Cover Plans

Plans	Bronze	Silver	Gold	Platinum
Individual Premium (NGN)	**54,264**	**86,266**	**157,275**	**308,635**
Family Premium (NGN)	**200,776**	**319,184**	**581,916**	**1,141,950**
Telemedicine	**Unlimited**	**Unlimited**	**Unlimited**	**Unlimited**
In-patient Limit (NGN)	**N500,000**	**N1,000,000**	**N2,500,000**	**N3,500,000**
Accidents & Emergencies: Resuscitative or lifesaving initial treatment	(Up to Inpatient Limit)	(Up to Inpatient Limit)	(Up to Inpatient Limit)	(Up to Inpatient Limit)
Accommodation	General Ward (10 Days/Annum)	General Ward (20 Days/Annum)	Private Ward (20 Days/Annum)	Private Ward (30 Days/Annum)
Inpatient medication, medical & surgical consumables	(Up to Inpatient Limit)	(Up to Inpatient Limit)	(Up to Inpatient Limit)	(Up to Inpatient Limit)
Accommodation for Mothers Whose Dependents are on admission (excluding feeding) (Limited to SCBU/NICU Cases only)	NA	NA.	General Ward 48 Hrs	Semi-Private Ward 48 Hrs
Intensive Care Unit (ICU) D High Dependency Unit(HDU)	24 Hrs	48Hrs	72Hrs	5 Days
Neonatal Care Services (Treatment of mild or moderate neonatal sepsis, Phototherapy, Incubator Care and Special Care Baby Unit)[1] - **Global**	NA	N50,000	N150,000	N500,000
Psychiatric Hospitalization	NA	NA	NA	Up to Accommodation Limit
Surgeries including day case procedures, minor, intermediate, and major surgeries (Including Cesarean Section, Endoscopic Procedures (Therapeutic and Diagnostic) - **Global**	N100,000	N150,000	N500,000	N1,000,000

Plans Out-patient Limit (x)	Bronze 200,000	Silver 400,000	Gold 1,100,000	Platinum 1,500,000
Consultations				
General Consultations (Initial and Follow-up)	(Up to Outpatient Limit)	(Up to Outpatient Limit)	(Up to Outpatient Limit)	(Up to Outpatient Limit)
Specialist Consultations (Initial and Follow-up)	(Up to Outpatient Limit)	(Up to Outpatient Limit)	(Up to Outpatient Limit)	(Up to Outpatient Limit)

Medications				
Chronic Disease Medication Outpatient Prescription Medicines	N60,000	N120,000	N200,000	N300,000
Tests & Investigations				
X-Rays and Basic Diagnostic Tests	(Up to Outpatient Limit)	(Up to Outpatient Limit)	(Up to Outpatient Limit)	(Up to Outpatient Limit)
Laboratory tests *(WHO list of essential in-vitro diagnostics)*	(Up to Outpatient Limit)	(Up to Outpatient Limit)	(Up to Outpatient Limit)	(Up to Outpatient Limit)
Advanced & Complex Investigations(limited To CT Scan, MRI Scan and echocardiogram)	NA	CT/M.R.I Scan Only (Emergency/onc e per annum)	CT/M.R.I Scan Only (4 times per annum)	(Up to Outpatient Limit)
Molecular Diagnostics (including Covid-19 Testing) only at Designated Center'	NA	(Once Per Annum)	(Up to 2 Tests Per Annum)	(Up to 2 Tests per Annum)
Infertility Investigation	Basic Consultation and investigation (20,000)	Fertility Consultations, Counseling, USS, SFA (N35, 000)	Fertility Consultations, Counseling, USS, SFA (N50,000)	Fertility Consultations, Counseling, USS, SFA, HSG , Hormone Profile (N100,000)
Maternity and Neonatal Services				
Antenatal Care + Normal Delivery + Postnatal Care (6 Weeks) - **Global**	N100,000	N150,000	N200,000	N450,000
Neonatal Care Services (Male circumcision, Ear piercing)	(Up to Outpatient Limit)	(Up to Outpatient Limit)	(Up to Outpatient Limit)	(Up to Outpatient Limit)
Immunizations				
NPI Immunizations for 0-5years	BCG, Measles, DPT, Oral polio, IPV, Vitamin A supplementation, Pentavalent vaccine	BCG, Measles, DPT, Oral polio, IPV, Vitamin A supplementation, Pentavalent vaccine	BCG, Measles, DPT, Oral polio, IPV, Vitamin A supplementation, Pentavalent vaccine	BCG, Measles, DPT, Oral polio, IPV, Vitamin A supplementation, Pentavalent vaccine
Additional Immunizations for 0-5 years	NA	Hepatitis B, HiB, Yellow Fever	Hepatitis A, Hepatitis B, Hib, Chicken Pox, MMR, Pneumococcal, Rotavirus, Meningitis, Yellow	Hepatitis A, Hepatitis B, Hib, Chicken Pox, MMR, Pneumococcal, Rotavirus, Meningitis, Yellow

			Fever, Typhoid Fever	Fever, Typhoid Fever)
Additional Immunizations for 6yrs and above	NA	Hepatitis B, Yellow Fever	Hepatitis B, Yellow Fever	Meningitis, Yellow Fever, Hepatitis B
Ambulance Evacuation Services				
Hospital to Hospital)	Covered	Covered	Covered	Covered
(Home to Hospital & Road Side to Hospital)	2 times per annum	Covered	Covered	Covered
Other Benefits				
Cancer Care	NA	N100,000	N200,000	N500,000
Critical Illness + Death Cover[2]	NA	N100,000	N200,000	N400,000
Dental Care (relief of pain, fillings, nonsurgical, extractions, preventive care, scaling and polishing, Dental Surgical Extraction & Root Canal Therapy, Dental Prosthetics)	(Relief of pain, fillings, nonsurgical, extractions, preventive care, scaling and polishing Only) N10,000	N15,000	N30,000	N80,000
Family Planning Services	Oral and injectables	IUCD (intrauterine Contraceptive Device) eg. Copper T, injectables	IUCD (intrauterine Contraceptive Device e.g. Copper T, injectables, Pills	IUCD (intrauterine Contraceptive Device e.g. Copper T, injectables, Pills, Norplant
Health Checks[3]	NA	Limited: Basic (Physical, BP, Urinalysis), Genotype, Blood Sugar, Blood Group, PCV, PSA.	Limited: Basic (Physical, BP, Urinalysis), Genotype, Blood Sugar, Blood Group, PCV, Thyroid Function Test, Pap Smear, Prostate-Specific Antigen, and Mammography	Limited: Basic (Physical, BP, Urinalysis), Genotype, Blood Sugar, Blood Group, PCV, Serum, Cholesterol, Thyroid Function Test, Pap Smear, Prostate-Specific Antigen, and Mammography
HIV/AIDS Care 6 Treatment	N100,000	N150,000	N350,000	N500,000
Kidney Dialysis	NA	N70,000	N90,000	N120,000
Mortuary Services (Cleaning, Embalmment, Storage, Autopsy)	NA	50,000	N100,000	N150,000

Optical Care: Lenses, Frames & Contact, Lenses (Once in two years)	N10,000 (Lenses Only)	N15,000	N20,000	N35,000
Optical care: Eye testing, Treatment of acute and chronic eye diseases (Surgery inclusive).	N25,000	N50,000	N75,000	N100,000
Physiotherapy	N30,000	N40,000	N60,000	N100,000
Psychiatric Treatment	NA	NA	Outpatient Only (6 Months)	Inpatient/Outpatient
Treatment of Congenital Abnormalities (For Children born on the plan)	NA	NA	NA	N250,000
Wellness Benefit (Gym)[4]	NA	1 Time /Month	2 Times /Month	3 Times /Month

Notes:

1. Benefit can only be drawn from the limit of a nursing mother for a live birth
2. The enrollee is covered for a payment up to the stated limit in the event of critical illness (as a result of cancer, kidney failure, heart attack, or stroke) or Death (Natural, Accidental, or Covid related). The actual amount paid is based on the event while eligibility is subject to compliance with the rules of the plan.
3. Health checks can only be done at any of the designated hospitals/diagnostic centers during institutions' health week. Health checks are otherwise non-refundable
4. Principal Only. Other terms and conditions apply.
5. Executive or VIP rooms not covered.

CONDITIONS

1. The Premium computed is payable once annually based on the population.
2. Family premium quoted is for a family of 6 (Principal, Spouse, and 4 Children less than 18 years old).
3. The age limit on the Plans is 60 years.

Excluded in all Cover Plans

1. Non-Accidental Surgical claims incurred within the first year of cover.
2. Pregnancy and Chronic Disease has a 6 month waiting period.
3. Transplant surgery, Speech disorder, Thyroid disorders, neurological and neurosurgical disorders
4. Plastic/cosmetic surgeries
5. Advanced and complex investigations not stated in the schedule of covered services
6. Other investigations and treatment problems relating to infertility e.g. hydrotubation, hysterosalpingogram, I.V.F, G.I.F.T, and artificial insemination Virility enhancing drugs
7. Herbal drugs, non-prescription drugs, food supplements, and experimental drugs and treatment
8. Other laboratory investigations not listed in the schedule of covered services

9. Dental care not listed in the schedule of covered services
10. Home care and domiciliary services
11. Joint replacements and prosthetic limbs
12. Long-term psychiatric illness (Longer than 6 months)
13. Comprehensive health screening/well persons check outside the scope of the benefits covered by the health checks.
14. Pre—School Health examinations
15. Treatment for new-born not registered on the plan after 6 weeks of birth
16. Neonatal care not listed under neonatal services
17. Self-inflicted injuries
18. Treatment of obesity
19. All Covid-19 and Hepatitis Treatment
20. Covid-19 testing except as stated in the schedule of covered services.
21. Speech disorders
22. Room upgrades beyond that specified in the plan benefit
23. Management of severe burns (burns covering more than 10% body surface area)
24. Learning difficulties, behavioral and developmental problems
25. Consultations with unrecognized consultants, hospitals, family doctors, therapists, dental practitioners, or complementary medicines practitioners
26. Any other treatment, service, procedure, or investigation not listed in the schedule of covered medical services