

NEM Health

A health subsidiary of NEM Insurance PLC

Home-Reach[©] Health Plan

Protect your loved ones back home,
wherever you are. Keep them healthy
and smiling while abroad with
HomeReach Health Plan



Benefits Overview

SUMMARY OF BENEFITS	Tulip	Hazel	Ivy
Annual Benefit Limit	Unlimited	Unlimited	Unlimited
Region of Cover	Nigeria	Nigeria	Nigeria
Hospital Access	Tier 1- 2	Tier 1- 3	Tier 1- 4

A . Hospital benefits

SUMMARY OF BENEFITS	Tulip	Hazel	Ivy
OUTPATIENT CARE			
GP Consultation	100% Covered	100% Covered	100% Covered
Specialist Consultation	100% Covered	100% Covered	100% Covered
Rare Specialist Consultation	100% Covered	100% Covered	100% Covered
Prescribed Medications	100% Covered	100% Covered	100% Covered
Basic Laboratory Investigations/X-Ray/Ultrasounds	100% Covered	100% Covered	100% Covered
TELEMEDICINE/E-HEALTH SERVICES			
Teleconsultation chats, call or video with licenced medical doctors	100% Covered	100% Covered	100% Covered
Drug pickup at designated pharmacies close to you	100% Covered	100% Covered	100% Covered
ACCIDENT AND EMERGENCY			
Emergency Room Care	100% Covered	100% Covered	100% Covered
Emergency Medical Transportation from Roadside to Hospital and Hospital to Hospital	100% Covered	100% Covered	100% Covered
Free Uber or Bolt ride home to hospital (Medical Emergencies Only)	100% Covered	100% Covered	100% Covered
Emergency Services - Resuscitation and Stabilization	100% Covered	100% Covered	100% Covered

SUMMARY OF BENEFITS	Tulip	Hazel	Ivy
EXPERT SECOND OPINION SERVICE			
Second Opinion Service by Experts	100% Covered	100% Covered	100% Covered
INPATIENT CARE			
Admission & Feeding	100% Covered	100% Covered	100% Covered
Room Type	100% Covered	100% Covered	100% Covered
Nursing Care and Consumables	100% Covered	100% Covered	100% Covered
Parents accommodation (For whose infants are on admission)	Covered for 2 days	100% Covered	100% Covered
INTENSIVE CARE			
ICU	Covered up to N1,000,000	Covered up to N1,500,000	Covered up to N2,000,000
SURGICAL SERVICES			
Minor Surgery	Covered up to a maximum of ₦500,000	Covered up to a maximum of ₦1,000,000	Covered up to a maximum of ₦2,500,000
Intermediate Surgery			
Major Surgery			
Tertiary Surgery/Minimal Invasive Surgeries			
ENT SERVICES			
Treatment for ENT diseases	100% Covered	100% Covered	100% Covered
ENT surgery	Covered as part of overall surgical limit	Covered as part of overall surgical limit	Covered as part of overall surgical limit
MAJOR DISEASE CARE			
Cancer Treatment (Chemotherapy, Radiation, Surgery), Major Organ Diseases- Kidney Dialysis, Organ transplants, Other major Organ diseases, Stroke. All drawn from major disease limits	Covered up to a maximum of ₦500,000	Covered up to a maximum of ₦1,000,000	Covered up to a maximum of ₦2,500,000

SUMMARY OF BENEFITS	Tulip	Hazel	Ivy
DIAGNOSTIC SERVICES			
Basic Radiological Studies e.g Plain x-ray, Contrast X-ray & Ultrasonography (Abdominal and Pelvic)	100% Covered	100% Covered	100% Covered
Laboratory Services- Histopathology, Haematological Investigations, Microbiological Investigations , Serology& Clinical chemistry	100% Covered	100% Covered	100% Covered
Spirometry , Electrocardiogram (ECG) - Rest & EEG-Electroencephalogram	100% Covered	100% Covered	100% Covered
Advanced and Complex Laboratory and Radiological Investigations e.g Echocardiogram, CT scan, MRI,e.t.c.	Covered up to a maximum of ₦60,000.00	100% Covered	100% Covered
MATERNITY			
Antenatal care	100% Covered	100% Covered	100% Covered
Induction of Labour & Normal Delivery	100% Covered	100% Covered	100% Covered
Assisted Delivery	100% Covered	100% Covered	100% Covered
Emergency or Elective Caesarean Section	100% Covered	100% Covered	100% Covered
Epidural for Normal Delivery	Not Covered	Not Covered	Covered up to ₦40,000.00
Post Natal Care- 6 weeks	100% Covered	100% Covered	100% Covered
Family Planning Services - All Methods	Covered up to ₦30,000	Covered up to ₦50,000	Covered up to ₦80,000
NEONATAL CARE SERVICES			
Special Baby Care Unit (Intensive care Unit-including life support, Phototherapy & Incubator care). limit per plan	Covered up to N1,000,000	Covered up to N1,500,000	Covered up to N2,000,000
Male Circumcision and Ear Piercing - Within first 6 weeks of life	100% Covered	100% Covered	100% Covered
Congenital anomaly treatment (for children born on the plan). Limits per plan	Covered up to ₦300,000	Covered up to ₦500,000	Covered up to ₦850,000

SUMMARY OF BENEFITS	Tulip	Hazel	Ivy
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PHYSIOTHERAPY TREATMENT

Specialist Consultation & Treatment	100% Covered	100% Covered	100% Covered
Physiotherapy Sessions	100% Covered	100% Covered	100% Covered
External Medical Devices & Appliances such as Crutches, Wheelchair, Neck Collars etc Limits are per annum	100% Covered	100% Covered	100% Covered

PRIMARY IMMUNIZATION

BCG	100% Covered	100% Covered	100% Covered
OPV			
Pentavalent & IPV			
HBV			
Vitamin A			
Measles			
Pneumococcal			

SECONDARY IMMUNIZATION

Rotavirus	100% Covered	100% Covered	100% Covered
Meningitis			
MMR			
Hexaxim			
Typhoid			
Chicken Pox			
HPV			

SUMMARY OF BENEFITS	Tulip	Hazel	Ivy
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PREVENTIVES & WELLNESS

Annual Wellness Screening (Above 40 years only)			
Physical Examination	100% Covered	100% Covered	100% Covered
Visual Acuity	100% Covered	100% Covered	100% Covered
Blood Pressure	100% Covered	100% Covered	100% Covered
Fasting Blood Sugar	100% Covered	100% Covered	100% Covered
Urinalysis	100% Covered	100% Covered	100% Covered
Full Blood Count	100% Covered	100% Covered	100% Covered
Serum Cholesterol	100% Covered	100% Covered	100% Covered
Liver Function Test	Not Covered	100% Covered	100% Covered
ECG	Not Covered	100% Covered	100% Covered
Kidney Function Test (E/U/Cr)	Not Covered	100% Covered	100% Covered

CANCER SCREENING

Breast scan every 2years for females < 40years	Not Covered	100% Covered	100% Covered
Mammogram for every 2 years females >40 years	Not Covered	100% Covered	100% Covered
Pap smear every 2 years for females >35 years	Not Covered	100% Covered	100% Covered
PSA for men above 40 years every 2 years	Not Covered	100% Covered	100% Covered
Stool Occult blood Test	100% Covered	100% Covered	100% Covered
Colonoscopy every 5 years for >50 years	Not Covered	100% Covered	100% Covered

PHARMACY BENEFIT AND CHRONIC DISEASE MANAGEMENT

Chronic Medical Conditions (Drug Refill)	Covered up to N1,000,000	Covered up to N1,000,000	Covered up to N1,000,000
Drug Delivery and Pick up at Partner Pharmacies	100% Covered	100% Covered	100% Covered
Chronic Disease Management Program	100% Covered	100% Covered	100% Covered

B . Mental and Behavioural Health

SUMMARY OF BENEFITS	Tulip	Hazel	Ivy
MENTAL HEALTH CARE			
Specialist Consultations on Outpatient Cases Only	Covered up to 10 sessions	Covered up to 10 sessions	Covered up to 12 sessions
Psychiatric Inpatient Cases	Not Covered	Covered for 5 days	Covered for 10 days

C . Optical Benefits

SUMMARY OF BENEFITS	Tulip	Hazel	Ivy
OPTICAL BENEFITS			
Primary Eye Care- Consultation, Examination, Primary Infections, and Medications	100% Covered	100% Covered	100% Covered
Eye Surgeries	Covered as part of over all surgical limit	Covered as part of over all surgical limit	Covered as part of over all surgical limit
Lenses and Frames covered up to limit per plan (Once every 18 months)	Covered up to ₦25,000	Covered up to ₦30,000	Covered up to ₦35,000

D . Dental Benefits

SUMMARY OF BENEFITS	Tulip	Hazel	Ivy
DENTAL BENEFITS			
Upper limit for dental care per insured member and per year	N40,000	N100,000	N150,000
Primary Dental Care - Basic dental treatment, Simple Amalgam or composite filling ,Scaling and Polishing, Non-Surgical Extractions and Pain Therapy/ Relief	100% Covered	100% Covered	100% Covered
Secondary Dental Care - Surgical Tooth Extraction, Root Canal Treatment and Orthodontics	Covered as part of over all dental limit	Covered as part of over all dental limit	Covered as part of over all dental limit

E . Complimentary Insurance Benefits

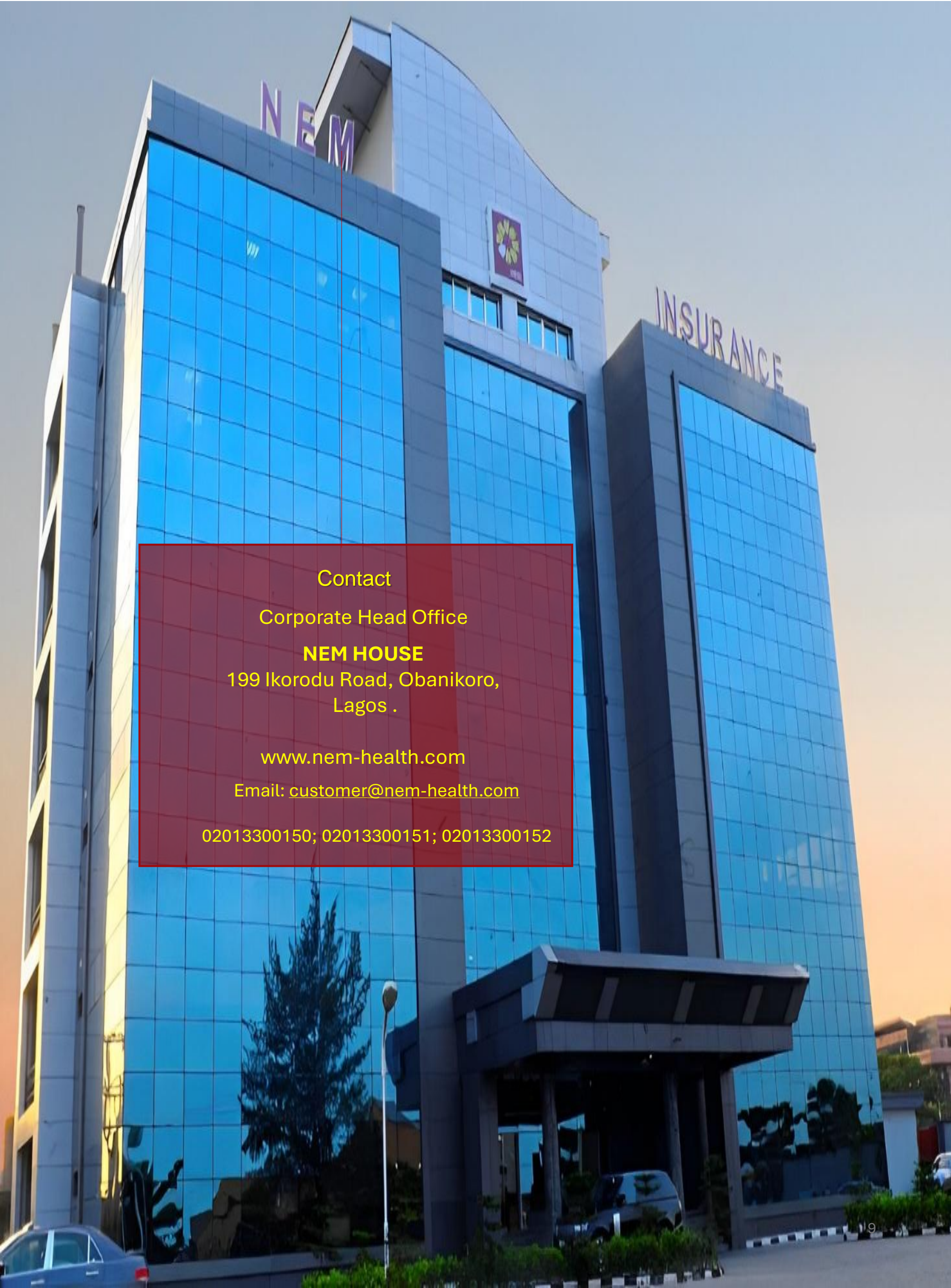
SUMMARY OF BENEFITS	Tulip	Hazel	Ivy
COMPLIMENTARY INSURANCE BENEFITS			
Travel Insurance			
Worldwide Cover for Principal Only	Not Covered	Covered for 2 Weeks	Covered for 1 Month
Last Expense Insurance			
Last Expense per Person	₦50,000.00	₦50,000	₦100,000

Pricing

Age range	Tulip	Hazel	Ivy
Premium Per Individual Per Annum (0 - 65years)	\$180	\$240	\$360
Premium Per Individual Per Annum (66 - 75years)	\$420	\$600	\$960

Benefits Exclusion

- ☐ Epidemic and Pandemic
- ☐ Alternative /Un-orthodox Medicine
- ☐ Domiciliary/Hospice care
- ☐ Neonatal care not listed under neonatal services
- ☐ Congenital Anomalies for Children not born on the Plan
- ☐ Services Primarily for Weight Reduction or Treatment of Obesity
- ☐ Treatment of Substance Abuse
- ☐ Professional Sports and wilful Exposure to Needless Danger
- ☐ School Admission Test
- ☐ All Procedures, Management and Investigations not written/stated and Covered by the Plan
- ☐ Donor Costs associated with Transplant Surgeries
- ☐ Hormonal Therapy (Anabolic Steroids and Testosterone)
- ☐ Autopsies



Contact

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