

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: 08050994610 & 07065711163

## SMALL & MEDIUM ENTERPRISE (SME) PACKAGE

PLAN OPTIONS	BASIC	EXTRA
<b>REGION OF COVERED</b>	<b>IN-COUNTRY</b>	
<b>24 HOURS CALL CENTRE SERVICE</b>	Covered	Covered
<b>General Consultation</b>	Covered	Covered
Registration	Covered	Covered
Consultations with general practice doctors	Covered	Covered
Non-specialist diagnosis of medical and surgical conditions	Covered	Covered
Supply of prescribed drugs	Covered	Covered
<b>Out- Patient Care</b>	Covered	Covered
<b>Specialist Consultation: Consultations with specialists on referral by a general practitioner</b>		
Physiotherapist	Covered	Covered
Gynecologist	Covered	Covered
Pediatrician	Covered	Covered
Supply of prescribed drugs	Covered	Covered
<b>Management of Infections/Infestations and General Conditions</b>		
Malaria	Covered	Covered
Typhoid Fever	Covered	Covered
Urinary Tract Infection UTI	Covered	Covered
Diarrhoeal Diseases	Covered	Covered
Upper Respiratory Tract Infections	Covered	Covered
Musculo Skeletal Conditions (e.g muscle pain)	Covered	Covered
Arthritis	Covered	Covered
Joint Pain	Covered	Covered
Exhaustion	Covered	Covered
Dehydration	Covered	Covered
Heat Stroke	Covered	Covered
Food Poisoning	Covered	Covered
Lactic Acidosis	Covered	Covered
Conjunctivitis	Covered	Covered
Deworming	Covered	Covered
<b>Laboratory Investigations</b>		
Hematology: FBC, PCV	Covered	Covered
Clinical Chemistry: EUCR, Urinalysis	Covered	Covered
Serology: WIDAL TEST, RVS	Covered	Covered
Microbiology/Parasitology: MP Urine MCS & Stool MCS	Covered	Covered
<b>X-Rays</b>	Plain Xray only	
chest X-Ray	Covered	Covered
Abdominal X-Ray	Covered	Covered
<b>Ultrasound Scans</b>		
Abdomino Pelvic Scan	Covered	Covered
Soft Tissue Scan	Covered	Covered
Neck Scan	Covered	Covered
<b>Admissions in Hospital</b>		
Admissions and accomodation in an indicated ward	Covered	Covered
skilled nursing and medical services	Covered	Covered

Admission Per Annum	<b>10 Days</b>	<b>20 Days</b>
Drugs and Infusions	Covered	Covered
<b>Minor Orthopedics</b>		
POP Application	Covered	Covered
Minor Procedures	Covered	Covered
Blood Transfusion	Covered	Covered
<b>Accident &amp; Emergency Care</b>		
Accident & Emergency Room Services	<b>Initial stabilization and care only within 12hrs</b>	<b>24hrs</b>
Suturing of Laceration & Cuts	Covered	Covered
Wound Dressing	Covered	Covered
Closed Reduction of Dislocation	Not Covered	Covered
Arrest of Hemorrhage	Covered	Covered
<b>Antenatal Care &amp; Delivery</b>		
Antenatal services, examinations and supply of drugs	Covered	Covered
Delivery room services	Covered	Covered
Management of labor	Covered	Covered
Medically necessary caesarean section delivery (subject to approved plan's limit)	<b>Limit: N65,000.00</b>	<b>Limit: N75,000.00</b>
Normal & assisted delivery	Covered	Covered
<b>Postnatal check</b>		
Post Natal Care - circumcision of infant, ear piercing, etc.	Covered	Covered
<b>Family Planning</b>		
Counseling	Counseling only	Counseling only
IUCD – Copper T	Counseling only	Counseling only
Injectibles – Depo Provera	Counseling only	Counseling only
<b>Minor Surgeries</b>		
Wound Dressing	Covered	Covered
Incision & Drainage of Abscess	Covered	Covered
Suturing of Laceration & Cuts	Covered	Covered
ENT: Foreign body removal from Ear & Nose	Covered	Covered
Ganglion Excision	Covered	Covered
Repair of hernia	Covered	Covered
<b>Intermediate Surgeries</b>		
Excision of various lumps	Limit: 50,000	Limit: 55,000
Appendectomy	Covered	Covered
Closed reduction and manipulation of simple fractures and dislocation	Covered	Covered
Simple Eye surgeries such as removal of pterigium, chalazion, stye.	Covered	Covered
<b>Optical Care</b>		
General eye examination	Covered	Covered
Treatment for simple eye infection (conjunctivitis)	Covered	Covered
Eye Tests	Not Covered	Covered
Eye Glasses Accessable in two years	Financial Limit: #8,000	Financial Limit: N12,000.00
<b>Dental Care</b>		
Pain Relief	Covered	Covered
Scaling & Polishing	Covered	Covered
Simple Extraction	Covered	Covered
<b>HIV/AIDS</b>		
HIV screening	Covered	covered
<b>STIs Treatment</b>		
Treatment of minor opportunistic infections	Covered	Covered
<b>Special Investigation: E.C.G</b>	Not Covered	E.C.G for newly diagnosed htn Series
Acute Conditions	Covered	Covered
Personal health assessment	Covered	Covered
Diagnostic test	Covered	Covered
Prescribed drugs	Covered	Covered
<b>ANNUAL PREMIUM</b>		

INDIVIDUAL PREMIUM	N12,000 Per Annum	N25,000 Per Annum
Minimum Purchase Line	100 Enrollees	100 Enrollees

**ADDITIONAL ANNUAL BENEFITS**

**PERSONAL PROTECTIVE EQUIPMENT (P.P.E)**

- 1) FACE MASK
- 2) RONSBERGER UNBRELLAS
- 3) REFLECTIVE JACKET
- 4) COMPRESSION STOCKINGS
- 5) SUPPLY OF FIRST AID BOX .....