

INSERV HEALTH PLAN

A. CONDITIONS

1. That this quote is valid for 30 days from the date of submission.
2. Underwriting Assumptions in Sections E are integral to the plan pricing.

B. BENEFIT SCHEDULE

Plans	Inserv Plan
Annual Premium (₦)	9,000
Region of Cover	Local
Hospital Category	C-D
Inpatient Limit (₦)	150,000.00
Accidents & Emergencies (resuscitative or lifesaving initial treatment only)	₦80,000
Accommodation (including feeding)	General Ward (5 Days/Annum)
Inpatient medication	√ (Up to Inpatient Limit)
Surgeries ¹	₦50,000
Outpatient Limit (₦)	150,000.00
Consultations	
Telemedicine ²	Unlimited 24/7
General Consultations at Hospital	√ (Up to Outpatient Limit)
Medications	
Outpatient Prescription Medicines	₦50,000
Diagnostics	
Basic Diagnostic Tests ³	√ (Up to Outpatient Limit)
Immunizations	
NPI Immunizations for 0-5years	BCG, Measles, DPT, Oral polio, Vitamin A supplementation, Pentavalent vaccine

NOTE

¹	<i>This benefit includes all surgical costs relating to day case procedures, minor, intermediate, major surgeries</i>
²	ONLY available on Telemedicine Platform as advised by Hygeia HMO.
³	<i>This includes X-Rays, Ultrasounds and Laboratory tests (WHO list of essential in-vitro diagnostics)</i>

C. EXCLUSIONS:

The following are excluded from the **Inserv Plan**: -

1. Overseas treatment and transplant surgery
2. Plastic/cosmetic surgeries
3. Treatment of Chronic Conditions including but not limited to Hypertension, Diabetes, Asthma, Cataract, Arthritis and Peptic Ulcer
4. Other immunizations not listed in the schedule of covered services
5. Mortuary Services (Cleaning, Embalment, Storage, Autopsy)
6. Accommodation for anyone other than the plan enrollee/beneficiary
7. Kidney Dialysis
8. Physiotherapy Services
9. Neonatal care services
10. Supply of glasses including but not limited to frames, lenses and contact lenses.
11. Inter-State Referral Services for services not available in State
12. Cancer Care including but not limited to Oncology Tests, Drugs, Chemotherapy & Radiotherapy
13. Ambulance services

14. Advanced and complex investigations including but not limited to MRI, CT Scans and endoscopies.
15. All maternity services including but not limited to Antenatal care, Delivery Services, Postnatal care.
16. Investigations and treatment for problems relating to infertility e.g. hydrotubation, hysterosalpingogram, I.V.F, G.I.F.T and artificial insemination
17. Virility enhancing drugs
18. Herbal drugs, non-prescription drugs, food supplements and experimental drugs and treatment
19. Other laboratory investigations not listed in the schedule of covered services
20. Home care and domiciliary services
21. Joint replacements and prosthetic limbs
22. Comprehensive health screening/well persons check
23. Treatment for newborns not registered on the plan after 6 weeks of birth.
24. Covid 19 testing and treatment
25. Congenital abnormalities
26. Self-inflicted injuries
27. Treatment of obesity
28. Speech disorders
29. Room upgrades beyond that specified in the plan benefits
30. Management of severe burns (burns covering more than 10% body surface area)
31. Learning difficulties, behavioral and developmental problems
32. Consultations with unrecognized consultants, hospitals, family doctors, therapists, dental practitioners or complementary medicines practitioners
33. Any other treatment, service, procedure or investigation not listed in the schedule of covered medical services

D. CONDITIONS

1. The maximum age limit for Principal is 60 years.
2. There is a 14 (Fourteen) day waiting period from date of registration to access of care by the Enrollee. Therefore, a plan purchased becomes active 14 days after completion of registration.
3. The following benefits will not be covered or provided in the first year of the commencement of the scheme:
Surgeries. 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.

E. UNDERWRITING ASSUMPTIONS

1. Population guarantee is 1,000 lives at the end of month 6
 - Inserv will pay for a minimum of 1,000 Lives at the end of the month 6
 - At no point throughout the plan cover will the population be less than 1,000 Lives after month 6.