OVERVIEW

ILERA EKO Standard Social Health Insurance Plan is a Basic Health Insurance Plan consisting of primary and some secondary benefits under the Mandatory Lagos State Health Scheme and ILERA EKO range of plans. The plan is designed for individuals and families.

The plan will guarantee affordable and quality healthcare services to all residents of Lagos state through third-party financing and a management system in place that enables pooling of resources and medical expertise. This system of ensuring delivery and receipt of qualitative healthcare is provided by the Lagos State Health Management Agency (LASHMA).

For a pre-paid premium, subscribers to ILERA EKO New Standard **Social Health Insurance Plan** are assured of access to affordable healthcare when required amongst the list of ILERA EKO accredited hospitals. The plan provides access to a wide range of private and public hospitals in all local governments of the state.

PLAN FEATURES

Premiums are payable annually and on instalment bases (Monthly, Quarterly & Bi-annual). Plan can be accessible to individuals, Families, Corporate Organization, Groups or Associations. Enrollees are covered throughout the year. *(12 months).* Enrollees access care with policy number and or ILERA EKO ID.

GENERAL BENEFITS

- Peace of mind
- Affordable Premiums
- Budgetable medical expenditure.
- Access to quality health care services within the ILERA EKO partner hospital.
- Ensure equitable distribution of healthcare costs.

- Protects residents from the financial hardship of huge medical bills.
- Maintain a high standard of healthcare delivery services.
- Greater value for money spent.
- Guaranteed access to quality healthcare services.
- Better & wider choice of primary care services.
- User-friendly healthcare provider network.
- Efficient referral system through primary to tertiary providers
- Portability for emergency care.
- Access to immunization services (as per NPI).
- Guaranteed customer service satisfaction.
- Provision of preventive health services; is the hallmark of modern health care.

UNIQUENESS

- No Age Limit
- Open Financial Global Limit
- Limited Benefits Sub Limits
- No Waiting Period
- Premium Payment Flexibility
- Maximum age of dependents below 23years

TERMS AND CONDITIONS
1. Introduction
1.1 This document called the Abridged Terms and Conditions is designed for educational purposes. The full terms and conditions for the scheme are found http://www.lashma.com/terms-and-conditions/
1.2 The POLICYHOLDER ‘s health insurance SCHEME is an annual insurance contract,
2. **Purpose of the SCHEME**
2.1 Coverage is subject to the SCHEME terms and conditions set out in the Individual Benefit Guide, the benefit limits set out in the Table of Benefits and any terms, including special conditions, outlined in the Insurance Certificate and subject to payment of the agreed

premium. The AGENCY shall pay the costs of medically necessary medical treatment occurring during the period of cover resulting from an accident or medical illness for the INSURED PERSON(S) covered under this SCHEME.

3. Definitions

3.1 Chronic condition is defined as a sickness, illness, disease or injury which has one or more of the following characteristics: - recurrent in nature, without a known, generally recognized cure, generally deemed to respond well to treatment, requires palliative treatment, requires prolonged supervision or monitoring or leads to permanent disability.

3.2 Dependant is the POLICYHOLDER's spouse and/or unmarried children financially dependent on the POLICYHOLDER up to the day before their 23rd birthday and also named in the Insurance Certificate as one of the POLICYHOLDER's dependants.

3.3 Diagnostic tests are investigations such as x-rays or blood tests, undertaken in order to determine the cause of the presented symptoms.

3.4 Emergency constitutes the onset of a sudden and unforeseen medical condition that requires urgent medical assistance.

3.5 Health Insurance Agents (HIA) is an organization accredited by the AGENCY for the role of performing intermediary functions under the scheme in respect of modulating the relationship between the demand-side, that is, Enrollee/Employers/Communities) and the supply-side (Health Care Providers).

3.6 Insurance Year applies from the effective date of the insurance, as indicated on the Insurance Certificate and ends exactly one year later.

3.7 INSURED PERSON(S) is the POLICYHOLDER and his/her dependants as stated on the Insurance Certificate upon payment of premium.

3.8 Local ambulance is ambulance transport required for an emergency or out of medical necessity, to the nearest available and appropriate hospital or licensed medical facility.

3.9 Medical necessity refers to those medical services or supplies that are determined to be medically necessary and appropriate.

3.10 Medical practitioner is a physician who is licensed to practice medicine under the law of the country and accredited by the regulatory bodies in the country.
3.11 Newborn care includes customary examinations required to assess the integrity and basic function of the child's organs and skeletal structures. These essential examinations are carried out immediately following birth.
3.12 Pregnancy refers to the period of time, from the date of the first diagnosis until delivery.
3.13 Prescribed drugs refer to products prescribed by a physician for the treatment of a confirmed diagnosis or medical condition, or to compensate vital bodily substances including recognized by National Food and Drug Administration and Control in line with the Scheme drug list
3.14 Routine maternity refers to any medically necessary costs incurred during pregnancy and childbirth.
3.15 Specialist is a qualified and licensed medical physician possessing the necessary additional qualifications and expertise to practice as a recognized specialist of diagnostic techniques, treatment and prevention in a particular field of medicine.
3.16 Vaccinations refer to all basic immunizations and booster injections required under regulation of the country as recommended by the National Program on Immunization (NPI) for children under five (5) years.
3.17 Waiting period is a period of time between the payment of premium and the commencement of care.
4. General Conditions
4.1 Eligibility - Cover under this SCHEME is available only to the INSURED PERSON(S) as referred to in the Insurance Certificate issued by the AGENCY.
4.2 Application procedure - All policies are subject to the completion of relevant application documents the AGENCY deems to be necessary.
4.3 Adding dependants

· The POLICYHOLDER may apply to include any of his/her eligible family members under his/her SCHEME as one of his/her dependants, providing they meet the definition of 'dependant' and the POLICYHOLDER completes the relevant application form.
· Newborn infants will be accepted in the family policy provided that the AGENCY is notified through Health Insurance Agent (HIA) within 28days of the date of birth subject to the current family size. A request should be made in writing and sent by email to the HIA. The contract for the newborn will expire when the family policy expires. If the family size is completed, the additional family member maybe added as an additional dependant and policy will expire when family plan expires irrespective of time when the addition is requested.
4.4 Paying premiums - The POLICYHOLDER is required to pay the full premium due to the AGENCY in advance for the duration of his/her SCHEME.
4.5 Pre-authorization - Some types of medical treatment may require pre-authorization in accordance with the procedures stipulated in the Table of Benefits.
4.6 Modification of plan - The POLICYHOLDER may elect to change the plan of insurance selected on the original application only as at the renewal date of the SCHEME and subject to the acceptance of the AGENCY. If change involves an increase in cover, an additional premium amount will be payable and waiting periods may apply
4.7 Forfeiture
All the INSURED PERSON's rights arising from this Policy will forfeiture in the following cases:
A. Incorrect disclosure by the INSURED or his/her representative in the application form.
B. Violation by the INSURED or his/her representatives of the laws or regulations, which organizes the performance of his/her, own activity, if involving intentional felony or misdemeanor or prosecution.
Cancellation and fraud
A. The POLICYHOLDER shall be sanctioned where fraud is proven to be perpetuated by INSURED PERSON(S)
4.8 Renewal **-** This SCHEME is issued for the period from the Contract Effective Date to the Expiry Date as stated in the Insurance SCHEME, and may be renewed by the POLICYHOLDER

at the SCHEME renewal date for another period of one year, subject to the terms in force at the time.

4.9 SCHEME expiry - Upon expiry of the SCHEME, the right of the INSURED PERSON to reimbursement ends.

4.10 Medical records - The INSURED PERSON(S) agrees to assist the AGENCY in obtaining all necessary information to process a claim.

4.11 Liability - The AGENCY's liability to the INSURED PERSON(S) is limited to the amounts indicated in the Table of Benefits and any subsequent SCHEME endorsements.

4.12 Making contact with dependants - In order to administer the SCHEME in accordance with the insurance contract, there may be circumstances when the AGENCY will need to request further information from dependants.

4.13 Force majeure - The AGENCY shall not be liable for any failure or delay in the performance of its obligations under the terms of this SCHEME, caused by, or resulting from, force majeure which shall include, but is not limited to: events which are unpredictable, unforeseeable or unavoidable, such as extremely severe weather, floods, landslides, earthquakes, storms, lightning, fire, subsidence, epidemics, acts of terrorism, outbreaks of military hostilities (whether or not war is declared), riots, explosions, strikes or other labour unrest, civil disturbances, sabotage, expropriation by governmental authorities and any other act or event that is outside of the AGENCY's reasonable control.

4.14 Changes, declarations - The AGENCY may alter both the Individual Benefit Guide and/or the Table of Benefits from time to time but no alteration shall take effect until the next annual renewal of this Agreement.

4.15 Data protection - The AGENCY and all other parties authorized by the AGENCY shall obtain and process personal information for the purposes of the SCHEME. The AGENCY will not retain the INSURED PERSON's data for longer than is necessary for the purposes for which it was obtained.

5. Extent of Cover

Overview

The POLICYHOLDER's Table of Benefits specifies the plan(s) selected and the associated benefits available to him/her and his/her covered dependants.
Benefits Limits – the SCHEME has limits as applicable in the table of benefits.
Medical necessity and customary charges - This SCHEME provides cover for medical treatment, related costs, services and/or supplies that the AGENCY determines to be medically necessary and appropriate to treat a patient's condition, illness or injury as stated in the Table of Benefits.
6. Geographical Area of Cover
The geographical area where MEDICAL TREATMENT may be obtained is within accredited healthcare providers in Lagos State in the Federal Republic of Nigeria.
7. Exclusions
Although the AGENCY covers most medically necessary treatment, expenses incurred for the following treatments, medical conditions and procedures are not covered under the SCHEME unless confirmed otherwise in the Table of Benefits or any written SCHEME endorsement.

1. EXCLUSIONS

- Complex surgery.
- Artificial limbs and dental prostheses.
- Cytotoxic (anti-cancer) drugs and radiotherapy.
- Plastic (cosmetic) surgery.
- Gynecological investigations for and treatment of infertility.
- Self-inflicted injuries as well as injuries caused by alcohol or drug abuse.
- Treatment of obesity.
- Chronic renal dialysis.
- Specific treatment for HIV/AIDS.
- Treatment resulting from engaging in physical combat (e.g., street fighting, domestic fighting)

- Services are carried out for experimental purposes.

Partial Exclusions

Physiotherapy is covered in line with limits of the benefits table for cases of acute cerebro-vascular accident

Specialist consultations have a maximum limit of Four consultations per year (inclusive of follow up consultations). It shall be limited to specific physician, endocrinologist, cardiologist, orthopedic surgeon for the purposes of fractures, gynecologist, obstetrician, general surgeons and pediatrician.

Glasses (lens and frame together) have a maximum annual limit covered in line with limits of the benefits table. The enrollee will bear the additional cost of glasses if the price limit is exceeded. The limits are annual limits and cannot be rolled over into new policy year.

Blood transfusion is limited to 2 pints per year if required. Additional pints of blood will be approved at the discretion of LASHMA based on clinical diagnosis.

A maximum of one Abdominopelvic ultrasound is covered per year for Ilera Eko standard plan while 3 abdominopelvic ultrasound per year is covered for Ilera Eko standard plus.

CT Scan is covered for a maximum of 1 session per year only under Ilera Eko Plus and only in cases of acute stroke.

For dental procedures, only one scaling and polishing procedure per year and only one composite filling per year.

Cancer treatment is only covered from second continuous year on the scheme at designated centres. The cancer covered include Breast, Prostate, Cervix, Colorectal and childhood cancer - Burkitt's Lymphoma and Retinoblastoma. It shall not cover pre-existing malignancies. Cancer treatment has a monetary limit of One Million Naira only and it is on Per Lifetime basis. Eyeglasses

(Lens and Frame together) have a monetary limit of Five Thousand Naira for the standard plan and per insurance year. Other limits are clearly defined in the table of benefit packages.

Renal dialysis is covered only under ILERA EKO Plus as emergency Hemodialysis for Acute Renal Failure cases. Only 3 sessions of renal dialysis is covered per policy year.

STANDARD PLAN BENEFIT - DETAILS
REGISTRATION & CONSULTATION - • Registration, General consultation, • Specialist Consultation*
COMMON AILMENTS - • Malaria and other acute uncomplicated febrile illnesses, Diarrhoeal diseases, Acute respiratory tract infections, Uncomplicated pneumonia, Simple anaemia (not requiring blood transfusion), Simple skin diseases, Worm infestation, Other uncomplicated bacterial, fungal, Parasitic and viral infections and illnesses, • Follow-up treatment of chronic illnesses, e.g. Hypertension, Diabetes mellitus, Sickle cell, Asthma,• First Aid for Dog bites, Snakebites, Scorpion stings, Arthritis and other minor musculoskeletal diseases• Other illnesses as may be listed from time to time
CHILDHOOD ILLNESSES - • Feeding problems and nutritional counselling, Treatment of common childhood illnesses, e.g., (Malaria, Other febrile illnesses, Diarrhoea diseases, Uncomplicated malnutrition, Measles, • Upper respiratory tract infections, • Uncomplicated pneumonia and other childhood exanthemas, Common skin diseases & Other illnesses as may be listed from time to time
EYE CARE - • Treatment of minor eye ailments including: Conjunctivitis, Parasitic and allergic ailments, Simple contusion, Abrasions,• Other eye conditions as may be listed from time to time
FAMILY PLANNING SERVICES - • Counselling on family planning and contraception
CHILD WELFARE SERVICES - • Growth monitoring, Nutritional advice, health education and other services to be included from time to time • NPI schedule for Under 5s**
HOSPITAL CARE AND ADMISSION - (15 days cumulative/annum) - •standard ward, meals excluded.

PHARMACEUTICAL CARE - • Provision of prescribed drugs in line with LSHS for primary care cases
BLOOD TRANSFUSION - • Two (2) pint limit (Maternal cases only)
CHRONIC DISEASE - • Screening and Diagnosis of Diabetes, Hypertension, Asthma • Treatment of Diabetes, Hypertension and Asthma • Periodic routine investigations for Diabetes and Hypertension
HIV/AIDS - • Clinical based testing of HIV/AIDS; Refer to HIV referral centres for treatment
TUBERCULOSIS - • Sputum AFB for Tuberculosis • Referral to TB treatment centres for treatment)
LAB TESTS - • Full Blood count ESR Westergren, • Malaria Parasites• Genotype • Rhesus Factor, Blood Group, Bleeding Time, Clotting Time, Prothrombin Time (PT), Partial Thromboplastin Time (PTT) • Random/Fasting Blood Sugar, • Electrolyte/Urea/Creatinine , • Pregnancy Test, Urinalysis, • 2 Hrs. Post Prandial, • Blood Urea Creatinine, Creatinine Clearance, • Cholesterol, Triglyceride, HDL/LDL Cholesterol, Gamma GT, Uric Acid, Calcium, Phosphorus, Bilirubin• Albumin, Alkaline Phosphatase • Sputum M/C/S • M/C/S for urine, stool, blood, HVS, wound swabs, semen and CSF • Semen analysis
RADIOLOGICAL INVESTIGATIONS - • X-Ray (Chest and Limbs), Obstetric Scan
OTHER TESTS - • ECG • Cervical Cytology (VIA)
PRENATAL CARE AND DELIVERY - • Antenatal Services (VDRL, Hep B, HIV, blood group, BP, glucose, HB, prenatal drugs and at least 2 routine ultrasound scans), examinations and EMTCT • Normal Delivery, Assisted vacuum or forceps deliveries, RhoGAM injection • Elective/Emergency Caesarean Section • Dilatation and curettage for missed abortion and incomplete abortion,
MANAGEMENT OF POSTPARTUM HAEMORRHAGE - • Hysterectomy • Explorative laparotomy indicated to control post-partum hemorrhage
NEONATAL SERVICES*** (Care up to N24,000) - • National Programme on Immunization (NPI) schedule vaccination • Circumcision of male neonate ** • Ear piercing of female neonate ** • Perinatal care for the following conditions in first 28days ¢ Incubator care for

premature newborn (5 days limit) ¢ Ophthalmia neonatorum, ¢ Phototherapy ¢ Asphyxia, Sepsis
HEALTH PROMOTION - • Health education on various illnesses
DENTAL CARE - • Preventive oral health care including Gingivitis, scaling and polishing (once a year), dental caries and tooth extraction (max 3 per annum).
LOCAL AMBULANCE SERVICES - • Maternity emergency from Primary care referral
MINOR SURGERIES - • Incisions and Drainages • Herniotomy Herniorrhaphy, Appendectomy, Lumpectomy (ganglion, simple lipoma) • POP application
MAJOR SURGERIES - • Emergency Salpingectomy, Repair of vesico-vaginal/recto-vaginal fistula
EMERGENCY CARE - • Establishing an intravenous (infusion) line, Simple tracheostomy, Management of convulsion, Control of bleeding, Cardiopulmonary resuscitation, Assisted respiration (e.g., Ambu bag, etc.), • Management of simple fractures (using splints, neck collars etc.), • Aspiration of mucus plug to clear airways. Acute Asthma Attack & other emergency conditions as may be listed from time to time

Declaration: I, …….. hereby declare that I have read and understood fully the full terms and conditions of this policy. I agree that this declaration and the information given in this form shall be the basis of the contract between me, my dependents and the Agency.

Enrollee Signature……..

Date……

Phone number……

LSHS Policy Number……

OTHER PLAN BENEFIT PACKAGES comprise of the STANDARD PLAN Benefit Package with add-ons/modifications as indicated below

STANDARD PLUS BENEFIT PACKAGE
• Physiotherapy Immediate Post Stroke- *4 sessions covered.*
• Lens and frame (#10, 000) limit
• Mammogram (*Once per Year)*
• Echocardiogram- covered *Once per Year*
• Skull computer tomography (emergency Immediately following stroke) - *Once per Year.*
• Pap Smear, Prostate- Specific Antigen (PSA).
• Renal dialysis (3 sessions)
• Sexual violence (colporrhaphy, anal sphincter repair) - #100, 000 limit.
• Treatment of early stages (1-2) of breast, Prostate, Cervix, Colorectal, Childhood Cancer-burkitt's, lymphoma and retinoblastoma (2 million limit)
DIASPORA PLAN BENEFIT PACKAGE
• Physiotherapy Immediate Post Stoke *(4 sessions)*
• Medical Second Option via Telemedicine *(as a rider)*
• Lens & frame *(#10,000 limit)*
• Mammogram *(Once per Premium Year)*
• Echocardiogram *(Once per Premium Year)*
• Skill Computer Tomography *(Emergency Immediately following Stroke (Once per Premium Year)*
• Renal Dialysis- Emergency Hemodialysis for acute renal dialysis *(3 sessions covered)*
• Sexual Violence Trauma *(Colporrhaphy, Anal Sphincter Repair*)- #100,000 limit

SENIORS PLAN BENEFIT PACKAGE
Annual screening Tests
• Abdominalpelvic Scan,
• Breast Mammogram/Ultrasound,
• Blood for Occult Blood
• Cancer Antigen (CA 125)
• Cervical Cancer Test (Pap Smear)
• Chest Xray
• Prostrate Specific Antigen (PSA)

2. How Does It Work?

We have provided a list of Healthcare Providers (HCP) approved to participate in the scheme. Kindly visit www.ileraeko.com to view participating providers. All principal's beneficiaries are required to choose **one** hospital each that suits them and their family's health needs. We will register each member with the HCP so chosen and it automatically becomes the member's healthcare provider. However, there is flexibility in the choice of a Healthcare Provider for members of the same family e.g., Members of the same nuclear family can choose different hospitals if they so wish, and be registered accordingly.

NB: ***Registration under Family Plan covers you, your spouse, and 4 biological/legally adopted children less than 23 years.***

i. All enrollees are required to access care only at their chosen healthcare provider, unless referred by their Primary Care Physician. When necessary, the member's Primary Care Physician shall give a referral to the appropriate Specialist facility within the network (e.g., in cases requiring surgeries). This is to foster the habit of maintaining a family physician and also developing a continuous medical history for each member of the family, which is very essential.

3. ENROLLEE IDENTIFICATION

To resolve the issue of identification at the point of service each enrollee has rights to request for the ILERA EKO policy id card at each divisional offices or our Head office. It is very important that you carry along your ID card at all times, especially when going to see your Primary Care Physician.

4. REFERRALS (Specialist care)

Approval Process

- After you have seen the doctor, the doctor may have to do some additional tests/procedures/referral to of another doctor
- The hospital or doctor will request Approval to carry out the test/procedure/Referral.
- The approval request is treated by LASHMA partners (Third Party Administrators (TPAs)
- You can get the details of the TPA from the hospital
- If there is a delay, you can reach out to the TPA to treat it. If further delays, please call **LASHMA 24hrs Customer Service toll free lines** 0800ILERAEKO (080045372356) or 0800ASKLASHMA (0800275527462).
- Once Approved, the hospital will carry out the test/procedure or refer you.

5. EMERGENCY

A medical emergency is defined as a medical condition, which if not attended to promptly can lead to death or permanent physical or mental disability. Therefore, in such cases, arrangement has been put in place for you to attend any hospital within our provider network located around the place of occurrence within Lagos State.

6. CHANGING YOUR HEALTHCARE PROVIDER

Where you need to make a change of your Healthcare Provider (HCP) within the 12-month period, you may wish to change due to:

- Change of enrollee's place of residence.
- Transfer to another location within the state.

- Dissatisfaction with quality of services rendered, after due investigation by LASHMA

In each of the above-mentioned cases, an email should be written to **ileraeko@lashma.com** effective date of change will be communicated to you, following the process stated below:

- Policy number
- Name
- Present hospital
- New hospital
- Reason for change

7. CUSTOMER SERVICES

In view of the fact that Social Health Insurance Scheme is to be the bed-rock of healthcare delivery in Lagos State, a good number of subscribers may find the *modus operandi* a bit complex at this initial stage, a dedicated customer services will address any issues faced. You can reach us through our tollfree line 0800ILERAEKO (0800 4537 2356), 0800ASKLASHMA (0800 2755 27462), ***Sales Hot-line;*** 0700ILERAEKO (0700 4537 2356), ileraeko@lashma.com,
WhatsApp Lines; 07046160051, 07045358275

8. SUBSCRIPTION

The subscription is payable in advance, and enjoyment of benefits can only commence on payment of the corresponding premium. Payments may be made quarterly, half yearly or yearly in advance. Consequently, eligibility for benefit shall last for the duration covered by the sum paid.

9. CUSTOMER COMPLAINTS/INQUIRIES

All complaints/inquiries concerning services rendered by your chosen HCP should be reported to LASHMA via email or by phone as soon as possible or while it is occurring for investigation and necessary redress. For written complaints, members are advised to provide as much detail as possible, including dates, times, locations, individual names and frequency, etc.

All inquiries concerning the scope of medical services covered by our different Health Plans as well as other issues concerning ILERA EKO Social Health Insurance Scheme should also be directed to us.

10. CONTACT OFFICES:

LAGOS STATE HEALTH MANAGEMENT AGENCY (LASHMA)

17/19 Kafi Street, Alausa, Ikeja, Lagos

Tel: 0800ASKLASHMA (0800 275527462), 0800ILERAEKO (0800 4537 2356),

Sales Hot-line; 0700ILERAEKO (0700 4537 2356),

WhatsApp; 0704 616 0051, 0704 535 8275

RIGHTS AND RESPONSIBILITIES OF ENROLLEES

A well-informed enrollee population is a very potent vehicle in the smooth running of the ILERA EKO Social Health Insurance Program. Therefore, it is important for you to understand what your rights and responsibilities are so we can work together to provide the best care possible for you.

ACCESS TO INFORMATION	
Your Rights	**Your Responsibilities**
• To have access to information on covered benefits and services which include Diagnosis, Treatment and other Procedures. • To create mutual communication during treatment plan which gives a sense of control and responsibility.	• Ask questions on services available from your care providers. • Know the procedures and conditions for treatment to be provided. • Provide detailed information on improving health outcomes during treatment. • Report complaints through the proper channel provided by LASHMA**.**

ENROLLEE RELATED INFORMATION	
Your Rights	**Your Responsibilities**
• Access to clear and specific information on the extent of service coverage.	• Request information on the services available and competencies of the health providers
CONFIDENTIALITY OF MEDICAL RECORDS	
Your Rights	**Your Responsibilities**
• Privacy and confidentiality of all information and medical records unless disclosure is necessary or required by law/public interest.	• Personal and identifiable medical records/history should be made known to the authorized caregiver as necessary.
QUALITY OF CARE	
Your Rights	**Your Responsibilities**
• Access to good quality care and high professional standards that are continually maintained and reviewed without paying attention to disability.	• To ask for a full and clear explanation of the treatment that has been recommended. • To treat their care providers with normal courtesy.
ENROLLEE'S DIGNITY	
Your Rights	**Your Responsibilities**
• To be treated in a Fair and Just manner without discrimination against gender, race, religion, ethnicity, disability or class of an individual.	• Treat others with respect, politeness, kindness and courtesy.
ACCESS TO EMERGENCY CARE	
Your Rights	**Your Responsibilities**

• Enrollees have the right to have emergency procedures done without unnecessary delay. • To make informed decisions regarding his/her care in terms that the enrollee can understand.	• Recognize that emergency treatment and prioritization do not mean a waiver of obligation to pay for services. • Adhere to rules and regulations of the provider as well as the directives given.
DISRUPTION OF SERVICE BY PROVIDER	
Your Rights	**Your Responsibilities**
• Be provided complete explanation on service interruption or unavailability of the healthcare professionals responsible for enrollee's care. • Transfer of treatment to another facility/provider for patients' safety and continuous care.	• To know about the alternative plans or process with respect to continuing care.
CONCERNS, COMPLAINTS AND COMMENDATIONS	
Your Rights	**Your Responsibilities**
• To express concerns, complaints/Commendation on service rendered by staff of hospitals and LASHMA staff.	• Complain in accordance with redress mechanism of LASHMA (Call- 0800ILERAEKO, 0800ASKLASHMA, 0700ILERAEKO WhatsApp- 07045358275,07046160051 Email: ileraeko@lashma.com)

Divisional Offices

Ikorodu Divisional Office

Premises of General Hospital, Ikorodu, TOS Benson Road, Ikorodu.

07035067119

Badagry Divisional Office

Premises of General Hospital, Badagry

08028163072

Ikeja Divisional Office

Premises Igando/Ikotun LCDA Secretariat Ikotun

08033334726

Lagos Island Divisional Office

Premises of Eti-Osa East PHC

Akins Bus Stop, Ajah.

08101658996

Epe Divisional Office

Opposite Ligali Ayorinde High Court, Oke Oyinbo, Epe

Mr. Afeez Lawal – 08167236479

FREQUENTLY ASK QUESTIONS (FAQs)
How can I become a member/subscriber to the scheme?
1. Register through one of the **Lagos State Health Management Agency [LASHMA]** designated enrollment points, platform or licensed **Health Insurance Agents, LASHMA website, ILERA EKO Customer App and USSD (*6700*006#)**
2. Choose a hospital of your choice from the list of accredited hospitals in the scheme
3. Make a payment directly to LASHMA through one of the following channels-
4. Bank payments [make physical payment or online payment through any local bank]
5. Online payment [make payment via LASHMA website]
6. Mobile payment [make payment on phone via scratch card distributed by accredited Health Insurance Agents]
7. Registration and Payment must have been concluded by 25th of the current month, to access care the following month.
8. The premiums payable is N40,000 per family of 6 per annum and N8,500 for single per annum
9. You will be assigned to an accredited hospital of your choice within the list of LASHMA accredited hospital only
10. Visit your assigned hospital where a file would be opened for you and/or your family
How do I know the accredited hospitals?
The list of accredited hospitals would be readily available in the Lagos State Health Management Agency designated registration point, licensed Health Insurance Agents and LASHMA Website
When and how to access care?
1. After registration and payment, you will have to wait for a period not more than 35 days to access care

2.	Visit the hospital when necessary
3.	Show your ILERA EKO proof of registration (ILERA EKO Policy ID)
How to retrieve ILERA EKO Policy ID?	
1.	Call LASHMA on 0700 ILERA EKO (0700 45372 356)
2.	Send a mail to ileraeko@lashma.com
How do I change my hospital?	
Send a mail to ileraeko@lashma.com with your registration details and ILERA EKO policy ID	
What to do when unhappy with the service provided at the hospital?	
1.	Complain to your Health Insurance Agent
2.	Or call LASHMA on 0700 ILERA EKO (0700 45372 356)

What will happen to my single plan when l get married?
You will upgrade to the family plan
What if l have additional family members?
The premium is for a family of 6, father, mother and four children below 18years of age. An additional premium would be paid for additional individual
How can a group register?
The same step for “how can I become a member/subscriber to the scheme” would be observed
How can l renew my plan?

· A reminder for your renewal will be sent at the appropriate time and you will be renewing by paying through the designated payment channels. You can also walk into any designated enrolment points or Health Insurance Agents to complete this process.
What happens if l default in payment?
· There are laid down rules to deal with such issue as articulated in LASHMA's operational guidelines which will be publicised.
How does l access care in emergency situation?
Visit the nearest LSHS hospital for emergency treatment for covered benefits only
How do l access care when l am not near my assigned hospital?
You can contact your Health Insurance Agents to assist you to the nearest accredited hospital
What if l have an existing Health Insurance plan?
The resident will still continue their private medical plan [PMIP] with their HMO. However by law, the HMO should be registered with LASHMA
Can l use a hospital in a different Local Government from where l reside?
Yes, as long as the facility is easily accessible or accredited
Can l change my hospital?
An enrollee is at liberty to change his/her hospital. However, this cannot be done less than 6 months of receiving services from the provider
If l am unhappy with the service of my hospital, how do l complain?
Complain to your Health Insurance Agent and where necessary LASHMA

What is the State doing to ensure that I get quality health care services?
The scheme has developed a quality improvement framework. Both public and private hospitals must meet set quality standards before they can join the hospital network of the scheme
The state Health Monitoring and Accreditation Agency [HEFAMAA] will consistently monitor and inspect the hospital participation in the scheme to ensure quality service delivery.
Defaulting hospitals will be delisted from the scheme
The scheme will ensure the institution of customer satisfaction survey *input hyperlink*, robust complains management system where enrollees can provide feedback and voice complaints directly to Hospitals, Health Insurance Agents [HIA] and Lagos State Health Management Agency. [LASHMA]
What happens to those that cannot afford to pay?
Lagos state has put in a plan in place to support those who cannot afford to pay, by using tax payer's fund.
How can one contribute to the pool for the less privileged?
Lagos state has put in place a residence adoption tree model designed as a social responsibility initiative to help millions of vulnerable residents to access Social Health Insurance Policy. The initiative aims to encourage ordinary Nigerians, Corporate bodies, High Net worth Individuals, government agencies, Political appointees, foreign government and Donor Agencies to adopt these groups of persons by funding their healthcare coverage.
Are there any awareness /health education programs run by the scheme?
Lagos State has put in place numerous platforms for the awareness of the general public as regards this.

APPROVED PAYMENT CHANNEL
1. LASHMA website 2. Interswitch 3. INIBSS E-BILLS platform (any bank in Lagos state) 4. Pay Arena 5. POS (Head office/Divisional offices) 6. USSD code **(*6700*006#)** 7. Internet Banking App

LISTEN TO ILERA EKO ON THESE STATIONS

Awareness Program Schedule

#	Program	Channel	Time
1	ILERA EKO SHOW	Radio – Bond FM 92.9	Every Monday, 10:00am – 10:30am
2	ILERA EKO HALF HOUR	Radio – FAAJI FM 106.5	Every Tuesday, 1:30pm- 2:00pm
3	ILERA EKO HANGOUT	Radio – EKO FM 89.7	Every Wednesday, 1:30pm-2:00pm

LASHMA

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