

| HCI HEALTHCARE LIMITED | | | | |
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| HELPMEWAKA PACKAGE (1-4 Principal lives) | | | | |
| | TITANIUM ULTRA | TITANIUM DELUXE | CITIZEN FRESH | CITIZEN DELIGHT |
| REGION OF COVER | Nigeria | Nigeria | Nigeria | Nigeria |
| PROVIDER TYPE | Standard Network | Enhanced Network | Standard Network | Standard Network |
| PREMIUM PER PERSON PER YEAR | 170 USD per year | 340 USD per year | 340 USD per year | 470 USD per year |
| PREMIUM PER FAMILY PER YEAR (Maximum of 4 children under 21 years of age) | See website | See website | See Website | See Website |
| OUT-PATIENT BENEFIT | | | | |
| GP Consultations at chosen accredited primary care provider including investigations, Basic Imaging (X Ray & USS) nursing care and prescribed medications | Covered | Covered | Covered | Covered |
| Acute care benefits including out-of-network care | Covered | Covered | Covered | Covered |
| Minor Surgeries | Covered | Covered | Covered | Covered |
| Annual physical in your doctor room | Covered | Covered | Covered | Covered |
| SPECIALIST CONSULTATION | | | | |
| Consultation with common specialist (Gynaecologist, Obstetrician, General Surgeon, Paediatrician, ENT Surgeon, Family Physician, Cardiologist) | Covered up to 8 visits a year | Covered up to 10 visits a year | Covered up to 6 visits a year | Covered up to 7 visits a year |
| Consultation with Rare Specialists- Neurosurgion, Endocrinologist, Rheumatologist, Nephrologist etc | | | | |
| CHRONIC DISEASE MANAGEMENT | | | | |
| Prescribed Medications (after 12mths on the scheme) | Up to N70,000 per Year | Up to N90,000 per Year | Up to N40,000 per Year | Up to N50,000 per Year |
| PREVENTIVE & HEALTH PROMOTION BENEFIT | | | | |
| Routine medical Screening | Covered | Covered | Not Covered | Covered |
| Comprehensive Annual Medical screening at designated facilities: | Not Covered | Not Covered | Not Covered | Covered |
| UNDER FIVE IMMUNIZATION BENEFIT | | | | |
| NPI-approved Immunization limited to BCG, OPV, HEPATITIS B, DPT, HEAMOPHILLUS INFLUENZA B, MEASLES, YELLOW FEVER | Covered | Covered | N/A | N/A |

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| Non-NPI Immunization limited to ROTAVIRUS, PNEUMOCOCCAL, CHICKEN POX, TYPHOID FEVER, MENINGITIS | Not Covered | Covered | N/A | N/A |
| MAJOR DISEASE CONDITION BENEFITS | | | | |
| Surgical Procedures (Intermediate & Major) | Up to N150,000 Limit | Up to N250,000 limit | Up to N100,000 limit | Up to N120,000 limit |
| Cancer care limited to diagnosis, radiotherapy & chemotherapy | Not Covered | Not Covered | Not Covered | Up to N100,000 limit |
| REPRODUCTIVE HEALTH BENEFIT | | | | |
| Family Planning including IUCDS, INJECTABLES, ORAL CONTRACEPTIVES, NORPLANT(after 12months on the scheme) | Up to N15,000 per Year | Up to N20,000 per Year | N/A | N/A |
| Infertility limited to diagnosis & prescribed medications | Not Covered | Up to N50,000 per Year | N/A | N/A |
| MATERNITY BENEFITS: (Family Plan holders only after 12mths) | | | | |
| Ante-natal care at registered network provider | Up to N150,000 Limit | Up to N200,000 Limit | N/A | N/A |
| Normal Delivery including Post-Partum Care | | | N/A | N/A |
| Operative Delivery including Post-partum care | | | N/A | N/A |
| Medical Conditions during Pregnancy | Covered | Covered | N/A | N/A |
| Complications from Pregnancy & Childbirth | Covered | Covered | N/A | N/A |
| IN-PATIENT BENEFIT | | | | |
| Ward admission & Feeding | Private Ward up to 15 days per year | Private ward up to 18 days per year | Semi-Private ward up to 10 days per year | Private ward up to 15 days per year |
| Laboratory investigations, Nursing care, dressing & prescribed medications | Covered | Covered | Covered | Covered |
| Specialist Review | Covered up to specialist consult limit stated above | Covered up to specialist consult limit stated above | Covered up to specialist consult limit stated above | Covered up to specialist consult limit stated above |
| PAEDIATRIC CARE (FAMILY PLAN HOLDER ONLY) | | | | |
| Consultation with Neonatologist & Paediatrician | Covered up to 2 consults max | Covered up to 2 consults max | N/A | N/A |

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| Neonatal care including Phototherapy & Incubator care | Up to 24hrs a year | Up to 48hrs a year | N/A | N/A |
| Exchange blood transfusion | covered up to N35,000 | covered up to N50,000 | N/A | N/A |
| ACCIDENT & EMERGENCY BENEFIT | | | | |
| Nationwide Emergency evacuation, Emergency room care including consultations, investigations, surgical intervention & prescribed medications to stabilize patient in Emergency room only | Up to N100,00 Limit | Up to N150,000 limit | Up to N80,000 limit | Up to N100,000 limit |
| EYE CARE BENEFIT | | | | |
| Consultation with Optician including test, Lens & Prescribed Medications | Up to N7,500 Limit | Up to N10,000 limit | Up to N42,500 limit | Up to N60,000 limit |
| DENTAL CARE BENEFIT | | | | |
| Consultation with Dentist including Dental investigations, pain therapy, simple & surgical extraction, Amalgam filling, Root canal treatment, Gingival treatment & crowning only | Up to 10,000 per Year | Up to N15,000 limit | Up to N15,000 limit | Up to N20,000 limit |
| ADDITIONAL BENEFITS | | | | |
| Physiotherapy | 7 Sessions | 10 sessions | 10 sessions | 10 sessions |
| Psychiatry assessment & treatment of acute phase up to 2 weeks | Covered | Covered | Covered | Covered |
| HIV/AIDS Treatment at designated centres | Covered | Covered | Covered | Covered |
| Specialized Laboratory Studies like Hormonal Assays, D-dimers, Cardiac Enzymes etc | Covered | Covered | Covered | Covered |
| Specialized Imaging Studies echocardiogram, IVU, Contrast studies, Doppler Scan etc | Covered | Covered | Covered | Covered |
| Advanced Radiological Studies CT scan or MRI (once annually) | Limited to CT-Scan | Covered | Covered | Covered |
| OVERALL LIMIT Per Individual | 700,000 | 850,000 | No limit | No limit |
| Financial Limit per Family | N 1,497,000.00 | N 2,125,000.00 | | |
| *Please note that there is a 12months waiting period for all chronic conditions, maternity & surgical cases. | | | | |