



**CLASSIC PLAN**

<b>PREMIUM</b>	
<b>Individual Premium.</b>	<b>775,000.00</b>
<b>Obstetrics &amp; Gynaecology / Maternity Services</b>	
<b>Monthly Visitation</b>	
Doctor's monthly visitation	Covered
<b>Dental Care</b>	<b>Overall Annual Limit N80,000.00</b>
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>	<b>Overall annual limit of N50,000.00</b>
Primary eye care (see below breakdown of primary and secondary investigations)	Covered
Secondary Ophthalmic Investigations /or Surgery (Principal only not transferable)	Covered (Up to a surgical Limit)
Optical:	Two years Limit
Provision of lenses viz.: unifocal, bifocal, varifocal, contact lens (Once in 2 Years)	covered Plus Frame Max N30,000.00
<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	10 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	Up to NGN 500,000.00 Limit or 2 weeks(Whichever comes first)
<b>Wellness and Preventive Services</b>	
Annual comprehensive Medical Examination (Elective)(Principal and Spouse only at designated centers)	Covered
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>	10 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
Diabetes	covered
Asthma	covered
Advanced and Complex Investigation(e.g) Echocardiogram,CT Scan,MRI etc. Up to a Limit of 100,000.00	covered
Diagnostic Laboratory Tests(Hematology,Clinical Chemistry,Micro Biology, Serology,Histo patology)	covered
<b>Prescription Drugs</b>	covered
<b>Prescription Drugs for Chronic conditions</b> (Hypertension, Diabetes, Glaucoma, Asthma, Arthritis only)	Covered
<b>Surgical Services</b>	<b>Limit of N 500,000.00</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>	Covered
<b>Cancer Treatment</b>	
Cancer care (Medical + Surgical + Chemotherapy + Radiotherapy, Subject to overall surgical limits)	Covered
<b>Urgent Care/Emergency Care</b>	covered
<b>Other Benefits</b>	
<b>Complimentary Value Added Services</b>	
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)	✓
Medical Enquiries	✓

Ambulatory primary care services ( HP Quick Care <sup>®</sup> ) Fast track access to Malaria treatment	✓
<b>Additional Benefits on request***</b>	
BUPA International health plan	✓
International medical Evacuation & Repatriation	✓
International Health cover (US, UK, SA, Europe, Asia)	✓
Overseas medical treatment for conditions that cannot be treated in Nigeria	✓

\* Subject to terms and conditions

<b>Exclusions**</b>
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

\*\*\*All Highlighted Benefits are not covered in first 12 months.