

RETAIL INDIVIDUAL PLANS (25/26)

A. BENEFIT SCHEDULE

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

Plans	HyBasic	HyPrime	HyPrime Plus
Individual Premium (₦) (Monthly)¹	95,450	100,370	157,010
Family Premium (₦) (Monthly)¹	98,560	105,450	-
Region of Cover	Local	Local	International
Hospital Category	C-D	B-D	A-D
Limit (₦)	1350,000	1500,000	1600,000
Accidents & Emergencies: Resuscitative or lifesaving initial treatment	Covered	Covered	Covered
Accommodation (including feeding)	General Ward (15 Days/Annum)	Semi- Private Ward (15 Days/Annum)	Private Ward (20 Days/Annum)
Inpatient medication	Covered	Covered	Covered
Surgeries ²	₦150,000	₦200,000	₦250,000
Outpatient Limit (₦)			
Consultations			
Hospital-based consultations with General practice doctors and medical officers	Covered	Covered	Covered
Hospital-based Consultations with specialists	✓ (Up to 12 visits/Annum)	✓ (Up to 12 visits/Annum)	✓ (Up to 12 visits/Annum)
Telemedicine ³	Unlimited 24/7	Unlimited 24/7	Unlimited 24/7
Medications			
Chronic Disease Medication	-	₦85,000	₦100,000
Outpatient Prescription Medicines	₦50,000		
Diagnostics			
Basic Diagnostic Tests ⁴	Covered	Covered	Covered
Advanced & Complex Investigations (limited To CT scan, MRI Scan and echocardiograph)	-	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
Neonatal Care Services (Male circumcision, Ear piercing)	-	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 B, HiB, Chicken Pox, Hiba Rotavirus, Yellow Fever	Hepatitis B, HiB, Chicken Pox, Hiba Rotavirus, Yellow Fever
Adult Immunizations	Hepatitis B, Yellow Fever	Hepatitis B, Yellow Fever	Hepatitis B, Yellow Fever
Ambulance Evacuation Services			
Hospital to Hospital	Covered	Covered	Covered
Home/Road Side to Hospital	-	✓ (3 Times Per Annum)	✓ (3 Times Per Annum)
Other Benefits			
Permanent Disability + Death ⁵	₦100,000	₦250,000	₦500,000

Plans	HyBasic	HyPrime	HyPrime Plus
Dental Care (relief of pain, fillings, nonsurgical, extractions, preventive care, scaling and polishing, Dental Surgical Extraction & Root Canal Therapy, Dental Prosthetics)	Relief of pain, Composite & Amalgam Fillings, Non-surgical extractions, Scaling and Polishing (₦10,000 per annum)	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)
Ear, Nose and Throat care (Treatment of Acute Diseases Only)	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	IUCDs, Pills & Injectibles	IUCDs, Pills & Injectibles	IUCDs, Pills & Injectibles, Norplant
Health Checks ⁶	-	Limited; Basic (Physical, BP, Urinalysis), HIV, Blood Sugar, Blood Group, and PCV	Limited; Basic (Physical, BP, Urinalysis), HIV, Blood Sugar, Blood Group, and PCV, Pap Smear and Prostate-Specific Antigen
HIV/AIDS Care & Treatment	-	Covered	Covered
Mortuary Services (Cleaning, Embalment, Storage, Autopsy)	₦50,000	₦50,000	₦50,000
Optical Care - Treatment of Acute and Chronic Eye Diseases	₦10,000	₦20,000	₦40,000
Optical Care - Eye Surgeries	Covered up to Surgery Limit	Covered up to Surgery Limit	Covered up to Surgery Limit
Physiotherapy	₦20,000	₦20,000	₦40,000
Wellness Benefit (Gym/Spa) ⁷	-	-	Up to Refundable Wellness Limit of ₦10,000/Month

NOTE:

¹	15% Discount on monthly premiums for Annual Payments. See Section C for Annual Rates
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 GoodHealth 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 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.
⁶	Health checks can only be done at any of our designated hospitals/diagnostic centers. Health checks are otherwise non-refundable
⁷	Principal Only. Other terms and conditions apply

B. PAYMENT TERMS FOR INSTALLMENT PAYMENTS

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



C. ANNUAL RATES

Plans	HyBasic	HyPrime	HyPrime Plus
Individual Premium (₦)	1,355,590	1,566,974	1,848,902
Family Premium (₦)	1,530,112	1,767,590	-

D. NOTE

- Maximum principal age limit is 60 years and the Dependant age limit is 21 years.
- Family means Principal, Spouse, and 2 Dependents.
- There will be a waiting period of **2 weeks** after registration. Plan purchased becomes active **2 weeks** after purchase date.
- All benefits are subject to their respective sectional limits which are 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.
- 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 the 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: **All Immunizations, Health Checks, Neonatal Care Services, and Wellness Benefits**. 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**.

E. EXCLUSIONS:

The following are excluded from all plans: -

- Overseas treatment and transplant surgery
- Plastic/cosmetic surgeries
- Advanced and complex investigations not stated in schedule of covered services
- 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 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
- Homecare and domiciliary services
- Intensive care treatment
- Joint replacements and prosthetic limbs
- Interstate travel for services not available in the State
- Psychiatric Treatment and illness



14. Comprehensive health screening/well persons check outside the scope of the benefits covered by the health checks.
15. Pre-School Health examinations
16. Renal Dialysis
17. Cancer Care
18. HIV/AIDS Care & Treatment
19. Treatment for newborns not registered on the plan after 6 weeks of birth.
20. Neonatal Care Services not listed in covered services including not limited to the treatment of mild or moderate neonatal sepsis, Phototherapy, Incubator Care, and Special Care Baby Unit.
21. Optical Care not listed in covered services including not limited to: Lenses, Frames & Contact, Lenses
22. Self-inflicted injuries
23. Treatment of obesity
24. Covid-19 testing and treatment
25. Treatment of Congenital Abnormalities
26. Speech disorders
27. Room upgrades beyond that specified in the plan benefits
28. Management of severe burns (burns covering more than 10% of body surface area)
29. Learning difficulties, behavioral and developmental problems
30. Consultations with unrecognized consultants, hospitals, family doctors, therapists, dental practitioners, or complementary medicines practitioners
31. Any other treatment, service, procedure, or investigation not listed in the schedule of covered medical services.

