

VENUS MEDICARE HEALTH PLANS, PREMIUM SCHEDULE, GENERAL EXCLUSIONS IN VENUS MEDICARE

1. PLANS FOR NIGERIAN ASSOCIATION OF PETROLEUM EXPLORATIONISTS

Covered Services	Customized Smart Health	Customized Classic Health	Customized Super Health
EMERGENCY SERVICES			
Local evacuation to hospital	✓	✓	✓
Stabilization	✓	✓	✓
Emergency drug and investigations	✓	✓	✓
OUTPATIENT SERVICES			
General consultation	✓	✓	✓
Special consultation	✓	✓	✓
Routine Laboratory tests	✓	✓	✓
Prescribed Drugs	✓	✓	✓
Physiotherapy	4 Sessions	6 Sessions	10 Sessions
Management of Chronic diseases except excluded conditions	X	✓	✓
INPATIENT SERVICES			
General ward	✓	✓	✓
Semi private ward	X	✓	✓
Private ward	X	X	✓
General / specialist doctor review	✓	✓	✓
Nursing care	✓	✓	✓
Drugs and infusions	✓	✓	✓
Routine Laboratory investigations	✓	✓	✓
Hospital feeding (where available)	✓	✓	✓
Management of End Stage Kidney Disease	X	2 Dialysis sessions	2 Dialysis sessions
Max admission days per case	21 days	21 days	21 days
Intensive care unit (ICU)	5 days	7 days	10 days
Overall Financial Limit	Nil	Nil	Nil
MATERNITY SERVICES (Not covered for children)			
Antenatal care	✓	✓	✓
Normal delivery	✓	✓	✓
Induction of labour and assisted delivery	✓	✓	✓
C/S (emergency & medically indicated electives)	X	✓	✓
Family Planning Services (Limited to counseling, OCPs and copper-T IUCDs)	X	✓	✓
CHILD HEALTH SERVICES			
Routine NPI Immunization: Tuberculosis, Poliomyelitis, Measles, Yellow Fever, Diphtheria, Pertussis, Tetanus, Hepatitis B, Pentavalent vaccine.	✓	✓	✓
Well Baby Clinic	✓	✓	✓
Additional Childhood Immunization - under 5 years (Rotavirus, Pneumococcal vaccine)	X	X	✓
Phototherapy and Neonatal care	✓	✓	✓
Incubator care and Neonatal ICU	15 days	20 days	28 days

Covered Services	Customized Smart Health	Customized Classic Health	Customized Super Health
SURGICAL SERVICES			
Minor procedures	✓	✓	✓
Intermediate	X	✓	✓
Major procedures	X	X	✓
RADIOLOGICAL SERVICES			
X-Rays & Ultrasound Scans	✓	✓	✓
Electrocardiogram and Electroencephalogram	X	✓	✓
Echocardiogram and Doppler Scan	X	✓	✓
Radio-opaque Studies (Barium Meal / enema, HSG, IVU)	X	✓	✓
CT Scan / MRI	X	CT-Scan only (1 Session/year)	CT / MRI (2 Sessions/Year)
EYE CARE			
Routine examination	✓	✓	✓
Treatment of infection	✓	✓	✓
Annual Optical glasses limit	N5,000	N10,000	N15,000
Simple Eye Surgeries e.g. Pterygium, Styte, Chalazion	X	✓	✓
DENTAL CARE			
Routine examination	✓	✓	✓
Treatment of infection	✓	✓	✓
Simple extraction	✓	✓	✓
Amalgam dental fillings	2 Sessions / yr	3 Sessions / yr	5 Sessions / yr
Composite dental fillings	X	2 Sessions / yr	4 Sessions / yr
Scaling & polishing	X	1 Sessions / yr	1 Sessions / yr
Surgical extraction	X	✓	✓
Root canal treatment	X	X	✓
MEDICAL CHECK-UP (At designated centers only)			
Routine physicals (no investigations)	✓	✓	✓
Annual medical examinations (with investigations)	X	X	✓
FOR PRINCIPALS ONLY			
MENTAL HEALTH SERVICES			
Counseling	✓	✓	✓
Outpatient consultation & Treatment	Up to 8 weeks	Up to 8 weeks	Up to 8 weeks
FERTILITY SERVICES (after one year membership)			
Basic investigations (e.g. Semen analysis, HSG)	X	X	✓
Simple surgical intervention	X	X	✓
Non-hormonal drug treatment	X	X	✓
CANCER CARE			
Cancer screening (limited to examination of Breasts, Cervix & Prostate cancer)	✓	✓	✓
Mammogram	X	X	✓
PSA test	X	X	✓
Surgical treatment	X	X	✓

Covered Services	Customized Smart Health	Customized Classic Health	Customized Super Health
HIV/AIDS MANAGEMENT			
Voluntary counseling & testing	✓	✓	✓
Treatment of opportunistic infections	✓	✓	✓
Anti-retroviral treatment facilitation at designated centers in Nigeria	✓	✓	✓
HOSPITAL CATEGORY	CATEGORY 1	CATEGORY 1	CATEGORY 1

2. PREMIUM SCHEDULE

PREMIUMS FOR CATEGORY-1 HOSPITAL ACCESS			
PREMIUM PER ANNUM (N)	Customized Smart Health	Customized Classic Health	Customized Super Health
Single (<60yrs)	N66,700.00	N134,734.00	N223,111.50
Family (insured (<60yrs) + spouse (<60yrs) + 4 children under 21yrs)	N277,805.50	N458,229.00	N758,712.50

Premiums are exempt of all taxes including WHT and VAT.

See Provider directory for list of Category 1 providers

TERMS & CONDITIONS ON VENUS MEDICARE PREMIUMS:

1. Premiums offered are already discounted for annual rates received in full; installment payment will attract an upward premium review as such discount will be withdrawn.
2. Where installment is accepted with a review as described above, balances on installment payment when due will be based on total outstanding premium as of the start of policy and other subsequent additions, and not on prevailing enrolment status at the time of payment of the owed installment(s).
3. These premiums will not serve for any prorated schedules other than an annual (12 month) schedule. Where a lesser than 12-month schedule is desired, there shall be a reviewed rate for such duration or review of the benefit package, whichever is mutually acceptable between client and Venus Medicare Limited.
4. Premiums are exempt of all taxes including WHT and VAT.

3. GENERAL EXCLUSIONS IN VENUS MEDICARE PLANS

- Provision of prostheses and medical devices

- Cosmetic surgeries or procedures and all other cosmetic treatment
- Complex surgeries e.g. organ transplant, neurosurgery, heart surgery, correction of major congenital malformations, etc
- All laparoscopic surgical procedures
- All procedures associated with Laser technology
- Correction of Major congenital birth defects
- Advanced radiology e.g. bone densitometry and skeletal surveys
- Non-surgical treatment of cancer e.g. Chemotherapy/ Radiotherapy
- All treatment that involves use of Cytotoxic drugs
- High-end infertility treatment procedures e.g. In-vitro fertilization
- Epidural Anesthesia for women in labour
- High cost investigations and treatment for Hepatitis B & C e.g. Viral load, anti-viral drugs etc
- Occupational/work-related injuries covered under Employee's Compensation act
- All intervention in respect of attempted suicide, purposefully self-inflicted injuries, mental disturbance or disorder as a result of alcohol & chemical substance abuse
- Injuries sustained while participating in a riot, civil commotion, war invasion, act of a foreign enemy, or high risk sports e.g. bike racing, boxing
- Long term psychiatric care [beyond 2 months]
- Non-prescription drugs/food supplements
- End-stage renal disease [beyond first 30 days and a maximum of 2 dialysis sessions]
- Services **after the first 7 days** of birth to a neonatal Dependent not covered by family plan
- Services to a neonatal dependent who is covered by family plan but unregistered **after 6 weeks** of birth
- Some dental care: sealants, tooth whitening / bleaching, bridge, dentures, braces, crowns, orthodontics and all other advanced dental treatments
- Family planning devices apart from OCPs and copper T IUCD
- Medical examination for other insurance, school camp, visa, employment or similar purposes
- Services rendered by persons not registered with a recognized legally constituted professional body
- Unauthorized overseas treatment.
- Epidemics/Outbreak