



STUDENT HEALTH PLAN

S/N	BENEFITS	SERVICE CATEGORY	BENEFIT CLASS	PRICE
1	G.P Consultation, Proper History Taking, Examination to help reach a diagnosis and counselling.	Primary	CONSULTATION	Nil
2	Immunization against childhood killer diseases; BCG, Oral Polio, DPT, Measles Hepatitis B, HPV, Vitamin A, Yellow fever, and other vaccines included in the National Programme on Immunization.	Primary	HEALTH	Nil
3	Drainage Of Simple Abscess (I&D), Minor Dressing, Minor Wound Debridement, Surgical Repairs of Minor Lacerations, & Passage of Urethral Catheter.	Primary	HEALTH	Nil
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
5	RVS, Counselling and Health Education, Treatment of Simple Opportunistic Infections.	Primary	HEALTH	Nil

6	Counselling, Health Education, Management of Uncomplicated STIs.	Primary	HEALTH	Nil
7	Psychosomatic Illness, Insomnia (Counselling)	Primary	HEALTH	Nil
8	(Paediatrics) Feeding Problems and Nutritional Services, Treatment of Common	Primary	HEALTH	
9	Hives, Measles, Upper Respiratory Tract Infections, Other Childhood Exanthemas,	Primary	HEALTH	Nil
10	Treatment Of Minor Eye Ailments Including Conjunctivitis, simple contusions, and	Primary	HEALTH	Nil
11	Penlight inspection of the anterior portion of the eye.	Primary	HEALTH	Nil
12	Direct ophthalmoscopy	Primary	HEALTH	2000
13	Dilatation of the eye	Primary	HEALTH	1000
14	Establishing An Intravenous Line, Establishing Patent Airway, Management of	Primary	HEALTH	Nil
15	Control Of Bleeding, Cardio-Pulmonary Resuscitation, Immobilization of Fractures	Primary	HEALTH	Nil
16	Family Planning Counselling and Sex Education Only.	Primary	HEALTH	Nil
17	Hospital Bed Occupancy (Cumulative Per Year)	Primary	HEALTH	Nil
18	Growth Monitoring, Nutritional Advice and Health Education	Primary	HEALTH	Nil
19	Dental Care Education (Preventive and Promoter Oral Care)	Primary	HEALTH	Nil
20	Primary Consultation for referrals	Primary	HEALTH	1,000
21	Malaria Parasite (MP Test)	Primary	HEALTH	1,000
22	White Blood Cells (WBC)	Primary	HEALTH	1,500
23	Fasting Blood Sugar (FBS)	Primary	HEALTH	1,500

24	Random Blood Sugar (RBS)	Primary	HEALTH	1,500
25	Hb/PCV	Primary	HEALTH	1,000
26	Urinalysis	Primary	HEALTH	1,000
27	Blood Film Microfilaria	Primary	HEALTH	2,000
28	Erythrocyte Sedimentation Rate (ESR)	Primary	HEALTH	1,500
29	Full Blood Count (FBC)	Primary	HEALTH	2,500
30	WBC-Differential	Primary	HEALTH	1,500
31	Pregnancy Test (Urine)	Primary	HEALTH	1,000
32	Widal (Typhoid Test)	Primary	HEALTH	1,500
33	VDRL (Syphilis Test)	Primary	HEALTH	1,500
34	RVS	Primary	HEALTH	1,500
35	Severe Malaria	Secondary	HEALTH	Nil
36	Typhoid	Secondary	HEALTH	Nil
37	Pneumonia	Secondary	HEALTH	Nil
38	Specialist Initial Consultation (subject to confirmation)	Secondary	HEALTH	7,000
39	Specialist Review (per visit)	Secondary	HEALTH	3,000
40	Optometrist Consultation	Secondary	HEALTH	1000
41	Nursing Care & Surgical Admission Hospital Bed Occupancy (per annum)	Secondary	HEALTH	1,500

42	General Anaesthetic Fee (1 Procedure per Procedure)	Secondary	HEALTH	25,000
43	Spinal Anaesthetic Fee (1 Procedure per Procedure)	Secondary	HEALTH	20,000
44	Antral Washout (Co-payment 50/50)	Secondary	HEALTH	30,000
45	Ear Syringing (Uni-Lateral)	Secondary	HEALTH	3,500
46	Ear Dressing (Per Annum)	Secondary	HEALTH	2,500
47	Foreign Body Removal from Ear	Secondary	HEALTH	7,000
48	Nasal Toileting	Secondary	HEALTH	3,500
49	Foreign Body Removal from Nose	Secondary	HEALTH	7,000
50	Release Of Tongue Tie	Secondary	SURGERY	7,000
51	Marsupialisation (Bartholin Cyst)	Secondary	SURGERY	20,000
52	Appendectomy	Secondary	SURGERY	80,000
53	Herniorrhaphy (Unilateral)	Secondary	SURGERY	80,000
54	Herniorrhaphy (Bilateral)	Secondary	SURGERY	120,000
55	Herniotomy	Secondary	SURGERY	90,000
56	Haemorrhoidectomy	Secondary	SURGERY	80,000
57	Nebulisation + Sterile Water/Normal Saline (per day)	Secondary	HEALTH	2,500
58	Oxygen Therapy	Secondary	HEALTH	10,000
59	MUA & Pop Application	Secondary	ORTHOPEDIC	12,000

60	Full Arm Casts	Secondary	ORTHOPEDIC	12,000
61	Full Leg Casts	Secondary	ORTHOPEDIC	12,000
62	Amputation- Fingers	Secondary	ORTHOPEDIC	15,000
63	Amputation-Toes	Secondary	ORTHOPEDIC	15,000
64	Removal of Pop	Secondary	ORTHOPEDIC	2,500
65	Major Wound Dressing	Secondary	SURGERY	2,500
66	Major Debridement	Secondary	SURGERY	7,000
67	Catheterization Of Urinary Bladder Up to three Sessions Annually)	Secondary	SURGERY	1,000
68	Incision And Drainage of Abscess Per Annum)	Secondary	SURGERY	10,000
69	Suture Of Major Wound	Secondary	SURGERY	15,000
70	Plain white lens/bifocal/Readers	Secondary	HEALTH	10,000
71	Photo/AR/Special Order Lenses	Secondary	HEALTH	25,000
72	Indirect Ophthalmoscopy Per Annum)	Secondary	HEALTH	5,000
73	Slit-lamp Biomicroscopy (per annum)	Secondary	HEALTH	2,500
74	Retinoscopy	Secondary	HEALTH	2,500
75	Auto-refraction Per Annum)	Secondary	HEALTH	3,000
76	Subjective Refraction/Glasses (Test once every two years)	Secondary	HEALTH	2,000
77	Tonometry (Per Annum)	Secondary	HEALTH	4,000

78	Central Visual Field (VF)	Secondary	HEALTH	5,000
79	Fluorescence Staining	Secondary	HEALTH	1,000
80	Ocular dressing/Padding	Secondary	HEALTH	1,500
81	Subconjunctival Injection	Secondary	HEALTH	15,000
82	Abscess Drainage of Lid	Secondary	HEALTH	10,000
83	Paracentesis (Ac-Washout)	Secondary	HEALTH	10,000
84	Foreign body removal	Secondary	HEALTH	10,000
85	Chalazion Excision (procedure per Annum)	Secondary	HEALTH	15,000
86	Resuscitation	Secondary	HEALTH	7,000
87	Simple Extraction	Secondary	SURGERY	5,000
88	Amalgam Restoration (Class I) Anterior	Secondary	SURGERY	4,000
89	Amalgam Restoration (Class II) Posterior	Secondary	SURGERY	5,000
90	Composite Restoration Anterior	Secondary	SURGERY	5000
91	Composite Restoration Posterior	Secondary	SURGERY	7,000
92	G.I.C Filling (Anterior)	Secondary	SURGERY	5,000
93	G.I.C Filling (Posterior)	Secondary	SURGERY	7,000
94	Surgical Extraction	Secondary	SURGERY	15,000
95	Helicobacter Pylori (Ulcer test)	Secondary	LABORATORY	2,500

96	Total Protein	Secondary	LABORATORY	1,000
97	Electrolyte, Urea, Creatine (E/U/Cr)	Secondary	LABORATORY	3,500
98	Peripheral Blood Film	Secondary	LABORATORY	2,500
99	Blood Grouping	Secondary	LABORATORY	1000
100	Screening Of Donor Blood	Secondary	LABORATORY	1,000
101	Cross Match	Secondary	LABORATORY	600
102	Urine Microscopy/ Culture & Sensitivity	Secondary	LABORATORY	1,200
103	Stool Microscopy/ Culture	Secondary	LABORATORY	1,200
104	SWABS- Pus, Wound, Throat, Eye, Ear, Urethral, Aspirates, HVS, Endo-Cervical Microscopy/ Culture & Sensitivity	Secondary	LABORATORY	1,200
105	SKIN Heaf's/ Mantoux Test	Secondary	LABORATORY	1,500
106	Hepatitis B Surface Antigen (HBSAG)	Secondary	LABORATORY	1000
107	Hepatitis C Virus (HCV)	Secondary	LABORATORY	1,500
108	Hand/ Finger X-ray	Secondary	RADIOLOGY	2,500
109	Chest (Pa/Lateral) X-ray	Secondary	RADIOLOGY	2,500
110	Periapical X-ray	Secondary	RADIOLOGY	4,000
111	Electrocardiography (ECG)	Secondary	RADIOLOGY	3,000
112	Obstetric Scan	Secondary	ULTRASOUND	3,000

113	Abdominal Scan	Secondary	ULTRASOUND	3,500
114	Pelvic Scan	Secondary	ULTRASOUND	3,000
115	Breast Scan	Secondary	ULTRASOUND	4,000
116	Bladder Scan	Secondary	ULTRASOUND	4,000
117	Abdominal Pelvic Scan	Secondary	ULTRASOUND	4,000

NOTES	
Antenatal Care and Delivery	
1	Antenatal care and delivery (ANC/D) are a bundle and it is covered once every two (2) years for four (4) live births.
2	Antenatal (ANC) registration begins at twelve (12) weeks of pregnancy and the claim for the registration should be accompanied by a scan (Three obstetric scans are covered under the ANC bundle).
3	The neonate is covered for the following six (6) weeks post-delivery; (Cord care, Eye care, Management of simple neonatal infections and routine immunizations under the NPI Scheme).
Ophthalmologist Care	
1	Glasses are prescribed once in two years across all health plans.
2	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 an indemnity form from the health care facility.
Bed Space	
1	The Student Health plan Hospital bed occupancy is Capitated for 5 days per Annum

Co-Payment	
1	Co-payment of 10% applies for all drugs and investigations, across all health plans.
2	50/50 co-payment applies for selected services (Bundled surgeries are inclusive).
Exclusions List	
	Services not currently listed on the Benefits Package are regarded as services under exclusion and are not covered under EDOHIS. The following are excluded from all plans;
1	Transplant surgery
2	Plastic / Cosmetic surgeries
3	Virility-enhancing drugs
4	Infertility Investigations & treatment
5	Herbal drugs, nonprescription drugs, food drugs and experimental drugs and treatment
6	Joint replacement and prosthetic limbs
7	Psychiatric illness
8	Neonatal care not listed under neonatal services
9	Obesity treatment
10	Speech disorders × Learning difficulties
11	Consultations with unrecognized consultants, hospitals, family doctors, therapists, dental practitioners or complementary medicines practitioners
12	General mortuary services
13	All cancer cares

14	Blood transfusions
15	Any other treatment not listed in the benefit package