

HEALTH PARTNERS CORPORATE PLAN

	STANDARD PLAN	COMPREHENSIVE PLAN	CLASSIC PLAN	CLASSIC PLUS PLAN
PREMIUM				
Reimbursable option (Terms and Conditions Apply)	Global	Global	Global	Global
Obstetrics & Gynaecology / Maternity Services (9 months waiting period applies)				
Family Planning				
Information on contraception	Covered	Covered	Covered	Covered
Medical History	Covered	Covered	Covered	Covered
Physical Examination	Covered	Covered	Covered	Covered
Sex education, including prevention of sexually transmitted diseases	Covered	Covered	Covered	Covered
Birth Control				
Oral contraceptives	Covered	Covered	Covered	Covered
IUDs	Covered	Covered	Covered	Covered
Depo Provera (injection)	Covered	Covered	Covered	Covered
Norplant	Not Covered	Covered	Covered	Covered
Bilateral Tubal Ligation	Covered	Covered	Covered	Covered
Vasectomy	Covered	Covered	Covered	Covered
Infertility Services	Covered Prior to diagnosis - Semen Analysis, Ultrasound only	Covered Prior to diagnosis - HSG, Hormonal Profile, Semen Analysis, Ultrasound only	Covered Prior to diagnosis - HSG, Hormonal Profile, Semen Analysis, Ultrasound only	Covered Prior to diagnosis - HSG, Hormonal Profile, Semen Analysis, Ultrasound only
(Testing and Diagnosis Only)- once diagnosis confirmed further investigations/treatment not covered				
Consultation with a reproductive endocrinology/infertility specialist	Covered	Covered	Covered	Covered
Maternity Care				
Normal Pregnancy	Covered	covered	Covered	Covered
Prenatal care	covered	covered	Covered	Covered
Normal delivery	Covered	Covered	Covered	Covered
Assisted delivery	Covered	Covered	Covered	Covered
Caesarean section delivery	Covered	Covered	Covered	Covered
Hazard Fee (Delivery for HIV & Hepatitis B Pregnancy)	Not Covered	Not Covered	Not Covered	Not Covered
Postnatal care	covered	covered	Covered	Covered
Puerperal infection	covered	covered	Covered	Covered
False labor	covered	covered	Covered	Covered
Occasional spotting	covered	covered	Covered	Covered
Physician-prescribed bed rest during pregnancy (Subject to annual admission limit)	covered	covered	Covered	Covered
Preeclampsia	covered	covered	Covered	Covered
Termination of pregnancy for life-endangering conditions	covered	covered	Covered	Covered
Room and board, special diets, the services of a dietician, and skilled nursing in connection with childbirth for the mother or newborn child a vaginal delivery or a cesarean section delivery	covered	covered	Covered	Covered
Neonatal Services				
Incubator care:				
Term delivery	Covered Max 1 week	Covered Max 1 week	Covered Max 1 week	Covered Max 1 week
Preterm delivery	Covered Max 1 week	Covered Max 2 week	covered for 4 weeks	covered for 4 weeks
Phototherapy	Covered	Covered	Covered	Covered
Exchange blood transfusion	Not Covered	Covered	Covered	Covered
Immunizations (for children Only)				
NPI Vaccinations				
BCG	Covered	Covered	Covered	Covered
Measles	Covered	Covered	Covered	Covered
Pentavalent (DPT + HBV+ Hib)	Covered	Covered	Covered	Covered
Oral Polio Vaccine	Covered	Covered	Covered	Covered
Vitamin A	Covered	Covered	Covered	Covered
Yellow Fever	Covered	Covered	Covered	Covered
Pneumococcal (NPI)	Covered	Covered	Covered	Covered
Booster doses of Immunization (NPI)	Covered	Covered	Covered	Covered

Well Child Evaluation/Child Health Supervision Services	covered	covered	covered	covered
Well-baby care	covered	covered	covered	covered
Well-child care	covered	covered	covered	covered
Additional Immunizations				
Meningococcal	Not Covered	Covered	Covered	Covered
Rota Virus	Not Covered	Covered	Covered	Covered
Chicken Pox	Not Covered	Not Covered	Covered	Covered
MMR	Not Covered	Not Covered	Covered	Covered
Typhoid Vaccine	Not Covered	Not Covered	Covered	Covered
Behavioural Health services / Psychiatry / Mental Health				
Inpatient & Outpatient care of behavioral psychiatric disorders.	Covered	Covered	Covered	Covered
Family Counseling - Counseling with family members to aid diagnosis and treatment	Not Covered	Not Covered	Covered	Covered
Dental Care (6 months waiting period applies)	Overall Annual Limit N20,000.00	Overall Annual Limit N30,000.00	Overall Annual Limit N40,000.00	Overall Annual Limit N50,000.00
Simple extraction	Covered	Covered	Covered	Covered
Surgical extraction (2 Teeth Max Once a year)	Covered	Covered	Covered	Covered
Amalgam filling	Covered	Covered	Covered	Covered
Composite filling	Covered	Covered	Covered	Covered
Dental X-rays	Covered	Covered	Covered	Covered
Dental Crown	Covered	Covered	Covered	Covered
Scaling and polishing	Covered	Covered	Covered	Covered
Pain therapy	Covered	Covered	Covered	Covered
Root Canal Therapy	Covered	Covered	Covered	Covered
Orthodontic Procedures (Consultation, Implants, Dentures, Braces)	Covered	Covered	Covered	Covered
Ophthalmic Services (6 months waiting period applies)	Overall annual limit of N10,000.00	Overall annual limit of N15,000.00	Overall annual limit of N30,000.00	Overall annual limit of N40,000.00
Primary eye care (see below breakdown of primary and secondary investigations)	Covered	Covered	Covered	Covered
Secondary Ophthalmic Investigations /or Surgery (Principal only not transferable)	Not Covered	Not Covered	Covered Max N100,000.00	Covered Max N100,000.00
Optical: (6 months waiting period applies)	Two years Limit	Two years Limit	Two years Limit	Two years Limit
Provision of lenses viz.: unifocal, bifocal, varifocal, contact lens (Once in 2 Years)	Covered Plus Frame Max N6,500.00	Covered Plus Frame Max N10,000.00	covered Plus Frame Max N15,000.00	covered Plus Frame Max N20,000.00
Dialysis Hospital/Dialysis Center				
Dialysis for acute renal disease.	2 Sessions	3 Sessions	5 Sessions	5 Sessions
Chronic renal disease management (Including Kidney transplant)	Not Covered	Not Covered	Not Covered	Not Covered
Durable Medical Equipment (DME)				
In-hospital use of DME, such as crutches, walkers, oxygen and equipment for the administration of oxygen, standard manual wheelchairs	Covered	Covered	Covered	Covered
Physical Rehabilitation and Therapy				
Physiotherapy	3 Sessions	5 Sessions	10 Sessions	15 Sessions
Electrode	Covered	Covered	Covered	Covered
Ultrasound Therapy	Not Covered	Not Covered	Covered	Covered
Shortwave Diathermy	Not Covered	Not Covered	Covered	Covered
Emergency Medical Services				
Ambulance transport:	Covered	Covered	Covered	Covered
Roadside/Office to hospital	Covered	Covered	Covered	Covered
Hospital to hospital	Covered	Covered	Covered	Covered
Emergency room stabilization	Covered	Covered	Covered	Covered
Intensive care	Covered up to 2 days	Covered up to 3 Days	Covered up to 5 days	Covered up to 10 days
Wellness and Preventive Services				
Annual Physical Examination (Elective)	Covered	Covered	Covered	Covered
Elective cancer screening tests (Qualitative PSA, Manual Breast Examination, VIA) [At designated centres & subject to terms and conditions: (40 years and above, Continued membership for 2 consecutive years)]	Covered (Once in two years)	Covered (Once in two years)	Covered (Once in two years)	Covered (Once in two years)
Annual comprehensive Medical Examination (Elective)	Not Covered	Not covered	Covered (Principal only)	Covered (Principal only)
Cervical Screening	As stated above	As stated above	When medically indicated (or as part of Annual Medical)	When medically indicated (or as part of Annual Medical)
Prostate Screening	As stated above	As stated above	When medically indicated (or as part of Annual Medical)	When medically indicated (or as part of Annual Medical)
Mammogram	Not Covered	Not Covered	Only when medically indicated (or as part of Annual Medical)	Only when medically indicated (or as part of Annual Medical)
HP Health talk, Health Seminars, E-Newsletters	Covered (Quarterly)	Covered (Quarterly)	Covered (Quarterly)	Covered (Quarterly)
HP Quick Care (Fast-track screening and treatment of malaria at HP designated centres)	Covered	Covered	Covered	Covered

HP Pharmacy benefit program (Access to high quality medications for chronic diseases in partnership with Africa's premier PBM and major pharmaceutical companies (Hypertension, Diabetes, Asthma, etc)	Covered	Covered	Covered	Covered
Lifestyle and Weight Management*	Covered	Covered	Covered	Covered
Gym services (Terms and conditions apply)	Covered	Covered	Covered	Covered
HIV Treatment				
Treatment via provision of ARVs at Government Designated Centers.	Covered	Covered	Covered	Covered
Hospital Inpatient Services For Covered Services	15 days maximum	20 days maximum	25 days maximum	30 days maximum
Room and board	General Ward	Semi Private Ward	Private ward	Private ward
Blood Transfusion	Covered	Covered	Covered	Covered
Special diets	covered	covered	Covered	Covered
Services of a dietician	covered	covered	Covered	Covered
Skilled nursing	covered	covered	Covered	Covered
Private ward (for isolation)	covered	covered	Covered	Covered
A bed in a nursery unit	covered	covered	Covered	Covered
A bed in an emergency room and observation room/area	covered	covered	Covered	Covered
Use of operating, delivery, cast, and treatment rooms and equipment	covered	covered	Covered	Covered
Prescribed drugs administered while the Enrollee is an Inpatient.	covered	covered	Covered	Covered
Medical and surgical dressings	Covered (limit of 10)	Covered (limit of 15)	Covered (limit of 20)	Covered (limit of 20)
Oxygen and administration of oxygen	covered	covered	Covered	Covered
Covered diagnostic laboratory and X-ray services	covered	covered	Covered	Covered
Orthotics				
Musculoskeletal orthotics, such as braces, splints	Covered	Covered	Covered	Covered
Physician Services				
General outpatient/inpatient consultation	Covered	Covered	Covered	Covered
Specialist outpatient/inpatient consultation	Covered	Covered	Covered	Covered
Emergency care	covered	covered	covered	covered
Patient Education				
Patient education classes are covered for the following diagnoses:	covered	covered	Covered	Covered
Prenatal childbirth - for pregnant mothers	covered	covered	covered	covered
Diabetes	covered	covered	covered	covered
Asthma	covered	covered	covered	covered
Radiology				
Electrocardiography	Covered	Covered	covered	covered
Electroencephalography (EEG)	Covered	Covered	Covered	Covered
Echocardiogram	Not Covered	Not Covered	Covered (limit of 1 per annum)	Covered (limit of 1 per annum)
Electromyogram	Not covered	Not covered	Covered	Covered
Endoscopy	Not covered	Not covered	Covered (limit 2 per annum)	Covered (limit 2 per annum)
Antral washout	covered	covered	covered	covered
Aural irrigation	covered	covered	covered	covered
Diagnostic X-rays	covered	covered	covered	covered
Upper Limb	covered	covered	covered	covered
Hand/Wrist	covered	covered	covered	covered
Forearm (Radius/Ulna)	covered	covered	covered	covered
Elbow	covered	covered	covered	covered
Humerus	covered	covered	covered	covered
Shoulder	covered	covered	covered	covered
Clavicle	covered	covered	covered	covered
Lower Limb	covered	covered	covered	covered
Foot/Toe	covered	covered	covered	covered
Ankle	covered	covered	covered	covered
Leg (Tibia/Fibula)	covered	covered	covered	covered
Knee	covered	covered	covered	covered
Femur or Thigh	covered	covered	covered	covered
Hip (Single)	covered	covered	covered	covered
Pelvis (AP)	covered	covered	covered	covered
Pelvis & Hip	covered	covered	covered	covered
Thorax	covered	covered	covered	covered
Chest (PA/AP)	covered	covered	covered	covered

Chest (PA/Lateral)	covered	covered	covered	covered
Chest (Oblique)	covered	covered	covered	covered
Apical/Lordotic	covered	covered	covered	covered
Sternum	covered	covered	covered	covered
Thoracic Inlet	covered	covered	covered	covered
Vertebral Spine	covered	covered	covered	covered
Cervical Spine	covered	covered	covered	covered
Lateral Neck (Soft Tissue)	covered	covered	covered	covered
Thoracic Spine	covered	covered	covered	covered
Thoraco-lumbar Spine	covered	covered	covered	covered
Lumbosacral Spine	covered	covered	covered	covered
Abdomen	covered	covered	covered	covered
Abdomen (Plain)	covered	covered	covered	Covered
Abdomen (Erect/Supine)	covered	covered	covered	Covered
Contrast Studies (Barium meal,Barium swallow and Barium enema)	Not Covered	Not Covered	covered	Covered
Doppler Scan	Not covered	Covered	Covered	Covered
Diagnostic Ultrasound	Covered	Covered	covered	Covered
CT Scan	Life threatening emergencies (Brain scan only)	Life threatening Emergencies	Covered (2 per annum)	Covered (2 per annum)
MRI	Not Covered	Not Covered	Covered (2 per annum)	Covered (2 per annum)
Diagnostic Laboratory Tests	covered	covered	covered	covered
Hematology	covered	covered	covered	covered
Bleeding Time	covered	covered	covered	covered
Blood Group	covered	covered	covered	covered
Clotting time	covered	covered	covered	covered
DIFF	covered	covered	covered	covered
ESR	covered	covered	covered	covered
FBC & ESR	covered	covered	covered	covered
Full Blood Count (FBC)	covered	covered	covered	covered
HB Genotype	covered	covered	covered	covered
Hemoglobin	covered	covered	covered	covered
L. E Cells	covered	covered	covered	covered
Malaria	covered	covered	covered	covered
Microfilaria	covered	covered	covered	covered
PCV	covered	covered	covered	covered
Platelets	covered	covered	covered	covered
Prothrombin time	covered	covered	covered	covered
RBC	covered	covered	covered	covered
Reticulocyte count	covered	covered	covered	covered
WBC	covered	covered	covered	covered
Serology	covered	covered	covered	covered
ASO Titer	covered	covered	covered	covered
Blood Grouping	covered	covered	covered	covered
Coombs test	covered	covered	covered	covered
Heaf test	covered	covered	covered	covered
Hepatitis Antigen	covered	covered	covered	covered
HIV Screening/ confirmatory	covered	covered	covered	covered
Pregnancy (blood)	covered	covered	covered	covered
Pregnancy (urine)	covered	covered	covered	covered
Rheumatoid factor	covered	covered	covered	covered
VDRL	covered	covered	covered	covered
Widal test	covered	covered	covered	covered
Blood Chemistry	covered	covered	covered	covered
Glucose	covered	covered	covered	covered
Calcium	covered	covered	covered	covered
Phosphorus	covered	covered	covered	covered
Urea	covered	covered	covered	covered
Creatinine	covered	covered	covered	covered
Uric acid	covered	covered	covered	covered
Albumin	covered	covered	covered	covered

Cholesterol	covered	covered	covered	covered
Triglyceride	covered	covered	covered	covered
HDL	covered	covered	covered	covered
LDL	covered	covered	covered	covered
SGOT	covered	covered	covered	covered
SGPT	covered	covered	covered	covered
Alkaline Phosphate	covered	covered	covered	covered
Bilirubin	covered	covered	covered	covered
Sodium	covered	covered	covered	covered
Potassium	covered	covered	covered	covered
Bicarbonate	covered	covered	covered	covered
Chloride	covered	covered	covered	covered
Urine Chemistry	covered	covered	covered	covered
Urinalysis	covered	covered	covered	covered
Creatinine Clearance	covered	covered	covered	covered
Microbiology	covered	covered	covered	covered
Urine Microscopy, Culture & Sensitivity	covered	covered	covered	covered
Stool Microscopy	covered	covered	covered	covered
Stool Microscopy, Culture & Sensitivity	covered	covered	covered	covered
Stool Occult Blood	covered	covered	covered	covered
Swab Microscopy, Culture & Sensitivity	covered	covered	covered	covered
Sputum Microscopy, Culture & Sensitivity	covered	covered	covered	covered
Sputum ZN stain	covered	covered	covered	covered
Semen Analysis	covered	covered	covered	covered
Semen Microscopy, Culture & Sensitivity	covered	covered	covered	covered
Hormone Assays	covered	covered	covered	covered
Thyroid Function Test	Not covered	Covered	Covered	Covered
Tympanometry	covered	Covered	Covered	Covered
Pure Tone Audiometry	covered	Covered	Covered	Covered
Hearing Aid	Not covered	Not covered	Not covered	Not covered
Prescription Drugs	Covered	Covered	covered	covered
Prescription Drugs for Chronic conditions (Hypertension, Diabetes, Glaucoma, Asthma, Arthritis only) (6 months waiting period applies)				
Surgical Services	Limit of N 250,000.00	Limit of N 350,000.00	Limit of N 1,000,000.00	Limit of N 1,200,000.00
Surgical supplies normally required for covered surgical procedures	Covered	Covered	covered	covered
Anesthesia normally required for covered surgical procedures	Covered	Covered	covered	covered
Administration of blood and blood plasma	Covered	Covered	covered	covered
Second and Third Surgical Opinion	2nd Surgical Opinion only	Covered	covered	covered
Inpatient or Outpatient minor, intermediate or major surgeries viz.: (Subject to overall limits at designated hospitals)				
Surgical drainage of simple abscesses	covered	covered	covered	covered
Surgical drainage of breast abscesses	covered	covered	covered	covered
Surgical drainage of galactoceles	covered	covered	covered	covered
Subperiosteal drainage for acute osteomyelitis	covered	covered	covered	covered
Drainage for septic arthritis	covered	covered	covered	covered
Intercostal drainage insertion	covered	covered	covered	covered
Exstectomy	covered	covered	covered	covered
Aspiration of joints	covered	covered	covered	covered
Debridement of wounds	covered	covered	covered	covered
Surgical repair of simple wounds	covered	covered	covered	covered
Biopsy of breast lump	covered	covered	covered	covered
Biopsy of tumor on abdominal wall	covered	covered	covered	covered
Biopsy of bone tumor	covered	covered	covered	covered
Excision of tumor on abdominal wall	covered	covered	covered	covered
Tracheotomy	covered	covered	covered	covered
Thoracotomy	covered	covered	covered	covered
Evacuation of impacted feces	covered	covered	covered	covered
Closed reduction of fractures	covered	covered	covered	covered
Closed reduction and immobilization of joint dislocations	covered	covered	covered	covered

Ganglionectomy	covered	covered	covered	covered
Temporary diversion of urine	covered	covered	covered	covered
Circumcision	covered	covered	covered	covered
Electro fulguration of condylomata acuminata	covered	covered	covered	covered
Suprapubic cystostomy	covered	covered	Covered	Covered
Venous obstruction – saphenous by pass	covered	covered	covered	covered
Injection sclerotherapy of varicose veins	covered	covered	covered	covered
Excision-biopsy of breast mass	covered	covered	covered	covered
Biopsy of thyroid gland	covered	covered	covered	covered
Oophorectomy	covered	covered	covered	covered
Surgical drainage of hematoma of rectus abdominus	covered	covered	covered	covered
Laparotomy	covered	covered	covered	covered
Laparotomy and biopsy of diseased viscera in abdominal cavity	covered	covered	covered	covered
Repair of colostomy	covered	covered	covered	covered
Anal sphincteroplasty	covered	covered	covered	covered
Value Added Services	covered	covered	covered	covered
Milligan's procedure	covered	covered	covered	covered
Surgical drainage of anal abscess	covered	Covered	covered	covered
Polypectomy	covered	Covered	covered	covered
Inguinal herniorraphy	covered	Covered	covered	covered
Femoral herniorraphy	Covered	Covered	covered	covered
Ventral herniorraphy	Covered	Covered	covered	covered
Sequesrectomy	Covered	Covered	covered	covered
Saucerization of chronically infected bone	Covered	Covered	covered	covered
Surgical excision of soft tissue tumor	Covered	Covered	covered	covered
Excision-biopsy of soft tissue tumors	Covered	Covered	covered	covered
Drainage of paronychia	Covered	Covered	covered	covered
Surgical drainage of hand abscess	Covered	Covered	covered	covered
Orchidopexy	Covered	Covered	covered	covered
Hydroceletomy	Covered	Covered	covered	covered
Excision of intrascrotal mass	Covered	Covered	covered	covered
Surgery for torsion of spermatic cord	Covered	Covered	covered	covered
Varicocelectomy	Covered	Covered	covered	covered
Theirsch's procedure	Covered	Covered	covered	covered
Lord's procedure	Covered	Covered	covered	covered
Epigastric herniorraphy	Covered	Covered	covered	covered
Dissection of femoral triangle	Covered	Covered	covered	covered
Dissection of inguinal nodes	Covered	Covered	covered	covered
Cancer Treatment				
Cancer care (Medical + Surgical + Chemotherapy + Radiotherapy, Subject to overall surgical limits)	Covered	Covered	Covered	Covered
Urgent Care/Emergency Care	Covered	Covered	covered	covered
Other Benefits				
Life and Permanent disability benefit (dependants only)	Up to N 30,000	N 50,000	N 80,000	N 100,000
Death/Mortality Benefits (Per family)	up to N 300,000	up to N 300,000	up to N 300,000	up to N 300,000
Complimentary Value Added Services				
Pharmacy Benefit Program - access to high quality drug chronic medication for chronic diseases in partnership with Africa's premier PBM and major pharmaceutical companies (Hypertension, Diabetes, Asthma, etc)	ü	ü	ü	ü
Personal Health Equipments for chronic condition (BP Monitors, Glucometer for Principals only)*	ü	ü	ü	ü
Medical Enquiries	ü	ü	ü	ü
Ambulatory primary care services (HP Quick Care *) Fast track access to Malaria treatment	ü	ü	ü	ü
Health talk, Health Seminars	ü	ü	ü	ü
HP Doctors-at-Work Program	ü	ü	ü	ü
Gym (Principals only)	ü	ü	ü	ü
HP Enrollee Loyalty Discounts (5 - 25% discounts) at partners outlets	ü	ü	ü	ü
25% Discounts on all Clothes & Apparels at ALL Twice as Nice Outlets Nationwide	ü	ü	ü	ü
Discounts on 3rd Party & Comprehensive Vehicle insurance (powered by NSIA Insurance Nigeria)	ü	ü	ü	ü
Selected Discount on purchases at all Hubmart Stores outlets	ü	ü	ü	ü

Additional Benefits on request***				
BUPA International health plan	ü	ü	ü	ü
International medical Evacuation & Repatriation	ü	ü	ü	ü
International Health cover (US, UK, SA, Europe, Asia)	ü	ü	ü	ü
Travel Health Insurance Cover	ü	ü	ü	ü
Overseas medical treatment for conditions that cannot be treated in Nigeria	ü	ü	ü	ü
* Subject to terms and conditions				
Exclusions**				
Re-Circumcision				
Complex Surgeries (Transplant surgeries, Advanced interventional cardiology, cardio-thoracic surgeries, neuro surgeries)				
Hepatitis B & C Antibodies, Hepatitis Viral load and HIV CD4 count & Viral load				
Experimental treatments, Herbal drugs/supplements, Nutritional Supplements, Clomid, Anti- TB drugs, Anti-retroviral drugs, Anti- psychotics/Anti-depressants, chemotherapy drugs, Hepatitis B/C drug treatment, Systemic Lupus Erythematosus, Amyloidosis, Intra-articular steroid, drug treatment for infertility				
Physical, Neurocognitive and Speech Therapy				
Cosmetic/Plastic Surgeries				
Management of chronic Renal disease including kidney transplant				
** All Benefits not expressly stated in this schedule are not covered. Benefits on the exclusions list and benefits not covered can be managed on Third Party Administration (TPA) Basis				