

## RETAIL INDIVIDUAL PLANS PROPOSAL 2025

### A. BENEFIT SCHEDULE

Plans	HyEase	HyBasic	HyPrime	HyPrime Plus	HyPrime Exclusive
<b>Region of Cover</b>	Local	Local	Local	Local	Local
<b>Hospital Category</b>	C-D	C-D	B-D	A-D	A-D <sup>1</sup>
<b>Inpatient Limit (₦)</b>	<b>150,000</b>	<b>350,000</b>	<b>1,000,000</b>	<b>2,500,000</b>	<b>3,000,000</b>
<b>Emergency/Critical Care</b>					
Resuscitative or lifesaving initial treatment	Covered	Covered	Covered	Covered	Covered
Intensive Care Unit (ICU) & High Dependency Unit (HDU)	-	-	-	₦400,000	₦500,000
Ambulance Services: Hospital to Hospital	-	-	Covered	Covered	Covered
Ambulance Services: Home to Hospital & Road Side to Hospital	-	-	√ (3 Times Per Annum)	√ (3 Times Per Annum)	√ (3 Times Per Annum)
<b>Hospital Admissions</b>					
Ward Type	General Ward (7 Days/Annum)	General Ward (15 Days/Annum)	Semi- Private Ward (15 Days/Annum)	Private Ward (20 Days/Annum)	Private Ward (20 Days/Annum)
Feeding ( <i>Where applicable</i> )	Covered	Covered	Covered	Covered	Covered
Supply of drugs, dressings, medical & surgical consumables in the course of treatment	Covered	Covered	Covered	Covered	Covered
<b>Surgeries</b>	-	<b>₦200,000</b>	<b>₦300,000</b>	<b>₦400,000</b>	<b>₦600,000</b>
Day case procedures	-	Covered	Covered	Covered	Covered
Endoscopies and Laparoscopies (Diagnostic and Therapeutic)	-	Covered	Covered	Covered	Covered
Minor Surgeries	-	Covered	Covered	Covered	Covered
Intermediate Surgeries	-	Covered	Covered	Covered	Covered
Major Surgeries (incl. Caesarean Section)	-	Covered	Covered	Covered	Covered
Cost of Anesthesia, theatre, surgical consumables, administration of blood and all related surgical costs	-	Covered	Covered	Covered	Covered
<b>Outpatient Limit (₦)</b>	<b>100,000</b>	<b>250,000</b>	<b>500,000</b>	<b>1,000,000</b>	<b>1,500,000</b>
<b>Hospital Consultations</b>					
General practice doctors and medical officers	Covered	Covered	Covered	Covered	Covered
Specialist Consultations	√ (Up to 1 visit/Quarter)	√ (Up to 12 visits/Annum)	√ (Up to 12 visits/Annum)	√ (Up to 12 visits/Annum)	√ (Up to 12 visits/Annum)
<b>Virtual Consultations<sup>2</sup></b>					
G.P Consultations (via Voice Call, Chat, Toll-Free/Via Hy Mobile App)	Unlimited 24/7	Unlimited 24/7	Unlimited 24/7	Unlimited 24/7	Unlimited 24/7
Mental Health Therapy	4 Sessions	4 Sessions	4 Sessions	4 Sessions	4 Sessions

Plans	HyEase	HyBasic	HyPrime	HyPrime Plus	HyPrime Exclusive
Nutritionist Care	-	Covered	Covered	Covered	Covered
<b>Treatment of Chronic Conditions</b> including but not limited to consultations, laboratory tests and medication up to specified limits	-	-	<b>Covered</b>	<b>Covered</b>	<b>Covered</b>
Drug Delivery and Pick up at Partner Pharmacies	-	-	Covered	Covered	Covered
<b>Medications</b>					
Chronic Disease Medication	-	-	Covered	Covered	Covered
Outpatient Prescription Medicines	₦50,000	₦80,000			
<b>Diagnostics</b>					
Laboratory Tests	Covered	Covered	Covered	Covered	Covered
Radiological Investigations (Upper Limb, Lower Limb, Thorax, Vertebrae, Abdomen, Skull, Contrast Studies)	Covered	Covered	Covered	Covered	Covered
Ultrasounds	Covered	Covered	Covered	Covered	Covered
Other Investigations (Electrocardiogram - Resting, Spirometry)	-	Covered	Covered	Covered	Covered
Advanced & Complex Investigations (limited To CT scan, MRI Scan and echocardiograph)	-	-	Once per annum	Twice per annum	Twice per annum
<b>Maternity Services</b>	-	<b>₦100,000</b>	<b>₦200,000</b>	<b>₦300,000</b>	<b>₦300,000</b>
Antenatal services, examinations and supply of drugs	-	Covered	Covered	Covered	Covered
Management of complications in pregnancy	-	Covered (Excl. Chronic Conditions)	Covered	Covered	Covered
Delivery room services	-	Covered	Covered	Covered	Covered
Management of Labor	-	Covered	Covered	Covered	Covered
Vaginal delivery	-	Covered	Covered	Covered	Covered
Assisted delivery	-	Covered	Covered	Covered	Covered
Caesarean Delivery	-	Covered under Surgery Limit	Covered under Surgery Limit	Covered under Surgery Limit	Covered under Surgery Limit
Shirodkar operation	-	Covered	Covered	Covered	Covered
Postnatal Check (6 weeks)	-	Covered	Covered	Covered	Covered
New Mums Support Group (Baby's 1st Year of Life)	-	Covered	Covered	Covered	Covered
<b>Neo-natal Services (First 6 weeks of Life)<sup>3</sup></b>	-				
Male circumcision	-	Covered	Covered	Covered	Covered
Ear piercing	-	Covered	Covered	Covered	Covered
<b>Immunizations</b>					
NPI Immunizations for 0-5years	-	BCG, Measles, DPT, Oral polio, IPV, Vitamin A supplementation,	BCG, Measles, DPT, Oral polio, IPV, Vitamin A supplementation,	BCG, Measles, DPT, Oral polio, IPV, Vitamin A supplementation,	BCG, Measles, DPT, Oral polio, IPV, Vitamin A supplementation,

Plans	HyEase	HyBasic	HyPrime	HyPrime Plus	HyPrime Exclusive
		Pentavalent vaccine, Pneumococcal	Pentavalent vaccine, Pneumococcal	Pentavalent vaccine, Pneumococcal	Pentavalent vaccine, Pneumococcal
Additional Immunizations for 0-5 years	-	Hepatitis B, HiB, Yellow Fever, Rotavirus	Hepatitis B, HiB, Chicken Pox, Rotavirus, Yellow Fever, MMR, Meningitis	Hepatitis B, HiB, Chicken Pox, Rotavirus, Yellow Fever, MMR, Meningitis	Hepatitis B, HiB, Chicken Pox, Rotavirus, Yellow Fever, MMR, Meningitis
Adult Immunizations	-	Hepatitis B, Yellow Fever	Hepatitis B, Yellow Fever	Hepatitis B, Yellow Fever	Hepatitis B, Yellow Fever
<b>Optical Care</b>					
Treatment of Acute and Chronic Eye Diseases	-	₦10,000 (Acute Eye Diseases Only)	₦20,000	₦40,000	₦40,000
Supply of Frames, Lenses & Contact Lenses (Once in 2 Years)	-	₦5,000	₦10,000	₦20,000	₦20,000
Eye Surgeries	-	Covered up to Surgery Limit	Covered up to Surgery Limit	Covered up to Surgery Limit	Covered up to Surgery Limit
<b>Dental Care</b>	-	<b>₦10,000</b>	<b>₦20,000</b>	<b>₦40,000</b>	<b>₦40,000</b>
Relief of pain, preventive care, fillings, non-surgical extractions, scaling and polishing	-	Covered	Covered	Covered	Covered
Dental Surgical extraction	-	-	Covered	Covered	Covered
<b>ENT / Otolaryngology Care</b>					
Treatment of acute and chronic ear diseases	Covered (Acute Ear Diseases Only)	Covered (Acute Ear Diseases Only)	Covered	Covered	Covered
ENT Surgeries	-	Covered up to Surgery Limit	Covered up to Surgery Limit	Covered up to Surgery Limit	Covered up to Surgery Limit
<b>Other Benefits</b>					
Permanent Disability + Death <sup>4</sup>	₦50,000	₦100,000	₦250,000	₦500,000	₦500,000
Family Planning Services	-	IUCDs, Pills & Injectables	IUCDs, Pills & Injectables	IUCDs, Pills & Injectables, Norplant	IUCDs, Pills & Injectables, Norplant
Health Checks <sup>5</sup>	-	-	Limited to Basic (Physical, BP, Urinalysis), HIV, Blood Sugar, Full Blood Count, Visual Acuity, PCV, Pap Smear, Prostate Specific Antigen	Limited to Basic (Physical, BP, Urinalysis), HIV, Blood Sugar, Full Blood Count, Visual Acuity, PCV, Pap Smear, Prostate Specific Antigen, Mammography, Hepatitis B, Kidney Function Test, Liver Function Test, Lipid Profile	Limited to Basic (Physical, BP, Urinalysis), HIV, Blood Sugar, Full Blood Count, Visual Acuity, PCV, Pap Smear, Prostate Specific Antigen, Mammography, Hepatitis B, Kidney Function Test, Liver Function Test, Lipid Profile
HIV/AIDS Care & Treatment (At designated approved centres)	-	-	Covered	Covered	Covered

Plans	HyEase	HyBasic	HyPrime	HyPrime Plus	HyPrime Exclusive
Mortuary Services (Cleaning, Embalment, Storage, Autopsy)	-	₦50,000	₦50,000	₦50,000	₦50,000
Physiotherapy	₦10,000	₦20,000	₦20,000	₦40,000	₦40,000
Wellness Benefit (Gym/Spa) <sup>6</sup>	-	-	Up to Refundable Wellness Limit of ₦5,000/Month	Up to Refundable Wellness Limit of ₦10,000/Month	Up to Refundable Wellness Limit of ₦10,000/Month
<b>Individual Premium (₦)/(Annual)</b>	<b>26,515</b>	<b>66,070</b>	<b>181,380</b>	<b>480,380</b>	<b>748,660</b>
<b>Family Premium of 4 (₦)/(Annual)</b>	-	<b>264,300</b>	<b>725,550</b>	-	-
<b>Family Premium of 6(₦)/(Annual)</b>	-	<b>333,930</b>	<b>916,710</b>	-	-

**NOTE:**

<sup>1</sup>	Including access to Evercare Hospital, Reddington Hospitals, Cedar Crest Hospital - Abuja, Prime Medical Consultants
<sup>2</sup>	As advised by Hygeia HMO
<sup>3</sup>	Benefit can only be drawn from the limit of a nursing mother for a live birth
<sup>4</sup>	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.
<sup>5</sup>	Health checks can only be done at any of our designated hospitals/diagnostic centres. Health checks are otherwise non-refundable
<sup>6</sup>	Enrollee is entitled to a refund of up to <b>specified amount</b> per month for any gym/spa service of their choice subject to submitting the following: Original payment receipts and duly completed refund form. <b>N.B</b> All refunds are subject to the HMO timeline for submission (within 30-days of encounter). Refunds cannot be rolled over.

**B. NOTE:**

- Maximum principal age limit is 60 years and the Dependant age limit is 21 years.
- 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)
- There will be a waiting period of **7 Days** after registration. Plan purchased becomes active **7 Days** after purchase date.
- Health Checks** - Cervical smears: every 3 years (40 years and above) and every 5 years (for 21-40 years), Prostate Specific Antigen screening for men (over 40 years), and Mammogram for women (over 40 years every 2 years (every other year)
- 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.
- 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.

7. The following benefits will not be covered or provided in the first 6 months of commencement: **Wellness Benefits.**
8. 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.