



ENSAB MULTI PROJECT CUSTOMIZED BENEFITS PACKAGE 2023

BENEFITS	ENSAB LifeBLUE PLAN
PREMIUM	
PRIMARY OUT-PATIENT CARE	STATUS
Registration	Covered
General consultation	Covered
Specialist consultation (Pediatric, Internal medicine, Obstetrics & Gynecology, General Surgery, Orthopedic& ENT)	Covered (All)
Routine laboratory investigation	Covered

Prescription and drugs	Covered
Physiotherapy	Covered (max. 3 sessions per annum)
Orthotics for In & Out patients - For treatments related to injuries such as sprains or strains limited to musculoskeletal orthotics such as splints only.	Covered
IN-PATIENT CARE	
General Physicians review	Covered
Specialist review (As covered under Specialist Consultation)	Covered
Admission	Standard Ward
Feeding (provided by hospital)	Covered
Nursing care	Covered
Routine laboratory investigation	Covered

	Covered (All primary line drugs covered. Systemic drugs for diabetics and
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<p>Prescription, drugs and consumables</p>	<p>Hypertension Generic drugs only subject to due authorization by LifeWORTH HMO)</p>
<p>Services of a Nutritionist /Dietician</p>	<p>Not Covered</p>
<p>Intensive care unit (24 hours)</p>	<p>Covered (stabilization Only-24 hours)</p>
<p>RADIOLOGICAL & SPECIALIZED INVESTIGATIONS</p>	

<p>Plain x-rays for diagnosis.</p> <p>Upper limb e.g. hand/wrist, forearm, elbow, humerus, shoulder, clavicle.</p> <p>Lower limb e.g. foot/toes, joints, long bones, pelvis & hip.</p> <p>Thorax e.g. chest (AP/PA) - All views.</p> <p>Vertebral Spine e.g. cervical spine, lateral neck (soft tissue), thoracic spine, thoracic lumbar spine,</p>	<p>Covered</p>
<p>lumbosacral spine</p>	
<p>Ultrasound (abdominal & pelvic)</p>	<p>Covered</p>
<p>Electrocardiogram (ECG), Exercise ECG (stress test), Echocardiography</p>	<p>Covered (ECG only)</p>
<p>Hematology e.g. Haemoglobin, PCV, platelets, FBC, Prothrombin time, reticulocyte count, ESR, RBC, WBC, DIFF, bleeding count, clotting time, malaria, microfilaria, HB genotype, Blood grouping, Pregnancy test (urine & Blood)</p>	<p>Covered</p>

Urine chemistry e.g. urinalysis, Creatinine Clearance	Covered (Urinalysis Only)
Blood chemistry e.g. Glucose, Electrolytes, Urea, Creatinine, Uric acid, Albumin, Cholesterol, Triglyceride, HDL, LDL	Covered (All)
Microbiology e.g. Urine microscopy, culture & sensitivity, Stool microscopy, culture & sensitivity, Stool occult blood, swab microscopy, culture & sensitivity, sputum microscopy, culture & sensitivity, sputum ZN Stain.	Covered
Serology limited to preliminary HIV screening only	Covered
CT scan	Covered
MRI scan	Covered
Diagnostic procedures (endoscopy, colonoscopy et al)	Covered

EEG	Not Covered
Marrow biopsy	Not Covered
Myelogram	Not Covered
Laparoscopy investigation	Not Covered

MATERNITY SERVICES (Family Plans Only)	
Antenatal care	Covered
Normal delivery	Covered
Induction of labor	Covered
Assisted delivery	Covered
Emergency/Clinically Indicated CS and treatment	Covered (Limit of N100,000.00 subject to recovery from client)
Elective C/S on Request	Not Covered
Post natal care for mums (Up to 6 weeks)	Covered
Preterm delivery	Covered

Family Planning (IUCDs, Injectibles, Oral Contraceptives, Norplant)	Covered (IUCD & Oral Contraceptives only)
CHILD CARE AND PEDIATRIC SERVICES	
General consultation	Covered

Pediatric consultation	Covered
Child care counseling	Covered
Post natal primary care for new born	Covered (within 6 weeks if covered on family plan)
Emergency care for new born limited to resuscitation	Covered
Incubator care	Not Covered
Phototherapy	Covered as with incubator care limits
Exchange blood transfusion	Not Covered
Routine immunizations (NPI) OPV, DPT, BCG, measles, Vit A, Pentavalent, HBV, Yellow fever	Covered
Other immunizations (Non-NPI)-, rotavirus, chicken pox,	Not Covered

MMR, Pneumococcal	
Meningococcal meningitis	Not covered
Well child evaluation/child health supervision services (until age 12)	Covered
DENTAL CARE	

Routine examination	Covered
Pain relief/therapy	Covered
Amalgam/ Composite fillings	Covered up to Limit of N7,500
Scaling & polishing (annual)	Covered (1 session only per annum)
Simple extraction	Covered up to Limit of N10,000
Surgical extraction/ Root canal therapy	Not Covered
EYE CARE	
Optical consultation	Covered
Routine examination	Covered
Treatment of simple/primary infection (e.g. conjunctivitis)	Covered
Optical lenses only (per year)	Covered to the limit of N10,000.00 per

	person per annum.
Foreign body removal	Covered
Refraction	Covered
Eye simple surgeries	Covered (Pterygium Excision)

Contact lens	Not covered
SURGERIES	Global Limits of up to N120,000 per annum for Minor, Intermediate Surgeries
MINOR SURGERIES AND PROCEDURES -	
Surgical drainage of simple abscesses	√
Surgical drainage of breast abscesses	√
Surgical drainage of galactocele	√

Sub-periosteal drainage for acute osteomyelitis	√
Drainage for septic arthritis	√
Intercostal drainage insertion	√
Aspiration of joints	√
Debridement of wounds	√
Surgical repair of wounds	√
Biopsy of breast lump	√
Biopsy of tumor on abdominal wall	√

Biopsy of bone marrow	√
Excision of tumor on abdominal wall	√
Proctoscopy	√
Evacuation of impacted feces	√
Closed reduction of fractures	√
Closed reduction and immobilization of joint dislocations	√
Exostectomy	√
Chondromectomy	√

Ganglionectomy	√
Temporary diversion of urine	√
Circumcision	√
Electro fulguration of condylomataacuminata	√
Suprapubic cystostomy	√
Venous obstruction- saphenous by pass	√
INTERMEDIATE SURGERIES & PROCEDURES	
Tracheotomy	√
Thoractomy	√

Adenolectomy	√
Tonsillectomy for children (less than 12 years)	√
Injection sclerotherapy of varicose veins	√
Excision-biopsy of breast mass	√
Biopsy of thyriod gland	√
Surgical drainage of hematoma of rectus abdominus	√

Surgical drainage of peritoneal abscesses	√
Excision-ligation hemorrhoidectomy	√
Surgical excision of soft tissue tumor	√
Excision-biopsy of soft tissue tumor	√
Surgical drainage of hand abscesses	√
Herniorrhaphy (inguinal, ventral & femoral)	√
Uncomplicated Appendectomy Only	√
MAJOR SURGERIES & PROCEDURES	
Hysterectomy	Not Covered

Myomectomy	Not Covered
Prostatectomy	Not Covered
Other Major complex surgeries (requiring implants)	Not Covered
CHRONIC AILMENT CARE MANAGEMENT SPECIALIST	
Hypertension	Covered
Diabetes	Covered
Asthma	Covered
Peptic ulcer	Covered

Sickle cell disease	Covered to a limit of 2 pints of blood per annum where transfusion is required
Tuberculosis (Counselling and primary investigation only)	Covered
Benign prostrate hyperplasia	Not Covered
Hyperlipidemia	Not Covered
Acute renal dialysis (emergencies only)	Not Covered
HIV/AIDS MANAGEMENT (NACA PROGRAMME)	
Counseling	Covered

Screening	Covered but limited to primary investigations only
Treatment; Referral ONLY (at designated Government Health Centres)	Covered
ANNUAL MEDICAL CHECK UP	

Routine clinic examinations (with no lab investigations), height, weight, BMI, blood pressure, other vitals (Principals only)	Not Covered
Routine clinic examinations (with lab investigations), urinalysis, blood sugar, HB/PCV, pap smear, PSA (Principals only)	Covered
ACCIDENTS AND EMERGENCIES	
Stabilization	Covered
Emergency drugs and investigation	Covered
Ambulance Evacuation (Locally from Hospital to Hospital and/or site of injury to Hospital only)	Covered
WELLNESS AND FITNESS	
Counseling	Covered
Consultation	Covered
Quarterly health education talks and programme with health check	Covered
Access To 24 Hour Help Line	Covered

BEHAVIORAL HEALTH SERVICES	
Psychological testing	Covered
Family counseling - counseling with family members to aid diagnosis and treatment	Covered
Outpatient psychiatric care services	Covered (1 weeks)
Psychiatric care drugs	Covered (1 weeks)
Psychosis (depression)	Covered (1 week)
Cancer Treatment (Radiotherapy, Chemotherapy)	
Counseling/First Consultation	Covered
Preliminary diagnosis	Not covered

Inpatient hospital services for the following: Inpatient care following a mastectomy, Inpatient care following a lymph node dissection for the treatment of breast cancer	Not covered
BENEFITS	ENSAB LifeBLUE PLAN

NOTE: MATERNITY CARE IS NOT COVERED ON INDIVIDUAL PLANS.

*****TERMS & CONDITIONS APPLY**

OFFICE:

CONTACT US

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