

# Sapphire SME Plans



**A. CONDITIONS This quote is for an estimated population of 5-20 Lives. BENEFIT SCHEDULE”**

Plans	Sapphire Starter	Sapphire Starter Premium
Individual Premium/Annum (N)1	N73,014	N260,682
Region of Cover	Local	Local
Hospital Category	C-D	B-D2
Inpatient Limit (N)	450,000	500,000
Accidents & Emergencies: Resuscitative or lifesaving initial treatment	N200,000	N250,000
Accommodation (including feeding)	General Ward (15 Days/Annum)	Semi Private Ward (20 Days/Annum)
Inpatient medication	√ (Up to Inpatient Limit)	√ (Up to Inpatient Limit)
Surgeries <sup>3</sup>	N200,000	N250,000
Outpatient Limit (N)		
<b>Consultations</b>		
Hospital based consultations with General practice doctors and medical officers	√ (Up to Outpatient Limit)	√ (Up to Outpatient Limit)
Hospital based Consultations with specialists	√ (Up to 12 visits/Annum)	√ (Up to 12 visits/Annum)
<b>Medications</b>		
Chronic Disease Medication	-	N100,000
Outpatient Prescription Medicines	N80,000	
<b>Diagnostics</b>		
Basic Diagnostic Tests <sup>5</sup>	√ (Up to Outpatient Limit)	√ (Up to Outpatient Limit)
<b>Immunizations</b>		
NPI Immunizations for 0-5years	BCG, Measles, DPT, Oral polio, IPV, Vitamin A supplementation, Pentavalent vaccine	BCG, Measles, DPT, Oral polio, IPV, Vitamin A supplementation, Pentavalent vaccine
Additional Immunizations for 0-5 years	Hepatitis B, HIB, Yellow Fever	Hepatitis B, HIB, Chicken Pox, MMR, Pneumococcal, Rotavirus, Yellow Fever
Additional Immunizations for 6yrs and above	Hepatitis B, Yellow Fever	Hepatitis B, Yellow Fever
<b>Ambulance Evacuation Services</b>		
Home/Road Side to Hospital	√ (Hospital to Hospital Only)	√ (4 Times Per Annum)
<b>Other Benefits</b>		
Critical Illness + Death Cover <sup>6</sup>	N100,000	N250,000
Dental Care	Relief of pain, Composite & Amalgam Fillings, Non-surgical extractions, Scaling and Polishing (N15,000 per annum)	Relief of pain, fillings, Non- surgical extractions, preventive care, scaling and polishing, Dental Surgical Extraction (N30,000 per annum)
Mortuary Services (Cleaning, Embalment, Storage, Autopsy)	N50,000	N50,000
Optical care: Eye testing, Treatment of acute eye diseases.	N15,000 Limit	N30,000 Limit
Physiotherapy	N20,000	N30,000

# TELEHEALTH BENEFITS

<b>Annual coverage limit</b>	<b>\$643.50 (₦370,000)</b>
<b>REGION OF COVER</b>	Africa + UAE + Asia + UK + US
Local consultation with General Practitioner or Follow-Up (Including 2nd opinions and diagnosis, prescriptions/ lab test/imaging test reviews)	Capped at 4 consultations per quarter
Foreign consultation with General Practitioner or Follow-Up (Including 2nd opinions and diagnosis, prescriptions/ lab test/imaging test reviews)	Cover up to 50% per visit
Local Specialist Consultations or Follow-Up (Including 2nd opinions and diagnosis)	Capped at 2 consultations per quarter
Foreign Specialist Consultations and Follow-Up (Including 2nd opinions and diagnosis, prescriptions/ lab test/imaging test reviews)	Cover up to 30% per visit
Free Breast Examination (Mammogram) at partner labs	Capped at 1 screening per annum
Free Pap smear (test for cervical cancer in women) at partner labs	Capped at 1 screening per annum
One Free Annual Consultation with a local Gynecologist	Covered
Local consultation with Pediatric Specialist	Capped at 1 consultation per quarter and a follow-up
Foreign consultation with Pediatric Specialist	Cover up to 50% per visit
Psychiatry sessions including medication (local and foreign teleconsultations)	10% discount off each teleconsultation session
Annual Prostate Cancer Screening at partner labs	Covered
Schedule laboratory tests (health screening) & X-Rays at partner labs	Annual coverage of up to \$52.17 (₦30,000)
Advanced investigations (including discounted MRI, CT Scans, PET Scans at partner imaging centers)	Covered up to \$70 (₦40,000) per annum
"Molecular Diagnostics (including discounted COVID-19 Testing at partner labs)"	Out of pocket
Post-procedure care coordination abroad	Not covered
Order Prescription Medicines (pick up at partner pharmacy closest to you/request delivery)	Get 10% discount (Covered up to \$52.17 (₦30,000) per annum
Coordination and matching to care facilities abroad for elective & non-elective procedures (including Visa, Travel & Logistics, clinical liaison, billing and other concierge support)	Not covered
Personalized Access Portal	Covered
Personalized Message a provider feature	Covered
Digital access to electronic medical record (EMR)	Covered
Health education and resource access	Covered
Wellness Benefits (discounts apply when you visit any of our partner wellness facilities/centers)	10% Discount off teleconsultation sessions

## NOTE:

1. The Premiums computed are inclusive of stamp duty tax.

2. Additional Access to Lagoon Hospitals

3. This benefit includes all surgical costs relating to Day Case Procedures, Minor, Intermediate, Major Surgeries, Endoscopic Procedures (Therapeutic and Diagnostic)

4. This includes X-Rays, Ultrasounds and Laboratory tests (WHO list of essential in-vitro diagnostics)

5. Enrollee is covered for a payment up to the stated limit in the event of critical illness (as a result of cancer, kidney failure, heart attack or stroke) or Death (Natural, Accidental). The actual amount paid is based on the event while eligibility is subject to compliance with the rules of the plan.

## B. EXCLUSIONS:

The following are excluded from all plans: -

1. Overseas treatment and transplant surgery
2. Plastic/cosmetic surgeries
3. Management of Chronic Diseases on the Sapphire Starter Plan including but not limited to consultation, prescription drugs and laboratory tests
4. Advanced and complex investigations including but not limited to CT Scan, MRI Scan and Echocardiography
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. Maternity services including but not limited to antenatal care, delivery services, postnatal care services
8. Renal Dialysis
9. Treatment of Congenital abnormalities
10. Herbal drugs, non-prescription drugs and experimental drugs and treatment
11. Other laboratory investigations not listed in the schedule of covered services
12. Dental care not listed in the schedule of covered services
13. Optical care not listed in the schedule of covered services including Frames and Lenses
14. Neonatal care services including but not limited to male circumcision, ear piercing, treatment of mild or moderate neonatal sepsis, phototherapy, NICU and SBCU services.
15. Optical Care: Lenses, Frames & Contact, Lenses
16. Other advanced immunizations not specified in the plan benefits.
17. HIV/AIDS Care & Treatment
18. Home care and domiciliary services
19. Intensive care treatment
20. Interstate travel for services not available in State
21. Joint replacements and prosthetic limbs
22. Psychiatric Treatment and illness
23. Comprehensive health screening/well persons' check
24. Pre - School Health examinations
25. Self-inflicted injuries
26. Treatment of obesity
27. All Covid-19 testing and treatment
28. Speech disorders
29. Room upgrades beyond that specified in the plan benefits
30. Management of severe burns (Burns covering more than 10% body surface area)
31. Learning difficulties, behavioral and developmental problems
32. Consultations with unrecognized consultants, hospitals, family doctors, therapists, dental practitioners or complementary medicines practitioners
33. Any other treatment, service, procedure or investigation not listed in the schedule of covered medical services"

## A. TELEHEALTH Notes:

1. Benefits are restricted to outpatient services only. These are any service or treatment that doesn't require hospitalisation. And any appointment at a facility outside the hospital.
2. Free chat access available for medical emergencies and routine medical information.
3. Access loans to purchase medication, pay for your surgical procedures and cater to your well being within 24-48 hours. Pay back monthly at very low interest rates. Apply here <https://diagnostar.com/services/?healthcare-financing-solutions>
4. Health screening includes Physical, BP, HIV, Cholesterol, Blood Sugar, PCV, Urinalysis, aLFT, E/u/Cr, ECG, Pap Smear, Physical Breast Examination, Mammogram, PSA Test.

## B. Wellness Benefits include:

- 1 Mental health sessions,
- 2 Gym Sessions & Fitness Classes/Trainings,
- 3 Yoga Classes & Instructions,
- 4 Nutrition Coaching including Diet Management & Healthy Meal Plans,
- 5 Health & Personal Care Trainings,
- 6 Weight Management Sessions,
- 7 Consultations with Nutritionists & Estheticians,
- 8 Chiropractic Sessions,
- 9 Spa Sessions (including deep tissue, full body massage & exfoliation),
- 10 Addiction Trainings (including Smoke Cessation Training), &
- 11 Alternative Medical Sessions (limited to Naturopathy)

**C. TELEHEALTH EXCLUSIONS: The following are excluded from all plans**

1. Advanced and complex investigations not stated in schedule of covered services
2. Other investigations and treatment for problems relating to infertility e.g. hydrotubation, hysterosalpingogram, I.V.F, G.I.F.T and artificial insemination
3. Virility enhancing drugs
4. Herbal drugs, non-prescription drugs, food supplements and experimental drugs and treatment
5. Other laboratory investigations not listed in the schedule of covered services
6. Dental care
7. Home care and domiciliary services
8. Joint replacements and prosthetic limbs
9. Long term psychiatric illness (Longer than 6 months)
10. Comprehensive health screening/well persons check outside the scope of the benefits covered by the health checks.
11. Pre – School Health examinations
12. Neonatal care and treatment for newborns
13. All Covid-19 Treatment
14. Speech disorders
15. Management of severe burns (Burns covering more than 10% body surface area)
16. Learning difficulties, behavioral and developmental problems
17. Consultations with unrecognized consultants, hospitals, family doctors, therapists, or complementary medicines practitioners
18. Any other treatment, service, procedure or investigation not listed in the schedule of covered medical services
19. Emergency services