

MANAGED CARE HEALTH BENEFITS  
2017  
Gold Plan

**THT**  
Total Health Trust Ltd.

A member of  LIBERTY

**THT Managed Care Health Benefits**  
**Gold Plan Benefit Details**  
**2017**

HEALTH ASSESSMENT
<ul style="list-style-type: none"> <li>Blood pressure</li> <li>BMI</li> <li>Vital signs</li> </ul>

OUT PATIENT BENEFITS				
Physician Services	Immunization	Patient Education	Family Planning	Rehabilitation Services
<ul style="list-style-type: none"> <li>General outpatient consultation</li> <li>Specialist consultation</li> <li>Well-baby care</li> <li>Well-child care</li> <li>Sports physicals</li> <li>Emergency care</li> <li>Electrocardiogram (ECG)</li> <li>Antral washout</li> <li>Aural irrigation</li> </ul>	<ul style="list-style-type: none"> <li>BCG</li> <li>Measles</li> <li>DPT</li> <li>Oral polio</li> <li>Hepatitis B</li> <li>Yellow Fever</li> </ul>	Patient Education classes will be covered for the following diagnoses: <ul style="list-style-type: none"> <li>Pre-natal Childbirth - for pregnant mothers</li> <li>Diabetes</li> <li>Asthma</li> <li>Hypertension</li> </ul>	<ul style="list-style-type: none"> <li>Depo provera injection</li> <li>IUDs</li> <li>Cervical cap</li> <li>Oral contraceptives</li> <li>Medical history</li> <li>Physical examination</li> <li>Sex education - prevention of sexually transmitted diseases</li> </ul>	(Out-patient Short Term Therapy) <ul style="list-style-type: none"> <li>Physical Therapy</li> <li>Pulmonary</li> </ul>

DENTAL SERVICES	
Basic dentistry	
<ul style="list-style-type: none"> <li>Consultation</li> <li>Simple extractions</li> <li>Amalgam fillings</li> </ul>	<ul style="list-style-type: none"> <li>Scaling and polishing (once a year)</li> <li>Dental treatment as result of accidental damage</li> <li>Pain therapy</li> </ul>

OPHTHALMOLOGICAL/OPTICAL SERVICES	
<ul style="list-style-type: none"> <li>Refraction</li> <li>Comprehensive examination</li> <li>Glaucoma checking</li> </ul>	<ul style="list-style-type: none"> <li>Pterygium - surgery</li> <li>Supply of lenses (unifocal, bifocal, varifocal or contact once every two years) **N7,500</li> </ul>

DIAGNOSTIC BENEFITS			
Diagnostic imaging			
X- Rays		Ultrasound	Tertiary Radiology
<ul style="list-style-type: none"> <li>Upper Limb</li> <li>Hand/Wrist</li> <li>Forearm ( Radius/Ulna</li> <li>Elbow</li> <li>Humerus</li> <li>Shoulder</li> <li>Clavicle</li> <li>Foot/Toes</li> <li>Joints</li> <li>Long Bones</li> </ul>	<ul style="list-style-type: none"> <li>Pelvis &amp; Hip</li> <li>Chest (AP/PA) - all views</li> <li>Cervical Spine</li> <li>Lateral Neck (Soft Tissue)</li> <li>Thoracic Spine</li> <li>Thoraco-lumber Spine</li> <li>Lumbosacral Spine</li> <li>Abdomen (Plain)</li> <li>Abdomen (Erect/Supine)</li> <li>Barium contrast studies</li> </ul>	<ul style="list-style-type: none"> <li>Plain Abdomen</li> <li>Pelvic Studies</li> </ul>	<ul style="list-style-type: none"> <li>CT Scan once a year (when medically necessary)</li> <li>EEG</li> </ul>

LABORATORY INVESTIGATIONS				
Haematology		Blood/Urine Chemistry		Hormone Assay
<ul style="list-style-type: none"> <li>Hemoglobin</li> <li>PCV</li> <li>ESR</li> <li>RBC</li> <li>WBC</li> <li>DIFF</li> <li>Platelets</li> <li>FBC</li> <li>FBC &amp; ESR</li> </ul>	<ul style="list-style-type: none"> <li>Malaria</li> <li>Microfilaria</li> <li>Reticulocyte count</li> <li>L.E Cells</li> <li>HB Genotype</li> <li>Hepatitis Antigen</li> <li>Bleeding Time</li> <li>Clotting Time</li> <li>Prothrombin Time</li> </ul>	<ul style="list-style-type: none"> <li>Glucose</li> <li>Calcium</li> <li>Phosphorus</li> <li>Urea</li> <li>Creatinine</li> <li>Uric Acid</li> <li>Albumin</li> <li>Cholesterol</li> </ul>	<ul style="list-style-type: none"> <li>Triglyceride</li> <li>HDL</li> <li>LDL</li> <li>SGOT</li> <li>SGPT</li> <li>Serum chemistry</li> <li>Urinalysis</li> <li>Creatinine Clearance</li> </ul>	<ul style="list-style-type: none"> <li>Thyroid hormones</li> </ul>
Serology		Microbiology		Histopathology
<ul style="list-style-type: none"> <li>Pregnancy Test (Urine)</li> <li>Pregnancy Test (Blood)</li> <li>VDRL</li> <li>Heaf Test</li> <li>Rheumatoid Factor</li> </ul>	<ul style="list-style-type: none"> <li>Blood Grouping</li> <li>Widal Test</li> <li>ASO Titer</li> <li>Coombs Test</li> <li>HIV Screening</li> </ul>	<ul style="list-style-type: none"> <li>Urine Microscopy, Culture &amp; Sensitivity</li> <li>Stool microscopy, culture &amp; sensitivity</li> <li>Stool Occult Blood</li> <li>Swab microscopy, culture &amp; sensitivity</li> </ul>	<ul style="list-style-type: none"> <li>Sputum microscopy, culture &amp; sensitivity</li> <li>Sputum ZN Stain</li> <li>Semen analysis</li> </ul>	

INPATIENT BENEFITS		
Hospitalization	Behavioural Health Services	
<ul style="list-style-type: none"> <li>General in-patient consultation</li> <li>4-bedded rooms</li> <li>Services of a dietician</li> <li>Intensive Care Unit (24 Hours)</li> <li>Theatre fees and drugs</li> <li>Prescribed drugs &amp; dressing</li> <li>Surgical procedures (minor to major)</li> <li>Specialist consultation and care</li> <li>External surgical appliances/such crushes, elastic stockings and orthopaedic cast</li> <li>Blood transfusion</li> </ul>	<ul style="list-style-type: none"> <li>Acute renal dialysis (emergency only three session)</li> <li>Rehabilitation</li> <li>Skilled nursing</li> <li>Private ward (for isolation)</li> <li>A bed in an emergency room and observation room/area</li> <li>A bed in a nursery unit</li> <li>Oxygen and administration of oxygen</li> <li>Covered diagnosis laboratory and X-ray</li> </ul>	<ul style="list-style-type: none"> <li>Evaluation and treatment of conditions that are responsive to Time Limited Treatment</li> <li>Medical services: Covered Out-patient and In-patient Medical Services provided by a physician, i.e. Individual Psychotherapy, Group Psychotherapy, Psychological Testing, Family Counselling - with family members to aid diagnosis and treatment (Inpatient limit 10 days per year)</li> </ul>

SURGICAL SERVICES			
<ul style="list-style-type: none"> <li>Surgical supplies normally required for covered surgical procedures</li> </ul>	<ul style="list-style-type: none"> <li>Anesthesia normally required for covered surgical procedures</li> </ul>	<ul style="list-style-type: none"> <li>Administration of blood and blood plasma</li> <li>Second and Third Surgical Opinion</li> </ul>	<ul style="list-style-type: none"> <li>Inpatient Minor and Part Intermediate Surgeries</li> </ul>

Minor Surgeries			
<ul style="list-style-type: none"> <li>Surgical drainage of simple abscesses</li> <li>Surgical drainage of breast abscesses</li> <li>Surgical drainage of galactocele</li> <li>Sub-periosteal drainage for acute osteomyelitis</li> <li>Drainage for septic arthritis</li> <li>Intercostal drainage insertion</li> </ul>	<ul style="list-style-type: none"> <li>Aspiration of joints</li> <li>Debridement of wounds</li> <li>Surgical repair of simple wounds</li> <li>Biopsy of breast lump</li> <li>Biopsy of tumor on abdominal wall</li> <li>Biopsy of bone tumor</li> <li>Excision of tumor on abdominal wall</li> <li>Proctoscopy</li> </ul>	<ul style="list-style-type: none"> <li>Evacuation of impacted faeces</li> <li>Closed reduction of fractures</li> <li>Closed reduction and immobilization of joints dislocations</li> <li>Exostectomy</li> <li>Chondromectomy</li> <li>Ganglionectomy</li> <li>Temporary diversion of urine</li> </ul>	<ul style="list-style-type: none"> <li>Circumcision</li> <li>Electric fulguration of condylomata acuminata</li> <li>Suprapubic cystostomy</li> <li>Vasectomy</li> <li>Injection sclerotherapy of varicose veins</li> </ul>

Intermediate Surgeries			
<ul style="list-style-type: none"> <li>Excision-biopsy of breast mass</li> <li>Biopsy of thyroid gland</li> <li>Oophorectomy</li> <li>Surgical drainage of hematoma of rectus abdominus</li> <li>Surgical drainage of peritoneal abscess</li> <li>Repairs of colostomy</li> <li>Anal sphincteroplasty</li> </ul>	<ul style="list-style-type: none"> <li>Appendectomy</li> <li>Excision-Ligation Hemorrhoidectomy</li> <li>Milligan's procedure</li> <li>Surgical drainage of anal abscess</li> <li>Polypectomy</li> <li>Inguinal Herniorraphy</li> <li>Femoral herniorraphy</li> <li>Ventral herniorraphy</li> </ul>	<ul style="list-style-type: none"> <li>Sequesrectomy</li> <li>Excision-biopsy of soft tissue tumors</li> <li>Drainage of paronychia</li> <li>Surgical drainage of hand abscess</li> <li>Orchidopexy</li> <li>Hydroceleotomy</li> <li>Excision of intrascrotal mass</li> </ul>	<ul style="list-style-type: none"> <li>Surgery for torsion of spermatic cord</li> <li>Varicoceleotomy</li> <li>Sigmoidoscopy</li> <li>Dissection of femoral triangle</li> <li>Dissection of inguinal nodes</li> <li>Division of perforating vein</li> </ul>

Major Surgeries N350,000.00 (Annual Limit)			
<ul style="list-style-type: none"> <li>Laparotomy</li> <li>Surgical excision of soft tissue tumors</li> </ul>	<ul style="list-style-type: none"> <li>Saucerization of chronically infected bone</li> <li>Theirsch's procedure</li> </ul>	<ul style="list-style-type: none"> <li>Lord's procedure</li> <li>Epigastric herniorraphy</li> <li>Hysterectomy (medical)</li> </ul>	

MATERNITY SERVICES (20 inpatient days per year)			
<ul style="list-style-type: none"> <li>Normal pregnancy</li> <li>Prenatal care</li> <li>Normal delivery</li> <li>Assisted delivery</li> <li>Caesarean section delivery</li> </ul>	<ul style="list-style-type: none"> <li>Postnatal care</li> <li>Puerperal infection</li> <li>Physician prescribed bed rest during pregnancy cumulative 20 days for maternity</li> </ul>	<ul style="list-style-type: none"> <li>Hyper emesis gravid arum</li> <li>Pre-eclampsia</li> <li>Termination of pregnancy for life-endangering conditions</li> </ul>	<ul style="list-style-type: none"> <li>Hospitalization &amp; skilled nursing in connection with childbirth for the mother or new born child of a vaginal or caesarean delivery</li> </ul>

## OTHER SERVICES

Emergency out of station care		
Blood transfusion services		
Orthotics	Ambulance Services	Prescribed Drugs
<ul style="list-style-type: none"> <li>Orthotics for treatment related to injuries such as sprains or strains e.g. cervical &amp; lumber braces</li> <li>Orthotics for medically necessary rehabilitation of musculoskeletal and other condition</li> </ul>	<ul style="list-style-type: none"> <li>Hospital to hospital</li> </ul>	<ul style="list-style-type: none"> <li>Members' prescriptions will be filled from Essential Drug list i.e. a recommended list of essential brand name and generic drugs, which have been chosen because they provide maximum quality and value</li> <li>Antiretroviral drug supply at designated centres</li> </ul>

EXCLUSIONS		
<ul style="list-style-type: none"> <li>Artificial limbs &amp; dental prostheses</li> <li>Complex surgery</li> <li>Plastic surgery</li> <li>Tertiary radiological investigations (except those listed above)</li> </ul>	<ul style="list-style-type: none"> <li>Other surgeries and procedures not listed above</li> <li>Gynaecological investigations and treatment for infertility</li> </ul>	<ul style="list-style-type: none"> <li>Cytotoxic (anti-cancer) drugs and radiotherapy</li> <li>Comprehensive health assessment</li> <li>Chronic renal dialysis</li> </ul>

These services are available on a customised, discounted fee-for-service basis at the request of the client. Once a diagnosis is made, the Client/Employer is notified and options of treatment and costs provided. The decision to continue treatment is made after a full payment by the client.

RIDER		
Optional Benefit		
<ul style="list-style-type: none"> <li>Funeral N20,000.00</li> </ul>	<ul style="list-style-type: none"> <li>Permanent Disability N200,000.00</li> </ul>	<ul style="list-style-type: none"> <li>Death N100,000.00</li> </ul>

# THT

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