

HyStarter Premium

Region of Cover	Local
Hospital Category	B-D ²
Inpatient Limit (₦)	600,000
Accidents & Emergencies: Resuscitative or lifesaving initial treatment	₦250,000
Accommodation (including feeding)	Private Ward (20 Days/Annum)
Inpatient medication	Covered
Surgeries ³	₦250,000
Outpatient Limit (₦)	300,000
Consultations	
Hospital-based consultations with General practice doctors and medical officers	Covered
Hospital-based Consultations with specialists	√ (Up to 12 visits/Annum)
Telemedicine ⁴	Unlimited 24/7
Medications	
Chronic Disease Medication	₦100,000
Outpatient Prescription Medicines	
Diagnostics	
Basic Diagnostic Tests ⁵	Covered
Advanced & Complex Investigations (limited To CT scan, MRI Scan and echocardiograph)	CT/M.R. I Scan Only (Emergency/once per annum)
Maternity and Neo-natal Services	
Antenatal Care + Normal Delivery+ Postnatal Care (6 Weeks) + Neonatal Care Services (Male circumcision, Ear piercing)	₦80,000
Neonatal Care Services (Male circumcision, Ear piercing)	Covered
Immunizations	
NPI Immunizations for 0-5years	BCG, Measles, DPT, Oral polio, IPV, Vitamin A supplementation, Pentavalent vaccine, Pneumococcal
Additional Immunizations for 0-5 years	Hepatitis B, HIB, Chicken Pox, MMR, Meningitis, Rotavirus, Yellow Fever
Adult Immunizations	Hepatitis B, Yellow Fever
Ambulance Evacuation Services	
Hospital to Hospital	Covered
Home/Road Side to Hospital	√ (3 Times Per Annum)
Other Benefits	
Permanent Disability + Death ⁶	₦250,000
Dental Care (relief of pain, fillings, nonsurgical, extractions, preventive care, scaling and polishing, Dental Surgical Extraction & Root Canal Therapy, Dental Prosthetics)	Relief of pain, fillings, non-surgical extractions, preventive care, scaling and polishing, Dental Surgical Extraction (₦30,000 per annum)
Ear, Nose and Throat care (Treatment of Acute Diseases Only)	Covered

Plans	HyStarter Premium
ENT Care - ENT Surgeries	Covered up to Surgery Limit
Family Planning Services	IUCD (Intrauterine Contraceptive Device) e.g., Copper T, Injectibles, Vasectomy/Tubal Ligation (Up to Surgery Limit)
Health Checks ⁷	Limited; Basic (Physical, BP, Urinalysis), HIV , Blood Sugar, BloodGroup, and PCV, Pap Smear and Prostate Specific Antigen
HIV/AIDS Care & Treatment	Covered
Mortuary Services (Cleaning, Embalment, Storage, Autopsy)	₦50,000
Optical Care - Treatment of Acute and Chronic Eye Diseases	₦30,000
Optical Care - Eye Surgeries	Covered up to Surgery Limit
Physiotherapy	₦30,000
Wellness Benefit (Gym/Spa) ⁸	Up to Refundable Wellness Limit of ₦10,000/Month

NOTE:

¹	15% Discount on monthly premiums for Annual Payments. See Section D for Annual Rates
²	Additional Access to Lagoon Hospitals
³	This benefit includes all surgical costs relating to Day Case Procedures, Minor, Intermediate, Major Surgeries (Inc. Caesarean Section), Endoscopic Procedures (Therapeutic and Diagnostic)
⁴	ONLY available on Telemedicine Platform as advised by Hygeia HMO.
⁵	This includes X-Rays, Ultrasounds, and Laboratory tests (WHO list of essential in-vitro diagnostics)
⁶	Enrollee is covered for a payment up to the stated limit in the event of permanent disability 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.
⁷	Health checks can only be done at any of our designated hospitals/diagnostic centers. Health checks are otherwise non-refundable
⁸	Principal Only. Other terms and conditions apply

A. PAYMENT TERMS FOR INSTALLMENT PAYMENTS

1. The member is not allowed to change payment cycles within the year
2. Access to care will be suspended as soon as an installment is missed
3. **Waiting Periods:** An enrollee who misses an installment payment will:
 - a. be subject to a 30-day waiting period on reactivation for access to care
 - b. lose all moratoriums and restart waiting periods on benefits

B.NOTE

1. Only persons below the age of 60 years are eligible on this plan.
2. There will be a waiting period of **2 weeks** after registration. Plans purchased become active **2 weeks** after purchase date.
3. 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.
4. The following benefits will not be covered or provided in the first year of the commencement of the scheme: **Maternity Services, Surgeries** and **Permanent Disability + 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.
5. The following benefits will not be covered or provided in the first 6 months of the commencement of the scheme: **All Immunizations, Health Checks, Neonatal Care Services,** and **Wellness Benefits**
6. 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**

C. EXCLUSIONS:

The following are excluded from all plans: -

1. Overseas treatment and transplant surgery
2. Plastic/cosmetic surgeries
3. Management of Chronic Diseases on the HyStarter Plan including but not limited to consultation, prescription drugs and laboratory tests
4. Other advanced and complex investigations not listed in covered services including but not limited to Echocardiography
5. Investigations and treatment for problems relating to infertility e.g. hydrotubation, hysterosalpingogram, I.V.F, G.I.F.T and artificial insemination
6. Virility enhancing drugs
7. Renal Dialysis
8. Treatment of Congenital abnormalities
9. Herbal drugs, non-prescription drugs and experimental drugs and treatment
10. Other laboratory investigations not listed in the schedule of covered services
11. Dental care not listed in the schedule of covered services
12. Optical care not listed in the schedule of covered services including Frames and Lenses
13. Neonatal care services including but not limited to treatment of mild or moderate neonatal sepsis, phototherapy, NICU and SBCU services.
14. Optical Care: Lenses, Frames & Contact, Lenses
15. Other advanced immunizations not specified in the plan benefits.

16. HIV/AIDS Care & Treatment
17. Home care and domiciliary services
18. Intensive care treatment
19. Interstate travel for services not available in State
20. Joint replacements and prosthetic limbs
21. Psychiatric Treatment and illness
22. Comprehensive health screening/well persons check outside the scope of the benefits covered by the health checks.
23. Pre-School Health examinations
24. Self-inflicted injuries
25. Treatment of obesity
26. All Covid-19 testing and treatment
27. Speech disorders
28. Room upgrades beyond that specified in the plan benefits
29. Management of severe burns (burns covering more than 10% of body surface area)
30. Learning difficulties, behavioral and developmental problems
31. Consultations with unrecognized consultants, hospitals, family doctors, therapists, dental practitioners or complementary medicines practitioners
32. Any other treatment, service, procedure or investigation not listed in the schedule of covered medical services