



RONSBERGER

The Health Insurance Company

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Family & Individual Health Benefit Plans

Benefit Package	Prime care	Prime Care	Prime care	Prime Care
PLAN OPTIONS	BRONZE	SILVER	GOLD	PLATINUM
REGION OF COVERED	IN-COUNTRY	IN-COUNTRY	IN-COUNTRY	IN-COUNTRY
24 HOURS CALL CENTRE SERVICE	Covered	Covered	Covered	Covered
General Consultation	Covered	Covered	Covered	Covered
Registration	✓	✓	✓	✓
Consultations with general practice doctors	✓	✓	✓	✓
Non-specialist diagnosis of medical and surgical conditions	✓	✓	✓	✓
Supply of prescribed drugs	✓	✓	✓	✓
Cancer Screening Test	Not Covered	Not Covered	Covered	Covered
Prostate Cancer Screening(50 yrs & above) PSA & Scan	x	x	✓	✓
Mamograms (45 yrs & above)	x	x	✓	✓
Specialist Consultation	Not Covered	Covered	Covered	Covered
Consultations with specialists on referral by a general practitioner	Not Covered	✓	✓	✓
Specialist diagnosis of medical and Surgical Conditions	Not Covered	✓	✓	✓

Supply of prescribed drugs	✓	✓	✓	✓
Laboratory Investigations	Covered	Covered	Covered	Covered
Hematology	✓	✓	✓	✓
Clinical Chemistry	✓	✓	✓	✓
Serology	✓	✓	✓	✓
Microbiology/Parasitology	✓	✓	✓	✓
Advanced Lab Investigations e.g	Not Covered	Not Covered	Covered	Covered
Tropolin 1, C- reactive protein, cardiac enzymes.	x	x	✓	✓
Skin	Covered	Covered	Covered	Covered
Snip (Microfilaria)	✓	✓	✓	✓
<i>Scraping for fungal Element (Culture)</i>	x	x	x	✓
Microscopy (KOH mount)	x	✓	✓	✓
Heaf's/ Mantoux test	x	✓	✓	✓
Prescribed Drugs	Covered	Covered	Covered	Covered
Physiotherapy	Not Covered	Covered	Covered	Covered
Basic physical therapy, including infrared therapy, TENS stimulation	x	✓	✓	✓
Supply of basic physiotherapeutic products	x	x	✓	✓
Nutritionist/ Dietician Consultation	Not Covered	Not Covered	Covered	Covered
Immunization	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	✓	✓

Additional Immunization:	Not Covered	Covered co - pay	Covered	Covered
Chickenpox vaccine	x	50/50	✓	✓
Rotarix, MMR	x	50/50	✓	✓
Pneumococcal	x	50/50	✓	✓
Management of uncomplicated pre-existing health conditions (<i>subject to disclosure at inception of plan</i>)**	Not Covered	Covered	Covered	Covered
Consultation and drugs for chronic conditions such as: Hypertention	x	✓	✓	✓
Diabetes mellitus	x	✓	✓	✓
Asthma	x	✓	✓	✓
ulcer	x	✓	✓	✓
Epilepsy	x	✓	✓	✓
Plain & Contrast X-Rays	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>	✓	✓	✓	✓
Ultrasound Scans	Covered	Covered	Covered	Covered
Abdomen, Limbs, Skull, Spine	✓	✓	✓	✓
obstetric, pelvic and bladder scan	✓	✓	✓	✓
prostate and Testes/scrotal scan	x	✓	✓	✓
Brest Scan	x	✓	✓	✓
Neck/Thyroid Scan	x	x	✓	✓
Anomaly Scan, CTG, BPP	x	x	✓	✓
Admissions in Hospital	Covered	Covered	Covered	Covered
Admissions per Annum	15 days	20 days	30 days	35 days

Ward/Room	Standard Ward	Semi Private	Private	Private
Feeding on Admission	1,800 per day	2,400 per day	3,000 per day	3,600 per day
Drugs & Infusions	Covered	Covered	Covered	Covered
Premarital evaluation	Covered	Covered	Covered	Covered
Blood Group and HIV screening	✓	✓	✓	✓
HBsAG and Genotype	✓	✓	✓	✓
Pre-conception counseling and drug	Covered	Covered	Covered	Covered
Antenatal Care & Delivery (<i>Subject to access period of 6 months after policy commencement</i>)	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)	x	C/S subject to approved limit per annum N100,000.00	C/S subject to approved limit per annum N150,000.00	C/S subject to approved limit per annum N200,000.00
Hospitals (Category C)	x	C/S subject to approved limit per annum N150,000.00	C/S subject to approved limit per annum N200,000.00	C/S subject to approved limit per annum N250,000.00
Shirodkar operation	x	✓	✓	✓
Gynaecology care investigations	Not Covered	Covered	Covered	Covered
Hormonal assay, Progesterone	x	✓	✓	✓
Prolacin, FSH, LH, T3, T4, Oestrogen, P	x	✓	✓	✓
Postnatal check	✓	✓	✓	✓

Post Natal Care - circumcision of infant, ear piercing, etc.	Covered	Covered	Covered	Covered
Neonatal Care – (28 days)	Not Covered	Covered	Covered	Covered
Incubator Care for pre-term neonate	Not Covered	1 Day	3 Days	5 Days
Family Planning Education	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
Minor Surgeries	Covered	Covered	Covered	Covered
Gynaecology: MVA and Colposcopy(Medically Necessary)	✓	✓	✓	✓
General: Incision & drainage of abscess, Wound dressing, suturing of minor cuts and lacerations	✓	✓	✓	✓
Optical: Styte, hordeolum removal	x	✓	✓	✓
ENT: Foreign body removal from Ear & Nose	✓	✓	✓	✓
Orthopedic: Cast	x	✓	✓	✓

Intermediate Surgeries (<i>subject to pre-authorized limit composite price for all this service</i>)	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 gynecological procedures	✓	✓	✓	✓
Eye surgeries such as removal of pterigium, chalazion, sty. e.	Not Covered	Limit: N50,000.00	Limit: N75,000.00	Limit: N100,000.00
Hospitals (Category C)	Not Covered	Limit: N75,000.00	Limit: N100,000.00	Limit: N150,000.00
Major Surgeries	Not Covered	Covered	Covered	Covered
(<i>Subject to pre-authorized limit composite price</i>)	x	N100,000.00	N150,000.00	N200,000.00
Hospitals (Category C)	x	N150,000.00	N200,000.00	N250,000.00
Nebulisation (per annum)	Covered	Covered	Covered	Covered
Optical Care				
General eye examination	✓	✓	✓	✓
Treatment for simple eye infection (conjunctivitis)	✓	✓	✓	✓
Refraction, ophthalmoscopy only	✓	✓	✓	✓
Eye Tests: SLE, Tonometry, CVF, e.t.c	x	✓	✓	✓

Eye Glasses and Lenses replaceable in two years	Limit: 10,000.00	Limit: 15,000.00	Limit: 20,000.00	Limit: 30,000.00
Dental Care	Covered	Covered	Covered	Covered
Primary Dental Care includes	✓	✓	✓	✓
Pain Relief	✓	✓	✓	✓
Scaling & Polishing	✓	✓	✓	✓
Simple Fillings	✓	✓	✓	✓
Simple Extraction	✓	✓	✓	✓
Surgical Extraction	Limit: N7,000.00	Limit: N10,000.00	Limit: N12,000.00	Limit: N15,000.00
Hospitals (Category C)	Limit: N10,000.00	Limit: N20,000.00	Limit: N25,000.00	Limit: N30,000.00
Root Canal Treatment, Periodontal gum Treatment	x	x	✓	✓
HIV/AIDS:	Covered	Covered	Covered	Covered
HIV screening	✓	✓	✓	✓
Confirmatory tests	✓	✓	✓	✓
STIs Treatment:	Covered	Covered	Covered	Covered
Treatment of opportunistic infections	✓	✓	✓	✓
Special Investigations Advanced and complex investigations:	Not Covered	Not Covered	Covered	Covered
CT Scan	x	x	Limit: N45,000.00	Limit: N50,000.00
MRI Scan	x	x	Limit: N45,000.00	Limit: N50,000.00
Diagnostic services include: Electrocardiography (ECG) – resting, exercise, pre & post exercise	✓	✓	✓	✓
Mental Health Services	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	✓	✓	✓
Annual Wellness Check (Basic)	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	✓	✓	✓
Mammo, Papsmear & FLP	x	x	✓	✓
Intensive Care (ICU)	Not Covered	Not Covered	Covered	Covered
Medical management of myocardial infarction or heart attack	x	x	24 hrs	48 hrs
Management of diabetic emergencies	x	x	24 hrs	48 hrs
Intensive care treatment and ICU care for 24 hours	x	x	24 hrs	48 hrs
Artificial respiration	x	x	24 hrs	48 hrs
Ventilator care	x	x	24 hrs	48 hrs
Oxygen therapy	x	x	24 hrs	48 hrs
Infertility Investigation (subject to pre-authorized limit:	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	✓	✓	✓
Renal Dialysis (Acute)	Not Covered	Not Covered	1 session	3 sessions
Blood Transfusion	1 pint	2 pints	3 pints	4 pints
Daily Out-patient Care:	Covered	Covered	Covered	Covered
Conditions that appear suddenly, progress rapidly and relatively short in duration	✓	✓	✓	✓
Acute conditions e.g Malaria	✓	✓	✓	✓
Personal health assessment	x	✓	✓	✓
Diagnostic test	✓	✓	✓	✓
Prescribed drugs	✓	✓	✓	✓
Minor Orthopedics	Covered	Covered	Covered	Covered
Pop application (small), minor procedures	✓	✓	✓	✓
Intermediate Orthopedics	Not Covered	Covered	Covered	Covered
<i>MUA</i>	x	Limit:	Limit:	Limit:
<i>Pop application (medium)</i>	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	Not Covered	Covered	Covered	Covered
Major Orthopedic surgeries --- Pop application (Large)	Not Covered	Not Covered	Co-payment- 50:50	Co-payment- 60:40
GYM/SPA	x	x	Covered	Covered
PREMIUM				
Family	N180,000.00	N270,000.00	N420,000.00	N550,000.00
Individual	N40,000.00	N75,000.00	N120,000.00	N180,000.00
Hospitals (Category C)				
Family	x	N350,000.00	N700,000.00	N1,150,000.00
Individual		N180,000.00	N350,000.00	N480,000.00
Financial Limit				
Family	N810,000.00	N1,215,000.00	N1,890,000.00	N2,475,000.00
Individual	N300,000.00	N562,500.00	N900,000.00	N1,350,000.00

Hospitals (Category C)				
Family	x	N1,750,000.00	N3,500,000.00	N5,750,000.00
Individual	x	N630,000.00	N1,225,000.00	N1,680,000.00

NOTE:

✓ Covered.

x Not Covered.

*** Upon Disclosure of chronic conditions, an additional 30% charge will be added to the family silver, gold & platinum premium.

** Presence of chronic condition in silver (Hospital C).

* In Exigences

CASH BACK ADDED BENEFIT

- Individual and family non usage of health facility within the last policy date will get 25% cash back.
- Individual and family usage of below 10% premium within the policy date will get 20% cash back.
- Individual and family usage above 10% premium within the policy date will not get any 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.