



A. CONDITIONS

Plans	Sapphire Boost Lite	Sapphire Boost Midi	Sapphire Boost	Sapphire Deal	Sapphire Lite	Sapphire HyBrid	Sapphire Value	Sapphire Enhanced	Sapphire League
Individual Premium (N)(Annual)	N 48,210	№ 57,350	N 61,350	₩76,200	N 84,500	₩107,450	N 170,150	N 273,100	N 506,600
Family Premium(N)/(Annual)	№ 190,500	N 239,550	№ 259,700	₩338,300	N 379,900	N 496,450	N 816,800	₩1,342,150	₩2,627,750
ndividual Premium (N)(Quarterly)	₩24,500	№ 27,100	₩28,200	₩32,450	N 34,800	N 41,400	N 59,250	N 88,550	N 155,100
Family Premium(N)/(Quarterly)	N 65,050	N 78,780	₩84,770	N 107,200	N 119,000	₩152,250	₩244,000	₩393,900	№ 762,300
Region of Cover	Local	Local	Local	Local	Local	Local	Local	Global	Global
Hospital Category	C-D	C-D	C-D	C-D	C-D	C-D	B-D	B-D + Lagoon Hospitals	A-D
Inpatient Limit (N)	N300,000.00	N 450,000	N 500,000	N 850,000	N 1,400,000.00	N 2,100,000.00	₩2,500,000.00	₩3,500,000.00	N 5,500,000.00
Accidents & Emergencies: (resuscitative or lifesaving initial treatment only)	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Accommodation (including feeding)	General Ward (10Days/Annum)	General Ward (10 Days/Annum)	General Ward (15 Days/Annum)	General Ward (20Days/Annum)	General Ward (30Days/Annum)"	Semi-Private Ward (30Days/Annum)"	Private Ward (30Days/Annum)	Private Ward (30Days/Annum)	Private Ward (30Days/Annum)
Inpatient medication	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Accommodation for Mothers Whose Dependents are on admission (excluding feeding) (Limited to SCBU/NICU Cases only)	-	-	-	-	General Ward 24 Hrs.	General Ward 48 Hrs.	General Ward 48 Hrs.	Semi-Private Ward 48 Hrs.	Semi-Private Ward 48 Hrs.
Intensive Care Unit (ICU) & High Dependency Unit (HDU)	-	-	-	-	24 Hrs.	48Hrs	48Hrs	5 Days	10 Days
Neonatal Care Services (Treatment of mild or moderate neonatal sepsis, Phototherapy, Incubator Care and Special Care Baby Unit) 1	-	-	-	-	№ 150,000	N 150,000	№ 150,000	N 500,000	№ 1,000,000
Surgeries 2	₩80,000	N 100,000	№ 200,000	N 100,000	N 300,000	₩300,000	N 400,000	№1,000,000	₩2,000,000
Outpatient Limit (N)	₩200,000.00	N 250,000.00	N 300,000.00	N 400,000.00	N600,000.00	₩900,000.00	₩1,100,000.00	N 1,500,000.00	N 4,500,000.00
Consultations									
Hospital based consultations with General practice doctors and medical officers	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Hospital based Consultations with specialists	$\sqrt{(12 \text{ visits/Annum})}$	$\sqrt{(12 \text{ visits/Annum})}$	$\sqrt{(12 \text{ visits/Annum})}$	$\sqrt{(12 \text{ visits/Annum})}$	$\sqrt{(12 \text{ visits/Annum})}$	$\sqrt{(12 \text{ visits/Annum})}$	Covered	Covered	Covered
Telemedicine + Psychologist Consultation (Employee Assistance Program) 3	Unlimited 24/7	Unlimited 24/7	Unlimited 24/7	Unlimited 24/7	Unlimited 24/7	Unlimited 24/7	Unlimited 24/7	Unlimited 24/7	Unlimited 24/7
Doctor Home Visits 4	-	-	-	-	-	Covered	Covered	Covered	Covered
Nutritionist Care 4	-	-	-	Covered	Covered	Covered	Covered	Covered	Covered
Medications									
Chronic Disease Medication	N 50,000	N 70,000	N 100,000	N 80,000	N 100,000	N 150,000	Covered	Covered	Covered
Outpatient Prescription Medicines									
Diagnostics									
Basic Diagnostic Tests 5	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Advanced & Complex Investigations (limited To Doppler scan, CT Scan, MRI Scan and echocardiograph)	-	CT/M.R. I Scan Only (Emergency/ once per annum)	CT/M.R. I Scan Only (Emergency/ once per annum)	CT/M.R. I Scan Only (Emergency/once per annum)	CT/M.R. I Scan Only (Emergency/once per annum)	CT/M.R. I Scan Only (Emergency/twice per annum)	CT/M.R. I Scan Only (4 times per annum)	Covered	Covered
Molecular Diagnostics (including Covid-19 Testing) only at Designated Centre 6	-	-	$\sqrt{\text{(Once Per Annum)}}$	$\sqrt{\text{(Once Per Annum)}}$	$\sqrt{\text{(Once Per Annum)}}$	$\sqrt{\text{(Once Per Annum)}}$	√ (Up to 2 Tests Per Annum)	$\sqrt{\text{(Up to 2 Tests per Annum)}}$	$\sqrt{\text{(Up to 2 Tests per Annum)}}$
Infertility Investigation	-	-	-	Fertility Consultations Only	Fertility Consultations Only	Fertility Consultations, Counselling, USS, SFA (N 35,000)	Fertility Consultations, Counselling, USS, SFA (N50,000)	Fertility Consultations, Counselling, USS, SFA, HSG, Hormone Profile (N100,000)	Fertility Consultations Counselling, USS, SFA, HSG,Hormone Profile, Laparoscopy (N150,000)
Maternity and Neo-natal Services									
Antenatal Care + Normal Delivery+ Postnatal Care (6 Weeks)	-	₩70,000	₩80,000	₩150,000	₩150,000	N 150,000	₩300,000	N 450,000	N 1,000,000
Neonatal Care Services (Male circumcision, Earpiercing)	-	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered

Immunizations									
NPI Immunizations for 0-5years	BCG, Measles, DPT, Oral polio, IPV, Vitamin A supplementation, Pentavalent vaccine, Pneumococcal	BCG, Measles, DPT, Oral polio, IPV, Vitamin A supplementation, Pentavalent vaccine, Pneumococcal	BCG, Measles, DPT, Oral polio, IPV, Vitamin A supplementation, Pentavalent vaccine, Pneumococcal						
Additional Immunizations for 0-5 years	Hepatitis B, HiB, Yellow Fever	Hepatitis A, Hepatitis B, Hib, Chicken Pox, MMR, Pneumococcal, Rotavirus, Meningitis, Yellow Fever, Typhoid Fever	Hepatitis A, Hepatitis B, Hib, Chicken Pox, MMR, Pneumococcal, Rotavirus, Meningitis, Yellow Fever, Typhoid Fever	Hepatitis A, Hepatitis B, Hib, Chicken Pox, MMR, Rotavirus, Meningitis, Yellow Fever, Typhoid Fever					
Additional Immunizations for 6yrs and above	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	-	$\sqrt{4}$ Times Per Annum)	$\sqrt{4}$ Times Per Annum)	4 Times Per Annum	Covered	Covered	Covered	Covered	Covered
Other Benefits									
Cancer Care	-	-	-	-	N 150,000	N 300,000	₩300,000	N 1,000,000	₩2,000,000
Critical Illness + Death Cover7	N 50,000	N 100,000	№ 150,000	₩100,000	N 100,000	N 250,000	N400,000	₩500,000	N 1,000,000
Dental Care (Relief of pain, preventive care, fillings, surgical and nonsurgical extractions, scaling and polishing, Root Canal Therapy, Dental Prosthetics)	-	-	(Relief of pain, fillings, nonsurgical extractions, preventive care, scaling and polishing Only) N10,000	(Relief of pain, fillings, nonsurgical extractions, preventive care, scaling and polishing Only) N10,000	N 10,000	N 20,000	N 40,000	N 80,000	N 100,000
ENT Care - Treatment of acute and chronic ear diseases	Covered	Covered	Covered						
ENT Care - ENT Surgeries	Covered up to Surgery Limit	Covered up to Surgery Limit	Covered up to Surgery Limit						
Family Planning Services	IUCD (Intrauterine Contraceptive Device) e.g., Copper T, Injectibles, Vasectomy /Tubal Ligation (Up to Surgery Limit)	IUCD (Intrauterine Contraceptive Device) e.g., Copper T, Injectibles, Vasectomy /Tubal Ligation (Up to Surgery Limit)	IUCD (Intrauterine Contraceptive Device) e.g., Copper T, Injectibles, Vasectomy /Tubal Ligation (Up to Surgery Limit)	IUCD (Intrauterine Contraceptive Device) e.g., Copper T, Injectibles, Vasectomy /Tubal Ligation (Up to Surgery Limit)	IUCD (Intrauterine Contraceptive Device) e.g., Copper T, Injectibles, Vasectomy /Tubal Ligation (Up to Surgery Limit)	IUCD (Intrauterine Contraceptive Device) e.g., Copper T, Injectibles, Vasectomy /Tubal Ligation (Up to Surgery Limit)	IUCD (Intrauterine Contraceptive Device) e.g., Copper T, Injectibles, Vasectomy /Tubal Ligation (Up to Surgery Limit)	IUCD (Intrauterine Contraceptive Device) e.g., Copper T, Injectibles, Norplant, Vasectomy /Tubal Ligation (Up to Surgery Limit)	IUCD (Intrauterine Contraceptive Device) e.g., Copper T, Injectibles Mirena Coil, Norplant, Vasectomy/Tubal Ligation (Up to Surgery Limit)
Global Refundable Limit for Cancer Care8	-	-	-	-	-	-	Subject to overall Cancer Care Limit	Subject to overall Cancer Care Limit	Subject to overall Cancer Care Limit
Global Refundable Limit for Surgery8	-	-	-	-	-	-	Subject to overall Surgical Limit	Subject to overall Surgical Limit	Subject to overall Surgical Limit
Global Refundable Limit for Maternity8	-	-	-	-	-	-	N 150,000	N 250,000	N 350,000
Health Checks9	-	-	Limited; Basic (Physical, BP, Urinalysis), Genotype, Blood Sugar, Blood Group, and PCV	Limited; Basic (Physical, BP, Urinalysis), Genotype, Blood Sugar, Blood Group, and PCV	Limited; Basic (Physical, BP, Urinalysis), Genotype, Blood Sugar, Blood Group, and PCV	Limited; Basic (Physical, BP, Urinalysis), Genotype, Blood Sugar, Blood Group, and PCV	Limited; Basic (Physical, BP, Urinalysis), HIV, Genotype, Blood Sugar, Blood Group, PCV, Thyroid Function Test, Pap Smear, Prostate Specific Antigen and Mammography	Limited; Basic (Physical, BP, Urinalysis), HIV, Genotype, Blood Sugar, Blood Group, PCV, Serum, Cholesterol, Thyroid Function Test, Pap Smear, Prostate Specific Antigen and Mammography	Basic (Physical, BP, Urinalysis), HIV, Genotype, Blood Suga Blood Group, PCV, Serum, cholesterol Chest X-Ray, Lung Function Test, ECG, Thyroid Function Tes Pap Smear, Prostate Specific Antigen and Mammography
International Emergency Evacuation10	-	-	-	-	-	-	-	-	Medevac Benefits Covered up to (\$300,000 Limit/ Annum) Available for only Principal Members

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Travel Insurance4	-	-	-	-	-	-	Worldwide Cover (30 Days)	Worldwide Cover (30 Days)	Worldwide Cover (30 Days)
Kidney Dialysis	-	-	-	-	2 sessions	2 sessions	3 sessions	3 sessions	5 sessions
HIV/AIDS Care & Treatment	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Mortuary Services (Cleaning, Embalmment, Storage, Autopsy)	N 50,000	N 50,000	N 50,000	N 50,000	N 50,000	₩50,000	N 100,000	N 150,000	№ 250,000
Optical Care - Treatment of Acute and Chronic Eye Diseases	N 15,000	₩20,000	№ 30,000	N 20,000	₩20,000	₩30,000	₩50,000	₩80,000	№ 100,000
Optical Care - Supply of Frames, Lenses & Contact Lenses (Once per annum)	-	-	N 5,000	N 10,000	N 10,000	₩20,000	N30,000	₩40,000	₩40,000
Optical Care - Eye Surgeries	-	-	-	Covered up to Surgery Limit	Covered up to Surgery Limit	Covered up to Surgery Limit	Covered up to Surgery Limit	Covered up to Surgery Limit	Covered up to Surgery Limit
Physiotherapy	N 10,000	₩20,000	₩30,000	₩30,000	N 30,000	N 50,000	N 50,000	₩100,000	N 180,000
Personal Health Equipment (For Chronic Conditions) (Sphygmomanometer/Glucometer)	-	-	-	-	-	-	₩50,000	₩50,000	№100,000
Psychiatric Treatment	-	-	-		Outpatient Only (6 Months)	Outpatient Only (6 Months)	Outpatient Only (6 Months)	Inpatient/ Outpatient (6 Months)	Inpatient/ Outpatient (6 Months)
Treatment of Congenital Abnormalities (For Children born on the plan)	-	-	-	N 100,000	N 100,000	№ 150,000	₩250,000	N 500,000	№ 750,000
Wellness Benefit (Gym/Spa)12	-	-	-	-	-	Up to Refundable Wellness Limit of N5,000/Month	Up to Refundable Wellness Limit of ₩7,000/Month	Up to Refundable Wellness Limit of N10,000/Month	Up to Refundable Wellness Limit of N15,000/Month

TELEHEALTH BENEFITS

Annual coverage limit	\$243.50 (\(\frac{1}{2}\)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 consulation 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 for malaria & typhoid (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			
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			

PLAN CONDITIONS	HEALTH INSURANCE EXCLUSIONS:	HEALTH INSURANCE NOTES	TELEHEALTH NOTES	TELEHEALTH EXCLUSIONS: The
TEMN CONDITIONS		1121211 1130121132 110125	122332333333	following are excluded from all plans
 The Premium computed is payable once annually based on the population. Family premium quoted is for a family of 6 (Principal, Spouse and 4 Children less than 25 years old) The age limit on the Plans is 60 years That this quote is valid for 30 days from the date of submission. Prices are indicative and subject to the actual population per plan. Please note that the pricing is based on the assumption on a minimum of 21 lives on each plan. 	1. Transplant surgery 2. Plastic/cosmetic surgeries 3. Advanced and complex investigations not stated in schedule of covered services 4. Other investigations and treatment for problems relating to infertility e.g. hydrotubation, hysterosalpingogram, I.V.F. G.I.F.T and artificial insemination 5. Kidney Dialysis 6. Virility enhancing drugs 7. Herbal drugs, non-prescription drugs, food supplements and experimental drugs and treatment 8. Other laboratory investigations not listed in the schedule of covered services 9. Dental care not listed in the schedule of covered services 10. Home care and domiciliary services 11. Joint replacements and prosthetic limbs 12. Long term psychiatric illness (Longer than 6 months) 13. Dermatological care deemed not medically necessary 14. Comprehensive health screening/well persons check outside the scope of the benefits covered by the health checks. 15. Pre-School Health examinations 16. Treatment for newborns not registered on the plan after 6 weeks of birth. 17. Neonatal care not listed under neonatal services 18. Self-inflicted injuries 19. Treatment of obesity 20. All Covid-19 Treatment 21. Covid-19 testing except as stated in schedule of covered services. 22. Speech disorders 23. Room upgrades beyond that specified in the plan benefits 24. Management of severe burns (Burns covering more than 10% body surface area) 25. Learning difficulties, behavioral and developmental problems 26. Consultations with unrecognized consultants, hospitals, family doctors, therapists, dental practitioners or complementary medicines practitioners 27. Any other treatment, service, procedure or investigation not listed in the schedule of covered medical services"	 Benefit can only be drawn from the limit of a nursing mother for a live birth This benefit includes all surgical costs relating to day case procedures, minor, intermediate, major surgeries (incl. Caesarean Section), Endoscopic Procedures (Therapeutic and Diagnostic). ONLY available on Telemedicine Platform as advised by Hygeia HMO. Terms and Conditions Apply as stated in the comprehensive benefit document This includes X-Rays, Ultrasounds and Laboratory tests (WHO list of essential in-vitro diagnostics) Subject to availability of Hygeia designated test centres and NON-refundable if done outside of the designated test centre. It is not elective and MUST be recommended by a Hygeia Network doctor based on clinical assessment. 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. This refers to the amount that will be refunded by Hygeia HMO should the enrollee choose to access this care outside of Nigeria. Specific terms and conditions apply. Health checks can only be done at any of our designated hospitals/diagnostic centers. Health checks are otherwise non-refundable Principal Only. Other terms and conditions apply 	 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. 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 **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 	 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