

We Care...



# RONsBERGER [NIGERIA] LTD.

The Health Insurance Company

Email: ronsbergerhmonigeria@gmail.com Address: 30 Ubiaja Crescent, Garki II, Abuja  
 Website: www.ronsbergerhmo.com Contact: 08173499873

## PRIVATE COPORATE PLANS

PLAN OPTIONS	BRONZE	SILVER	GOLD	PLATINUM
REGION OF COVERED	IN-COUNTRY	IN-COUNTRY	IN-COUNTRY	IN-COUNTRY
<b>24 HOURS CALL CENTRE SERVICE</b>	Covered	Covered	Covered	Covered
<b>General Consultation</b>	Covered	Covered	Covered	Covered
Registration	✓	✓	✓	✓
Consultations with general practice doctors	✓	✓	✓	✓
Non-specialist diagnosis of medical and surgical conditions	✓	✓	✓	✓
Supply of prescribed drugs	✓	✓	✓	✓
<b>CANCER SCREENING TEST</b>	Not Covered	Covered	Covered	Covered
Prostate Cancer Screening(50 yrs & above) PSA & Scan	x	x	✓	✓
Mamograms (45 yrs & above)	x	x	✓	✓
<b>Specialist Consultation</b>	Covered	Covered	Covered	Covered
Consultations with specialists on referral by a general practitioner	✓	✓	✓	✓
Specialist diagnosis of medical and surgical conditions	✓	✓	✓	✓
Supply of prescribed drugs	✓	✓	✓	✓
<b>Laboratory Investigations</b>	Covered	Covered	Covered	Covered
Hematology	✓	✓	✓	✓
Clinical Chemistry	✓	✓	✓	✓
Serology	✓	✓	✓	✓
Microbiology/Parasitology	✓	✓	✓	✓
<b>Advanced Lab Investigations e.g</b>	Not Covered	Covered	Covered	Covered
Tropolin 1, C- reactive protein, cardiac enzymes.	x	✓	✓	✓
<b>Skin</b>	Covered	Covered	covered	Covered
Snip (Microfilaria)	✓	✓	✓	✓
Scraping for fungal Element (Culture)	x	✓	✓	✓
Microscopy (KOH mount)	x	✓	✓	✓
Heaf's/ Mantoux test	✓	✓	✓	✓
<b>Prescribed Drugs</b>	Covered	Covered	Covered	Covered
<b>Physiotherapy</b>	Covered	Covered	Covered	Covered
Basic physical therapy, including infrared therapy, TENS stimulation	x	6 Session Per Annum	10 Session Per Annum	12 Session Per Annum
<b>Supply of basic physiotherapeutic products</b>	x	x	✓	✓
<b>Nutritionist/ Dietician Consultation</b>	Not Covered	Not Covered	Covered	Covered
<b>Immunization</b>	Covered	Covered	Covered	Covered
NPI ONLY:- BCG, OPV, HEP B, PENTA, MEASLES, YELLOW FEVER.	✓	✓	✓	✓
Yellow Fever Vaccine (ADULT)	x	x	✓	✓
Hepatitis B (ADULT)	x	x	✓	✓
<b>Additional Immunization:</b>	Covered	Covered	Covered	Covered
Chickenpox vaccine	✓	✓	✓	✓
Rotarix, MMR	✓	✓	✓	✓

Pneumococcal	✓	✓	✓	✓
<b>Management of uncomplicated pre-existing health conditions</b> (subject to disclosure at inception of plan )***	Covered	Covered	Covered	Covered
Consultation and drugs for chronic conditions such as: Hypertention	<b>Initial Consultation and Medications ONLY</b>	✓	✓	✓
Diabetes mellitus	✓	✓	✓	✓
Asthma	✓	✓	✓	✓
Ulcer	✓	✓	✓	✓
Epilepsy	✓	✓	✓	✓
<b>Plain &amp; Contrast X-Rays</b>	Plain Xray only	Covered	Covered	Covered
<i>Upper and Lower Limb</i>	✓	✓	✓	✓
Pelvic and chest X-tray	✓	✓	✓	✓
<i>Cervical and Thoracic spine</i>	✓	✓	✓	✓
<i>Thoraco Lumber Spine</i>	✓	✓	✓	✓
<i>Abdomen and skull</i>	✓	✓	✓	✓
<b>Ultrasound Scans</b>	Covered	Covered	Covered	Covered
Abdomen, Limbs, Skull, Spine	✓	✓	✓	✓
Obsteric, Pelvic and Bladder Scan	✓	✓	✓	✓
Prostate and Testes/Scrotal Scan	✓	✓	✓	✓
Brest Scan	✓	✓	✓	✓
Neck/Thyroid Scan	✓	✓	✓	✓
Anomaly Scan, CTG, BPP	x	<b>50/50</b>	✓	✓
<b>Admissions in Hospital</b>	Covered	Covered	Covered	Covered
<b>Admissions per Annum</b>	<b>15 days</b>	<b>20 days</b>	<b>30 days</b>	<b>35 days</b>
<b>Ward/Room</b>	<b>Standard Ward</b>	<b>Semi Private</b>	<b>Private</b>	<b>Private</b>
Feeding on Admission	<b>N1,800 per day</b>	<b>N2,400 per day</b>	<b>N3,000 per day</b>	<b>N3,600 per day</b>
Drugs & Infusions	Covered	Covered	Covered	Covered
<b>Premarital Evaluation</b>	Covered	Covered	Covered	Covered
Blood Group and HIV screnning	✓	✓	✓	✓
HBsAG and Genotype	✓	✓	✓	✓
<b>Pre-conception counseling and drug</b>	Covered	Covered	Covered	Covered
<b>Antenatal Care &amp; Delivery</b> (Subject to access period of 6 months after policy commencement)	Covered	Covered	Covered	Covered
Antenatal services, examinations and supply of drugs	✓	✓	✓	✓
Management of minor complications in pregnancy	✓	✓	✓	✓
Delivery room services	✓	✓	✓	✓
Management of labor	✓	✓	✓	✓
Normal & assisted delivery	✓	✓	✓	✓
Medically necessary caesarean section delivery (subject to approved plan's limit)	C/S subject to approved limit per annum <b>N75,000.00</b>	C/S subject to approved limit per annum <b>N150,000.00</b>	C/S subject to approved limit per annum <b>N200,000.00</b>	C/S subject to approved limit per annum <b>N250,000.00</b>
<b>Hospitals (Category C)</b>	x	C/S subject to approved limit per annum <b>N200,000.00</b>	C/S subject to approved limit per annum <b>N250,000.00</b>	C/S subject to approved limit per annum <b>N300,000.00</b>
Shirodkar operation	x	✓	✓	✓
<b>Gynaecology care investigations</b>	Not Covered	Covered	Covered	Covered
<b>Hormonal assay, Progesterone</b>	x	Once a year	twice a year	twice a year *
<b>Prolacin, FSH, LH, T3, T4, Oestrogen, P</b>	x	Once a year	twice a year	twice a year *
Postnatal check	✓	✓	✓	✓
<b>Post Natal Care</b> - circumcision of infant, ear piercing, etc.	Covered	Covered	Covered	Covered
<b>Neonatal Care</b> – (28 days)	Covered	Covered	Covered	Covered

Incubator Care for pre-term neonate	Not Covered	1 Day	3 Days	5 Days
<b>Family Planning Education</b>	Covered	Covered	Covered	Covered
Oral Contraceptives	Counseling only	✓	✓	✓
Counseling	Counseling only	✓	✓	✓
IUCD – Copper T	Counseling only	Counseling only	✓	✓
Injectibles – Depo Provera	Counseling only	Counseling only	✓	✓
Accident & Emergency Care	Covered	Covered	Covered	Covered
Accident & emergency room services (Patient is stabilized in the event of life-threatening emergencies within 24 hours).	Initial stabilization and care only	24hrs	36hrs	2 Days
Emergency Ambulance Service	x	x	Hospital to hospital	Hospital to hospital Hospital to diag. centre
<b>Minor Surgeries</b>	Covered	Covered	Covered	Covered
<b>Gynaecology:</b> MVA and Colposcopy(Medically Necessary)	✓	✓	✓	✓
<b>General:</b> Incision & drainage of abscess, Wound dressing, suturing of minor cuts and lacerations	✓	✓	✓	✓
<b>Optical:</b> Styte, hordeolum removal	x	✓	✓	✓
<b>ENT:</b> Foreign body removal from Ear & Nose	✓	✓	✓	✓
<b>Orthopedic:</b> Cast	x	✓	✓	✓
<b>Intermediate Surgeries</b> (subject to pre-authorized limit composite price for all this service)	Covered	Covered	Covered	Covered
Excision of various lumps	✓	✓	✓	✓
Repair of hernia	✓	✓	✓	✓
Appendectomy	✓	✓	✓	✓
Closed reduction and manipulation of simple fractures	✓	✓	✓	✓
Ear, nose and throat procedures such as antral washout, antrostomy and tonsillectomy	✓	✓	✓	✓
Simple emergency gynaecological procedures	✓	✓	✓	✓
Eye surgeries such as removal of pterigium, chalazion, styte.	Limit: <b>N50,000.00</b>	Limit: <b>N75,000.00</b>	Limit: <b>N100,000.00</b>	Limit: <b>N150,000.00</b>
Hospitals (Category C)	Not Covered	Limit: <b>N100,000.00</b>	Limit: <b>N150,000.00</b>	Limit: <b>N200,000.00</b>
<b>Major Surgeries</b>	Not Covered	Covered	Covered	Covered
(Subject to pre-authorized limit composite price)	<b>N75,000.00</b>	<b>N150,000.00</b>	<b>N200,000.00</b>	<b>N250,000.00</b>
<b>Hospitals (Category C)</b>	x	<b>N200,000.00</b>	<b>N250,000.00</b>	<b>N300,000.00</b>
<b>Nebulisation (per annum)</b>	Covered	Covered	Covered	Covered
<b>Optical Care</b>				
General eye examination	✓	✓	✓	✓
Treatment for simple eye infection (conjunctivitis)	✓	✓	✓	✓
Refraction, ophthalmoscopy only	✓	✓	✓	✓
Eye Tests: SLE, Tonometry, CVF, e.t.c	x	✓	✓	✓
Eye Glasses and Contact Lenses replaceable in two years	Limit: <b>N10,000.00</b>	Limit: <b>N15,000.00</b>	Limit: <b>N20,000.00</b>	Limit: <b>N30,000.00</b>
<b>Dental Care</b>	Covered	Covered	Covered	Covered
Primary Dental Care includes	✓	✓	✓	✓
Pain Relief	✓	✓	✓	✓
Scaling & Polishing	✓	✓	✓	✓

Simple Fillings	✓	✓	✓	✓
Simple Extraction	✓	✓	✓	✓
Surgical Extraction	Limit: <b>N7,000.00</b>	Limit: <b>N10,000.00</b>	Limit: <b>N12,000.00</b>	Limit: <b>N15,000.00</b>
<b>Hospitals (Category C)</b>	x	Limit: <b>N20,000.00</b>	Limit: <b>N25,000.00</b>	Limit: <b>N30,000.00</b>
Root Canal Treatment, Periodontal gum Treatment	x	50/50	✓	✓
<b>HIV/AIDS:</b>	Covered	Covered	Covered	Covered
HIV screening	✓	✓	✓	✓
Confirmatory tests	✓	✓	✓	✓
<b>STIs Treatment:</b>	Covered	Covered	Covered	Covered
Treatment of opportunistic infections	✓	✓	✓	✓
<b>Special Investigations</b> Advanced and complex investigations:	Not Covered	Covered	Covered	Covered
CT Scan	x	co-payment- 60:40	co-payment- 50:50	✓
MRI Scan	x	co-payment- 60:40	co-payment- 50:50	✓
Diagnostic services include: Electrocardiography (ECG) – resting, exercise, pre & post exercise	✓	✓	✓	✓
<b>Mental Health Services</b>	Covered	Covered	Covered	Covered
Care for acute short-term mental health conditions of an ongoing chronic condition	out patient care only	✓	✓	✓
Out-patient care for chronic psychiatric cases	out patient care only	✓	✓	✓
In-patient care for chronic psychiatric care subject to admission limit	out patient care only	✓	✓	✓
<b>Annual Wellness Check (Basic)</b>	Not Covered	Covered	Covered	Covered
<i>(Limited to those that have not accessed care within policy date)</i>				
Physical Exam and Blood Pressure Check	✓	✓	✓	✓
Blood Sugar Check	✓	✓	✓	✓
PCV/HB and Urinalysis	✓	✓	✓	✓
<i>EUCR, CXR, ECG</i>	x	✓	✓	✓
Prostate scan, Mammo, Papsmer & FLP	x	✓	✓	✓
<b>Intensive Care (ICU)</b>	Not Covered	Not Covered	Covered	Covered
Medical management of myocardial infarction or heart attack	x	x	24 hrs	36 hrs
Management of diabetic emergencies	x	x	24 hrs	36 hrs
Intensive care treatment and ICU care for 24 hours	x	x	24 hrs	36 hrs
Artificial respiration	x	x	24 hrs	36 hrs
Ventilator care	x	x	24 hrs	36 hrs
Oxygen therapy	x	x	24 hrs	36 hrs
<b>Infertility Investigation (subject to pre-authorized limit:</b>	Covered	Covered	Covered	Covered
Minimally Invasive Investigations relating to Infertility	Oral contraceptives& counseling	✓	✓	✓
Non-Hormonal Treatment	Oral contraceptives& counseling	✓	✓	✓
Non-Surgical Treatment	Oral contraceptives& counseling	✓	✓	✓
<b>Renal Dialysis (Acute)</b>	Not Covered	Not Covered	1 session	3 sessions
<b>Blood Transfusion</b>	1 pint	2 pints	3 pints	4 pints
<b>Daily Out-patient Care:</b>	Covered	Covered	Covered	Covered

conditions that appear suddenly, progress rapidly and relatively short in duration	✓	✓	✓	✓
Acute conditions e.g Malaria	✓	✓	✓	✓
Diagnostic test	✓	✓	✓	✓
Prescribed drugs	✓	✓	✓	✓
<b>Minor Orthopedics</b>	Covered	Covered	Covered	Covered
Pop application (small), minor procedures	✓	✓	✓	✓
<b>Intermediate Orthopedics</b>	Not Covered	Covered	Covered	Covered
MUA	x	Limit:	Limit:	Limit:
Pop application (medium)	x	N25,000.00	N50,000.00	N75,000.00
Hospitals (Category C)	x	N50,000.00	N100,000.00	N150,000.00
drainage of septic arthritis	x	✓	✓	✓
<b>Major Orthopedic surgeries</b> - - - -	Not Covered	Not Covered	co-payment- 50:50	co-payment- 60:40
Pop application (Large)	Not Covered	Not Covered	co-payment- 50:50	co-payment- 60:40
<b>GYM/SPA</b>	x	x	Covered	Covered
<b>PREMIUM</b>	<b>Bronze</b>	<b>Silver</b>	<b>Gold</b>	<b>Platinum</b>
Family	N165,000.00	N210,000.00	N375,000.00	N450,000.00
Individual	N35,000.00	N45,000.00	N65,000.00	N150,000.00
<b>Hospitals (Category C)</b>				
Family	x	N350,000.00	N500,000.00	N700,000.00
Individual	x	N180,000.00	N250,000.00	N375,000.00
<b>Financial Limit</b>				
Family	N500,000.00	N800,000.00	N1,500,000.00	N2,000,000.00
Individual	N262,500.00	N337,500.00	N487,500.00	N750,000.00
<b>Hospital (Category C)</b>				
Family	x	N1,000,000.00	N2,000,000.00	N3,000,000.00
Individual	x	N500,000.00	N750,000.00	N1,000,000.00

**NOTE:**

- ✓ Covered.
- x Not Covered.
- \*\*\* Upon Disclosure of chronic conditions, an additional 30% charge will be added to the family premium of silver, gold & platinum.
- \*\* Presence of chronic condition in silver (Hospital C).
- \* In Exigences

**CASH BACK ADDED BENEFIT**

- Corporate businesses non usage of care within the first two (2) years of business shall not attract cash back unless renewed consecutively in three years. At the end of third year, a 2.5% discount shall be given as cash back.

**EXCLUSIONS:**

The following procedures are excluded from all plans:

- Overseas Medical treatment and surgeries.
- Domiciliary visits
- Plastic and or cosmetic surgeries
- Long term psychiatric illness (Longer than 6 months)
- Injuries arising from extreme sports
- Consultation with unorthodox practitioners

**Definition of terms:**

**INDIVIDUAL:** Any married or unmarried person who is the sole beneficiary of the plan.

**FAMILY:** Any family made up of a principal, a spouse and up to but not more than 4 biological children.