SERVICE DESCRIPTION	AXA MANSARD COBALT	AXA MANSARD BRONZE	AXA MANSARD SILVER	AXA MANSARD GOLD	AXA MANSARD PLATINUM	AXA MANSARD PLATINUM PLUS	AXA MANSARD RHODIUM	*DEFINITION OF TERMS*
Hospital Access	**Category A**	**Category A**	**Category A+B**	**Category A+B+C**	**Category A+B+C+D**	**Category A+B+C+D+E**	**Category A+B+C+D+E+F**	*Hospital category according to plan type*
Region of Cover (Elective and Non-elective)	Nigeria	**Nigeria& India**	**Nigeria& India**	**Nigeria, India& UAE**	**Nigeria, India, UAE& SA**	**Nigeria, India, UAE& SA**	**Nigeria, India, UAE& SA**	*Area of coverage where a member is allowed to avail medical care under the terms of the policy*
Annual Limit	**3,000,000**	**6,000,000**	**10,000,000**	**25,000,000**	**40,000,000**	**110,000,000**	**150,000,000**	*Overall limit assessible for covered health care benefits in a given year*
Out-patient Services								
Out Patient Care, General and Specialist Consultation (Nephrologist, Urologist, Endocrinologist, etc)	Covered	**Covered**	**Covered**	**Covered**	**Covered**	**Covered**	**Covered**	*Consultation or visit to any medical practioner for the treatment of an eligible medical condition in which requires no admission, including routine treatment of chronic diseases.*
Prescribed Medications	Covered	**Covered**	**Covered**	**Covered**	**Covered**	**Covered**	**Covered**	
Management of Chronic Conditions	Covered up to 100,000 (only on PBM)	**Covered**	**Covered**	**Covered**	**Covered**	**Covered**	**Covered**	
In-patient Services								
Admissions (including feeding)	General Ward (20 days)	**General Ward**	**Semi Private Ward**	**Private Ward**	**Private Ward**	**Private Ward**	**Private Ward**	*Treatment of an eligible medical condition requiring admission. Admission ward is applicable per plan type*
Accommodation for parents whose infants are on admission	Not Covered	**2 days**	**2 days**	**3 days**	**7 days**	**7 days**	**10 days**	*We would pay for the eligible number of days ,an accomodation can be provided, for a parent whose Infant is admitted*
Nursing care & Consumables	Covered	**Covered**	**Covered**	**Covered**	**Covered**	**Covered**	**Covered**	*Nursing care provided during admission and consumebles utilised*
Prescribed Medications	Covered	**Covered**	**Covered**	**Covered**	**Covered**	**Covered**	**Covered**	*Medications administered during admission*
Diagnostic services								
Basic Radiological studies e.g Plain x-ray, Contrast X-ray & Ultrasonography (Abdominal and Pelvic)	Covered	**Covered**	**Covered**	**Covered**	**Covered**	**Covered**	**Covered**	*Diagnostics services for investigation of disease conditions covered, based on plan limit.*
Laboratory Services- Histopathology, Hematological investigations, Microbiological investigations , Serology& Clinical chemistry	Covered	**Covered**	**Covered**	**Covered**	**Covered**	**Covered**	**Covered**	*Laboratory services for investigation of disease conditions covered, based on plan limit.*
Spirometry , Electrocardiogram (ECG) - Rest & EEG-Electroencephalogram	Covered	**Covered**	**Covered**	**Covered**	**Covered**	**Covered**	**Covered**	*Radiological services for investigation of disease conditions covered, based on plan limit.*
Advanced and Complex Investigations e.g Echocardiogram, CT scan, MRI,e.t.c.	Not covered	**Covered for Life threatening cases (Emergency) / Up to 50,000**	**CT Scan only/ covered once a year Up to 50,000**	**Covered**	**Covered**	**Covered**	**Covered**	*Advanced Radiological services for investigation of disease conditions covered, based on plan limit.*
Physiotherapy Services								
Physiotherapy Sessions (Up to approved limits)	**10,000**	**30,000**	**60,000**	**100,000**	**1,000,000**	**1,000,000**	**Unlimited**	*Prescribed physiotherapy, refers to treatment by a registered physiotherapist, following referal by a medical doctor, the number of approved sessions is determined by plan type.*
Prescribed Physiotherapeutic Appliances e.g Cervical Collar, Crutches	Not covered	**Covered**	**Covered**	**Covered**	**Covered**	**Covered**	**Covered**	*This benefit coveres for appliances prescribed by physiotherapists*
Obstetrics and Gynaecological Services								
Antenatal Care	Covered to a limit of N150,000	**Covered**	**Covered**	**Covered**	**Covered**	**Covered**	**Covered**	*The maternity benefits is applicable for prenatal, antenatal and postnatal medical expenses, including consultations,laboratory, radiology,medications and any other medical expenses related to the pregancy or delivery,subject to the benefit limit mentioned in the table of benefits*
Induction of Labour & Normal Delivery		**Covered**	**Covered**	**Covered**	**Covered**	**Covered**	**Covered**	
Assisted Delivery		**Covered**	**Covered**	**Covered**	**Covered**	**Covered**	**Covered**	
Emergency or Medically Indicated Elective Caesarean Section		**Covered**	**Covered**	**Covered**	**Covered**	**Covered**	**Covered**	
Post Natal Care		**Covered**	**Covered**	**Covered**	**Covered**	**Covered**	**Covered**	
Family Planning Services - Pills, Injectables, Copper IUCD, Tubal Ligation and Vasectomy	Pills and Injectibles only	**Covered**	**Covered**	**Including Norplant or Implanon**	**Including Norplant or Implanon**	**Including Norplant or Implanon**	**Including Norplant or Implanon**	
Fertility Services (Investigation Only)	Not covered	**Counseling, SFA, USS (Covered up to N30,000)**	**Counseling, SFA, USS, HSG (Covered up to N 35,000)**	**Counseling, USS, SFA, HSG, Hormonal Assay (Covered up to 100,000)**	**Counseling, USS, SFA, HSG, Hormonal Assay, Hysteroscopy (up to 150,000)**	**Counseling, USS, SFA, HSG, Hormonal Assay, Hysteroscopy (up to 150,000)**	**Counseling, USS, SFA, HSG, Hormonal Assay, Hysteroscopy (up to 250,000)**	
Neonatal/Pediatric Services								
Primary Care including Circumcision, Ear Piercing and Exchange Blood Transfusion	**Not Covered**	**Covered**	**Covered**	**Covered**	**Covered**	**Covered**	**Covered**	*Cost of new born treatment is covered up to 6weeks under mother's card as per mothers policy terms and conditions.*
Special Baby Care Unit(Intensive care Unit-including life support, Phototherapy & Incubator care, Number of days is per single pregnancy)	24 hours	**3 days**	**6 days**	**14 days**	**30 days**	**30 days**	**30 days**	*This service is applicable per pregnancy.*
Routine Immunization for 0 - 5yrs - Pneumococcal, DPT, Hepatitis B, HiB (Pentavalent), BCG, Measles, Oral Polio, Vitamin A Supplementation& Yellow Fever	Covered	**Covered**	**Covered**	**Covered**	**Covered**	**Covered**	**Covered**	*Recognised and essential vaccinations and immunizations as mandated by the National programe for immunization are covered, additional immunizations are plan specific*
Additional Immunization for under 5 (DTPa-hepB-IPV-Hib), Varicella, Rotarix, Pneumococcal, Yellow Fever, Meningococcal, Hepatitis B, HIB,MMR &Typherix), HPV (9-14yrs) at Designated Centre	Not Covered	**Not Covered**	**Not Covered**	**Covered**	**Covered**	**Covered**	**Covered**	
Additional Immunization for Children 6 to 17 years (Meningitis , Yellow Fever and Hepatitis B)	Not Covered	**Hepatitis B, Yellow Fever**	**Hepatitis B, Yellow Fever**	**Covered**	**Covered**	**Covered**	**Covered**	
Evacuation (Home/Hospital to Hospital & Road Side to Hospital)	Covered	**Covered**	**Covered**	**Covered**	**Covered**	**Covered**	**Covered**	*This benefit covers for ambulance services needed for emergency cases*
Stabilization, Emergency drugs and Investigations (Including CT scan and MRI)	Covered	**Covered**	**Covered**	**Covered**	**Covered**	**Covered**	**Covered**	*This benefit covers for emergency treatment*
Intensive Care Unit (ICU)	24 hours	**up to 500,000**	**up to 1,000,000**	**up to 3,000,000**	**up to 6,000,000**	**up to 6,000,000**	**up to 10,000,000**	*Covered up to plan limit, for conditions requiring intensive care admission*
Dental Services							**Dental Services**	
Primary Dental Care- Examination, Basic Dental treatment, Simple amalgam or composite filling ,Scaling and Polishing, Non-surgical extractions and Pain therapy/ relief	Up to a limit of N5,000	**Up to a limit of N20,000**	**Up to a limit of N30,000**	**Up to a limit of N100,000**	**Up to a limit of N200,000**	**Up to a limit of N200,000**	**Up to a limit of N250,000**	*The benefit provides for dental consultation and treatment at a grade appropriate to restore function, according to applicable limits only*
Secondary Dental Care- Surgical tooth extraction, Root Canal treatment and Orthodontics								
Ophthalmological Services								**Ophthalmological Services**
Primary Eye Care- Consultation, Examination , Simple or Primary infection or conditions and Medications	Covered	**Covered**	**Covered**	**Covered**	**Covered**	**Covered**	**Covered**	*The benefit includes routine optical services carried out by a qualified and registered opthamologist or optometrist, and cost of spectacles and correctivelenses for refractive errors according to applicable limits*
Eye Testing	Covered	**Covered**	**Covered**	**Covered**	**Covered**	**Covered**	**Covered**	
Biennial Optical Lenses and Frames	Up to N5,000	**Up to N15,000**	**Up to N20,000**	**Up to N40,000**	**Up to N60,000**	**Up to N60,000**	**Up to N100,000**	
Eye Surgeries	As a part of Overall limit on Surgical services	**up to 100,000(As part of overall surgical limit)**	**up to 200,000(As part of overall surgical limit)**	**Up to 500,000**	**Up to 1,000,000**	**Up to 1,000,000**	**Up to 1,500,000**	*Covered under surgical terms*
Otolaryngological (ENT) Services								
Treatment of ENT diseases and removal of foreign bodies	Covered	**Covered**	**Covered**	**Covered**	**Covered**	**Covered**	**Covered**	*This benefit covers for the management of Ear , Nose and Throat diseases*
ENT Surgeries	As a part of Overall limit on Surgical services	**As a part of Overall limit on Surgical services**	**As a part of Overall limit on Surgical services**	**As a part of Surgical services**	**As a part of Surgical services**	**As a part of Surgical services**	**As a part of Surgical services**	*Covered under surgical terms*
Surgical Services								
Minor, Intermediate, Major Surgeries And Procedures	Up to a limit of N150,000	**Up to a limit of N300,000**	**Up to a limit of N500,000**	**Covered**	**Covered**	**Covered**	**Covered**	*Covers surgical procedures up to specified limit, subject to pre-authorization*
Anaesthesia, Surgical supplies/Consumables, administration of blood or blood products, etc								
Other services/ benefits								
Renal Dialysis	**100,000**	**100,000**	**200,000**	**400,000**	**1,000,000**	**1,000,000**	**1,000,000**	*Covered up to plan limit for conditions requiring heamodialysis*
In-Country Concierge service (With AXA designated Providers)	Not Covered	**Not Covered**	**Not Covered**	**Not Covered**	**Not Covered**	**Not Covered**	**Covered once a year**	*The service of a paramedic is provided ,to assist enrolee in navigating through hospital processes*
Health Screening at Designated centres (For Principals & Spouses)	Physical examination, BMI, Urinalysis, blood pressure	**Physical Examination, BMI, Urinalysis,FBC, Blood Pressure, Blood Sugar & Cholesterol / Up to N10,000 limit**	**Physical Examination, BMI, Urinalysis, FBC, Blood Pressure, Blood Sugar & Cholesterol/ Up to N15,000 limit**	**Physical Examination, BMI, Urinalysis, PCV, Blood Pressure, Blood Sugar, Chest X-ray, Serum Cholesterol, Liver Function Test (AST,ALT,GGT, Albumin and Bilirubin) ,Electrolyte, Urea, Creatinine,Breast Scan every 2 years for Women > 30 years, Cervical smears every 2 years for Women > 30 years PSA for Men above 40 yrs /Up to N45,000 limit**	**Physical Examination, BMI, Urinalysis, PCV, Blood Pressure, Blood Sugar, Chest X-ray, ECG, Serum Cholesterol, Liver Function Test (AST,ALT,GGT, Albumin and Bilirubin) Electrolyte,Urea, Creatinine, Annual Mammogram for Women > 40years,, Breast Scan every 2 years for Women > 30 years, Cervical smears every 2 years for Women > 30 years and above, PSA for Men above 40 yrs/ Up to N70,000 limit**	**Physical Examination, BMI, Urinalysis, PCV, Blood Pressure, Blood Sugar, Chest X-ray, ECG, Serum Cholesterol, Liver Function Test (AST,ALT,GGT, Albumin and Bilirubin) Electrolyte,Urea, Creatinine, Annual Mammogram for Women > 40years,, Breast Scan every 2 years for Women > 30 years, Cervical smears every 2 years for Women > 30 years and above, PSA for Men above 40 yrs/Up to N70,000 limit**	**Physical Examination, BMI, Urinalysis, Blood Pressure, Blood Sugar, HBA1C (for Diabetic patients),FBC, Hep B, Hep C, HIV, Thyroid Function Test,Chest X-ray, ECG (Resting and Exercise), Fasting lipid profile, Liver Function Test (AST,ALT,GGT, Albumin and Bilirubin) Electrolyte,Urea, Creatinine, Uric Acid, Annual Mammogram for Women > 40years,Breast Scan every 2 years for Women > 30 years, Stool for Occult Blood, Stool microscopy,Abdominopelvic USS, Cervical smears every 2 years for Women > 30 years and above, PSA for Men above 40 yrs/ Up to N120,000 limit**	*Annual medical screening for a routine annual investigation of health status, its covered according to specified limits, and subject to pre-authorization*
Home Care Services (For Acute diseases,Chronic diseases, Wound Care, Vaccinations and Labaoaratory Services)	Not Covered	**Not Covered**	**Covered**	**Covered**	**Covered**	**Covered**	**Covered**	
Structured Lifestyle management programme (Pharmacy benefits)	Covered	**Covered**	**Covered**	**Covered**	**Covered**	**Covered**	**Covered**	*This benefit covers phamacy access for the administration of medicines*
On-site Health Checks , Health Talks/ Education forum or wellness fairs	Not Covered	**Covered**	**Covered**	**Covered**	**Covered**	**Covered**	**Covered**	*This benefit Covers for health check, Talks and wellness fairs within the company*
HIV/AIDS- Diagnosis + Treatment at free specialist centers	Covered	**Covered**	**Covered**	**Covered**	**Covered**	**Covered**	**Covered**	*This benefit covers for the treatment of HIV/AIDS at government free dedicated centres*
Major/ Chronic Disease Benefit	Covered up to N100,000 (Only on PBM)	**Covered up to N250,000**	**Covered up to N400,000**	**Covered up to N1,000,000**	**Covered up to N2,000,000**	**Covered up to N2,000,000**	**Covered up to N5,000,000**	*Major organ diseases such as, kidney failure, liver diseases, heart diseases e.t.c,constitute major organ diseases category*
Cancer Care	Covered up to N100,000	**Covered up to N250,000**	**Covered up to N400,000**	**Covered up to N1,000,000**	**Covered up to N2,000,000**	**Covered up to N2,000,000**	**Covered up to N3,000,000**	*The benefit covers for overall management of Cancers*
Outpatient Psychiatry cover (12 weeks)	Not Covered	**Covered**	**Covered**	**Covered**	**Covered**	**Covered**	**Covered**	*This refers to services provided by a Psychiatrist on out patient basis*
Inpatient Psychiatry Cover	Not Covered	**Not Covered**	**Not Covered**	**1,000,000**	**2,000,000**	**2,000,000**	**2,000,000**	*The benefit covers for admission of psychiatric cases in a medical Psychiatric hospital, subject to approval liimits.*
Mortuary Services up to N250,000 /family	Not Covered	**Covered**	**Covered**	**Covered**	**Covered**	**Covered**	**Covered**	*This benefit covers for cleaning and embalment for a deceased enrollee*
Life and Permanent disability Benefit for each Dependent	Not Covered	**N25,000**	**N40,000**	**N75,000**	**N100,000**	**N100,000**	**100,000**	*This benefits Covers a reimbursement for each dependent in the event of a life and permanent disability of the principal*
Personal Accident Benefit for Principal	Not Covered	**Not Covered**	**Not Covered**	**N50,000**	**N100,000**	**N100,000**	**100,000**	*Eligible for payment, if any of the principal member shall sustain accidental bodily injuries that result in death during the period of the policy*
Worldwide Travel Insurance cover for Principal	Not Covered	**Not Covered**	**Not Covered**	**1 week**	**2 weeks**	**2 weeks**	**2 weeks**	*This covers the principal member for international travel*
Subsidized Fitness/ nutritional club membership (for non-network gym)	Not Covered	**Not Covered**	**Not Covered**	**Covered**	**Covered**	**Covered**	**Covered**	*5% discount offered on non network gym*
SPA Services: Either facials or massage (Principal only)	Not Covered	**Not Covered**	**7,500**	**10,000**	**15,000**	**25,000**	**25,000**	*Access to Spas on the AXA Mansard Network at the stated limit*
Discount at Nutritional and healthy food centres (5% on items)	Not Covered	**Covered**	**Covered**	**Covered**	**Covered**	**Covered**	**Covered**	*5% discount offered at Nutritional centres*
Network Gym Access	Not Covered	**Not Covered**	**Not Covered**	**Covered**	**Covered**	**Covered**	**Covered**	*Access to Gyms on the AXA Mansard Network*

Personal Health Equipments for Chronic condition	Not Covered	Not Covered	Not Covered	Glucometer or Sphgmomanometer	Glucometer and/or Sphgmomanometer	Glucometer and/or Sphgmomanometer	Covered up to N100,000	*Devices needs to be medically prescribed as a therapeutic aid, to the function or capacity of the insurred person*
Inpatient/hospitalisation benefits in the UK, France and Germany	Not Covered	Not Covered	Not Covered	Covered up to $750	covered up to $1,000	covered up to $1,000	covered up to $1,000	*The benefit covers for inpatient care within the listed countries only*
Second opinion service by Experts local and abroad	Not Covered	Covered	Covered	Covered	Covered	Covered	Covered	
Congenital anomaly treatment (for children born on the plan)	Not Covered	Covered up to N250,000	N300,000	N500,000	N1,000,000	N1,000,000	1,000,000	*This benefit covers for children born on the plan with congenital abnormalities*
Reimbursement for delivery Abroad	Not Covered	Not Covered	Not Covered	Normal - N150,000/ C\$ 250	Normal - N200,000/ C\$ 350	Normal - N200,000/ C\$ 350	Normal - 200,000/ C\$ 350	*Reimbursable to female enrolees who have gone to deliver abroad*
Employee Assistance Programme (EAP)	Covered	Covered	Covered	Covered	Covered	Covered	Covered	*This covers employee counselling and psycotherapist sessions*
Vaccination at home (at selected cities)	Not Covered	Covered	Covered	Covered	Covered	Covered	Covered	*Benefit serves to provide home vaccinations for children*
MyAXA App	Covered	Covered	Covered	Covered	Covered	Covered	Covered	*This can be applied on the Google play store and APP store*
Telemedicine Services	Covered	Covered	Covered	Covered	Covered	Covered	Covered	*24/7 Tele Consultation with medical doctors to assist on medical conditions*
Emergency Evacuation Cover Including air Ambulance	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Covered up to $100,000	Covered up to $100,000	*The service pays for emergency medical evacuation abroad,where a medical condition cannot be adequately treated in-country,to the nearest place where appropriate treatment can be given.*

NEW PREMIUM/INDIVIDUAL/ANNUM	NGN	53,251.00	NGN	79,500.00	NGN	111,100.00	NGN	206,741.25	NGN	320,721.20	NGN	639,925.00	NGN	1,448,867.18
PREMIUM/FAMILY/ANNUM		N/A	NGN	397,500.00	NGN	555,500.00	NGN	1,033,706.25	NGN	1,603,606.00	NGN	3,199,645.00	NGN	7,244,335.88

GENERAL EXCLUSIONS

The following exclusions are applicable to all the plans

- **Cosmetic Surgery**
- **Dental Prosthesis**
- **Dental & Surgical Implants**
- **Domiciliary/Hospice Care**
- **Alternative /Unorthodox medicine**
- **Neonatal care not listed under neonatal services**
- **Self-inflicted injuries**
- **Congenital abnormalities for children not born on the plan**
- **Conditions caused by an act of war, an epidemic or Enrolee participating in a riot**
- **Services primarily for weight reduction or treatment of obesity**
- **Treatment of substance abuse**
- **Professional Sports and willful exposure to needless danger**
- **Artificial Reproductive techniques and its complications**
- **AllergyTesting**
- **Spine Surgery**
- **Management of Auto immune disorders and use of Immunotherapy/Immunomodulators**
- **School admission test**
- **Organ transplant, Stem cell transplant or bone marrow transplant**
- **Laparoscopic surgery**
- **Epidural for normal delivery**
- **All procedures, management and investigations not covered by the plan**