



EMERALD

ProHealth HMO Limited Health Plan



ProHealth's EMERALD Health Plan Benefits 2017

Out-patient Services

- a. General Consultation
- b. Specialist consultation
- c. Supply of prescribed drugs & medications
- d. Physiotherapy
- e. Management of Chronic Conditions;
 - a. Hypertension
- b. Diabetes
- c. Sickle cell Anemia
- d. Asthma
- f. Ambulance services
 - a. Between hospitals
 - b. From road side to hospitals

Laboratory & Diagnostic Services

HAEMATOLOGY

Basic/Primary investigations

- a. Haemoglobin (Hb)
- b. Packed Cell Volume (PCV)
- c. White Blood Cell (Total & differential)
- d. Red Blood Cell Count (RBC)
- e. Full Blood Count
- f. Blood group
- g. Genotype
- h. Malaria parasite
- i. Platelet count
- j. Erythrocyte Sedimentation rate (ESR)
- k. Cross Matching

CLINICAL CHEMISTRY

Basic/Primary investigations

- a. Fasting blood sugar
- b. Random blood sugar
- c. Electrolyte, Urea & Creatinine
- d. Calcium
- e. Phosphorus

MICROBIOLOGY

Basic/primary investigations

- a. Urinalysis
- b. Urine m/c/s
- c. Stool m/c/s
- d. HVS m/c/s

- e. Sputum m/c/s
- f. Urethral & wound m/c/s
- g. Stool occult blood
- h. Pregnancy test

SEROLOGY

Basic/Primary Investigation

- a. Widal test
- b. VDRL
- c. Pregnancy test (Blood)
- d. Hepatitis B surface antigen
- e. HIV 1 & 2 screening

RADIOLOGICAL INVESTIGATIONS

Secondary investigations

- a. Chest x-ray & extremities
- b. Upper Limb
- c. Lower Limb
- d. Thorax (Chest)

Ultrasound Scan:

- a. Obstetrics
- b. Abdominal scan
- c. Abdominopelvic
- d. Pelvic

OTHER INVESTIGATIONS

Secondary investigations

- E.C.G (Resting)



In-Patient Services

- a. Hospitalization in a general ward
- b. Skilled nursing care
- c. Inpatient medical services
- d. Supply of drugs and infusions
- e. Dressing
- f. Medical & surgical consumables
- g. Covered diagnosis, laboratory and X-ray

Maternity Services (Family Plan only)

- a. Antenatal Services including consultation, examinations and supply of drugs for all antenatal visits
- b. Normal delivery
- c. Induction of labour/assisted delivery
- d. Caesarean section delivery (Emergency & Medically indicated)
- e. Delivery Room services (consumables)
- f. Management of labour
- g. Laboratory tests limited to haemoglobin estimation or packed cell volume evaluation, HIV 1 & 2 evaluation, blood group and genotype evaluation, Hepatitis B surface antigen, ultrasound scan examination (3 max), during the pregnancy period.
- h. Post-natal care: Babies delivered into the scheme should be enrolled as dependants by the fourth week of life. However health care services will be rendered within the first four (4) weeks and will be limited to routine primary health care, circumcision, treatment of minor infections and NPI immunization.
- i. Puerperal infection
- j. Hyper emesis gravid arum
- k. Pre-eclampsia
- l. Hospitalization & skilled nursing in connection with childbirth for the mother or new born child of a vaginal or caesarean delivery

Family Planning Services (Family Plan only)

- Counselling Only

Child Health Services (Family Plan only)

PAEDIATRICS & CHILD WELFARE

- Out-patient & in-patient consultation & treatment for enrollees
- Specialist consultation & treatment when recommended
- Circumcision & Ear piercing

Immunization services covering the following;

ROUTINE IMMUNIZATIONS (UNDER 5 YEARS)

Enrollees of the PHL scheme are covered for the following immunizations, as contained in the Federal Government National Programme on Immunization schedule.

- | | |
|-----------------|------------------------------------|
| i. BCG | v. Yellow fever |
| ii. Oral Polio | vi. Pentavalent |
| iii. DPT | vii. Haemophilus Influenza B (HiB) |
| iv. Hepatitis B | viii. Vitamin A supplementation |



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Emergency Services

- a. Medical Emergencies
- b. Intensive care/stabilization
- c. Blood Transfusion
- d. Local Evacuation to Hospital
- e. Accident & Emergency

Surgical Procedures - Minor, intermediate, Major

MINOR SURGERIES

- i. The following minor surgeries are covered
- ii. Circumcision of male infants
- iii. Ear piercing
- iv. Excision of breast lump
- v. Ganglionectomy
- vi. Lipectomy
- vii. Marsupialization (Bartholin's cyst)
- viii. Surgical drainage of abscess
- ix. Uterine evacuation of I ncomplete abortion
- x. Removal of In-growing toenail
- xi. Minor wound debridement
- xii. Evacuation of impacted faeces
- xiii. Drainage of paronychia
- xiv. Suturing of minor lacerations
- xv. Chest tube insertion

INTERMEDIATE SURGERIES

The following intermediate surgeries are covered

- i. Appendectomy
- ii. Endoscopies
- iii. Excision of intrascrotal mass
- iv. Hemorrhoidectomy

- v. Herniorraphies
- vi. Herniotomy
- vii. Hydrocelectomy
- viii. Low fistulectomy
- ix. Varicolectomy,
- x. Bougienage
- xi. Haemorrhoidectomy (excluding 3rd degree hemorrhoids)
- xii. Cervical cerclage
- xiii. Manual removal of placenta

MAJOR SURGERIES

The following major surgeries are covered

- i. Adenoidectomy
- ii. Tonsillectomy
- iii. Laparotomy for;
 - Ruptured ectopic gestation
 - Ovarian cyst
 - Ruptured Appendix
- iv. Myomectomy
- v. Hysterectomy
- vi. Prostatectomy
- vii. Cholecystectomy

Eye Care

- a. Consultation & Refraction, visual acuity
- b. Routine examination
- c. Treatment of simple infections
- d. Provision of lenses; plain, bifocal & varifocal lenses subject to limit of coverage
- e. Intraocular pressure test

HIV/AIDS Support Services

- a. Education & VCT
- b. ARV treatment referral to Centers



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Dental Services

- a. Consultation
- b. Treatment of simple infections
- c. Dental X-ray
- d. Pain therapy
- e. Simple Extraction
- f. Scaling & Polishing
- g. Amalgam filing

Additional Services

- a. Annual Basic medical examination

Mental Health Services

- Initial Psychiatric Evaluation



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