

HyBasic	
A. BENEFITS	
Region of Cover	Local
Hospital Category	C-D
Inpatient Limit (₦)	350,000
Emergency/Critical Care	
Resuscitative or lifesaving initial treatment	Covered
Intensive Care Unit (ICU) & High Dependency Unit (HDU)	-
Ambulance Services: Hospital to Hospital	-
Ambulance Services: Home to Hospital & Road Side to Hospital	-
Hospital Admissions	
Ward Type	General Ward (15 Days/Annum)
Feeding (Where applicable)	Covered
Supply of drugs, dressings, medical & surgical consumables in the course of treatment	Covered
Surgeries	₦200,000
Day case procedures	Covered
Endoscopies and Laparoscopies (Diagnostic and Therapeutic)	Covered
Minor Surgeries	Covered
Intermediate Surgeries	Covered
Major Surgeries (incl. Caesarean Section)	Covered
Cost of Anesthesia, theatre, surgical consumables, administration of blood and all related surgical costs	Covered
Outpatient Limit (₦)	250,000
Hospital Consultations	
General practice doctors and medical officers	Covered
Specialist Consultations	√ (Up to 12 visits/Annum)
Virtual Consultations²	

G.P Consultations (via Voice Call, Chat, Toll-Free/Via Hy Mobile App)	Unlimited 24/7
Mental Health Therapy	4 Sessions
Nutritionist Care	Covered
Treatment of Chronic Conditions including but not limited to consultations, laboratory tests and medication up to specified limits	-
Drug Delivery and Pick up at Partner Pharmacies	-
Medications	
Chronic Disease Medication	-
Outpatient Prescription Medicines	₦80,000
Diagnostics	
Laboratory Tests	Covered
Radiological Investigations (Upper Limb, Lower Limb, Thorax, Vertebrae, Abdomen, Skull, Contrast Studies)	Covered
Ultrasounds	Covered
Other Investigations (Electrocardiogram - Resting, Spirometry)	Covered
Advanced & Complex Investigations (limited To CT scan, MRI Scan and echocardiograph)	-
Maternity Services	₦100,000
Antenatal services, examinations and supply of drugs	Covered
Management of complications in pregnancy	Covered (Excl. Chronic Conditions)
Delivery room services	Covered
Management of Labor	Covered
Vaginal delivery	Covered
Assisted delivery	Covered
Caesarean Delivery	Covered under Surgery Limit
Shirodkar operation	Covered
Postnatal Check (6 weeks)	Covered
New Mums Support Group (Baby's 1st Year of Life)	Covered
Neo-natal Services (First 6 weeks of Life)3	
Male circumcision	Covered
Ear piercing	Covered
Immunizations	
NPI Immunizations for 0-5years	BCG, Measles, DPT, Oral polio, IPV, Vitamin A supplementation, Pentavalent vaccine, Pneumococcal

Additional Immunizations for 0-5 years	Hepatitis B, HiB, Yellow Fever, Rotavirus
Adult Immunizations	Hepatitis B, Yellow Fever
Optical Care	
Treatment of Acute and Chronic Eye Diseases	₦10,000 (Acute Eye Diseases Only)
Supply of Frames, Lenses & Contact Lenses (Once in 2 Years)	₦5,000
Eye Surgeries	Covered up to Surgery Limit
Dental Care	₦10,000
Relief of pain, preventive care, fillings, non-surgical extractions, scaling and polishing	Covered
Dental Surgical extraction	-
ENT / Otolaryngology Care	
Treatment of acute and chronic ear diseases	Covered (Acute Ear Diseases Only)
ENT Surgeries	Covered up to Surgery Limit
Other Benefits	
Permanent Disability + Death ⁴	₦100,000
Family Planning Services	IUCDs, Pills & Injectables
Health Checks ⁵	-
HIV/AIDS Care & Treatment (At designated approved centers)	-
Mortuary Services (Cleaning, Embalment, Storage, Autopsy)	₦50,000
Physiotherapy	₦20,000
Wellness Benefit (Gym/Spa) ⁶	-

Note:

1	Including access to Evercare Hospital, Reddington Hospitals, Cedar Crest Hospital - Abuja, Prime Medical Consultants
2	As advised by Hygeia HMO
3	Benefit can only be drawn from the limit of a nursing mother for a live birth
4	The enrollee is covered for a payment up to the stated limit in the event of bodily injury sustained solely and independently of any other cause by accidental, violent, external and visible means resulting in death or disablement. The actual amount paid is based on the event while eligibility is subject to compliance with the rules of the plan.
5	Health checks can only be done at any of our designated hospitals/diagnostic centers. Health checks are otherwise non-refundable
6	Enrollee is entitled to a refund of up to specified amount per month for any gym/spa service of their choice subject to submitting the following: Original payment receipts and duly completed refund form. N.B All refunds are subject to the HMO timeline for submission (within 30-days of encounter). Refunds cannot be rolled over.

B. NOTE:

1. Maximum principal age limit is 60 years and the Dependant age limit is 21 years.

2. Family premium quoted are for family size of 4 (Principal, Spouse and 2 Children less than 21 years old) and family of 6 (Principal, Spouse and 4 Children less than 21 years old)
3. There will be a waiting period of **7 Days** after registration. Plan purchased becomes active **7 Days** after purchase date.
4. All benefits are subject to their respective sectional limits which are described as: **Inpatient Limit** and **Outpatient Limit** However, within the respective sectional limit, there are specific benefit limits as well. Consequently, in the event that any specific benefit limit under the sectional limit is exhausted, the remaining limit in that section will only cover other benefits within the section apart from the one that the specific benefit limit has been exhausted.
5. The following benefits will not be covered or provided in the first year of commencement: **Maternity Services, Surgeries, Intensive Care Services and Permanent Disability + Death Cover**. This period otherwise known as the waiting period shall commence on the date of entry to the date of renewal. On renewal, this benefit will be accessible provided the enrollee has been enrolled for one year with the HMO.
6. The following benefits will not be covered or provided in the first 6 months of commencement: **Wellness Benefits**.
7. The following benefits will not be covered or provided in the first 3 months of commencement: **All Immunizations, Health Checks, Neonatal Care Services, Optical Care, Dental Care and Chronic Disease Management**.

C. EXCLUSIONS:

The following are excluded from the plans: -

1. Overseas treatment and transplant surgery
2. Plastic/cosmetic surgeries
3. Investigations and treatment for problems relating to infertility
4. Virility enhancing drugs, Herbal drugs, non-prescription drugs, food/branded supplements and experimental drugs and treatment
5. Homecare and domiciliary services
6. Joint replacements and prosthetic limbs
7. Psychiatric Treatment except as otherwise stated.
8. Comprehensive health screening/well persons check outside the scope of the benefits covered for the health checks.
9. Pre-School Health examinations

10. Treatment of Auto Immune diseases
11. Treatment for newborns not registered on the plan after 6 weeks of birth.
12. Neonatal Care Services not listed in covered services including not limited to the treatment of mild or moderate neonatal sepsis, Phototherapy, Incubator Care, and Special Care Baby Unit.
13. Self-inflicted injuries
14. Treatment of obesity
15. Covid-19 testing and treatment
16. Treatment of Congenital Abnormalities
17. Speech disorders
18. Room upgrades beyond that specified in the plan benefits
19. Management of severe burns (burns covering more than 10% of body surface area)
20. Learning difficulties, behavioral and developmental problems
21. Consultations with unrecognized consultants, hospitals, family doctors, therapists, dental practitioners, or complementary medicines practitioners
22. Any other treatment, service, procedure, or investigation not listed in the schedule of covered medical services.