

Sapphire SME Plans



A. CONDITIONS

Plans	Sapphire Business Executive	Sapphire Business VIP
Individual Premium/Annum (₦)1	₦55,000	₦242,700
Region of Cover	Local	Local
Hospital Category	C-D	B-D2
Inpatient Limit (₦)	450,000	500,000
Accidents & Emergencies: Resuscitative or lifesaving initial treatment	₦200,000	₦250,000
Accommodation (including feeding)	General Ward (15 Days/Annum)	Semi Private Ward (20 Days/Annum)
Inpatient medication	√ (Up to Inpatient Limit)	√ (Up to Inpatient Limit)
Surgeries3	₦200,000	₦250,000
Outpatient Limit (₦)	₦170,000	₦200,000
Consultations		
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)
Medications		
Chronic Disease Medication	-	₦100,000
Outpatient Prescription Medicines	₦80,000	
Diagnostics		
Basic Diagnostic Tests5	√ (Up to Outpatient Limit)	√ (Up to Outpatient Limit)
Immunizations		
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
Ambulance Evacuation Services		
Home/Road Side to Hospital	√ (Hospital to Hospital Only)	√ (4 Times Per Annum)
Other Benefits		
Critical Illness + Death Cover6	₦100,000	₦250,000
Dental Care	Relief of pain, Composite & Amalgam Fillings, Non-surgical extractions, Scaling and Polishing (₦15,000 per annum)	Relief of pain, fillings, Non- surgical extractions, preventive care, scaling and polishing, Dental Surgical Extraction (₦30,000 per annum)
Mortuary Services (Cleaning, Embalment, Storage, Autopsy)	₦50,000	₦50,000
Optical care: Eye testing, Treatment of acute eye diseases.	₦15,000 Limit	₦30,000 Limit
Physiotherapy	₦20,000	₦30,000

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 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." 	<ol style="list-style-type: none"> Only persons below the age of 60 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 year of the commencement of the scheme: Surgeries and Critical Illness + Death Cover. 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. The following benefits will not be covered or provided in the first 3 months of the commencement of the scheme: Optical Care, Dental Care and Chronic Disease Medication. 	<p>The following are excluded from all plans: -</p> <ol style="list-style-type: none"> Overseas treatment and transplant surgery Plastic/cosmetic surgeries Management of Chronic Diseases on the Sapphire Starter Plan including but not limited to consultation, prescription drugs and laboratory tests Advanced and complex investigations including but not limited to CT Scan, MRI Scan and Echocardiography 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 Maternity services including but not limited to antenatal care, delivery services, postnatal care services Renal Dialysis Treatment of Congenital abnormalities 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 Optical care not listed in the schedule of covered services including Frames and Lenses Neonatal care services including but not limited to male circumcision, ear piercing, treatment of mild or moderate neonatal sepsis, phototherapy, NICU and SBCU services. Optical Care: Lenses, Frames & Contact, Lenses Other advanced immunizations not specified in the plan benefits. 	<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

HEALTH INSURANCE NOTES A:	HEALTH INSURANCE NOTES B:	HEALTH INSURANCE EXCLUSIONS	TELEHEALTH NOTES	TELEHEALTH EXCLUSIONS: The following are excluded from all plans
		<ul style="list-style-type: none"> 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 		