

| Senior Mini | |
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| Region of Cover | Local |
| Hospital Category | C-D |
| Inpatient Limit (₦) | 1,000,000 |
| Accidents & Emergencies: Resuscitative or lifesaving initial treatment | Covered |
| Accommodation (including feeding) | General Ward (30 Days/Annum) |
| Accidents & Emergencies: Resuscitative or lifesaving initial treatment | Covered |
| Intensive Care Unit (ICU) & High Dependency Unit (HDU) | - |
| Surgeries ² | ₦250,000 |
| Outpatient Limit (₦) | 350,000 |
| Consultations | |
| Hospital based consultations with General practice doctors and medical officers | Covered |
| Hospital based Consultations with specialists | √ (Up to 12 visits/Annum) |
| Telemedicine ³ | Unlimited 24/7 |
| Doctor Home Visits ³ | Covered |
| Medications | |
| Chronic Disease Medication 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 (1 session) |
| Ambulance Evacuation Services | |
| Hospital to Hospital | Covered |
| Home/Road Side to Hospital | √ (3 Times Per Annum) |
| Other Benefits | |
| Cancer Care | - |
| 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) | ₦30,000 |
| Ear, Nose and Throat care (Treatment of Acute and Chronic Diseases Only) | Covered |
| ENT Care - ENT Surgeries | Covered up to Surgery Limit |

| Plans | Senior Mini |
|---|--|
| Health Checks ⁶ | Limited to: Basic (Physical, BP, Urinalysis), HIV, Blood Sugar, ECG, PCV, Liver function Test, Lipid Profile and Pap's Smear, Prostate Specific Antigen, Mammography |
| 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:

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| 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.

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. 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 the scheme: **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 the health 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, dental practitioners, or complementary medicines practitioners

25. Any other treatment, service, procedure, or investigation not listed in the schedule of covered medical services