

PERSONAL PLAN REGISTRATION FORM

PRINCIPAL

Place passport
Photograph here
and print name
on the reverse
side

Insurance Plans (Please tick the appropriate)

HyBasic HyPrime HyPrime Plus

DETAILS: KINDLY FILL INFORMATION IN BLOCK LETTERS

Surname: _____

First Name: _____

Other Name: _____

Date of Birth: _____
(dd/mm/yyyy)

Mobile: _____ Gender: _____
(M/F)

Email: _____

Residential Address: _____

DATA SUBJECT CONSENT STATEMENT

I hereby confirm that I have the legal capacity to give consent and hereby voluntarily grant my consent to Hygeia HMO Limited (Hygeia) and its duly appointed representatives, authority to access, retrieve, process, store, transfer as well as use for any legitimate and lawful purpose, my personal and/or medical information including all relevant data envisaged by the extant law including but not limited to the Nigerian Data Protection Regulation (and any amendment thereto) solely for the purpose of carrying out their duties and responsibilities as my health insurance Company. I confirm that I am aware of my rights, abilities and method to withdraw my consent herein at any time by notifying Hygeia HMO in writing and accordingly request that this consent remain in full force and subsist until such a time as when I withdraw same. In addition, I hereby grant same consent to Hygeia HMO on behalf of all my dependant(s) who are minors and accordingly request that this consent remain in full force and subsist until such a time as when I withdraw same or such a time when my dependent each personally withdraws same after attaining the statutory age of majority

All completed forms should be returned to:

Address: Elephant House | 6th – 7th Floor | 214, Broad Street, Lagos Island, Lagos.

Phone: 0700 HYGEIA HMO (0700 494342 466)

E-mail: hycare@hygeiahmo.com

Terms & Conditions for Individual Plans

Access Rights

This refers to the right an Enrollee will have to a category of Providers/Hospitals upon buying the plan. Access right for the plans are as indicated on the face of the Benefit Schedule of the plan. To all intent and purpose, the Benefit Schedule shall form part of the Terms and Conditions and shall be read, interpreted and construed along with these terms and conditions.

Waiting period means that period of time commencing on the date of commencement of the plans during which an Enrollee is required to wait to be entitled to access any care under the plans. **This is a period of 14 days and is in addition to specific waiting periods as stated below.** Therefore, a plan purchased becomes active 14 days after completion of registration

Specific Conditions: HyBasic Plans

- Maximum age limit for enrollee is 60 years.
- There will be a waiting period of 2 weeks after registration. Plans purchased becomes active 2 weeks after purchase date.
- The following benefits will not be covered or provided in the first year of the commencement of the scheme: Surgeries, Critical Illness + Death Cover and Psychiatric Care. 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

Specific Conditions: HyPrime Plans

- Maximum age limit for enrollee is 60 years.
- There will be a waiting period of 2 weeks after registration. Plan purchased becomes active 2 weeks after purchase date.
- The following benefits will not be covered or provided in the first year of the commencement of the scheme: Maternity Services, Surgeries, Critical Illness + Death Cover and Psychiatric Care. 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 6 months of the commencement of the scheme: Neonatal Care Services and All Immunisations
- 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

Right to cancel Policy. Hygeia HMO is at liberty to cancel the cover of any Insured Person(s) who has/have misled it or breached any term of this Agreement, given incorrect, incomplete or misleading information, failed to provide any reasonable information which Hygeia HMO requested, conspired with a third party to obtain undue benefit from this Policy, or submitted a claim which is in any respect fraudulent or unfounded. In any of these circumstances Hygeia HMO shall have the right to cancel the insured persons cover from the date of commencement (without refund of any portion of the unused premium) and recover from him/her any benefit it might have paid/earned in relation to such claim. Similarly, in the case of an instalment payer, the balance instalments shall immediately fall due and become payable to Hygeia HMO by the Enrolees/payer. Hygeia HMO shall have the right to recover all such outstanding premiums against the enrolees/payer.

Cancellation/Termination at an Enrolees Instance is only available for enrolees making annual payment and possible within the first 30 days of the commencement of the policy. An Enrollee that decides to cancel/terminate this Health Insurance Policy must notify Hygeia HMO in writing and the Enrollee shall be entitled to a refund of the premium paid less (1) any amounts incurred on their behalf as medical and other expenses (2) an administrative charge of 20% of the premium paid. No refund shall apply in case of termination/cancellation made by an Enrollee after 30 days of the commencement of the policy. Provided that for an instalment payer, no refund shall be made by Hygeia HMO of any premium paid prior to the cancellation.

Cancellation/Termination at Hygeia HMO's Instance: In the odd event that Hygeia HMO has to terminate the Policy, it shall do so by sending 30 days' notice by registered letter to an enrollee at their last known address or via electronic means to their known e-mail address indicated to it at any time. In such event, Hygeia HMO will refund to the Enrollee an amount equal to the pro-rata value of their unused premium. Similarly, in the case of an Instalment Payer/Enrollee, the agreement shall immediately cease and the Enrollee shall be liable to pay to Hygeia HMO prorata premium up until the time of termination in the event that such has not been paid. Hygeia shall have the right to recover such premiums from the Enrollee or their authorised representatives.

Treatment prior to Date of Commencement. Hygeia HMO will not cover or pay for any treatment that was given before an Enrollee's commencement date of cover (including waiting periods) or after cancellation/termination of cover or during any period for which Hygeia HMO is yet to receive premiums.

Treatment that is not covered under the Benefit Schedule: Hygeia will not cover or pay for any treatment that is not specifically covered under the Benefit Schedule of the Policy. Hygeia HMO will not cover nor pay for other conditions or procedures which are not specified as covered services in the schedule of benefits for the plans. Similarly, the plans do not cover self-medication or Consultations with unrecognized/un-orthodox consultants, hospitals, family doctors, therapists, dental

practitioners or complementary medicines practitioners. In the same vein, complications from such unrecognized/un-orthodox places are not covered under the plans.

Transferability: The plans are person specific and non-transferable.

Confidentiality. Hygeia HMO is committed to protecting the information of its Enrollees and it is bound by law and regulatory standards to maintain the privacy of its Enrollees' medical information and records. Hygeia HMO also holds its employees, providers and consultants and business associates to strict policies and procedures protecting Enrollees information. The Information collected from an Enrollee at enrolment and other transactions would include an Enrollee's bio-data as well as an Enrollee's medical information through claims and utilization data submitted from healthcare providers. Hygeia HMO can also access an Enrollee's medical records in furtherance of its role under the health plans and you hereby consent to our access of your medical records and information accordingly.

Categorization of Healthcare facilities: Healthcare Providers are categorized by Hygeia HMO for the benefit of ease of access to care by its Enrollees. Hygeia HMO reserves the right to review this categorization from time to time without prior recourse to an Enrollee. This could include (but not limited to) the addition and deletion of healthcare providers from the general list and/or from a specific plan provider list. An Enrollee will however always have access to a number of healthcare facilities within their applicable Hygeia HMO network of Providers.

Liability. Hygeia HMO shall not be liable for any damages or losses that may arise from an Enrollee's failure to pay premiums as and when due. Hygeia HMO shall however ensure that its medical service providers provide all covered services in accordance with generally accepted clinical standards. Hygeia HMO shall therefore enter into Standard Agreements with its service providers for the protection of the beneficiaries/Enrollees.

Payment

- Premiums are due annually and the full annual premium is established/crystallises at the start of the Annual cover or a renewal period thereof. Unless payment by instalment was approved at commencement of cover or any renewal period thereof, the Principal enrollee must pay the full premium amount due to Hygeia HMO at the beginning of the policy period for the Enrolees to be covered prior to commencement of cover. This notwithstanding, and irrespective of the agreed payment by instalment, the enrollee shall be liable to pay the full premium in the event of an early termination of the cover.
- Where payment is by monthly instalment, the enrollee shall pay the first instalment at inception with the subsequent instalments payable not later than the last day of each preceding month and where Hygeia HMO does not receive payment within the agreed timelines, Hygeia HMO shall be at liberty to suspend care to the enrollee.
- An enrollee who defaults on instalment payment shall first pay all outstanding monthly instalment as well as the instalment due for the new month that will begin to run, before reinstatement of care. Care shall be reinstated with a 14 days waiting period and the cover shall still run for the original period of one year without extension i.e. based on the commencement date of the plan irrespective of the suspension during the year.
- For all intent and purpose, Hygeia HMO shall be at liberty to modify the payment process and information at any time, and notify the enrollee of the new process. Provided however that only payments acknowledged by Hygeia HMO shall be deemed valid.

Refunds

Enrolees are required to access medically necessary care within Hygeia HMO's network of Providers alone and not pay out of pocket for covered services. In the odd event that an enrollee has to pay out of pocket, this only has to be in an emergency situation as qualified by a medical practitioner without influence of the enrollee and only within Hygeia. The refund will be made by Hygeia HMO upon the enrollee providing the following documents within 30 days of encounter: (1) copy of medical report from the Health care practitioner indicating history of the medical condition, diagnosis and treatment administered, (2) Original Receipt for having made payment indicating the costs separately for consultation, each investigation, each procedure and each Drug and the quantity dispensed.

All refunds will be made only into the enrolees designated account based only on medical necessity as might be reviewed by Hygeia HMO's in-house medical practitioners and only at Hygeia HMO's designated/customary rate irrespective of the cost of care. Also, refunds are only applicable where same is received before receipt by Hygeia HMO of the notice to terminate or expiration of a plan.

Supply of drugs & medication – all enrolees are covered for drugs recommended in the course of their treatment for covered services as defined in the plan benefit except for excluded items. As a standard, enrolees shall be prescribed generic drugs, except where no generic option exists, in which case, prior approval will be sought by the provider to dispense branded medication.

In the event that the provider or enrollee prefers a branded option where a generic option is available, such option may be paid for directly by the enrollee to the provider. Kindly note that where the provider does not maintain a stock of generic medications, a prescription should be collected and the generic medication taken from a pharmacy for which Hygeia HMO will be responsible.

Referral: All Referrals for access to care will be to only Hygeia HMO network Providers alone. Any referrals to an out of network Provider shall be borne by the enrollee and not eligible for refunds.

Notices or Demands. Any notice or demand required to be given under this Agreement, or given in connection with it, shall be in writing and shall be given by electronic means. Should the Enrollee require or where Hygeia HMO deems same expedient, such notice may also be issued in hard copy and delivered by personal delivery or courier service delivery to the last known address of the other party. Changes in address has to be communicated to the other party otherwise, notifications will continue to be delivered to the last known address and remain legally enforceable.

Review: Hygeia HMO shall be at liberty to review the terms and conditions herein or as contained in the benefit schedule of a plan, at any time without prior recourse to the enrollee provided however that such amendment can only take effect at renewal of a subsisting term of an enrollee's plan. The plan shall renew automatically upon the payment of the appropriate premium under the terms and conditions as well as benefits schedule applicable at renewal and shall subsist for another year. Consequently, only the current years Benefit Schedule as well as terms and Conditions presented by Hygeia HMO shall be applicable during any given one-year term. The enrollee or their Authorised Representative is at liberty to request for the current year's benefit schedule as well as the Terms and Conditions should they wish.

Consent and Understanding

By signing this form, I the under listed Enrollee and/or Authorised Representative thereof understands that

(1) Hygeia HMO Limited is not a hospital. I affirm that the information provided is entered correctly and truthfully. I have read and understood the terms and conditions herein and I confirm that I am aware and have read the content of the schedule of benefits; accordingly, I agree to be bound by both the Terms and Conditions and the Schedule of Benefits.

(2) Hygeia HMO lawfully collates and processes data including but not limited to name, Sex, address, spouse, children, telephone number, email address, date of birth, national identification number, diagnosis, treatments, medications, treatment guidelines etc. for the administration and provision of access to healthcare to Enrollees through its network of health care providers. Data collected is solely processed by Hygeia HMO staff and legally appointed third parties under its

network. All collected data are stored and transmitted through secure electronic and physical channels to Hygeia's agents, third parties and Providers who are all contractually bound to process all data received with the highest standards of confidentiality. Data collected will be held as long as is necessary to implement, administer and manage access to care and retrieval of information under the Hygeia HMO network or as stipulated by necessary Regulation. An Enrollee may however request for his/her data to be deleted upon complete termination of the health insurance plan after a period of One year has lapsed since termination.

(3) By acquiring this health insurance plan, I hereby consent explicitly and completely to the collection, use, processing and transfer, in hardcopy, electronic means or other form, of my personal data as requested and provided to Hygeia HMO. I also authorize the transfer of my/our data to Health Care Providers and such other agents and third parties as Hygeia HMO may deem fit in furtherance to their role as Administrators and for the facilitation of access to care under the Policy/plan purchased and understand that I/we are at liberty to refuse or withdraw my/our consent.

FORCE MAJEURE

Neither Party shall be in breach of these Terms or otherwise liable to the other Party for any failure to perform or delay in the performance of the whole or part of its obligations under this Agreement which is caused by a Force Majeure event for as long as the Force Majeure event continues, provided that the Party affected by the Force Majeure event has within 24 hours after the occurrence of the Force Majeure event notified the other Party of the occurrence of the Force Majeure event. Such Party shall be excused from performance hereunder for so long as such causes, circumstances or events shall continue to prevent or delay such performance but not later than 21 days thereafter, after which the Agreement shall terminate.

For purpose of this Agreement, Force Majeure refers to any event beyond the reasonable control of the Parties, which by exercise of due diligence neither party is able to overcome and which makes a Party's performance of its obligations hereunder impossible or as impracticable as reasonably to be considered impossible under the circumstances. Such obligations include but are not limited to industrial dispute, strikes, riots, floods, fires, unnecessary hike in Provider Tariff, accidents, earthquakes, explosions, wars, hostilities, civil commotion, pandemics, epidemics, acts of God, and acts of directives of government or government authority.

In circumstances where Hygeia HMO is the affected party, the enrollee shall not be relieved from any obligation to make payments under this Agreement that are properly due and payable prior to receipt of notice of the Force Majeure event

Enrollee /Authorised Representative Signature & Date:.....

Payment of premium should be done into the following bank account:

Bank: Zenith Bank
Account Name: Hygeia HMO Limited
Account Number: 1015393714
Enrollee/Beneficiary's Name: _____

Amount Paid: _____

For easy reconciliation of funds, kindly indicate in a legible form, the beneficiary's full name as the name of the depositor, if paying with a Bank Teller. Where Payment is made online, please indicate the name of the beneficiary in the portion for "Transaction Narration". Hygeia HMO will not be responsible for wrong, improper or inappropriate narration during Bank payments or online transfer of funds.

Contact: Hygeia HMO can be contacted at any time through its HyCare Service Centre: 0700 HYGIEIA HMO (0700 494342 466); email: hycare@hygeiahmo.com

INDIVIDUAL PLANS - HYBASIC PLANS

A. BENEFIT SCHEDULE

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

Plans	HyBasic Plan
Individual Premium/Annum (₦) ¹	39,660
Family Premium/Annum (₦) ¹	163,480
Region of Cover	Local
Hospital Category	C-D
Inpatient Limit (₦)	350,000
Accidents & Emergencies: Resuscitative or lifesaving initial treatment	₦150,000
Accommodation (including feeding)	General Ward (15 Days/Annum)
Inpatient medication	√ (Up to Inpatient Limit)
Surgeries ²	₦150,000
Outpatient Limit(₦)	100,000
Consultations	
Hospital based consultations with General practice doctors and medical officers	√ (Up to 24 Consultations per Annum)
Hospital based Consultations with specialists Telemedicine ³	√ (Up to 12 Consultations per Annum) Unlimited 24/7
Medications	
Outpatient Prescription Medicines	₦50,000
Diagnostics	
Basic Diagnostic Tests ⁴	₦50,000
Immunizations	
NPI Immunizations for 0-5years	BCG, Measles, DPT, Oral polio, IPV, Vitamin A supplementation, Pentavalent vaccine
Additional Immunizations for 0-5 years	Hepatitis B, HiB, Yellow Fever
Additional Immunizations for 6yrs and above	Hepatitis B, Yellow Fever
Ambulance Evacuation Services	
Hospital to Hospital	Covered
Other Benefits	
Critical Illness + Death Cover ⁵	₦100,000
Dental Care	Relief of pain, Composite & Amalgam Fillings, Non-surgical extractions, Scaling and Polishing (₦10,000 per annum)
Ear, Nose and Throat care	√ (Treatment of Acute Diseases Only/₦10,000 Limit)
Mortuary Services (Cleaning, Embalment, Storage, Autopsy)	₦50,000
Optical care: Eye testing, Treatment of acute eye diseases.	₦10,000 Limit
Physiotherapy	₦20,000

NOTE:

¹	The premium computed are inclusive of stamp duty tax.
²	This benefit includes all surgical costs relating to day case procedures, minor, intermediate ,major surgeries (incl. Caesarean Section), Endoscopic Procedures (Therapeutic and Diagnostic)
³	ONLY available on Telemedicine Platform as advised by Hygeia HMO.
⁴	This includes X-Rays, Ultrasounds and Laboratory tests (WHO list of essential in-vitro diagnostics)
⁵	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 or Covid related). The actual amount paid is based on t he event while eligibility is subject to compliance with the rules of the plan.

B. EXCLUSIONS:

The following are excluded from the HyBasic Plan:

1. Overseas treatment and transplant surgery
2. Plastic/cosmetic surgeries
3. Management of Chronic Diseases including but not limited to consultation, prescription drugs and laboratory tests
4. Advanced and complex investigations including but not limited to CT Scan, MRI Scan and Echocardiograph
5. Maternity services including but not limited to antenatal care, delivery services, postnatal care services
6. Investigations and treatment for problems relating to infertility e.g. hydrotubation, hysterosalpingogram, I.V.F, G.I.F.T and artificial insemination
7. Virility enhancing drugs
8. Herbal drugs, non-prescription drugs and experimental drugs and treatment
9. Other laboratory investigations not listed in the schedule of covered services
10. Dental care not listed in the schedule of covered services
11. Home care and domiciliary services
12. Intensive care treatment
13. Interstate travel for services not available in State
14. Joint replacements and prosthetic limbs
15. Family Planning Services
16. Renal Dialysis
17. Cancer Care
18. HIV/AIDS Care & Treatment
19. Psychiatric Treatment and illness
20. Comprehensive health screening/well persons' check
21. Pre – School Health examinations
22. Neonatal care services including but not limited to male circumcision, ear piercing, treatment of mild or moderate neonatal sepsis, phototherapy, NICU and SBCU services.
23. Self-inflicted injuries
24. Treatment of congenital abnormalities
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

C. NOTE

1. Maximum principal age limit is 60 years and Dependant age limit is 18 years.
2. Family means Principal, Spouse and 2 Dependents.
3. There will be a waiting period of **2 weeks** after registration. Plans purchased becomes active **2 weeks** after purchase date.
4. 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.
5. The following benefits will not be covered or provided in the first year of the commencement of the scheme: **Surgeries, Critical Illness + Death Cover** and **Psychiatric Care**. 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.
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**

INDIVIDUAL PLANS – HYPRIME

D. BENEFIT SCHEDULE

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

Plans	HyPrime	HyPrime Plus
Individual Premium/Annum (₦)¹	133,360	392,260
Family Premium/Annum (₦)¹	530,080	-
Region of Cover	Local	Local
Hospital Category	B-D	B-D ²
Inpatient Limit (₦)	500,000	600,000
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)
Surgeries ³	₦200,000	₦250,000
Outpatient Limit(₦)	200,000	250,000
Consultations		
Hospital based consultations with General practice doctors and medical officers	√ (Up to 24 Consultations per Annum)	√ (Up to 24 Consultations per Annum)
Hospital based Consultations with specialists	√ (Up to 12 Consultations per Annum)	√ (Up to 12 Consultations per Annum)
Telemedicine ³	Unlimited 24/7	Unlimited 24/7
Medications		
Chronic Disease Medication		
Outpatient Prescription Medicines	₦85,000	₦100,000
Diagnostics		
Basic Diagnostic Tests ⁴	₦100,000	₦125,000
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
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, 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
Ambulance Evacuation Services		
Home/Road Side to Hospital	√ (4 Times Per Annum)	√ (4 Times Per Annum)
Hospital to Hospital	Covered	Covered
Other Benefits		
Critical Illness + Death Cover ⁵	₦250,000	₦400,000
Dental Care	Relief of pain, Composite & Amalgam Fillings, Non-surgical extractions, Scaling and Polishing (₦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

Plans	HyPrime	HyPrime Plus
Mortuary Services (Cleaning, Embalment, Storage, Autopsy)	₦50,000	₦50,000
Optical care: Eye testing, Treatment of acute and chronic eye diseases.	₦20,000	₦40,000
Physiotherapy	₦20,000	₦40,000

NOTE:

¹	<i>The Premiums computed are inclusive of stamp duty tax.</i>
²	<i>Additional Access to Lagoon Hospitals</i>
³	<i>This benefit includes all surgical costs relating to day case procedures, minor, intermediate ,major surgeries (incl. Caesarean Section), Endoscopic Procedures (Therapeutic and Diagnostic)</i>
⁴	ONLY available on Telemedicine Platform as advised by Hygeia HMO.
⁵	<i>This includes X-Rays, Ultrasounds and Laboratory tests (WHO list of essential in-vitro diagnostics)</i>
⁶	<i>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 or Covid related). The actual amount paid is based on the event while eligibility is subject to compliance with the rules of the plan.</i>

E. EXCLUSIONS:

The following are excluded from all plans: -

35. Overseas treatment and transplant surgery
36. Plastic/cosmetic surgeries
37. Advanced and complex investigations not stated in schedule of covered services
38. Investigations and treatment for problems relating to infertility e.g. hydrotubation, hysterosalpingogram, I.V.F, G.I.F.T and artificial insemination
39. Virility enhancing drugs
40. Herbal drugs, non-prescription drugs and experimental drugs and treatment
41. Other laboratory investigations not listed in the schedule of covered services
42. Dental care not listed in the schedule of covered services
43. Home care and domiciliary services
44. Intensive care treatment
45. Joint replacements and prosthetic limbs
46. Interstate travel for services not available in State
47. Psychiatric Treatment and illness
48. Comprehensive health screening/well persons' check
49. Pre – School Health examinations
50. Renal Dialysis
51. Cancer Care
52. HIV/AIDS Care & Treatment
53. Treatment for newborns not registered on the plan after 6 weeks of birth.
54. Neonatal Care Services (Treatment of mild or moderate neonatal sepsis, Phototherapy, Incubator Care and Special Care Baby Unit
55. Optical Care: Lenses, Frames & Contact, Lenses
56. Self-inflicted injuries
57. Treatment of obesity
58. Covid-19 testing and treatment
59. Treatment of Congenital Abnormalities
60. Speech disorders
61. Room upgrades beyond that specified in the plan benefits

62. Management of severe burns (Burns covering more than 10% body surface area)
63. Learning difficulties, behavioral and developmental problems
64. Consultations with unrecognized consultants, hospitals, family doctors, therapists, dental practitioners or complementary medicines practitioners
65. Any other treatment, service, procedure or investigation not listed in the schedule of covered medical services.

F. NOTE

7. Maximum principal age limit is 60 years and Dependant age limit is 18 years.
8. Family means Principal, Spouse and 2 Dependents.
9. There will be a waiting period of **2 weeks** after registration. Plan purchased becomes active **2 weeks** after purchase date.
10. 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.
11. The following benefits will not be covered or provided in the first year of the commencement of the scheme: **Maternity Services, Surgeries, Critical Illness + Death Cover** and **Psychiatric Care**. 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.
12. The following benefits will not be covered or provided in the first 6 months of the commencement of the scheme: **Neonatal Care Services** and **All Immunisations**
13. 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**.