



Mitera Health
Plans and Packages

SME Plans



Mi Grey Plan



Services : 5-30 principals/staff Benefits

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| Emergency services | <ul style="list-style-type: none"> Ambulance services (hospital to hospital) Stabilization Emergency drug and investigations. |
| Outpatient services | <ul style="list-style-type: none"> General consultation Specialist consultation (3 times a year) Routine Laboratory tests Prescribed drugs Physiotherapy (3 sessions) Management of chronic diseases (Hypertension, diabetes, glaucoma, Asthma, Arthritis only) - Not Covered Chronic disease drug limit - Not covered |
| In - patient services | <ul style="list-style-type: none"> General ward General / specialist doctor's review Routine Laboratory tests Max admission days : 10 DAYS |
| Maternity services | <ul style="list-style-type: none"> Antenatal Care, Induction of labour and assisted delivery (up to ₦10,000 monthly from 4th quarter) Deliveries (Normal, Assisted & Caesarean Section delivery) - up to ₦10,000 monthly from 4th quarter. |
| Child health Services | <ul style="list-style-type: none"> Routine NPI Immunization: BCG, Poliomyelitis, Measels, Yellow fever, Diphtheria, Pertussis, Tetanus, Hepatitis B, Pentavalent vaccine, Pneumococcal - Covered Additional childhood Immunization : Not covered Phototherapy : Not covered Incubator Care : Not covered |
| Surgical Services | <ul style="list-style-type: none"> ₦100,000 limit per annum Minor procedures covered Intermediate covered Major procedures covered |
| Radiological Services | <ul style="list-style-type: none"> X-rays & Ultrasound Scans : Covered Electrocardiogram (ECG and EEG) - Not covered CT Scan : Life threatening emergencies (Brain scan) - Not covered Dopper Scan - Not covered M R I - Not covered |
| Eye Care services | <ul style="list-style-type: none"> Overall amount limit - NOT COVERED Optical Care (Treatment of chronic & Acute eye diseases) up to limit - NOT COVERED Optical Limit (Frames & Lens) - NOT COVERED |
| Dental Care Services | <ul style="list-style-type: none"> Overall amount limit - ₦3,000 Routine examination - Covered Treatment of infection - Covered Composite dental fillings - Not covered Surgical extraction - Not covered Root canal treatment - Not covered Simple extraction - Not covered Amalgam dental fillings - Not covered Scalping & Polishing - Not covered |
| Cancer care services | <ul style="list-style-type: none"> Cancer treatment covered ** up to surgical limit ** |
| HIV/AIDS MANAGEMENT | <ul style="list-style-type: none"> Anti-retroviral treatment facilitation at designated centers in Nigeria - Covered |
| ANNUAL MEDICAL CHECK UP (For principals only) | <ul style="list-style-type: none"> Routine physicals - covered Annual medical examinations - (BASIC: Physical, BP, BMI, Blood sugar, PCV, Urinalysis) |
| Mental Health Services | <ul style="list-style-type: none"> Counselling - covered Outpatient consultation & treatment - (Up to 8 weeks) |
| Complementary Services | <ul style="list-style-type: none"> Health talk, Health Seminars, E-Newsletters (covered quarterly) Health Savings account Pharmacy Benefit Program (Hypertension, Diabetes, Asthma, etc) Lifestyle and Weight Management |
| HOSPITAL ACCESS | <ul style="list-style-type: none"> BAND D |

PREMIUM PER ANNUM (₦)

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| INDIVIDUAL (<60yrs) | ₦24,998.00 |
| FAMILY (Insured + spouse + 4 children under 18yrs) | ₦112,491.00 |

*THE OVERALL BENEFIT LIMITS PER INDIVIDUAL PER ANNUM ARE NOT TRANSFERABLE TO ANY OTHER ENROLLEE ON ANY OF THE PLANS, OR TO ANY OTHER THIRD PARTY.

Mi Orange Plan



Services : 5-30 principals/staff Benefits

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| Emergency services | <ul style="list-style-type: none"> Ambulance services (hospital to hospital) Stabilization Emergency drug and investigations. |
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| Outpatient services | <ul style="list-style-type: none"> General consultation Specialist consultation (3 times a year) Routine Laboratory tests Prescribed drugs Physiotherapy (5 sessions) Management of chronic diseases (Hypertension, diabetes, glaucoma, Asthma, Arthritis only) - Covered Chronic disease drug limit - ₦80,000/annum |
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| In - patient services | <ul style="list-style-type: none"> General ward General / specialist doctor's review Routine Laboratory tests Max admission days : 15 DAYS |
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| Maternity services | <ul style="list-style-type: none"> Family planning - Covered Antenatal Care, Induction of labour and assisted delivery (up to ₦10,000 monthly from 4th quarter) Deliveries (Normal, Assisted & Caesarean Section delivery) - up to ₦10,000 monthly from 4th quarter. Care for mother and child - 24hrs post delivery |
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| Child health Services | <ul style="list-style-type: none"> Routine NPI Immunization: BCG, Poliomyelitis, Measels, Yellow fever, Diphtheria, Pertussis, Tetanus, Hepatitis B, Pentavalent vaccine, Pneumococcal - Covered Additional childhood Immunization : Not covered Phototherapy : Covered Incubator Care : 48hrs |
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| Surgical Services | <ul style="list-style-type: none"> ₦250,000 limit per annum Minor procedures covered Intermediate covered Major procedures covered |
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| Radiological Services | <ul style="list-style-type: none"> X-rays & Ultrasound Scans : Covered Electrocardiogram (ECG and EEG) - Covered CT Scan : Life threatening emergencies (Brain scan) - Covered Dopper Scan - Not covered M R I - Not covered |
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| Eye Care services | <ul style="list-style-type: none"> Overall amount limit - ₦10,000 Optical Care (Treatment of chronic & Acute eye diseases) up to limit - Covered Optical Limit (Frames & Lens) - ₦6,500 |
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| Dental Care Services | <ul style="list-style-type: none"> Overall amount limit - ₦20,000 Routine examination - Covered Treatment of infection - Covered Composite dental fillings - Not covered Surgical extraction - Not covered Root canal treatment - Not covered Simple extraction - Covered Amalgam dental fillings - Covered Scalping & Polishing - Not covered |
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| Cancer care services | <ul style="list-style-type: none"> Cancer treatment covered ** up to surgical limit ** |
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| HIV/AIDS MANAGEMENT | <ul style="list-style-type: none"> Anti-retroviral treatment facilitation at designated centers in Nigeria - Covered |
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| ANNUAL MEDICAL CHECK UP (For principals only) | <ul style="list-style-type: none"> Routine physicals - covered Annual medical examinations - (BASIC: Physical, BP, BMI, Blood sugar, PCV, Urinalysis) |
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| Mental Health Services | <ul style="list-style-type: none"> Counselling - covered Outpatient consultation & treatment - (Up to 8 weeks) |
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| Complementary Services | <ul style="list-style-type: none"> Health talk, Health Seminars, E-Newsletters (covered quarterly) Health Savings account Pharmacy Benefit Program (Hypertension, Diabetes, Asthma, etc) Lifestyle and Weight Management |
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| HOSPITAL ACCESS | <ul style="list-style-type: none"> BAND D |
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PREMIUM PER ANNUM (₦)

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|--|--------------------|
| INDIVIDUAL (<60yrs) | ₦35,957.00 |
| FAMILY (Insured + spouse + 4 children under 18yrs) | ₦161,806.50 |

***THE OVERALL BENEFIT LIMITS PER INDIVIDUAL PER ANNUM ARE NOT TRANSFERABLE TO ANY OTHER ENROLLEE ON ANY OF THE PLANS, OR TO ANY OTHER THIRD PARTY.**

Mi Blue Plan



Services : 5-30 principals/staff Benefits

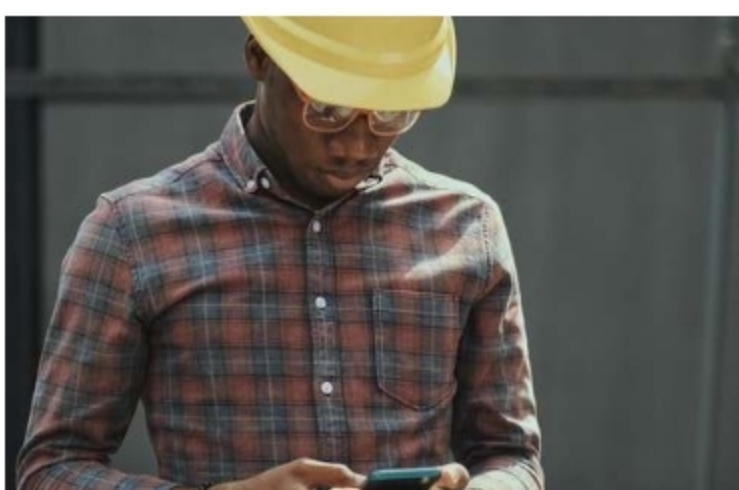
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|--|--|
| Emergency services | <ul style="list-style-type: none"> Ambulance services (hospital to hospital) Stabilization Emergency drug and investigations. |
| Outpatient services | <ul style="list-style-type: none"> General consultation Specialist consultation (5 times a year) Routine Laboratory tests Prescribed drugs Physiotherapy (5 sessions) Management of chronic diseases (Hypertension, diabetes, glaucoma, Asthma, Arthritis only) - Covered Chronic disease drug limit - ₦100,000/annum |
| In - patient services (Available 4 months after sign up) | <ul style="list-style-type: none"> Private ward General / specialist doctor's review Routine Laboratory tests Max admission days : 30 DAYS |
| Maternity services | <ul style="list-style-type: none"> Family planning - Covered Antenatal Care, Induction of labour and assisted delivery - Covered Infertility Services (Testing and Diagnosis Only) - Not Covered Deliveries (Normal, Assisted & Caesarean Section delivery) - Covered Care for mother and child - 24hrs post delivery |
| Child health Services | <ul style="list-style-type: none"> Routine NPI Immunization: BCG, Poliomyelitis, Measels, Yellow fever, Diphtheria, Pertussis, Tetanus, Hepatitis B, Pentavalent vaccine, Pneumococcal - Covered Additional childhood Immunization : Not covered Phototherapy : Covered Incubator Care : 72 hours |
| Surgical Services | <ul style="list-style-type: none"> ₦350,000 limit per annum Minor procedures covered Intermediate covered Major procedures covered |
| Radiological Services | <ul style="list-style-type: none"> X-rays & Ultrasound Scans : Covered Electrocardiogram (ECG and EEG) - Covered CT Scan : Life threatening emergencies (Brain scan) - Covered Dopper Scan - Not Covered M R I - Not covered |
| Eye Care services | <ul style="list-style-type: none"> Overall amount limit - ₦15,000 Optical Care (Treatment of chronic & Acute eye diseases) up to limit - Covered Optical Limit (Frames & Lens) - ₦10,000 |
| Dental Care Services | <ul style="list-style-type: none"> Overall amount limit - ₦30,000 Routine examination - Covered Treatment of infection - Covered Composite dental fillings - Covered Surgical extraction - Covered Root canal treatment - Covered Simple extraction - Covered Amalgam dental fillings - Covered Scalping & Polishing - Covered |
| Cancer care services | <ul style="list-style-type: none"> Cancer treatment covered ** up to surgical limit ** |
| HIV/AIDS MANAGEMENT | <ul style="list-style-type: none"> Anti-retroviral treatment facilitation at designated centers in Nigeria - Covered |
| ANNUAL MEDICAL CHECK UP (For principals only) | <ul style="list-style-type: none"> Routine physicals - covered Annual medical examinations - (BASIC: Physical, BP, BMI, Blood sugar, PCV, Urinalysis) |
| Mental Health Services | <ul style="list-style-type: none"> Counselling - covered Outpatient consultation & treatment - (Up to 8 weeks) |
| Complementary Services | <ul style="list-style-type: none"> Health talk, Health Seminars, E-Newsletters (covered quarterly) Health Savings account Pharmacy Benefit Program (Hypertension, Diabetes, Asthma, etc) Lifestyle and Weight Management |
| HOSPITAL ACCESS | <ul style="list-style-type: none"> BAND C |

PREMIUM PER ANNUM (₦)

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|--|--------------------|
| INDIVIDUAL (<60yrs) | ₦67,779.00 |
| FAMILY (Insured + spouse + 4 children under 18yrs) | ₦291,505.50 |

*THE OVERALL BENEFIT LIMITS PER INDIVIDUAL PER ANNUM ARE NOT TRANSFERABLE TO ANY OTHER ENROLLEE ON ANY OF THE PLANS, OR TO ANY OTHER THIRD PARTY.

Mi Green Plan



| Services : 5-30 principals/staff | Benefits |
|--|--|
| Emergency services | <ul style="list-style-type: none"> Ambulance services (hospital to hospital) Stabilization Emergency drug and investigations. |
| Outpatient services | <ul style="list-style-type: none"> General consultation Specialist consultation (6 times a year) Routine Laboratory tests Prescribed drugs Physiotherapy (7 sessions) Management of chronic diseases (Hypertension, diabetes, glaucoma, Asthma, Arthritis only) - Covered Chronic disease drug limit - ₦120,000/annum |
| In - patient services (Available 4 months after sign up) | <ul style="list-style-type: none"> Private ward General / specialist doctor's review Routine Laboratory tests Max admission days : 30 DAYS |
| Maternity services | <ul style="list-style-type: none"> Family planning - Covered Antenatal Care, Induction of labour and assisted delivery - Covered Infertility Services (Testing and Diagnosis Only) - Covered Deliveries (Normal, Assisted & Caesarean Section delivery) - Covered Care for mother and child - 24hrs post delivery |
| Child health Services | <ul style="list-style-type: none"> Routine NPI Immunization: BCG, Poliomyelitis, Measels, Yellow fever, Diphtheria, Pertussis, Tetanus, Hepatitis B, Pentavalent vaccine, Pneumococcal - Covered Additional childhood Immunization : Rotavirus, Meningococcal Phototherapy : Covered Incubator Care : 5 days |
| Surgical Services | <ul style="list-style-type: none"> ₦500,000 limit per annum Minor procedures covered Intermediate covered Major procedures covered |
| Radiological Services | <ul style="list-style-type: none"> X-rays & Ultrasound Scans : Covered Electrocardiogram (ECG and EEG) - Covered CT Scan : Life threatening emergencies (Brain scan) - Covered Dopper Scan - Covered M R I - Not covered |
| Eye Care services | <ul style="list-style-type: none"> Overall amount limit - ₦20,000 Optical Care (Treatment of chronic & Acute eye diseases) up to limit - Covered Optical Limit (Frames & Lens) - ₦10,000 |
| Dental Care Services | <ul style="list-style-type: none"> Overall amount limit - ₦40,000 Routine examination - Covered Treatment of infection - Covered Composite dental fillings - Covered Surgical extraction - Covered Root canal treatment - Covered Simple extraction - Covered Amalgam dental fillings - Covered Scalping & Polishing - Covered |
| Cancer care services | <ul style="list-style-type: none"> Cancer treatment covered ** up to surgical limit ** |
| HIV/AIDS MANAGEMENT | <ul style="list-style-type: none"> Anti-retroviral treatment facilitation at designated centers in Nigeria - Covered |
| ANNUAL MEDICAL CHECK UP (For principals only) | <ul style="list-style-type: none"> Routine physicals - covered Annual medical examinations - (BASIC: Physical, BP, BMI, Blood sugar, PCV, Urinalysis) |
| Mental Health Services | <ul style="list-style-type: none"> Counselling - covered Outpatient consultation & treatment - (Up to 8 weeks) |
| Complementary Services | <ul style="list-style-type: none"> Health talk, Health Seminars, E-Newsletters (covered quaterly) Health Savings account Pharmacy Benefit Program (Hypertension, Diabetes, Asthma, etc) Lifestyle and Weight Management |
| HOSPITAL ACCESS | <ul style="list-style-type: none"> BAND D & C |

PREMIUM PER ANNUM (₦)

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|--|--------------------|
| INDIVIDUAL (<60yrs) | ₦97,469.50 |
| FAMILY (Insured + spouse + 4 children under 18yrs) | ₦438,612.75 |

*THE OVERALL BENEFIT LIMITS PER INDIVIDUAL PER ANNUM ARE NOT TRANSFERABLE TO ANY OTHER ENROLLEE ON ANY OF THE PLANS, OR TO ANY OTHER THIRD PARTY.

Mi Purple Plan



Services : 5-30 principals/staff

Benefits

Emergency services

- Ambulance services (hospital to hospital)
- Stabilization
- Emergency drug and investigations.

Outpatient services

- General consultation
- Specialist consultation (**10 times a year**)
- Routine Laboratory tests
- Prescribed drugs
- Physiotherapy (**10 sessions**)
- Management of chronic diseases (Hypertension, diabetes, glaucoma, Asthma, Arthritis only) - **Covered**
- Chronic disease drug limit - **₦250,000/annum**

In - patient services

(Available 4 months after sign up)

- Semi Private ward
- General / specialist doctor's review
- Routine Laboratory tests
- Max admission days : **30 DAYS**

Maternity services

- Family planning - **Covered**
- Antenatal Care, Induction of labour and assisted delivery - **Covered**
- Infertility Services (Testing and Diagnosis Only) - **Covered**
- Deliveries (**Normal, Assisted & Caesarean Section delivery**) - **Covered**
- Care for mother and child - **48 hours post delivery**

Child health Services

- Routine NPI Immunization: **BCG, Poliomyelitis, Measels, Yellow fever, Diphtheria, Pertussis, Tetanus, Hepatitis B, Pentavalent vaccine, Pneumococcal - Covered**
- Additional childhood Immunization : **Rotavirus, Meningococcal**
- Phototherapy : **Covered**
- Incubator Care : **5 days**

Surgical Services

- **₦750,000** limit per annum
- Minor procedures **covered**
- Intermediate **covered**
- Major procedures **covered**

Radiological Services

- X-rays & Ultrasound Scans : **Covered**
- Electrocardiogram (**ECG and EEG**) - **Covered**
- CT Scan : **Life threatening emergencies (Brain scan) - Covered**
- Doppler Scan - **Covered**
- MRI - **Covered**

Eye Care services

- Overall amount limit - **₦30,000**
- Optical Care (Treatment of chronic & Acute eye diseases) up to limit - **Covered**
- Optical Limit (Frames & Lens) - **₦25,000**

Dental Care Services

- Overall amount limit - **₦50,000**
- Routine examination - **Covered**
- Treatment of infection - **Covered**
- Composite dental fillings - **Covered**
- Surgical extraction - **Covered**
- Root canal treatment - **Covered**
- Simple extraction - **Covered**
- Amalgam dental fillings - **Covered**
- Scalping & Polishing - **Covered**

Cancer care services

- Cancer treatment covered **** up to surgical limit ****

HIV/AIDS MANAGEMENT

- Anti-retroviral treatment facilitation at designated centers in Nigeria - **Covered**

ANNUAL MEDICAL CHECK UP (For principals only)

- Routine physicals - **covered**
- Annual medical examinations - (**BASIC: Physical, BP, BMI, Blood sugar, PCV, Urinalysis**)

Mental Health Services

- Counselling - **covered**
- Outpatient consultation & treatment - (**Up to 8 weeks**)

Complementary Services

- Health talk, Health Seminars, E-Newsletters (**covered quarterly**)
- Health Savings account
- Pharmacy Benefit Program (Hypertension, Diabetes, Asthma, etc)
- Lifestyle and Weight Management

HOSPITAL ACCESS

- **BAND B, C, D**

PREMIUM PER ANNUM (₦)

INDIVIDUAL (<60yrs)

₦140,899.50

FAMILY (Insured + spouse + 4 children under 18yrs)

₦634,047.75

*THE OVERALL BENEFIT LIMITS PER INDIVIDUAL PER ANNUM ARE NOT TRANSFERABLE TO ANY OTHER ENROLLEE ON ANY OF THE PLANS, OR TO ANY OTHER THIRD PARTY.

Exclusion List

| Exclusion List | Benefits |
|--|--|
| Medical examinations, services and supplies. | <ul style="list-style-type: none"> Medical examinations for the purposes of obtaining and maintaining employment. Medical examinations for the purposes of admission into schools, as a fulfillment of obligation required by schools from time to time, licensing and/or insurance. Including, but not limited to provision of hearing aids. |
| Advanced Surgeries | <ul style="list-style-type: none"> Including, but not limited to Fetal surgeries, Neuro surgeries, surgeries of the heart and/or liver, Organ transplant (including bone marrow transplant), shunt operations and cardiothoracic surgeries |
| Cosmetic Services | <ul style="list-style-type: none"> Including, but not limited to cosmetic surgery, dentures, advanced conservative restorations, orthodontic and associated treatment. Provision of artificial limbs. |
| Custodial Care | <ul style="list-style-type: none"> Home Care |
| Dental Care | <ul style="list-style-type: none"> Including, but not limited to dental appliances, implants and supplies arising from procedures like surgeries. |
| Experimental, unorthodox or trade-medical care | <ul style="list-style-type: none"> Including, but not limited to treatment of bone fractures in traditional bone setting homes. Any treatment that is not officially recognized by orthodox medicine. |
| Eye Treatment | <ul style="list-style-type: none"> Treatment of glaucoma, retinal detachment, cataract extraction or any treatment not specifically mentioned in the benefit cover. Laser Eye surgeries. |
| Force majeure | <ul style="list-style-type: none"> Including, but not limited to Conditions relating to epidemics, Injuries arising from participating in wars, riots, strike and/or civil strife. |
| Professional sports and high risk sports | <ul style="list-style-type: none"> Bodily injuries arising from partaking in professional sports, including, but not limited to mountaineering where ropes and glides are used, aviation (except when patient is travelling solely as a passenger), Hand gliding and parachuting, horse racing, car and motorbike racing. |
| Illnesses of unknown cause | <ul style="list-style-type: none"> All diseases arising from unknown causes are excluded. |
| Injuries related to intoxication or fights and physical brawls. | <ul style="list-style-type: none"> Injuries while under the influence of or disablement due wholly or partly to the effect of intoxicating liquor or drugs other than those prescribed by a medical practitioner Treatment of drug addiction, attempted suicide and/or willfully inflicted injuries. |
| Obstetrics | <ul style="list-style-type: none"> We do not cover this at all on our retail plans |
| Overseas treatment | <ul style="list-style-type: none"> All medical expenses incurred outside Nigeria. |
| Force majeure | <ul style="list-style-type: none"> This applies even if they are prescribed, recommended, or approved by the person's attending Physician or dentist. In order for a treatment, service or supply to be considered Medically necessary, the service or supply must: be care or treatment which is likely to produce a significant positive outcome as and no more likely to produce a negative outcome than any alternative service or supply both as to the Sickness or Injury involved and the person's overall health condition be a diagnostic procedure which is indicated by the health status of the person and be as likely to result in information that could affect the course of treatment as and no more likely to produce a negative outcome than any alternative service or supply both as to the sickness or injury involved and the person's overall health condition; and as to diagnosis, care and treatment, be not costlier (taking into account all health expenses incurred in connection with the treatment, service or supply), than any alternative service or supply to meet the above tests. In determining if a service or supply is appropriate under the circumstances, Mitera Health will take into consideration: information relating to the affected person's health status; reports in peer reviewed medical literature; reports and guidelines published by nationally recognized health care organizations that include supporting scientific data; the opinion of health professionals in the generally recognized health specialty involved; and any other relevant information brought to Mitera Health's attention. In no event will the following services or supplies be considered to be Medically Necessary: those that do not require the technical skills of a medical, a mental health, or a dental professional; or those furnished mainly for the personal comfort or convenience of the person, any person who cares for him or her, or any persons who is part of his or her family, any healthcare provider, or healthcare facility; or those furnished solely because the person is an inpatient on any day on which the person's Sickness or Injury could safely, and adequately, be diagnosed or treated while not confined; or those furnished solely because of the setting, if the service or supply could safely and adequately be furnished in a Physician's or a dentist's office or other less costly setting. |
| Work-related accidents | <ul style="list-style-type: none"> According to the prescribed law. |
| Search and rescue | <ul style="list-style-type: none"> MITERAHEALTH shall not cover or pay for search and rescue operations if an enrollee is lost in a remote area. |
| Treatment of newborns not registered | <ul style="list-style-type: none"> MITERAHEALTH shall not cover or pay for any treatment incurred by or for any new-born that is not registered on any of our plans. |
| Treatment for sexual dysfunction | <ul style="list-style-type: none"> MITERAHEALTH shall not pay for appointments and treatments for sexual dysfunction, as well as virility enhancing drugs. |
| Miscellaneous | <ul style="list-style-type: none"> Solicitation by enrollee of a specific treatment and/or drug where the attending physician has not deemed it appropriate to provide such. Congenital abnormalities/Birth defects Complications (or further treatment) arising from treatment of ailments not covered by the scheme or treatment received from hospitals not on the network where prior authorization had not been obtained from Reliance HMO, in cases that do not qualify as emergencies. Any benefit not explicitly stated in the list of covered services. Injuries sustained as a result of a criminal action. |

Questions or Enquiries?

We would love a feedback. Please send us an email via info@miterahealth.com.ng or call **(+234) 906 254 7420**

**Thank you
for Reading**