



**CLASSIC PLUS PLAN**

<b>PREMIUM</b>	\$ 3,605.00
<b>Reimbursable option</b> (Terms and Conditions Apply)	<b>Global</b>
<b>Behavioural Health services / Psychiatry/ Mental Health</b>	
Outpatient care of behavioral psychiatric disorders.	Covered
Family Counseling - Counseling with family members to aid diagnosis and treatment	Covered
<b>Dental Care</b>	Overall Annual Limit N100,000.00
Simple extraction	Covered
Surgical extraction (2 Teeth Max Once a year)	Covered
Amalgam filling	Covered
Composite filling	Covered
Dental X-rays	Covered
Dental Crown	Covered
Scaling and polishing	Covered
Pain therapy	Covered
Root Canal Therapy	Covered
Orthodontic Procedures (Consultation, Implants, Dentures, Braces)	Covered
<b>Ophthalmic Services</b>	Overall annual limit of N100,000.00
Primary eye care (see below breakdown of primary and secondary investigations)	Covered
Secondary Ophthalmic Investigations /or Surgery (Principal only not transferable)	Covered Max N100,000.00
<b>Optical:</b>	Two years Limit
Provision of lenses viz.: unifocal, bifocal, varifocal, contact lens (Once in 2 Years)	covered Plus Frame Max N20,000.00
<b>Dialysis Hospital/Dialysis Center</b>	
Dialysis for acute renal disease.	5 Sessions
Chronic renal disease management (Including Kidney transplant)	Not Covered
<b>Durable Medical Equipment (DME)</b>	
In-hospital use of DME, such as crutches, walkers, oxygen and equipment for the administration of oxygen, standard manual wheelchairs	Covered
<b>Physical Rehabilitation and Therapy</b>	
Physiotherapy	15 Sessions
Electrode	Covered
Ultrasound Therapy	Covered
Shortwave Diathermy	Covered
<b>Emergency Medical Services</b>	
Ambulance transport:	Covered
Roadside/Office to hospital	Covered
Hospital to hospital	Covered
Emergency room stabilization	Covered
Intensive care	Covered up to 10 days
<b>Wellness and Preventive Services</b>	

Annual Physical Examination (Elective)	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)
Annual comprehensive Medical Examination (Elective)	Covered (Principal only)
Cervical Screening	When medically indicated (or as part of Annual Medical)
Prostate Screening	When medically indicated (or as part of Annual Medical)
Mammogram	Only when medically indicated (or as part of Annual Medical)
HP Health talk, Health Seminars, E-Newsletters	Covered (Quarterly)
HP Quick Care (Fast-track screening and treatment of malaria at HP designated centres)	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
Lifestyle and Weight Management*	Covered
Gym services (Terms and conditions apply)	Covered
<b>HIV Treatment</b>	
Treatment via provision of ARVs at Government Designated Centers.	Covered
<b>Hospital Inpatient Services For Covered Services</b>	30 days maximum
Room and board	<b>Private ward</b>
Blood Transfusion	Covered
Special diets	Covered
Services of a dietician	Covered
Skilled nursing	Covered
Private ward (for isolation)	Covered
A bed in a nursery unit	Covered
A bed in an emergency room and observation room/area	Covered
Use of operating, delivery, cast, and treatment rooms and equipment	Covered
Prescribed drugs administered while the Enrollee is an Inpatient.	Covered
Medical and surgical dressings	Covered (limit of 20)
Oxygen and administration of oxygen	Covered
Covered diagnostic laboratory and X-ray services	Covered
<b>Orthotics</b>	
Musculoskeletal orthotics, such as braces, splints	Covered
<b>Physician Services</b>	
General outpatient/inpatient consultation	Covered
Specialist outpatient/inpatient consultation	Covered
Emergency care	covered
<b>Patient Education</b>	
Patient education classes are covered for the following diagnoses:	Covered
Prenatal childbirth - for pregnant mothers	covered
Diabetes	covered
Asthma	covered

Radiology	
Electrocardiography	covered
Electroencephalography (EEG)	Covered
Echocardiogram	Covered (limit of 1 per annum)
Electromyelogram	Covered
Endoscopy	Covered (limit 2 per annum)
Antral washout	covered
Aural irrigation	covered
Diagnostic X-rays	covered
Upper Limb	covered
Hand/Wrist	covered
Forearm (Radius/Ulna)	covered
Elbow	covered
Humerus	covered
Shoulder	covered
Clavicle	covered
Lower Limb	covered
Foot/Toe	covered
Ankle	covered
Leg (Tibia/Fibula)	covered
Knee	covered
Femur or Thigh	covered
Hip (Single)	covered
Pelvis (AP)	covered
Pelvis & Hip	covered
Thorax	covered
Chest (PA/AP)	covered
Chest (PA/Lateral)	covered
Chest (Oblique)	covered
Apical/Lordotic	covered
Sternum	covered
Thoracic Inlet	covered
Vertebral Spine	covered
Cervical Spine	covered
Lateral Neck (Soft Tissue)	covered
Thoracic Spine	covered
Thoraco-lumbar Spine	covered
Lumbosacral Spine	covered
Abdomen	covered
Abdomen (Plain)	Covered
Abdomen (Erect/Supine)	Covered
Contrast Studies (Barium meal, Barium swallow and Barium enema)	Covered
Doppler Scan	Covered
Diagnostic Ultrasound	Covered
CT Scan	Covered (2 per annum)
MRI	Covered (2 per annum)
Diagnostic Laboratory Tests	covered
Hematology	covered

Bleeding Time	covered
Blood Group	covered
Clotting time	covered
DIFF	covered
ESR	covered
FBC & ESR	covered
Full Blood Count (FBC)	covered
HB Genotype	covered
Hemoglobin	covered
L. E Cells	covered
Malaria	covered
Microfilaria	covered
PCV	covered
Platelets	covered
Prothrombin time	covered
RBC	covered
Reticulocyte count	covered
WBC	covered
Serology	covered
ASO Titer	covered
Blood Grouping	covered
Coombs test	covered
Heaf test	covered
Hepatitis Antigen	covered
HIV Screening/ confirmatory	covered
Pregnancy (blood)	covered
Pregnancy (urine)	covered
Rheumatoid factor	covered
VDRL	covered
Widal test	covered
Blood Chemistry	covered
Glucose	covered
Calcium	covered
Phosphorus	covered
Urea	covered
Creatinine	covered
Uric acid	covered
Albumin	covered
Cholesterol	covered
Triglyceride	covered
HDL	covered
LDL	covered
SGOT	covered
SGPT	covered
Alkaline Phosphate	covered
Bilirubin	covered
Sodium	covered
Potassium	covered
Bicarbonate	covered
Chloride	covered
Urine Chemistry	covered
Urinalysis	covered

Creatinine Clearance	covered
Microbiology	covered
Urine Microscopy, Culture & Sensitivity	covered
Stool Microscopy	covered
Stool Microscopy, Culture & Sensitivity	covered
Stool Occult Blood	covered
Swab Microscopy, Culture & Sensitivity	covered
Sputum Microscopy, Culture & Sensitivity	covered
Sputum ZN stain	covered
Semen Analysis	covered
Semen Microscopy, Culture & Sensitivity	covered
Hormone Assays	covered
Thyroid Function Test	Covered
Tympanometry	Covered
Pure Tone Audiometry	Covered
Hearing Aid	Not covered
<b>Prescription Drugs</b>	covered
<b>Prescription Drugs for Chronic conditions (Hypertension, Diabetes, Glaucoma, Asthma, Arthritis only)</b>	
<b>Surgical Services</b>	<b>Limit of N 750,000.00</b>
Surgical supplies normally required for covered surgical procedures	covered
Anesthesia normally required for covered surgical procedures	covered
Administration of blood and blood plasma	covered
Second and Third Surgical Opinion	covered
<b>Inpatient or Outpatient minor, intermediate or major surgeries viz.: (Subject to overall limits at designated hospitals)</b>	
Surgical drainage of simple abscesses	covered
Surgical drainage of breast abscesses	covered
Surgical drainage of galactocele	covered
Subperiosteal drainage for acute osteomyelitis	covered
Drainage for septic arthritis	covered
Intercostal drainage insertion	covered
Exostectomy	covered
Aspiration of joints	covered
Debridement of wounds	covered
Surgical repair of simple wounds	covered
Biopsy of breast lump	covered
Biopsy of tumor on abdominal wall	covered
Biopsy of bone tumor	covered
Excision of tumor on abdominal wall	covered
Tracheotomy	covered
Thoracotomy	covered
Evacuation of impacted feces	covered
Closed reduction of fractures	covered
Closed reduction and immobilization of joint dislocations	covered
Ganglionectomy	covered
Temporary diversion of urine	covered
Circumcision	covered
Electro fulguration of condylomata acuminata	covered
Suprapubic cystostomy	Covered
Venous obstruction – saphenous by pass	covered

Injection sclerotherapy of varicose veins	covered
Excision-biopsy of breast mass	covered
Biopsy of thyroid gland	covered
Oophorectomy	covered
Surgical drainage of hematoma of rectus abdominus	covered
Laparotomy	covered
Laparotomy and biopsy of diseased viscera in abdominal cavity	covered
Repair of colostomy	covered
Anal sphincteroplasty	covered
Value Added Services	covered
Milligan's procedure	covered
Surgical drainage of anal abscess	covered
Polypectomy	covered
Inguinal herniorraphy	covered
Femoral herniorraphy	covered
Ventral herniorraphy	covered
Sequesrectomy	covered
Saucerization of chronically infected bone	covered
Surgical excision of soft tissue tumor	covered
Excision-biopsy of soft tissue tumors	covered
Drainage of paronychia	covered
Surgical drainage of hand abscess	covered
Orchidopexy	covered
Hydroceletomy	covered
Excision of intrascrotal mass	covered
Surgery for torsion of spermatic cord	covered
Varicocelectomy	covered
Theirsch's procedure	covered
Lord's procedure	covered
Epigastric herniorraphy	covered
Dissection of femoral triangle	covered
Dissection of inguinal nodes	covered
<b>Cancer Treatment</b>	
Cancer care (Medical + Surgical + Chemotherapy + Radiotherapy, Subject to overall surgical limits)	Covered
<b>Urgent Care/Emergency Care</b>	covered

\* Subject to terms and conditions

<b>Exclusions**</b>
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/suppliments, Nutritional Suppliments, Clomid, Anti- TB drugs, Anti-retroviral drugs, Anti- psychotics/Anti-depressants, chemotherapy drugs, Hepatitis B/C drug treatment, Systemic Lupus Erythematosis, 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**