

Sapphire Seniors Plan



A. CONDITIONS:This quote is for an estimated population of 5-20 Lives.

B. BENEFIT SCHEDULE

Plans	Sapphire Seniors Simple	Sapphire Seniors Main	Sapphire Seniors Vanilla
Individual Premium(N)/Annum	₦175,200	₦370,000	₦791,200
Individual Premium(N)/Month	₦19,200	₦39,000	₦77,600
Region of Cover	Local	Local	Local
Hospital Category	C-D	B-D	B-D 2
Inpatient Limit (N)	1,000,000	1,600,000	3,350,000
Accidents & Emergencies: Resuscitative or lifesaving initial treatment	₦250,000	₦500,000	₦1,000,000
Accommodation (including feeding)	General Ward (30 Days/Annum)	Semi Private (30 Days/Annum)	Private Ward (30 Days/Annum)"
Inpatient medication	√ (Up to Inpatient Limit)	√ (Up to Inpatient Limit)	√ (Up to Inpatient Limit)
Intensive Care Unit (ICU) & High Dependency Unit(HDU)	-	-	3 Days
Surgeries ³	₦250,000	₦500,000	₦1,000,000
Outpatient Limit(N)	350,000	700,000	1,350,000
Consultations			
Hospital based consultations with General practice doctors and medical officers	√ (Up to Outpatient Limit)	√ (Up to Outpatient Limit)	√ (Up to Outpatient Limit)
Hospital based Consultations with specialists	√ (Up to 12 visits/Annum)	√ (Up to Outpatient Limit)	√ (Up to Outpatient Limit)
Doctor Home Visits ⁴	Covered	Covered	Covered
Medications			
Chronic Disease Medication	₦200,000	₦400,000	₦800,000
Outpatient Prescription Medicines"			
Diagnostics			
Basic Diagnostic Tests ⁵	√ (Up to Outpatient Limit)	√ (Up to Outpatient Limit)	√ (Up to Outpatient Limit)
Advanced & Complex Investigations(limited To 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)
Immunizations			
Adult Immunizations	Hepatitis B, Yellow Fever	Meningitis, Yellow Fever, Hepatitis B	Meningitis, Yellow Fever, Hepatitis B
Ambulance Evacuation Services			
Hospital to Hospital)	Covered	Covered	Covered
(Home to Hospital & Road Side to Hospital)	√ (4 Times Per Annum)	√ (4 Times Per Annum)	√ (4 Times Per Annum)
Other Benefits			
Cancer Care	₦150,000	₦500,000	₦1,000,000
Death and Funeral Expenses ⁶	-	₦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
Health Checks ⁷	Limited to: Basic (Physical, BP, Urinalysis), 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, ECG, PCV, Lipid Profile And Pap's Smear, Prostate Specific, Liver function Test, Antigen, Mammography	Limited to: Basic (Physical, BP, Urinalysis), Blood Sugar, PCV, Lipid Profile, ECG, Pap's Smear, Prostate Specific Antigen, Mammography, Liver function Test
Kidney Dialysis	-	-	Covered - 3 Sessions
Optical Care ⁸	₦30,000	₦50,000	₦80,000
	Lenses, Frames & Contact Lenses ₦20,000/Annum	Lenses, Frames & Contact Lenses ₦30,000/Annum	Lenses, Frames & Contact Lenses ₦40,000/Annum
Physiotherapy	₦30,000	₦30,000	₦60,000

TELEHEALTH BENEFITS

Annual coverage limit	\$243.50 (₦140,000)
REGION OF COVER	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 2 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 20% per visit
Local Specialist Consultations or Follow-Up (Including 2nd opinions and diagnosis)	Capped at 1 consultations per quarter
Foreign Specialist Consultations and Follow-Up (Including 2nd opinions and diagnosis, prescriptions/ lab test/imaging test reviews)	Cover up to 10% 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 20% per visit
Psychiatry sessions including medication (local and foreign teleconsultations)	5% discount off each teleconsultation session
Annual Postrate Cancer Screening at partner labs	Covered
Schedule laboratory tests (health screening) & X-Rays at partner labs	Annual coverage of up to \$26 (₦15,000)
Advanced investigations (including discounted MRI, CT Scans, PET Scans at partner imaging centers)	Covered up to \$35 (₦20,000) per annum
“Molecular Diagnostics (including discounted COVID-19 Testing at partner labs)”	Out of pocket
Post-procedure care cordination abroad	Not covered
Order Prescription Medicines (pick up at partner pharmacy closest to you/request delivery)	Get 10% discount (Covered up to \$17.39 (₦10,000) 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). Wellness Benefits include: Mental health sessions, Gym Sessions & Fitness Classes/Trainings, Yoga Classes & Instructions, Nutrition Coaching including Diet Management & Healthy Meal Plans, Health & Personal Care Trainings, Weight Management Sessions, Consultations with Nutritionists & Estheticians, Chiropractic Sessions, Spa Sessions (including deep tissue, full body massage & exfoliation), Addiction Trainings (including Smoke Cessation Training), & Alternative Medical Sessions (limited to Naturopathy)”	5% Discount off teleconsultation sessions

HEALTH INSURANCE NOTES A:	HEALTH INSURANCE NOTES B:	HEALTH INSURANCE EXCLUSIONS	TELEHEALTH NOTES	TELEHEALTH EXCLUSIONS: The following are excluded from all plans
<ol style="list-style-type: none"> The Premiums computed are inclusive of stamp duty tax. Additional Access to Lagoon Hospitals This benefit includes all surgical costs relating to day case procedures, Minor, Intermediate ,Major Surgeries, Endoscopic Procedures (Therapeutic and Diagnostic) This includes X-Rays, Ultrasounds and Laboratory tests (WHO list of essential in-vitro diagnostics) 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. Health checks can only be done at any of our designated hospitals/diagnostic centers. Health checks are otherwise non-refundable Ophthalmic Services includes Eye testing, Treatment of acute and chronic eye diseases 	<ol style="list-style-type: none"> Only persons between the ages of 51-85 years are eligible on this plan. There will be a waiting period of 2 weeks after registration. Plans purchased becomes active 2 weeks after purchase date. 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. The following benefits will not be covered or provided in the first 2 months of the commencement of the scheme: Chronic Disease Medication The following benefits will not be covered or provided in the first 3 months of the commencement of the scheme: Optical Care, Dental Care. The following benefits will not be covered or provided in the first 6 months of the commencement of the scheme: Death and Funeral Expenses. 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. 	<p>The following are excluded from all plans: -</p> <ol style="list-style-type: none"> Overseas treatment and transplant surgery All maternity, neonatal and family planning services Plastic/cosmetic surgeries Advanced and complex investigations not stated in schedule of covered services Investigations and treatment for problems relating to infertility e.g. hydrotubation, hysterosalpingogram, I.V.F, G.I.F.T and artificial insemination Virility enhancing drugs HIV/AIDS Care & Treatment Herbal drugs, non-prescription drugs, and experimental drugs and treatment Other laboratory investigations not listed in the schedule of covered services Dental care not listed in the schedule of covered services Home care and domiciliary services Joint replacements and prosthetic limbs Psychiatric Illness and Treatment Immunizations not listed in covered services Interstate referral services Comprehensive health screening/well persons check outside the scope of the benefits covered by the health checks. Self-inflicted injuries Treatment of obesity Covid-19 testing and treatment Speech disorders Room upgrades beyond that specified in the plan benefits Management of severe burns (Burns 	<ol style="list-style-type: none"> Benefits are restricted to outpatient services only. These are any service or treatment that doesn't require hospitalization. And any appointment at a facility outside the hospital. Free chat access available for medical emergencies and routine medical information. 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 **Health screening includes Physical, BP, HIV, Cholesterol, Blood Sugar, PCV, Urinalysis, aLFT, E/u/Cr, ECG, Pap Smear, Physical Breast Examination, Mammogram, PSA Test. Local consultation with a General Practitioner or Follow-Up covered at only 1 consultation per month Laboratory tests cover only basic lab tests Local specialist consultation is only accessible after the first quarter Free breast exam, pap smear and prostate cancer screenings are only accessible after 12 months Free Annual Consultation with a local Gynecologist is only accessible after the second quarter Covered prescription medication only covers malaria and typhoid medication. 	<ol style="list-style-type: none"> Advanced and complex investigations not stated in schedule of covered services Other investigations and treatment for problems relating to infertility e.g. hydrotubation, hysterosalpingogram, I.V.F, G.I.F.T and artificial insemination Virility enhancing drugs Herbal drugs, non-prescription drugs, food supplements and experimental drugs and treatment Other laboratory investigations not listed in the schedule of covered services Dental care Home care and domiciliary services Joint replacements and prosthetic limbs Long term psychiatric illness (Longer than 6 months) Comprehensive health screening/well persons check outside the scope of the benefits covered by the health checks. Pre – School Health examinations Neonatal care and treatment for newborns All Covid-19 Treatment Speech disorders Management of severe burns (Burns covering more than 10% body surface area) Learning difficulties, behavioral and developmental problems Consultations with unrecognized consultants, hospitals, family doctors, therapists, or complementary medicines practitioners Any other treatment, service, procedure or investigation not listed in the schedule of covered medical services. Emergency services

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		<p>covering more than 10% body surface area)</p> <p>23. Learning difficulties, behavioral and developmental problems</p> <p>24. Consultations with unrecognized consultants, hospitals, family doctors, therapists, dental practitioners or complementary medicines practitioners</p> <p>25. Any other treatment, service, procedure or investigation not listed in the schedule of covered medical services</p>		