



LMH BENEFIT PACKAGES

TYPE OF BENEFIT	REMARKS	ANNUAL LIMIT		
		GENERAL PACKAGE	PREMIER PACKAGE	SUPERCARE PACKAGE
General Practice (GP) Consultation	Full payment but only from a LMH Service Provider.	NO LIMIT	NO LIMIT	NO LIMIT
Specialist Consultation	Based on a referral from a LMH Service Provider.	NO LIMIT	NO LIMIT	NO LIMIT
Prescribed Drugs	100% payment for Drugs Except those under Exclusions	NO LIMIT	NO LIMIT	NO LIMIT
Laboratory and Other Investigations	No Payment is required BUT Must be at the request of a LMH service provider.	NO LIMIT	NO LIMIT	NO LIMIT
X-ray and Ultrasound Scan	No Payment is required BUT Must be at the request of a LMH service provider.	COVERED	COVERED	COVERED
In-patient Accommodation	Covers boarding and lodging	COVERED	COVERED	COVERED
Medical and Surgical Procedures/Operations	Includes drugs and consumables used in the procedure/operations.	COVERED	COVERED	COVERED
Maternity Services	Covers ante-natal, normal delivery and post natal.	COVERED	COVERED	COVERED
Blood Transfusion	Blood to be sourced from a Recognized Blood Bank.	COVERED	COVERED	COVERED
Dental Care	Excludes bridges, inlays, dentures and root canal treatment.	COVERED	COVERED	COVERED
Optical Care	Optometric and optical consultation and eye examination only. Spectacles and Lenses admissible every 2 years.	COVERED	COVERED	COVERED
Ambulance Services	Emergency use only	COVERED	COVERED	COVERED
Medical Examination and/or Check-ups.	Not more than once in every two years but for Preventive reasons only. For ages 45 and above only	COVERED	COVERED	COVERED
Physiotherapy	Prescription by recognized medical practitioner	COVERED	COVERED	COVERED



EXCLUSIONS

Payment of claims will not cover healthcare services rendered for the following:

1. Alcohol, drug abuse or substance abuse.
2. Services of cosmetic nature like breast reduction or augmentation, face-lifts and obesity treatment (slimming preparations).
3. Kidney Dialysis, Cardiac Surgery and Cancers.
4. Cost/expenses incurred in the treatment of medical pre -conditions which were not disclosed during the initial registration and joining by the member.
5. Infertility treatment in males and females as well as Family planning (Contraception and Sterilization).
6. Accounts/expenses for wheelchairs, crutches, walking sticks, exercise appliances and other appliances.
7. Injuries sustained during willful participation in a war or terrorist activity.
8. HIV/AIDS/Retroviral therapy drugs
9. Any treatment where the cost is borne by government or by a body or scheme set aside for that purpose, e.g. guinea worm, onchocerchiasis, burulli ulcer etc.

LMH in its absolute discretion may make special grants to members in respect of claims, which would otherwise not be admissible.