

## SENIOR CITIZEN PLANS (2022)

### A. BENEFIT SCHEDULE

Plans	Senior Mini	Senior Midi	Senior Premium
<b>Individual Premium(£)/Annum</b>	<b>460</b>	<b>950</b>	<b>1,900</b>
<b>Region of Cover</b>	Local	Local	Local
<b>Hospital Category</b>	C-D	B-D	A-D
<b>Inpatient Limit (₦)</b>	<b>1,000,000</b>	<b>1,600,000</b>	<b>3,350,000</b>
Accidents & Emergencies: Resuscitative or lifesaving initial treatment	Covered	Covered	Covered
Accommodation (including feeding)	General Ward (30 Days/Annum)	Semi Private (30 Days/Annum)	Private Ward (30 Days/Annum)
Accidents & Emergencies: Resuscitative or lifesaving initial treatment	Covered	Covered	Covered
Intensive Care Unit (ICU) & High Dependency Unit (HDU)	-	-	3 Days
Surgeries <sup>1</sup>	₦250,000	₦500,000	₦1,000,000
<b>Outpatient Limit (₦)</b>	<b>350,000</b>	<b>700,000</b>	<b>1,350,000</b>
<b>Consultations</b>			
Hospital based consultations with General practice doctors and medical officers	Covered	Covered	Covered
Hospital based Consultations with specialists	√ (Up to 12 visits/Annum)	Covered	Covered
Telemedicine <sup>2</sup>	Unlimited 24/7	Unlimited 24/7	Unlimited 24/7
Doctor Home Visits <sup>2</sup>	Covered	Covered	Covered
<b>Medications</b>			
Chronic Disease Medication	Covered	Covered	Covered
Outpatient Prescription Medicines			
<b>Diagnostics</b>			
Basic Diagnostic Tests <sup>3</sup>	Covered	Covered	Covered
Advanced & Complex Investigations (limited To Doppler scan, CT scan, MRI Scan and echocardiograph)	C.T/M.R. I Scan Only (1 session)	C.T/M.R. I Scan Only (4 sessions)	Covered (8 sessions)
<b>Ambulance Evacuation Services</b>			
Hospital to Hospital	Covered	Covered	Covered
Home/Road Side to Hospital	√ (3 Times Per Annum)	√ (3 Times Per Annum)	√ (3 Times Per Annum)
<b>Other Benefits</b>			
Cancer Care	-	Covered	Covered
Death and Funeral Expenses <sup>4</sup>	₦100,000	₦100,000	₦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	₦50,000	₦80,000
Ear, Nose and Throat care (Treatment of Acute and Chronic Diseases Only)	Covered	Covered	Covered
ENT Care - ENT Surgeries	Covered up to Surgery Limit	Covered up to Surgery Limit	Covered up to Surgery Limit

Plans	Senior Mini	Senior Midi	Senior Premium
Health Checks <sup>5</sup>	Limited to: Basic (Physical, BP, Urinalysis), HIV, Blood Sugar, ECG, PCV, Liver function Test, Lipid Profile and Pap's Smear, Prostate Specific Antigen, Mammography	Limited to: Basic (Physical, BP, Urinalysis), Blood Sugar, HIV, ECG, PCV, Lipid Profile and Pap's Smear, Prostate Specific, Liver function Test, Antigen, Mammography	Limited to: Basic (Physical, BP, Urinalysis), HIV, Blood Sugar, PCV, Lipid Profile, ECG, Pap's Smear, Prostate Specific Antigen, Mammography, Liver function Test
Kidney Dialysis	-	-	Covered - 3 Sessions
Optical Care - Treatment of Acute and Chronic Eye Diseases	₦30,000	₦50,000	₦80,000
Optical Care - Supply of Frames, Lenses & Contact Lenses	Lenses, Frames & Contact Lenses ₦20,000/Annum	Lenses, Frames & Contact Lenses ₦30,000/Annum	Lenses, Frames & Contact Lenses ₦40,000/Annum
Optical Care - Eye Surgeries	Covered up to Surgery Limit	Covered up to Surgery Limit	Covered up to Surgery Limit
Physiotherapy	₦30,000	₦45,000	₦60,000

**NOTE:**

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

**B. 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 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, non-prescription 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. Home care 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% 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

### **C. NOTE**

1. Only persons between the ages of 51-85 years are eligible on this plan.
2. There will be a waiting period of **2 weeks** after registration. Plans purchased becomes active **2 weeks** after purchase date.
3. All benefits are subject to their respective sectional limits which is 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.
4. The following benefits will not be covered or provided in the first 2 months of the commencement of the scheme: **Chronic Disease Medication**
5. The following benefits will not be covered or provided in the first 3 months of the commencement of the scheme: **Optical Care, Dental Care.**
6. The following benefits will not be covered or provided in the first 6 months of the commencement of the scheme: **Death and Funeral Expenses.**
7. 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 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.