

Plans	Bronze	Silver	Gold	Platinum	Platinum Plus
Individual Premium (NGN)	85,806	124,795	229,195	392,339	844,550
Family of 2	163,030	237,111	435,470	745,444	1,604,646
Family of 3	231,675	336,947	618,826	1,059,316	2,280,286
Family of 4	291,739	424,303	779,263	1,333,953	2,871,471
Family of 5	343,222	467,981	859,481	1,471,272	3,167,064
Each additional dependent (Children) below 24 years old	386,125	561,578	1,031,377	1,765,526	3,800,476
	64,354	93,596	171,896	294,254	633,413
Each additional dependent above (Adult) 24 years old	78,005	113,450	208,359	356,672	767,773
<b>Maximum Benefits per Enrollee per Annum (NGN)</b>	<b>1,000,000</b>	<b>1,700,000</b>	<b>2,500,000</b>	<b>3,500,000</b>	<b>5,000,000</b>
<b>Platinum Express Card (No pre-authorizations required)</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>Covered</b>
<b>Telemedicine</b> (free calls with qualified and certified doctors)	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Free Door-step Medications Delivery (where available) and Free Pick-up (from 3000+ pharmacies)	Covered	Covered	Covered	Covered	Covered
<b>In-patient Limit (NGN)</b>	<b>600,000</b>	<b>1,000,000</b>	<b>1,500,000</b>	<b>2,100,000</b>	<b>3,000,000</b>
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
<b>Accommodation</b>	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)	Covered( 24Hours)	Covered (48Hours)	Covered (72Hrs)	Covered (5 days)	Covered (7 Days)
Intensive Care Unit (ICU) D High Dependency Unit(HDU)	24 Hrs	48Hrs	72Hrs	5 Days	7 Days
Neonatal Care Services (Incubator Care and Special Care Baby Unit) - Global [1]	N50,000	N100,000	N250,000	N500,000	N700,000.00
<b>Psychiatric Care</b> (consultation & therapy)	Covered (2 sessions per year)	Covered (4 sessions per year)	Covered (8 sessions per year)	Covered (12 sessions per year)	Covered (20 sessions per year)
<b>Surgical Care Limit (NGN)</b>	<b>200,000</b>	<b>350,000</b>	<b>600,000</b>	<b>1,000,000</b>	<b>1,500,000</b>
<b>Minor Surgeries</b> (Wound suturing, Incision and drainage of abscess, Removal of foreign bodies, Circumcision, Excision of lumps, Punch biopsy / skin biopsy, Ear syringing, Episiotomy repair, Bartholin cyst incision and drainage, Closed reduction of minor dislocations, Plaster of Paris (POP) application)	Covered	Covered	Covered	Covered	Covered
<b>Intermediate Surgeries</b> (Appendectomy, Hernia repair (inguinal / umbilical), Hydrocelectomy, Hemorrhoidectomy, Fistulectomy / Fistulotomy, Excision of large lipoma, Incisional biopsy, Varicose vein surgery (simple), Pilonidal sinus excision, Tonsillectomy, Adenoidectomy, Septoplasty, Turbinectomy, Nasal polypectomy, Transurethral resection of prostate (TURP), Hydrocelectomy, Orchidopexy, Varicocelelectomy, Cystoscopy, Myomectomy (simple), Dilatation and curettage (D&C), Manual vacuum aspiration (MVA), Tubal ligation, Repair of 3rd/4th degree perineal tear; Open reduction and internal fixation (simple fractures), Arthroscopy (diagnostic / simple), Tendon repair; Removal of deep implants, Wide local excision of skin lesions, Keloid excision with flap closure, Skin grafting)	Covered	Covered	Covered	Covered	Covered

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<b>Major Surgeries</b> (Exploratory laparotomy, Bowel resection and anastomosis, Gastrectomy, Colectomy, Splenectomy, Pancreatic surgery (Whipple procedure), Thyroidectomy, Mastectomy, Major trauma surgery, Hepatectomy, Craniotomy, Brain tumor excision, Spinal cord decompression, Aneurysm clipping, Ventriculoperitoneal (VP) shunt insertion, Total hip replacement, Total knee replacement, Spinal fusion surgery, Major pelvic fracture fixation, Limb amputation (major), Radical prostatectomy, Nephrectomy (partial or total), Cystectomy, Major reconstructive urologic surgery, Radical hysterectomy, Complex myomectomy, Obstetric hysterectomy, Surgery for ectopic pregnancy (ruptured), Pelvic reconstructive surgery)	Covered	Covered	Covered	Covered	Covered
<b>Endoscopic Procedures</b> (Therapeutic and Diagnostic) - Colonoscopy, Flexible sigmoidoscopy, Proctoscopy, Anoscopy, Capsule endoscopy, Enteroscopy, Endoscopic ultrasound (EUS), Bronchoscopy (flexible or rigid), Laryngoscopy, Nasopharyngoscopy, Diagnostic cystoscopy, Ureteroscopy (diagnostic), Diagnostic nephroscopy, Diagnostic hysteroscopy, Laparoscopy (diagnostic)	Not Covered	Covered	Covered	Covered	Covered
<b>Out-patient Limit (NGN)</b>	<b>400,000</b>	<b>700,000</b>	<b>1,000,000</b>	<b>1,400,000</b>	<b>2,000,000</b>
<b>Consultations</b>					
General Consultations (Initial and Follow-up)	Covered	Covered	Covered	Covered	Covered
<b>Specialist Consultations</b> - (Initial and Follow-up) - Cardiologist, endocrinologist, nephrologist, gastroenterologist, pulmonologist, infectious disease specialist, rheumatologist, dermatologist, neurologist, family physician, psychiatrist, paediatrician, obstetrician and gynaecologist, general surgeon, orthopaedic surgeon, neurosurgeon, cardiothoracic surgeon, urologist, paediatric surgeon, ENT surgeon (otorhinolaryngologist), ophthalmologist, anaesthetist, radiologist, radiation oncologist, pathologist, haematologist, chemical pathologist, medical microbiologist, immunologist, clinical pharmacologist, emergency medicine specialist, palliative medicine specialist, geneticist, oral and maxillofacial surgeon, dentist etc	Covered	Covered	Covered	Covered	Covered
<b>Medications</b>					
Chronic Disease Medication	N80,000	N150,000	N250,000	N350,000	N500,000
Outpatient Prescription Medicines					
<b>Tests &amp; Investigations</b>					
X-Rays and Basic Diagnostic Tests	Covered	Covered	Covered	Covered	Covered
Laboratory tests (WHO list of essential in-vitro diagnostics)	Covered	Covered	Covered	Covered	Covered
<b>Haematology Investigations</b> - Full blood count (FBC/Complete blood count), packed cell volume (PCV), haemoglobin (Hb), white blood cell (WBC) count, red blood cell (RBC) count, platelet count, differential WBC count, erythrocyte sedimentation rate (ESR), peripheral blood film (PBF), blood group (ABO and Rh typing), crossmatching, prothrombin time (PT), activated partial thromboplastin time (aPTT), bleeding time (BT), clotting time (CT), sickling test, genotype test (Hb electrophoresis), reticulocyte count, malaria parasite test (thick and thin film)	Covered	Covered	Covered	Covered	Covered
<b>Chemistry Investigations</b> - Blood glucose, urea, creatinine, sodium, potassium, chloride, bicarbonate, calcium, phosphate, total protein, albumin, total bilirubin, direct bilirubin, alkaline phosphatase (ALP), alanine aminotransferase (ALT/SGPT), aspartate aminotransferase (AST/SGOT), gamma-glutamyl transferase (GGT), cholesterol, triglycerides, HDL cholesterol, LDL cholesterol. etc	Covered	Covered	Covered	Covered	Covered
<b>Microbiology Investigations</b> - Blood culture, urine culture, sputum culture, wound swab culture, throat swab culture, stool culture, CSF culture, Gram stain, AFB stain (TB test), AST (antibiotic sensitivity test), HVS microscopy/C&S, HBsAg test, HCV antibody test, HIV test, syphilis test (VDRL/RPR/TPHA), malaria test, stool ova and parasite test, H. pylori test, fungal culture, KOH mount etc	Covered	Covered	Covered	Covered	Covered

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<b>Advanced Investigations:</b> Alpha-1 Antitrypsin, HBAIC, 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 etc	Covered	Covered	Covered	Covered	Covered
Advanced & Complex Investigations (CT Scan & MRI Scan )	CT (Emergency/once per annum)	CT/M.R.I Scan Only (Emergency/once per annum)	CT/M.R.I Scan Only (3 times per annum)	(Up to Outpatient Limit)	(Up to Outpatient Limit)
ECG	Covered	Covered	Covered	Covered	Covered
Echocardiogram	NA	Covered	Covered	Covered	Covered
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)
Physiotherapy	2 sessions	6 sessions	10 sessions	15 sessions	20 sessions
Infertility Investigation	NA	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)
<b>Maternity and Neonatal Services</b> (exclusive to family plan subscribers)					
Antenatal Care	Covered	Covered	Covered	Covered	Covered
Normal Delivery	Covered	Covered	Covered	Covered	Covered
Induction of Labour	Covered	Covered	Covered	Covered	Covered
Caesarean section (Up to Surgical Limit)	Covered	Covered	Covered	Covered	Covered
<b>Neonatal Care Services</b>					
Neonatal Care Services (Male circumcision, Ear piercing)	Covered	Covered	Covered	Covered	Covered
Phototherapy	24 Hrs	48Hrs	72Hrs	5 Days	7 Days
Treatment of mild or moderate neonatal sepsis	Covered	Covered	Covered	Covered	Covered
Postnatal Care (6 Weeks)	Covered	Covered	Covered	Covered	Covered
<b>Immunizations</b>					
NPI Immunizations for 0-5years	BCG, Measles, Pentavalent, Oral polio, IPV, Vitamin A supplementation, Pentavalent vaccine	BCG, Measles, Oral polio, IPV, Vitamin A supplementation, Pentavalent vaccine	BCG, Measles, Oral polio, IPV, Vitamin A supplementation, Pentavalent vaccine	BCG, Measles, Oral polio, IPV, Vitamin A supplementation, Pentavalent vaccine	BCG, Measles, 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
<b>Emergency Response Service</b>					
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 (Home to Hospital & Road Side to Hospital)	Covered	Covered	Covered	Covered	Covered
<b>Other Benefits</b>					
<b>Cancer Care</b> (Consultation, Investigation, Conselling, Chemotherapy, Radiotherapy and Surgery)	N100,000	N150,000	N250,000	N400,000	N700,000
Critical Illness + Death Cover [2]	NA	N100,000	N200,000	N400,000	N400,000
<b>Dental Care Limit (NGN)</b>	<b>N15,000</b>	<b>N30,000</b>	<b>N70,000</b>	<b>N100,000</b>	<b>N200,000</b>
Dental Consultation	Covered	Covered	Covered	Covered	Covered

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<b>Primary Dental Services</b> (relief of pain, fillings, nonsurgical extractions, preventive dental care, scaling and polishing)	Covered	Covered	Covered	Covered	Covered
<b>Secondary Dental Services</b> (Dental Surgical Extraction & Root Canal Therapy, Dental Prosthetics)	Covered	Covered	Covered	Covered	Covered
<b>Optical Care Limit (NGN)</b>	<b>N30,000</b>	<b>N60,000</b>	<b>N90,000</b>	<b>N130,000</b>	<b>N350,000</b>
Optical Care: Lenses, Frames & Contact, Lenses (Once in two years)	N5,000 (Lenses Only)	N10,000	N15,000	N30,000	N50,000
Optical care: Eye testing, Treatment of acute and chronic eye diseases (Surgery inclusive)	N25,000	N50,000	N75,000	N100,000	N300,000
Family Planning Services	Oral and injectables	IUCD (intrauterine Contraceptive Device) eg. Copper T, injectables	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
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, Embalment, Storage, Autopsy)	NA	50,000	N100,000	N150,000	N150,000

### Wellness and Preventive Care

Health Checks [3,4]	Limited: Basic (Physical, BP, Urinalysis), Blood Sugar, PCV, Serum Cholesterol	Limited: Basic (Physical, BP, Urinalysis), Blood Sugar, PCV, PSA for Men above 40 years, Serum Cholesterol	Limited: Basic (Physical, BP, Urinalysis), Blood Sugar, PCV, Liver Function Test, Electrolyte, Urea, Creatinine, Pap Smear, Prostate-Specific Antigen, and Mammography	Limited: Basic (Physical, BP, Urinalysis), Blood Sugar, PCV, Serum, Cholesterol, Liver Function Test, Electrolyte, Urea, Creatinine, Pap Smear, ECG, 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 > 40 years, 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
Wellness Benefit - Gym [4]	NA	2 Time /Month	4 Times /Month	8 Times /Month	Unlimited
Wellness Benefit - Spa [4]	NA	NA	2 session /Year	3 sessions /Year	4 sessions /Year
Onsite/Online Promotional Health Talks, Webinars, Health Education Series	Covered	Covered	Covered	Covered	Covered
Aman Care App	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

The Premium computed is payable once annually. Flexible payment can be arranged based negotiations.

Family premium quoted is for a family of six (6) (Principal, Spouse, and 4 Children less than 24 years old).

The age limit for the Principal is 65 years old.

Enrollees or Dependents above 65 years old are to be enrolled on the Senior Citizens Plan

### Excluded in all Cover Plans

Non-Accidental Surgical claims incurred within the first year of cover

Chronic Diseases (such as Hypertension, Diabetes, Hyperlipidemia etc) have a 6months waiting period.

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Pregnancy has a 9 month waiting period and delivery is not covered in the first year of enrollment.					
Transplant surgery, Speech disorder, Thyroid disorders, neurological and neurosurgical disorders.					
Plastic/cosmetic surgeries.					
Advanced and complex investigations not stated in the schedule of covered services.					
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.					
Herbal drugs, non-prescription drugs, food supplements, 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.					
Home care and domiciliary services.					
Joint replacements and prosthetic limbs.					
Long-term psychiatric illness (Longer than 6 months).					
Comprehensive health screening/well persons check outside the scope of the benefits covered by the health checks.					
Pre—School Health examinations.					
Treatment for new-born not registered on the plan after 6 weeks of birth.					
Neonatal care not listed under neonatal services.					
Self-inflicted injuries.					
Treatment of obesity.					
All Covid-19 and Hepatitis Treatment.					
Covid-19 testing except as stated in the schedule of covered services.					
Speech disorders.					
Room upgrades beyond that specified in the plan benefit.					
Management of severe burns (burns covering more than 10% body surface area).					
Learning difficulties, behavioral and developmental problems.					
Consultations with unrecognized consultants, hospitals, family doctors, therapists, dental practitioners, or complementary medicines practitioners.					
Any other treatment, service, procedure, or investigation not listed in the schedule of covered medical services.					
Insurance and limits of services are not transferable.					