Senior Midi		
Region of Cover	Local	
Hospital Category	B-D	
Inpatient Limit (N)	1,600,000	
Accidents & Emergencies: Resuscitative or lifesaving initial		
treatment	Covered	
Accommodation (including feeding)	Semi Private (30 Days/Annum)	
Accidents & Emergencies:		
Resuscitative or lifesaving initialtreatment	Covered	
Intensive Care Unit (ICU) & High		
Dependency Unit (HDU)	-	
Surgeries ²	₩500,000	
Outpatient Limit (\(\frac{H}{2}\))	700,000	
Consultations		
Hospital based consultations with Generalpractice doctors and medical officers	Covered	
Hospital based Consultations with specialists	Covered	
Telemedicine ³	Unlimited 24/7	
Doctor Home Visits ³	Covered	
Medications		
Chronic Disease Medication	Covered	
Outpatient Prescription Medicines	Covered	
Diagnostics		
Basic Diagnostic Tests ⁴	Covered	
Advanced & Complex Investigations(limited To Doppler scan, CT scan, MRI Scan and echocardiograph)	C.T/M.R. I Scan Only (4sessions)	
Ambulance Evacuation Services		
Hospital to Hospital	Covered	
Home/Road Side to Hospital	√ (3 Times Per Annum)	
Other Benefits		
Cancer Care	Covered	
Death and Funeral Expenses ⁵	₩100,000	
Dental Care (relief of pain, fillings,nonsurgical, extractions, preventive care,scaling and polishing, Dental Surgical Extraction & Root Canal Therapy, Dental Prosthetics)	N 50,000	
Ear, Nose and Throat care (Treatment ofAcute and Chronic Diseases Only)	Covered	
ENT Care - ENT Surgeries	Covered up to SurgeryLimit	

Plans	Senior Midi
Health Checks ⁶	Limited to: Basic (Physical,BP, Urinalysis), Blood Sugar, HIV, ECG, PCV, Lipid Profile and Pap's Smear, Prostate Specific, Liver function Test, Antigen, Mammography
Kidney Dialysis	-
Optical Care - Treatment of Acute and Chronic Eye Diseases	₦50,000
Optical Care - Supply of Frames, Lenses & Contact Lenses	Lenses, Frames & ContactLenses ₦30,000/Annum
Optical Care - Eye Surgeries	Covered up to Surgery Limit
Physiotherapy	N 45,000

NOTE:

1	15% Discount on monthly premiums for Annual Payment, See section C for Annual Rates
2	This benefit includes all surgical costs relating to day case procedures, Minor, Intermediate, Major Surgeries, Endoscopic Procedures (Therapeutic and Diagnostic)
3	ONLY available on Telemedicine Platform as advised by Hygeia HMO.
4	This includes X-Rays, Ultrasounds, and Laboratory tests (WHO list of essential in-vitro diagnostics)
5	Enrollee is covered for a payment up to the stated limit in the event of Death (Natural, Accidental). The age limit for this benefit is 80 years. Other terms and conditions apply.
6	Health checks can only be done at any of our designated hospitals/diagnostic centers. Health checks are otherwise non-refundable

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. lose all moratoriums and restart waiting periods on benefits.

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. Plans purchased become active **2 weeks** after purchase date.
- c. 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.

- d. The following benefits will not be covered or provided in the first 2 months of the commencement of the scheme: *Chronic Disease Medication*
- e. The following benefits will not be covered or provided in the first 3 months of the commencement of the scheme: *Optical Care, Dental Care.*
- f. The following benefits will not be covered or provided in the first 6 months of the commencement of the scheme: *Death and Funeral Expenses*.
- g. The following benefits will not be covered or provided in the first year of the commencement of thescheme: **Surgeries, Cancer Care,** and **Intensive Care Services**. 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.

E. EXCLUSIONS:

The following are excluded from all plans: -

- 1. Overseas treatment and transplant surgery
- 2. All maternity, neonatal, and family planning services
- 3. Plastic/cosmetic surgeries
- 4. Advanced and complex investigations not stated in the schedule of covered services
- 5. Investigations and treatment for problems relating to infertility e.g. hydrotubation, hysterosalpingogram, I.V.F, G.I.F.T and artificial insemination
- 6. Virility enhancing drugs
- 7. HIV/AIDS Care & Treatment
- 8. Herbal drugs, nonprescription drugs, and experimental drugs and treatment
- 9. Other laboratory investigations not listed in the schedule of covered services
- 10. Dental care not listed in the schedule of covered services
- 11. Homecare and domiciliary services
- 12. Joint replacements and prosthetic limbs
- 13. Psychiatric Illness and Treatment
- 14. Immunizations
- 15. Interstate referral services
- 16. Comprehensive health screening/well persons check outside the scope of the benefits covered by thehealth checks.
- 17. Self-inflicted injuries
- 18. Treatment of obesity
- 19. Covid-19 testing and treatment
- 20. Speech disorders
- 21. Room upgrades beyond that specified in the plan benefits
- 22. Management of severe burns (burns covering more than 10% of body surface area)
- 23. Learning difficulties, behavioral and developmental problems
- 24. Consultations with unrecognized consultants, hospitals, family doctors, therapists, dentalpractitioners, or complementary medicines practitioners
- 25. Any other treatment, service, procedure, or investigation not listed in the schedule of covered medical services