RETAIL SENIOR PLANS PROPOSAL 2025

A. BENEFIT SCHEDULE

Plans	Senior Mini	Senior Midi	Senior Premium	Senior Exclusive
Region of Cover	Local	Local	Local	Local
Hospital Category	C-D	B-D	A-D	A-D[1]
Inpatient Limit (₦)	**1,000,000**	**1,600,000**	**3,350,000**	**3,350,000**
Emergency/Critical Care				
Resuscitative or lifesaving initial treatment	Covered	Covered	Covered	Covered
Intensive Care Unit (ICU) & High Dependency Unit (HDU)	-	24 Hrs	72 Hrs	72 Hrs
Ambulance Services: Hospital to Hospital	Covered	Covered	Covered	Covered
Ambulance Services: Home to Hospital & Road Side to Hospital	√ (3 Times Per Annum)	√ (3 Times Per Annum)	√ (3 Times Per Annum)	√ (3 Times Per Annum)
Hospital Admissions				
Ward Type	General Ward (30 Days/Annum)	Semi Private (30 Days/Annum)	Private Ward (30 Days/Annum)	Private Ward (30 Days/Annum)
Feeding ***(Where applicable)***	Covered	Covered	Covered	Covered
Supply of drugs, dressings, medical & surgical consumables in the course of treatment	Covered	Covered	Covered	Covered
Surgeries	**₦250,000**	**₦500,000**	**₦1,000,000**	**₦1,000,000**
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	Covered	Covered	Covered	Covered
Cost of Anaesthesia, theatre, surgical consumables, administration of blood and all related surgical costs	Covered	Covered	Covered	Covered
Outpatient Limit (₦)	**500,000**	**1,000,000**	**1,650,000**	**1,650,000**
Hospital Consultations				
General practice doctors and medical officers	Covered	Covered	Covered	Covered
Specialist Consultations	√ (Up to 12 visits/Annum)	Covered	Covered	Covered

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Virtual Consultations[2]				
G.P Consultations (via Voice Call, Chat, Toll-Free/Via HyMobile App)	Unlimited 24/7	Unlimited 24/7	Unlimited 24/7	Unlimited 24/7
Mental Health Therapy	4 Sessions	4 Sessions	4 Sessions	4 Sessions
Nutritionist Care	Covered	Covered	Covered	Covered
Treatment of Chronic Conditions (including senile cognitive disorders) including but not limited to consultations, laboratory tests and medication	Covered	Covered	Covered	Covered
Drug Delivery and Pick up at Partner Pharmacies	Covered	Covered	Covered	Covered
Medications				
Chronic Disease Medication	Covered	Covered	Covered	Covered
Outpatient Prescription Medicines				
Diagnostics				
Laboratory Tests	Covered	Covered	Covered	Covered
Radiological Investigations (Upper Limb, Lower Limb, Thorax, Vertebrae, Abdomen, Skull, Contrast Studies)	Covered	Covered	Covered	Covered
Ultrasounds	Covered	Covered	Covered	Covered
Other Investigations (Electrocardiogram - Resting, Spirometry)	Covered	Covered	Covered	Covered
Advanced & Complex Investigations (limited To CT scan, MRI Scan and echocardiograph)	Covered (2 sessions)	Covered (4 sessions)	Covered (8 sessions)	Covered (8 sessions)
Optical Care	Covered	Covered	Covered	Covered
Treatment of Acute and Chronic Eye Diseases	₦30,000	₦50,000	₦80,000	₦80,000
Supply of Frames, Lenses & Contact Lenses (***Once Per Annum***)	₦20,000	₦30,000	₦40,000	₦40,000
Eye Surgeries	Covered up to Surgery Limit	Covered up to Surgery Limit	Covered up to Surgery Limit	Covered up to Surgery Limit
Dental Care	**₦30,000**	**₦50,000**	**₦80,000**	**₦80,000**
Relief of pain, preventive care, fillings, non-surgical extractions, scaling and polishing	Covered	Covered	Covered	Covered
Dental Surgical extraction	Covered	Covered	Covered	Covered
ENT / Otolaryngology Care				
Treatment of acute and chronic ear diseases	Covered	Covered	Covered	Covered

Plans	Senior Mini	Senior Midi	Senior Premium	Senior Exclusive
ENT Surgeries	Covered up to Surgery Limit	Covered up to Surgery Limit	Covered up to Surgery Limit	Covered up to Surgery Limit
Cancer Care	-	***Covered***	***Covered***	***Covered***
Chemotherapy & Radiotherapy	-	Covered	Covered	Covered
Adjuvant drug management	-	Covered	Covered	Covered
Oncology tests	-	Covered	Covered	Covered
Surgical therapy	-	Covered	Covered	Covered
Other Benefits				
Death and Funeral Expenses[3]	₦150,000	₦200,000	₦500,000	₦500,000
Doctor Wellness Checks[4]	-	√ (Once every Six months)	√ (Once per Quarter)	√ (Once per Quarter)
Health Checks[5]	Limited to: Basic (Physical, BP, Urinalysis), HIV, Blood Sugar, ECG, PCV, Liver function Test, Lipid Profile, Pap's Smear, Prostate Specific Antigen, Mammography, Hepatitis B, Kidney Function Test	Limited to: Basic (Physical, BP, Urinalysis), Blood Sugar, HIV, ECG, PCV, Lipid Profile, Pap's Smear, Prostate Specific, Liver function Test, Antigen, Mammography, Hepatitis B, Kidney Function Test	Limited to: Basic (Physical, BP, Urinalysis), HIV, Blood Sugar, PCV, Lipid Profile, ECG, Pap's Smear, Prostate Specific Antigen, Mammography, Liver function Test, Hepatitis B, Kidney Function Test	Limited to: Basic (Physical, BP, Urinalysis), HIV, Blood Sugar, PCV, Lipid Profile, ECG, Pap's Smear, Prostate Specific Antigen, Mammography, Liver function Test, Hepatitis B, Kidney Function Test
HIV/AIDS Care & Treatment	Covered	Covered	Covered	Covered
Kidney Dialysis	-	-	Covered - 3 Sessions	Covered - 3 Sessions
Physiotherapy	₦30,000	₦45,000	₦60,000	₦60,000
Psychiatric Treatment	Inpatient up to Accommodation Limit/ Outpatient (6 Months)	Inpatient up to Accommodation Limit/ Outpatient (6 Months)	Inpatient up to Accommodation Limit/ Outpatient (6 Months)	Inpatient up to Accommodation Limit/ Outpatient (6 Months)
Plans	**Senior Mini**	**Senior Midi**	**Senior Premium**	**Senior Exclusive**
Individual Premium (₦)/(Annual)	**230,000**	**452,760**	**900,000**	**1,115,000**

NOTE:

1	*Including access to Evercare Hospital, Reddington Hospitals, Cedar Crest Hospital - Abuja, Prime Medical Consultants*
2	***ONLY** available on Telemedicine Platform as advised by Hygeia HMO.*
3	*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 79 years. Other terms and conditions apply.*
4	*As advised by Hygeia HMO. Home visits will be scheduled in advance subject to the specific plan limits, please refer to NOTE section.*
5	*Health checks can only be done at any of our designated hospitals/diagnostic centres. Health checks are otherwise non-refundable*

B. NOTE:

1. Only persons between the ages of 51 - 85 years are eligible for this plan.
2. There will be a waiting period of **7 day** after registration. Plans purchased become active **7 days** after purchase date.
3. ***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)
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 2 months of commencement: ***Chronic Disease Medication***
6. The following benefits will not be covered or provided in the first 3 months of commencement: ***Optical Care, Dental Care.***
7. The following benefits will not be covered or provided in the first 6 months of commencement: ***Death & Funeral Expenses and Intensive Care Services***
8. The following benefits will not be covered or provided in the first year of commencement: ***Surgeries, Cancer Care.*** 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

C. 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
6. Virility enhancing drugs, Herbal drugs, nonprescription drugs, and experimental drugs and treatment
7. Auto Immune Diseases
8. Homecare and domiciliary services
9. Joint replacements and prosthetic limbs
10. Immunizations
11. Long term psychiatric illness (Longer than 6 months)
12. Comprehensive health screening/well persons check outside the scope of the benefits covered for the health checks.
13. Self-inflicted injuries
14. Treatment of obesity

15. Congenital Abnormalities
16. Covid-19 testing and treatment
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

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