



Aman HMO Plans

Plans	Bronze	Silver	Gold	Platinum	Platinum Plus
Individual Premium(NGN)	78,005	122,930	222,151	432,089	767,773
Family Premium (NGN)	288,616	454,838	821,956	1,598,731	3,071,090
Telemedicine (free calls with qualified and certified doctors)	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Free Medications Pick-up and door-step delivery (where available)	Covered	Covered	Covered	Covered	Covered
In-patient Limit (NGN)	N500,000	N1,000,000	N2,500,000	N3,500,000	N4,500,000
Accidents & Emergencies: Resuscitative or lifesaving initial Treatment , investigations and interventions.	Covered	Covered	Covered	Covered	Covered
Admission - Ward care, medications & consumables, blood transfusion, feeding (where available)	Covered	Covered	Covered	Covered	Covered
Accommodation	Covered (General Ward)	Covered (Semi-Private Ward)	Covered (Private Ward)	Covered (Private Ward)	Covered (Private Ward)
Inpatient medication, medical & surgical consumables	Covered	Covered	Covered	Covered	Covered
Accommodation for Mothers Whose Dependents are on admission (excluding feeding) (Limited to SCBU/NICU Cases only)	NA	NA	Covered (48 Hrs)	Covered (72 Hrs)	Covered (5 Days)
Intensive Care Unit (ICU) D High Dependency Unit(HDU)	24 Hrs	48Hrs	72Hrs	5 Days	5 Days
Neonatal Care Services (Treatment of mild or moderate neonatal sepsis, Phototherapy, Incubator Care and Special Care Baby Unit) ¹ - Global	NA	N50,000	N150,000	N500,000	N700,000.00
Psychiatric Care (consultation & therapy)	NA	Covered (4 sessions per year)	Covered (8 sessions per year)	Covered (12 sessions per year)	Covered (20 sessions per year)

Surgeries including day case procedures, minor, intermediate, and major surgeries (Including Cesarean Section, Endoscopic Procedures (Therapeutic and Diagnostic) - Global	N100,000	N150,000	N500,000	N1,000,000	N1,200,000.00
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Plans Out-patient Limit (NGN)	Bronze N200,000	Silver N400,000	Gold N1,100,000	Platinum N1,500,000	Platinum Plus N2,000,000.00
Consultations					
General Consultations (Initial and Follow-up)	Covered	Covered	Covered	Covered	Covered
Specialist Consultations (Initial and Follow-up)	Covered	Covered	Covered	Covered	Covered
Medications					
Chronic Disease Medication	N60,000	N120,000	N200,000	N300,000	N500,000.00
Outpatient Prescription Medicines					
Tests & Investigations					
X-Rays and Basic Diagnostic Tests	Covered	Covered	Covered	Covered	Covered
Laboratory tests (<i>WHO list of essential in-vitro diagnostics</i>)	Covered	Covered	Covered	Covered	Covered
Haematology Investigations(FBC,Grouping & Cross Matching, Blood Film, ESR, Genotype etc)	Covered	Covered	Covered	Covered	Covered
Chemistry Investigations (FBS/RBS, E/U/Cr, LFT, OGTT, PT/INR, Serum Phosphate, Albumin,Bicarbonate, Bilirubin, Calcium, Chloride, GGT, Magnesium, Potassium, Sodium. Urine Pregnancy.	Covered	Covered	Covered	Covered	Covered
Microbiology Investigations (various sample M/C/S), Stool Occult Blood,MP, Scraping for Fungi, Toxoplasma screening, VDRL	Covered	Covered	Covered	Covered	Covered
Advance Investigation: Alpha-I Antitrypsin, HBA1C, 24					

Hour Creatinine Clearance, Bleeding Time, Blood urea Nitrogen, Chlamydia Screening, Clotting Time, Coomb's Test (Direct), Coomb's Test (Indirect), Creatinine phosphokinase, CSF M/C/S (CSF Analysis), D-Dimer, G-6PD Screening, Hepatitis B Screening, Hepatitis B Surface Antigen (HBsAg), Hepatitis C Screening, HIV Confirmatory Test, HIV Screening, Immunofluorescence assay, Osmotic Fragility Test, Pap Smear and Cytology, Prostate Specific Antigen, Protein Electrophoresis Semen M/C/S, Seminal Fluid Analysis (SFA), Serum Creatinine Phosphokinase, Serum immunoglobulins/Antibody	NA	Covered	Covered	Covered	Covered
Advanced & Complex Investigations(limited To CT Scan, MRI Scan and echocardiogram)	NA	CT/M.R.I Scan Only (Emergency/once per annum)	CT/M.R.I Scan Only (4 times per annum)	(Up to Outpatient Limit)	(Up to Outpatient Limit)
Molecular Diagnostics (including Covid-19 Testing) only at Designated Center'	NA	(Once Per Annum)	(Up to 2 Tests Per Annum)	(Up to 2 Tests per Annum)	(Up to 2 Tests per Annum)
Infertility Investigation	Basic Consultation and investigation (20,000)	Fertility Consultations, Counseling, USS, SFA (N35, 000)	Fertility Consultations, Counseling, USS, SFA (N50,000)	Fertility Consultations, Counseling, USS, SFA, HSG , Hormone Profile (N100,000)	Fertility Consultations, Counseling, USS, SFA, HSG , Hormone Profile (N200,000.00)
Maternity and Neonatal Services					
Antenatal Care + Normal Delivery + Postnatal Care (6 Weeks) - Global	N100,000	N150,000	N250,000	N500,000	N700,000.00
Neonatal Care Services (Male circumcision, Ear piercing)	(Up to Outpatient Limit)	(Up to Outpatient Limit)	(Up to Outpatient Limit)	(Up to Outpatient Limit)	(Up to Outpatient Limit)
Reimbursement for delivery Abroad	NA	NA	Normal Delivery:\$150/ CS: \$200.00	Normal Delivery:\$200/ CS: \$300.00	Normal Delivery:\$300/ CS: \$400.00

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	BCG, Measles, DPT, Oral polio, IPV, Vitamin A supplementation, Pentavalent vaccine	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	NA	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, Pneumococcal, Rotavirus, Meningitis, Yellow Fever, Typhoid Fever)
Additional Immunizations for 6yrs and above	NA	Hepatitis B, Yellow Fever	Hepatitis B, Yellow Fever	Meningitis, Yellow Fever, Hepatitis B	Meningitis, Yellow Fever, Hepatitis B
Emergency Response Service					
Phone aid (Telemedicine first-aid)	Covered	Covered	Covered	Covered	Covered
Onsite deployment of first responder with advanced trauma kit	Covered	Covered	Covered	Covered	Covered
Hospital to Hospital	Covered	Covered	Covered	Covered	Covered
(Home to Hospital & Road Side to Hospital)	2 times per annum	Covered	Covered	Covered	Covered
Other Benefits					
Cancer Care	NA	N100,000	N200,000	N500,000	N700,000.00
Critical Illness + Death Cover ²	NA	N100,000	N200,000	N400,000	N400,000.00
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, nonsurgical, extractions, preventive care, scaling and polishing Only) N10,000	N15,000	N30,000	N80,000	N200,000.00
Family Planning Services	Oral and injectables	IUCD (intrauterine Contraceptive Device) eg. Copper	IUCD (intrauterine Contraceptive Device e.g. Copper T, injectables, Pills	IUCD (intrauterine Contraceptive Device e.g. Copper T, injectables, Pills, Norplant	IUCD (intrauterine Contraceptive Device e.g. Copper T, injectables, Pills, Norplant

		T, injectables			
Health Checks ³	NA	Limited: Basic (Physical, BP, Urinalysis), Genotype, Blood Sugar, Blood Group, PCV, PSA.	Limited: Basic (Physical, BP, Urinalysis), Genotype, Blood Sugar, Blood Group, PCV, Thyroid Function Test, Pap Smear, Prostate-Specific Antigen, and Mammography	Limited: Basic (Physical, BP, Urinalysis), Genotype, Blood Sugar, Blood Group, PCV, Serum, Cholesterol, Thyroid Function Test, Pap Smear, Prostate-Specific Antigen, and Mammography	Physical Examination, BMI, Urinalysis, PCV, Blood Pressure, Blood Sugar, Chest X-ray, ECG, Serum Cholesterol, Liver Function Test, Electrolyte,Urea, Creatinine, Annual Mammogram for Women > 40years, Breast Scan every 2 years for Women > 30 years, Cervical smears every 2 years for Women > 30 years and above, PSA for Men above 40 years
HIV/AIDS Care Treatment	N100,000	N150,000	N350,000	N500,000	N500,000.00
Kidney Dialysis	NA	N70,000	N90,000	N120,000	N500,000.00
Mortuary Services (Cleaning, Embalmmment, Storage, Autopsy)	NA	50,000	N100,000	N150,000	N150,000
Optical Care: Lenses, Frames & Contact, Lenses (Once in two years)	N10,000 (Lenses Only)	N15,000	N20,000	N35,000	N80,000.00
Optical care: Eye testing, Treatment of acute and chronic eye diseases (Surgery inclusive).	N25,000	N50,000	N75,000	N100,000	N1,000,000
Physiotherapy	N30,000	N40,000	N60,000	N100,000	N100,000.00
Psychiatric Treatment	NA	NA	Outpatient Only (6 Months)	Inpatient/Outpatient	Inpatient/Outpatient
Treatment of Congenital Abnormalities (For Children born on the plan)	NA	NA	NA	N250,000	N400,000.00
Wellness Benefit (Gym) ⁴	NA	2 Time /Month	4 Times /Month	5 Times /Month	8 Times /Month
Wellness Benefit (Spa) ⁴	NA	NA	1 session /Year	2 session /Year	3 session /Year
Onsite/Online Promotional Health Talks, Webinars, Health Education Series	Covered	Covered	Covered	Covered	Covered

Notes:

1. Benefit can only be drawn from the limit of a nursing mother for a live birth
2. The 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.
3. Health checks can only be done at any of the designated hospitals/diagnostic centers during institutions' health week. Health checks are otherwise non-refundable
4. Principal Only. Other terms and conditions apply.
5. Executive or VIP rooms not covered.

CONDITIONS

1. The Premium computed is payable once annually based on the population.
2. Family premium quoted is for a family of 6 (Principal, Spouse, and 4 Children less than 18 years old).
3. The age limit on the Plans is 60 years.

Excluded in all Cover Plans

1. Non-Accidental Surgical claims incurred within the first year of cover.
2. Chronic Diseases (such as Hypertension, Diabetes, Hyperlipidemia etc) have a 6months waiting period.
3. Pregnancy has a 9 month waiting period and delivery is not covered in the first year of enrollment.
4. Transplant surgery, Speech disorder, Thyroid disorders, neurological and neurosurgical disorders
5. Plastic/cosmetic surgeries
6. Advanced and complex investigations not stated in the schedule of covered services
7. Other investigations and treatment problems relating to infertility e.g. hydrotubation, hysterosalpingogram, I.V.F, G.I.F.T, and artificial insemination Virility enhancing drugs
8. Herbal drugs, non-prescription drugs, food supplements, 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. Joint replacements and prosthetic limbs
13. Long-term psychiatric illness (Longer than 6 months)
14. Comprehensive health screening/well persons check outside the scope of the benefits covered by the health checks.
15. Pre—School Health examinations
16. Treatment for new-born not registered on the plan after 6 weeks of birth
17. Neonatal care not listed under neonatal services
18. Self-inflicted injuries
19. Treatment of obesity
20. All Covid-19 and Hepatitis Treatment
21. Covid-19 testing except as stated in the schedule of covered services.

22. Speech disorders
23. Room upgrades beyond that specified in the plan benefit
24. Management of severe burns (burns covering more than 10% body surface area)
25. Learning difficulties, behavioral and developmental problems
26. Consultations with unrecognized consultants, hospitals, family doctors, therapists, dental practitioners, or complementary medicines practitioners
27. Any other treatment, service, procedure, or investigation not listed in the schedule of covered medical services.
28. Insurance and limits of services are not transferable.