

# Sapphire Individual Health Plans + Benefits



# SAPPHIRE INDIVIDUAL HEALTH PLANS + BENEFITS

Plan	Sapphire Smooth Plan	Sapphire Midi Plan	Sapphire Super Plan
Individual Premium/Annum (₦)	₦57,800	₦149,000	₦377,500
Individual Premium/Month (₦)	₦6,200	₦16,000	₦41,000
Family Premium/Annum (₦)	₦191,300	₦523,500	-
Family Premium/Month (₦)	₦21,500	₦60,200	-
Region of Cover	Local	Local	Local
Hospital Category	C-D	B-D	B-D2
Inpatient Limit (₦)	₦350,000	₦500,000	₦600,000
Accidents & Emergencies: Resuscitative or lifesaving initial treatment	₦150,000	₦200,000	₦250,000
Accommodation (including feeding)	General Ward (15 Days/Annum)	General Ward (15 Days/Annum)	Semi Private Ward (20 Days/Annum)
Inpatient medication	₦ (Up to Inpatient Limit)	₦ (Up to Inpatient Limit)	√(Up to Inpatient Limit)
Surgeries <sup>2</sup>	₦ 150,000		
Surgeries <sup>3</sup>		₦200,000	₦250,000
Outpatient Limit(₦)	₦100,000	₦200,000	₦250,000
Consultations			
Hospital based consultations and follow up with General practice doctors and medical officers	√(Up to Outpatient Limit)	√(Up to Outpatient Limit)	√(Up to Outpatient Limit)
Hospital based Consultations and follow up with specialists	√(Up to 12 visits/Annum)	√ (Up to 12 visits/Annum)	√ (Up to 12 visits/Annum)
Telemedicine <sup>3</sup>	Unlimited 24/7		
Telemedicine <sup>4</sup>		Unlimited 24/7	Unlimited 24/7
Medications			
Chronic Disease Medication/Outpatient Prescription Medicines	₦ 50,000	₦ 85,000	₦100,000
Diagnostics			
Basic Diagnostic Tests <sup>4</sup>	√ (Up to Outpatient Limit)		

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Basic Diagnostic Tests <sup>5</sup>		√ (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	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	Hepatitis B, Hib, Chicken Pox, MMR, Pneumococcal, Rotavirus, Yellow Fever
Additional Immunizations for 6yrs and above	Hepatitis B, Yellow Fever	Hepatitis B, Yellow Fever	Hepatitis B, Yellow Fever
Advanced & Complex Investigations(Limited To CT Scan and MRI Scan)		Once per annum	Twice per annum
Maternity and Neo-natal Services			
Antenatal Care + Normal Delivery+ Postnatal Care (6 Weeks) + Neonatal Care Services (Male circumcision, Ear piercing)		₦100,000	₦150,000
Ambulance Evacuation Services			
Hospital to Hospital	Covered	Covered	Covered
Home/Road Side to Hospital		√(4 Times Per Annum)	√(4 Times Per Annum)
Other Benefits			
Critical Illness + Death Cover <sup>5</sup>	₦100,000		
Critical Illness + Death Cover <sup>6</sup>		₦250,000	₦400,000
Dental Care	Relief of pain, Composite & Amalgam Fillings, Non-surgical extractions, Scaling and Polishing ( 10,000 per annum)	Relief of pain, fillings, Non- surgical extractions, preventive care, scaling and polishing, Dental Surgical Extraction (₦20,000 per annum)	Relief of pain, fillings, Non- surgical extractions, preventive care, scaling and polishing, Dental Surgical Extraction (₦40,000 per annum)
Family Planning Services		IUCDs,Pills & Injectibles	IUCDs,Pills & Injectibles
Ear, Nose and Throat care (Treatment of Acute Diseases Only)	₦10,000		
Mortuary Services (Cleaning, Embalmmnt, Storage, Autopsy)	₦50,000	₦50,000	₦50,000
Optical care: Eye testing, Treatment of acute eye diseases	₦10,000	₦20,000	₦40,000
Physiotherapy	₦ 20,000	₦20,000	₦40,000

# PERSONALIZED TELEHEALTH & EXTRA CARE BUNDLE

<b>Annual coverage limit</b>	<b>\$243.50 (₦140,000)</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 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 Prostate 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 coordination 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

√ indicates services which are covered: – indicates services not covered under the specific plan

x indicates services not covered under the specific plan

\*Access to Category B Hospitals, Lagoon Hospital, and Reddington Hospital

\*\*The visits cannot be cumulated over a period of time

\*\*\*Applies to HyPrime Plus enrollees in Lagos only

S/N	HEALTH INSURANCE EXCLUSIONS: The following are excluded from the plan:	HEALTH INSURANCE NOTES	TELEHEALTH NOTES	TELEHEALTH EXCLUSIONS: The following are excluded from all plans
1	Overseas treatment and transplant surgery	Maximum principal age limit is 60 years and Dependant age limit is 18 years.	1. 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.	Advanced and complex investigations not stated in schedule of covered services
2	Management of Chronic Diseases including but not limited to consultation, prescription drugs and laboratory tests	Family means Principal, Spouse and 2 Dependants.	2. Free chat access available for medical emergencies and routine medical information.	Other investigations and treatment for problems relating to infertility e.g. hydrotubation, hysterosalpingogram, I.V.F, G.I.F.T and artificial insemination
3	Advanced and complex investigations including but not limited to CT Scan, MRI Scan and Echocardiograph	There will be a waiting period of 2 weeks after registration. Plans purchased becomes active 2 weeks after purchase date.	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 <a href="https://diagnostar.com/services/?healthcare-financing-solutions">https://diagnostar.com/services/?healthcare-financing-solutions</a>	Virility enhancing drugs
4	Maternity services including but not limited to antenatal care, delivery services, postnatal care services	All benefits are subject to their respective sectional limits which is described as: <i>Inpatient Limit and Outpatient Limit</i> . 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.	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.  5. Local consultation with a General Practitioner or Follow-Up covered at only 1 consultation per month  6. Laboratory tests cover only basic lab tests  7. Local specialist consultation is only accessible after the first quarter	Herbal drugs, non-prescription drugs, food supplements and experimental drugs and treatment
5	Investigations and treatment for problems relating to infertility e.g. hydrotubation, hysterosalpingogram, I.V.F, G.I.F.T and artificial insemination	The following benefits will not be covered or provided in the first year of the commencement of the scheme: <i>Maternity Services, Surgeries, Critical Illness + Death Cover and Psychiatric Care</i> . 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.	8. Free breast exam, pap smear and prostate cancer screenings are only accessible after 12 months  9. Free Annual Consultation with a local Gynecologist is only accessible after the second quarter  10. Covered prescription medication only covers malaria and typhoid medication.	Other laboratory investigations not listed in the schedule of covered services
6	Virility enhancing drugs	The following benefits will not be covered or provided in the first 6 months of the commencement of the scheme: <i>Neonatal Care Services and All Immunisations</i>		Dental care



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7	Herbal drugs, non-prescription drugs and experimental drugs and treatment	The following benefits will not be covered or provided in the first 3 months of the commencement of the scheme: <i>Optical Care, Dental Care and Chronic Disease Medication.</i>		Home care and domiciliary services
8	Other laboratory investigations not listed in the schedule of covered services			Joint replacements and prosthetic limbs
9	Dental care not listed in the schedule of covered services			Long term psychiatric illness (Longer than 6 months)
10	Home care and domiciliary services			Comprehensive health screening/well persons check outside the scope of the benefits covered by the health checks.
11	Intensive care treatment			Pre – School Health examinations
12	Interstate travel for services not available in State			Neonatal care and treatment for newborns
13	Joint replacements and prosthetic limbs			All Covid-19 Treatment
14	Family Planning Services			Speech disorders
15	Renal Dialysis			Management of severe burns (Burns covering more than 10% body surface area)
16	Cancer Care			Learning difficulties, behavioral and developmental problems
17	HIV/AIDS Care & Treatment			Consultations with unrecognized consultants, hospitals, family doctors, therapists, or complementary medicines practitioners
18	Psychiatric Treatment and illness			Any other treatment, service, procedure or investigation not listed in the schedule of covered medical services
19	Comprehensive health screening/well persons' check			Emergency services
20	Pre – School Health examinations			
21	Neonatal care services including but not limited to male circumcision, ear piercing, treatment of mild or moderate neonatal sepsis, phototherapy, NICU and SBCU services.			
22	Self-inflicted injuries			
23	Treatment for newborns not registered on the plan after 6 weeks of birth.			

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25	Treatment of obesity			
26	Covid-19 testing and treatment			
27	Other advanced immunizations not specified in the plan benefits.			
28	Other optical services not listed in covered services including but not limited to treatment of chronic eye diseases, provisions of frames, lenses and contact lenses.			
29	Treatment of speech disorders			
30	Room upgrades beyond that specified in the plan benefits			
31	Management of severe burns (Burns covering more than 10% body surface area)			
32	Learning difficulties, behavioral and developmental problems			
33	Consultations with unrecognized consultants, hospitals, family doctors, therapists, dental practitioners or complementary medicines practitioners			
34	Any other treatment, service, procedure or investigation not listed in the schedule of covered medical services			