

<b>Senior Mini</b>	
<b>Region of Cover</b>	Local
<b>Hospital Category</b>	C-D
Inpatient Limit (₺)	1,000,000
Accidents & Emergencies: Resuscitative or lifesaving initial treatment	Covered
Accommodation (including feeding)	General ward (30 Days/Annum)
Intensive Care Unit (ICU) & High Dependency Unit (HDU)	-
Surgeries <sup>2</sup>	₺250,000
Outpatient Limit (₺)	350,000
<b>Consultations</b>	
Hospital-based consultations with General practice doctors and medical officers	Covered
Hospital-based Consultations with specialists	√ (Up to 12 visits/Annum)
Telemedicine <sup>3</sup>	Unlimited 24/7
Doctor Home Visits <sup>3</sup>	Covered
<b>Medications</b>	
Chronic Disease Medication	Covered
Outpatient Prescription Medicines	

<b>Diagnostics</b>	
Basic Diagnostic Tests <sup>4</sup>	Covered
Advanced & Complex Investigations (limited To CT scan, MRI Scan and echocardiograph)	C.T/M.R. I Scan Only (1session)

<b>Ambulance Evacuation Services</b>	
Hospital to Hospital	Covered
Home/Roadside to Hospital	√ (3 Times Per Annum)
<b>Other Benefits</b>	
Cancer Care	-
Death and Funeral Expenses <sup>5</sup>	₦100,000
<b>Plans</b>	<b>HyBasic</b>
Dental Care (relief of pain, fillings, nonsurgical, extractions, preventive care, scaling and polishing, Dental Surgical Extraction & Root Canal Therapy, Dental Prosthetics)	₦30,000
Ear, Nose and Throat care (Treatment of Acute Diseases Only)	Covered
ENT Care - ENT Surgeries	Covered up to Surgery Limit
Family Planning Services	IUCDs, Pills & Injectables
Health Checks <sup>6</sup>	Limited to: Basic (Physical, BP, Urinalysis), HIV, Blood Sugar, ECG, PCV, Liver function Test, Lipid Profile and Pap's Smear, Prostate Specific Antigen, Mammograph
Kidney Dialysis	-
Optical Care - Treatment of Acute and Chronic Eye Diseases	₦30,000
Optical Care - Supply of Frames, Lenses & Contact Lenses	Lenses, Frames & Contact Lenses ₦20,000/Annum

Optical Care - Eye Surgeries	Covered up to Surgery Limit
Physiotherapy	₦30,000

**Note:**

<b>1</b>	15% Discount on monthly premiums for Annual Payments. See Section C for Annual Rates
<b>2</b>	This benefit includes all surgical costs relating to day case procedures, minor, intermediate, major surgeries (incl. Caesarean Section), Endoscopic Procedures (Therapeutic and Diagnostic)
<b>3</b>	ONLY available on Telemedicine Platform as advised by Hygeia HMO.
<b>4</b>	This includes X-Rays, Ultrasounds, and Laboratory tests (WHO list of essential in-vitro diagnostics)
<b>5</b>	Enrollee is covered for a payment up to the stated limit in the event of Permanent disability or Death (Natural, Accidental). The actual amount paid is based on the event while eligibility is subject to compliance with the rules of the plan.
<b>6</b>	Health checks can only be done at any of our designated hospitals/diagnostic centers. Health checks are otherwise <b>non-refundable</b>
<b>7</b>	Principal Only. Other terms and conditions apply

**A. PAYMENT TERMS FOR INSTALLMENT PAYMENTS**

1. The member is not allowed to change payment cycles within the year
2. Access to care will be suspended as soon as an installment is missed
3. Waiting Periods: An enrollee who misses an installment payment will:
  - a. be subject to a 30-day waiting period on reactivation for access to care.
  - b. loses all moratoriums and restarts waiting periods on benefits.

**D. NOTE**

- a. Only persons between the ages of 51 - 85 years are eligible for this plan.
- b. There will be a waiting period of 2 weeks after registration. Plan purchased becomes active 2 weeks after purchase date.

d. 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.

e. The following benefits will not be covered or provided in the first year of the commencement of the scheme:

**Maternity Services, Surgeries, 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.

f. The following benefits will not be covered or provided in the first 6 months of the commencement of the scheme: **All Immunizations, Health Checks, Neonatal Care Services, and Wellness Benefits**

g. The following benefits will not be covered or provided in the first 3 months of the commencement of the scheme: **Optical Care, Dental Care, and Chronic Disease Medication.**

#### **E. EXCLUSIONS:**

The following are excluded from all plans: -

1. Overseas treatment and transplant surgery
2. Plastic/cosmetic surgeries
3. Advanced and complex investigations not stated in schedule of covered services
4. Investigations and treatment for problems relating to infertility e.g. hydrocupration, hysterosalpingogram, I.V.F, G.I.F.T, and artificial insemination
5. Virility enhancing drugs
6. Herbal drugs, non-prescription drugs and experimental drugs, and treatment
7. Other laboratory investigations not listed in the schedule of covered services
8. Dental care not listed in the schedule of covered services
9. Home care and domiciliary services

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10. Intensive care treatment
11. Joint replacements and prosthetic limbs
12. Interstate travel for services not available in the State
13. Psychiatric Treatment and illness
14. Comprehensive health screening/well persons check outside the scope of the benefits covered by the health checks.
15. Pre-School Health examinations

16. Renal Dialysis
17. Cancer Care
18. HIV/AIDS Care & Treatment
19. Treatment for newborns not registered on the plan after 6 weeks of birth.
20. 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.
21. Optical Care not listed in covered services including not limited to: Lenses, Frames & Contact, Lenses
22. Self-inflicted injuries
23. Treatment of obesity
24. Covid-19 testing and treatment
25. Treatment of Congenital Abnormalities
26. Speech disorders
27. Room upgrades beyond that specified in the plan benefits
28. Management of severe burns (burns covering more than 10% of body surface area)
29. Learning difficulties, behavioral and developmental problems
30. Consultations with unrecognized consultants, hospitals, family doctors, therapists, dental practitioners, or complementary medicines practitioners
31. Any other treatment, service, procedure, or investigation not listed in the schedule of covered medical services.