

Sapphire Corporate Plans



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	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	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	BCG, Measles, DPT, Oral polio, IPV, Vitamin A supplementation, Pentavalent vaccine, Pneumococcal
Additional Immunizations for 0-5 years	Hepatitis B, HiB, Yellow Fever	Hepatitis B, HiB, Yellow Fever	Hepatitis B, HiB, Yellow Fever	Hepatitis B, HiB, Yellow Fever	Hepatitis B, HiB, Yellow Fever	Hepatitis B, HiB, Yellow Fever	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	Hepatitis B, Yellow Fever	Hepatitis B, Yellow Fever	Hepatitis B, Yellow Fever	Hepatitis B, Yellow Fever	Hepatitis B, Yellow Fever	Hepatitis B, Yellow Fever	Hepatitis B, Yellow Fever	Meningitis, Yellow Fever, Hepatitis B	Meningitis, Yellow Fever, Hepatitis B
Ambulance Evacuation Services										
Hospital to Hospital	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Home to Hospital & Road Side to Hospital	-	√(4 Times Per Annum)	√(4 Times Per Annum)	4 Times Per Annum	Covered	Covered	Covered	Covered	Covered	Covered
Other Benefits										
Cancer Care	-	-	-	-	₦150,000	₦300,000	₦300,000	₦1,000,000	₦2,000,000	
Critical Illness + Death Cover ⁷	₦50,000	₦100,000	₦150,000	₦100,000	₦100,000	₦250,000	₦400,000	₦500,000	₦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) ₦10,000	(Relief of pain, fillings, nonsurgical extractions, preventive care, scaling and polishing Only) ₦10,000	₦10,000	₦20,000	₦40,000	₦80,000	₦100,000	
ENT Care - Treatment of acute and chronic ear diseases	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered
ENT Care - ENT 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	Covered up to Surgery Limit	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, 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 Care ⁸	-	-	-	-	-	-	-	Subject to overall Cancer Care Limit	Subject to overall Cancer Care Limit	Subject to overall Cancer Care Limit
Global Refundable Limit for Surgery ⁸	-	-	-	-	-	-	-	Subject to overall Surgical Limit	Subject to overall Surgical Limit	Subject to overall Surgical Limit
Global Refundable Limit for Maternity ⁸	-	-	-	-	-	-	-	₦150,000	₦250,000	₦350,000
Health Checks ⁹	-	-	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), 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 Sugar, Blood Group, PCV, Serum, cholesterol Chest X-Ray, Lung Function Test, ECG, Thyroid Function Test, Pap Smear, Prostate Specific Antigen and Mammography
International Emergency Evacuation ¹⁰	-	-	-	-	-	-	-	-	-	Medevac Benefits Covered up to (\$300,000 Limit/Annum) Available for only Principal Members

Travel Insurance ⁴	-	-	-	-	-	-	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, Embalment, Storage, Autopsy)	₦50,000	₦50,000	₦50,000	₦50,000	₦50,000	₦50,000	₦100,000	₦150,000	₦250,000
Optical Care - Treatment of Acute and Chronic Eye Diseases	₦15,000	₦20,000	₦30,000	₦20,000	₦20,000	₦30,000	₦50,000	₦80,000	₦100,000
Optical Care - Supply of Frames, Lenses & Contact Lenses (Once per annum)	-	-	₦5,000	₦10,000	₦10,000	₦20,000	₦30,000	₦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	₦10,000	₦20,000	₦30,000	₦30,000	₦30,000	₦50,000	₦50,000	₦100,000	₦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)	-	-	-	₦100,000	₦100,000	₦150,000	₦250,000	₦500,000	₦750,000
Wellness Benefit (Gym/Spa) ¹²	-	-	-	-	-	Up to Refundable Wellness Limit of ₦5,000/Month	Up to Refundable Wellness Limit of ₦7,000/Month	Up to Refundable Wellness Limit of ₦10,000/Month	Up to Refundable Wellness Limit of ₦15,000/Month

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 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 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 following are excluded from all plans
<ol style="list-style-type: none"> 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. 	<p>The following are excluded from all plans: -</p> <ol style="list-style-type: none"> Transplant surgery Plastic/cosmetic surgeries 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 Kidney Dialysis 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 not listed in the schedule of covered services Home care and domiciliary services Joint replacements and prosthetic limbs Long term psychiatric illness (Longer than 6 months) Dermatological care deemed not medically necessary Comprehensive health screening/well persons check outside the scope of the benefits covered by the health checks. Pre-School Health examinations Treatment for newborns not registered on the plan after 6 weeks of birth. Neonatal care not listed under neonatal services Self-inflicted injuries Treatment of obesity All Covid-19 Treatment Covid-19 testing except as stated in schedule of covered services. Speech disorders Room upgrades beyond that specified in the plan benefits 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, dental practitioners or complementary medicines practitioners Any other treatment, service, procedure or investigation not listed in the schedule of covered medical services” 	<ol style="list-style-type: none"> 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 	<ol style="list-style-type: none"> 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 	<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