVERED
• URETHRAL & AND WOUND MCS,	COVERED	COVERED	COVERED	COVERED	COVERED
• SKIN SNIP,	COVERED	COVERED	COVERED	COVERED	COVERED
• STOOL ANALYSIS,	COVERED	COVERED	COVERED	COVERED	COVERED
• SKIN SCRAPPING FOR FUNGUS,	COVERED	COVERED	COVERED	COVERED	COVERED
• SPUTUM AFB, SPUTUM MCS,	COVERED	COVERED	COVERED	COVERED	COVERED
• BLOOD CULTURE, CSF MCS,	NOT COVERED	COVERED	COVERED	COVERED	COVERED
• BLOOD PREGNANCY TEST, URINE	COVERED	COVERED	COVERED	COVERED	COVERED
PREGNANCY TEST.					
SEROLOGY –					
• WIDAL, VDRL,	COVERED	COVERED	COVERED	COVERED	COVERED
• BLOOD GROUP,	COVERED	COVERED	COVERED	COVERED	COVERED
• HBSG/ HEPATITIS C (EXCLUDING LIVER DISEASE)	COVERED	COVERED	COVERED	COVERED	COVERED
• HIV SCREENING	COVERED	COVERED	COVERED	COVERED	COVERED
RADIO DIAGNOSTIC INVESTIGATIONS					
RADIOLOGICAL –					
• HAND/FINGER,	COVERED	COVERED	COVERED	COVERED	COVERED
• WRIST,	COVERED	COVERED	COVERED	COVERED	COVERED
• RADIUS/ULNA,	COVERED	COVERED	COVERED	COVERED	COVERED
• ELBOW,	COVERED	COVERED	COVERED	COVERED	COVERED

• HUMERUS,	COVERED	COVERED	COVERED	COVERED	COVERED
• SHOULDER,	COVERED	COVERED	COVERED	COVERED	COVERED
• CLAVICLE,	COVERED	COVERED	COVERED	COVERED	COVERED
• FOOT/TOE,	COVERED	COVERED	COVERED	COVERED	COVERED
• ANKLE,	COVERED	COVERED	COVERED	COVERED	COVERED
• TIBIA/FIBULA,	COVERED	COVERED	COVERED	COVERED	COVERED
• KNEE,	COVERED	COVERED	COVERED	COVERED	COVERED
• THIGH/FEMUR,	COVERED	COVERED	COVERED	COVERED	COVERED
• HIP, PELVIS(AP), PELVIS AP &LAT, PELVIS	COVERED	COVERED	COVERED	COVERED	COVERED
• CHEST PA, CHEST PA & LATERAL,	COVERED	COVERED	COVERED	COVERED	COVERED
• STERNUM,	COVERED	COVERED	COVERED	COVERED	COVERED
• THORACIC INLET,	COVERED	COVERED	COVERED	COVERED	COVERED
• LATERAL NECK,	COVERED	COVERED	COVERED	COVERED	COVERED
• THORACIC SPINE,	COVERED	COVERED	COVERED	COVERED	COVERED
• THORACO- LUMBAR SPINE,	COVERED	COVERED	COVERED	COVERED	COVERED
• LUMBAR SPINE,	COVERED	COVERED	COVERED	COVERED	COVERED
• LUMBO-SACRAL,	COVERED	COVERED	COVERED	COVERED	COVERED
• SACRAL PA &LAT,	COVERED	COVERED	COVERED	COVERED	COVERED
• COCCYX,	COVERED	COVERED	COVERED	COVERED	COVERED
• SACRO-ILIAC JOINT,	COVERED	COVERED	COVERED	COVERED	COVERED
• CERVICAL SPINE,	COVERED	COVERED	COVERED	COVERED	COVERED
• PLAIN ABDOMINAL, ERECT + SUPINE,	COVERED	COVERED	COVERED	COVERED	COVERED
• PELVIMETRY,	COVERED	COVERED	COVERED	COVERED	COVERED
• POST NASAL SPACE,	COVERED	COVERED	COVERED	COVERED	COVERED
• SKULL AP/LAT,	COVERED	COVERED	COVERED	COVERED	COVERED
• MASTOID, SINUSES,	COVERED	COVERED	COVERED	COVERED	COVERED
• MANDIBLES, TEMPEROMANDIBULAR JT.	COVERED	COVERED	COVERED	COVERED	COVERED
ULTRASOUND & IMAGING					
• ABDOMINAL, PELVIC,	COVERED	COVERED	COVERED	COVERED	COVERED

• BREAST SCAN,	COVERED	COVERED	COVERED	COVERED	COVERED
• FISTULOGRAM/SONOGRAM,	COVERED	COVERED	COVERED	COVERED	COVERED
• MC-URETHROGRAM,	NOT COVERED	NOT COVERED	COVERED	COVERED	COVERED
• OBSTETRIC SCAN	COVERED	COVERED	COVERED	COVERED	COVERED
• IVU-BARIUM MEAL, BARIUM MEAL & FOLLOW THROUGH, BARIUM SWALLOW, BARIUM ENEMA,	NOT COVERED	NOT COVERED	COVERED	COVERED	COVERED
• ECG	3 SESSIONS	4 SESSIONS	5 SESSIONS	6 SESSIONS	7 SESSIONS
• CT SCAN (EMERGENCY CASES ONLY)	NOT COVERED	NOT COVERED	COVERED (ONCE PER ANNUM)	COVERED (TWICE PER ANNUM)	COVERED (TWICE PER ANNUM)
• MRI (EMERGENCY CASES ONLY)	NOT COVERED	NOT COVERED	COVERED (ONCE PER ANNUM)	COVERED (TWICE PER ANNUM)	COVERED (TWICE PER ANNUM)
PHYSIOTHERAPY (UP TO APPROVED LIMITS)	4 SESSIONS	6 SESSIONS	7 SESSIONS	10 SESSIONS	15 SESSIONS
• BASIC PHYSICAL THERAPY,	COVERED	COVERED	COVERED	COVERED	COVERED
• BASIC PHYSIOTHERAPEUTIC APPLIANCES : CERVICAL COLLAR	COVERED	COVERED	COVERED	COVERED	COVERED
ACCIDENTS AND EMERGENCIES (48 HOURS)					
• FIRST AID,	COVERED	COVERED	COVERED	COVERED	COVERED
• STABILIZATION,	COVERED	COVERED	COVERED	COVERED	COVERED
• ROAD TRAFFIC ACCIDENTS	COVERED	COVERED	COVERED	COVERED	COVERED
• ANIMAL BITES	COVERED	COVERED	COVERED	COVERED	COVERED
• EVACUATION FROM SITE TO HOSPITAL (BY ROAD)	COVERED	COVERED	COVERED	COVERED	COVERED
ANTENATAL + DELIVERY + POST DELIVERY CARE (BLOCK LIMIT)	N200,000	N250,000	N300,000	N350,000	N400,000
• ANTENATAL CARE SERVICES,	COVERED	COVERED	COVERED	COVERED	COVERED
• CONSULTATION,	COVERED	COVERED	COVERED	COVERED	COVERED
• ULTRASOUND SCANS,	COVERED	COVERED	COVERED	COVERED	COVERED
• LABORATORY TESTS	COVERED	COVERED	COVERED	COVERED	COVERED
• MANAGEMENT OF COMPLICATIONS IN PREGNANCY	COVERED	COVERED	COVERED	COVERED	COVERED

• DELIVERY ROOM SERVICES	COVERED	COVERED	COVERED	COVERED	COVERED
• MANAGEMENT OF LABOUR	COVERED	COVERED	COVERED	COVERED	COVERED
• NORMAL PAR VAGINUM DELIVERY	COVERED	COVERED	COVERED	COVERED	COVERED
• CAESAREAN SECTION DELIVERY	COVERED	COVERED	COVERED	COVERED	COVERED
• ASSISTED DELIVERY (VACCUM, FORCEPS)	COVERED	COVERED	COVERED	COVERED	COVERED
• LAP/RUPTURE REPAIR,	COVERED	COVERED	COVERED	COVERED	COVERED
• EVACUATION UNDER ANAESTHESIA,	COVERED	COVERED	COVERED	COVERED	COVERED
• EPISIOTOMY,	COVERED	COVERED	COVERED	COVERED	COVERED
• CERVICAL CERCLAGE,	COVERED	COVERED	COVERED	COVERED	COVERED
POST-DELIVERY CARE					
• NEO NATAL CARE OF SIX WEEKS FOR NEW BORN (EXCLUDING NICU/SCBU)	COVERED	COVERED	COVERED	COVERED	COVERED
• POST NATAL FOLLOW-UP	COVERED	COVERED	COVERED	COVERED	COVERED
FAMILY PLANNING - IUCD (COPPER T)	COVERED	COVERED	COVERED	COVERED	COVERED
- IUCD (LIPPE LOOP)	NOT COVERED	NOT COVERED	COVERED	COVERED	COVERED
- IUCD (MIRENA COIL)	NOT COVERED	NOT COVERED	NOT COVERED	NOT COVERED	COVERED
- PILLS	COVERED	COVERED	COVERED	COVERED	COVERED
- INJECTABLES	COVERED	COVERED	COVERED	COVERED	COVERED
- IMPLANT	NOT COVERED	NOT COVERED	NOT COVERED	COVERED	COVERED
CHILD WELFARE CLINIC					
• CIRCUMCISION	COVERED	COVERED	COVERED	COVERED	COVERED
• EAR PIERCING	COVERED	COVERED	COVERED	COVERED	COVERED
• <u>IMMUNIZATIONS – (0 - 5 YEARS)</u>					
• BCG, MEASLES,	COVERED	COVERED	COVERED	COVERED	COVERED
• ORAL POLIO,	COVERED	COVERED	COVERED	COVERED	COVERED
• VITAMIN A,	COVERED	COVERED	COVERED	COVERED	COVERED
• PENTAVALENT (DPT,HIB,HEP B)	COVERED	COVERED	COVERED	COVERED	COVERED

• MMR, ROTAVIRUS	NOT COVERED	NOT COVERED	COVERED	COVERED	COVERED
• YELLOW FEVER	COVERED	COVERED	COVERED	COVERED	COVERED
• CHICKEN POX	NOT COVERED	NOT COVERED	NOT COVERED	COVERED	COVERED
• PNEUMOCOCCAL CONJUGATE	NOT COVERED	NOT COVERED	COVERED	COVERED	COVERED
SURGERIES (LIMIT FOR MINOR, INTERMEDIATE AND MAJOR)	N200,000	N250,000	N300,000	N350,000	N500,000
<u>MINOR SURGERY</u>					
• PRIMARY SUTURING,	COVERED	COVERED	COVERED	COVERED	COVERED
• LORD'S PROCEDURE, PTERYGIUM, MEIBOMIAN	COVERED	COVERED	COVERED	COVERED	COVERED
CYST					
• LIPOMA EXCISION,	COVERED	COVERED	COVERED	COVERED	COVERED
• GANGLION EXCISION,	COVERED	COVERED	COVERED	COVERED	COVERED
• INCISION AND DRAINAGE,	COVERED	COVERED	COVERED	COVERED	COVERED
• KELOIDS EXCISION,	COVERED	COVERED	COVERED	COVERED	COVERED
• MINOR BURNS WOUND DEBRIDEMENT	COVERED	COVERED	COVERED	COVERED	COVERED
• MINOR SUTURING, POLYDACTYLY/SYNDACTYLY	COVERED	COVERED	COVERED	COVERED	COVERED
• RELEASE OF CHORDAE,	COVERED	COVERED	COVERED	COVERED	COVERED
• SMALL CYST EXCISION,	COVERED	COVERED	COVERED	COVERED	COVERED
• BREAST LUMP EXCISION	COVERED	COVERED	COVERED	COVERED	COVERED
<u>MAJOR SURGERY</u>					
• HERNIORAPHY,	COVERED	COVERED	COVERED	COVERED	COVERED
• LAPAROTOMY,	NOT COVERED	COVERED	COVERED	COVERED	COVERED
• DIAPHRAGMATIC HERNIA	NOT COVERED	NOT COVERED	NOT COVERED	NOT COVERED	COVERED
• CYSTECTOMY,	NOT COVERED	NOT COVERED	COVERED	COVERED	COVERED
• ADRENALECTOMY,	NOT COVERED	NOTCOVERED	COVERED	COVERED	COVERED
• APPENDECTOMY	COVERED	COVERED	COVERED	COVERED	COVERED
• FIBROID	NOT COVERED	COVERED	COVERED	COVERED	COVERED
• OVARIAN CYST	NOT COVERED	NOT COVERED	COVERED	COVERED	COVERED
• GUN SHOT WOUND	COVERED	COVERED	COVERED	COVERED	COVERED

<u>ADMISSION</u>	GENERAL WARD MAXIMUM OF 20 DAYS/ANNUM	SEMI-PRIVATE WARD MAXIMUM OF 30 DAYS/ANNUM	PRIVATE WARD MAXIMUM OF 30 DAYS/ANNUM	PRIVATE WARD MAXIMUM OF 30 DAYS/ANNUM	PRIVATE WARD MAXIMUM OF 45 DAYS/ANNUM
AMBULANCE	ROADSIDE- HOSPITAL/HOSPITAL - HOSPITAL	ROADSIDE- HOSPITAL/HOSPITAL - HOSPITAL	ROADSIDE- HOSPITAL/HOSPITAL - HOSPITAL	ROADSIDE- HOSPITAL/HOSPITAL - HOSPITAL	HOME-HOSPITAL, ROADSIDE- HOSPITAL/HOSPITAL - HOSPITAL
INVESTIGATION FOR INFERTILITY (CONSULTATION, COUNSELLING, USS, SFA, HORMONE PROFILE, LAPAROSCOPY)	NOT COVERED	NOT COVERED	UP TO N25,000	UP TO N50,000	UP TO N80,000
HIV/AIDS TREATMENT (REFERRAL TO DESIGNATED CENTERS)	COVERED	COVERED	COVERED	COVERED	COVERED
PSYCHIATRIC TREATMENT (OUTPATIENT ONLY)	24 HOURS	24 HOURS	48 HOURS	48 HOURS	48 HOURS
INTER-STATE REFERRAL SERVICES FOR SERVICES NOT AVAILABLE IN THE STATE	COVERED	COVERED	COVERED	COVERED	COVERED
MEDICAL ENQUIRIES & SECOND OPINION	COVERED	COVERED	COVERED	COVERED	COVERED
ANNUAL HEALTH CHECKS FOR PRINCIPAL ONLY (DURING HEALTH WEEK BY CLEARLINE MEDICAL TEAM)	BASIC (PHYSICAL, BP, BLOOD SUGAR, BMI, URINALYSIS)	BASIC (PHYSICAL, BP, BLOOD SUGAR, BMI, URINALYSIS)	BASIC (PHYSICAL, BP, BLOOD SUGAR, BMI, URINALYSIS)	BASIC (PHYSICAL, BP, BLOOD SUGAR, BMI, URINALYSIS)	BASIC (PHYSICAL, BP, BLOOD SUGAR, BMI, URINALYSIS)
<u>ACCOMODATION FOR MOTHERS WHOSE NEW BORN IS ON ADMISSION (EXCLUDES FEEDING) (LIMITED TO SCBU/NICU CASES ONLY)</u>	24 HOURS	24 HOURS	48 HOURS	48 HOURS	48 HOURS
<u>INTENSIVE CARE SERVICES (ICU)</u>	NOT COVERED	NOT COVERED	1 DAY	2 DAYS	3 DAYS
<u>NICU/SCBU (INCLUDING INCUBATOR CARE)</u>	1 DAY	1 DAY	2 DAYS	5 DAYS	5 DAYS
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<u>EYE CARE (BLOCK LIMIT INCLUSIVE OF CONSULTATION AND GLASSES)</u>	(N10,000)	(N15,000)	(N20,000)	(N25,000)	(N40,000)
<ul style="list-style-type: none"> FOREIGN BODY REMOVAL, 	COVERED	COVERED	COVERED	COVERED	COVERED
<ul style="list-style-type: none"> STYE INCISION, 	NOT COVERED	NOT COVERED	COVERED	COVERED	COVERED

• ENTROPION AND ECTOPION REPAIRS,	NOT COVERED	NOT COVERED	COVERED	COVERED	COVERED
• CHALAZION INCISION,	NOT COVERED	COVERED	COVERED	COVERED	COVERED
• SYRINGING AND PROBING,	COVERED	COVERED	COVERED	COVERED	COVERED
• EYE EXAMINATION, REFRACTION,	COVERED	COVERED	COVERED	COVERED	COVERED
• CONDITIONS – ALLERGIES, CONJUNCTIVITIS,	COVERED	COVERED	COVERED	COVERED	COVERED
• CATARACT EXTRACTION (AS PART OF SURGERY LIMIT)	NOT COVERED	NOT COVERED	COVERED	COVERED	COVERED
• GLASSES & FRAMES (ONCE IN 2 YEARS)	5,000	7,500	10,000	20,000	40,000
DENTAL CARE (BLOCK LIMIT)	N10,000	N20,000	N30,000	N40,000	N50,000
• PRIMARY DENTAL CARE - INCLUDING CONSULTATION, RELIEF OF PAIN, FILLINGS, SIMPLE EXTRACTION, (SCALING AND POLISHING - ONCE A YEAR)	COVERED	COVERED	COVERED	COVERED	COVERED
• SECONDARY DENTAL CARE (SURGICAL EXTRACTION)	NOT COVERED	NOT COVERED	COVERED	COVERED	COVERED
• EXAMINATION OF DENTITION	COVERED	COVERED	COVERED	COVERED	COVERED
• ROOT CANAL THERAPY	NOT COVERED	NOT COVERED	COVERED	COVERED	COVERED
• X-RAYS,	COVERED	COVERED	COVERED	COVERED	COVERED
• PERI-APICAL,	COVERED	COVERED	COVERED	COVERED	COVERED
• BITE WINGS,	COVERED	COVERED	COVERED	COVERED	COVERED
• AMALGAM FILLING, GIC FILLING	COVERED	COVERED	COVERED	COVERED	COVERED
• COMPOSITE FILLING,	COVERED	COVERED	COVERED	COVERED	COVERED
ENT CARE (EAR, NOSE & THROAT)	N10,000	N15,000	N20,000	N25,000	N30,000
• PRIMARY ENT CARE - INCLUDING CONSULTATION, TREATMENT OF INFECTION AND REMOVAL OF FOREIGN BODIES)	COVERED	COVERED	COVERED	COVERED	COVERED
• ENT SURGERIES (AS PART OF SURGERY LIMIT)	COVERED	COVERED	COVERED	COVERED	COVERED

	N10,000	N15,000	N20,000	N25,000	N30,000
<u>SKIN CARE</u>					
<ul style="list-style-type: none"> PRIMARY SKIN CARE -(INCLUDING CONSULTATION AND TREATMENT ONLY) 	COVERED	COVERED	COVERED	COVERED	COVERED
<u>GYNAECOLOGICAL AND OBSTETRICAL CARE (AS PART OF SURGERY LIMIT)</u>					
<ul style="list-style-type: none"> CAUTERIZATION, 	NOTCOVERED	COVERED	COVERED	COVERED	COVERED
<ul style="list-style-type: none"> MASUPIALIZATION, 	COVERED	COVERED	COVERED	COVERED	COVERED
<ul style="list-style-type: none"> CERVICAL POLYPECTOMY, 	NOTCOVERED	COVERED	COVERED	COVERED	COVERED
<ul style="list-style-type: none"> VAGINAL LACERATION, 	COVERED	COVERED	COVERED	COVERED	COVERED
<ul style="list-style-type: none"> OVARIAN BIOPSY, 	NOT COVERED	NOT COVERED	COVERED	COVERED	COVERED
<u>ORTHOPAEDIC CARE (AS PART OF SURGERY LIMIT)</u>					
<ul style="list-style-type: none"> CLOSED REDUCTION AND CAST APPLICATION, 	COVERED	COVERED	COVERED	COVERED	COVERED
<ul style="list-style-type: none"> SKIN TRACTION, POP APPLICATION, 	COVERED	COVERED	COVERED	COVERED	COVERED
<ul style="list-style-type: none"> EXOSTECTOMY, 					
<ul style="list-style-type: none"> JOINT EFFUSION TAP, 	COVERED	COVERED	COVERED	COVERED	COVERED
<ul style="list-style-type: none"> SEQUESTRECTOMY, 	NOT COVERED	NOT COVERED	COVERED	COVERED	COVERED
<ul style="list-style-type: none"> SKELETAL GRAFTING, 	NOT COVERED	NOT COVERED	COVERED	COVERED	COVERED
<ul style="list-style-type: none"> ORIF 	NOT COVERED	NOT COVERED	COVERED	COVERED	COVERED
<ul style="list-style-type: none"> SAUCERISATION, 	NOT COVERED	NOT COVERED	COVERED	COVERED	COVERED
<u>COMPLEX CASE MANAGEMENT</u>					
<ul style="list-style-type: none"> ACUTE KIDNEY DISEASE (PYELONEPHRITIS ONLY) 	COVERED	COVERED	COVERED	COVERED	COVERED

. ADDITIONAL SERVICES THAT CAN BE PROVIDED
WITH PAYMENT OF ADDITIONAL PREMIUM INCLUDES: LIFE &
PERMANENT DISABILITY COMPENSATION AND INTERNATIONAL HEALTH
COVER

EXCLUSIONS: (UNLESS OTHERWISE SPECIFICALLY
STATED, THE FOLLOWING ARE EXCLUDED FROM THE
BENEFIT PACKAGE)

Transplant surgery

Plastic/cosmetic surgeries

Virility enhancing drugs

Home care and domiciliary services

Joint replacements and prosthetic limbs

Congenital abnormalities

Self-inflicted injuries

Treatment of obesity

Speech disorders

Thyroid disorders

Neurosurgical disorders

Burns greater than 9%

Hormonal replacement therapy

All other services or procedures not expressly stated in the benefit package are excluded