

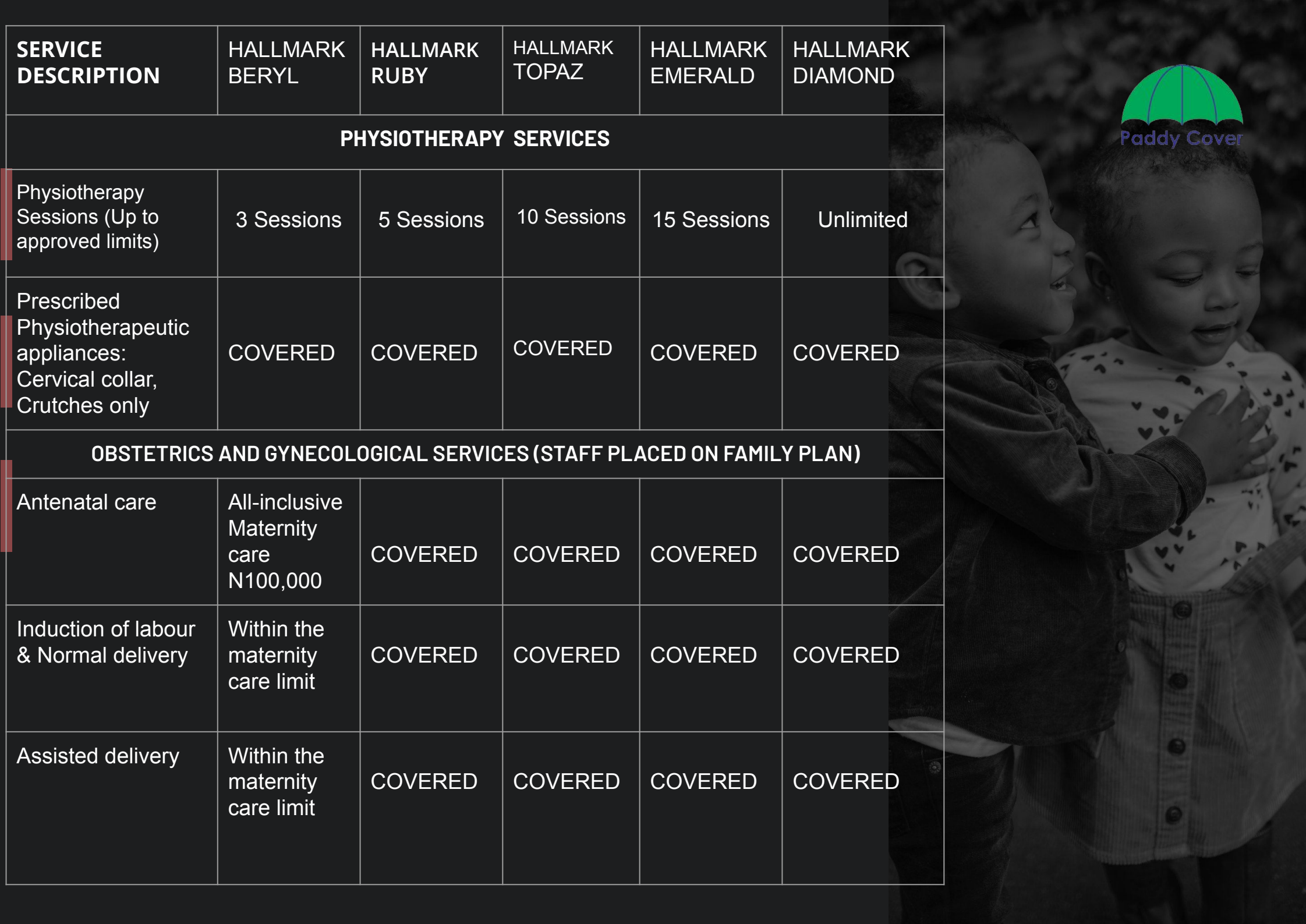


SERVICE DESCRIPTION	HALLMARK BERYL	HALLMARK RUBY	HALLMARK TOPAZ	HALLMARK EMERALD	HALLMARK DIAMOND
OUT-PATIENT SERVICES					
Out-Patient Care, General and Specialist Consultation	COVERED	COVERED	COVERED	COVERED	COVERED
Prescribed Medications	COVERED	COVERED	COVERED	COVERED	COVERED
Management of Chronic Conditions	Limited to Diabetes and Hypertension only.	COVERED	COVERED	COVERED	COVERED
IN-PATIENT SERVICES					
Admissions (including feeding)	Standard Ward	Standard Ward	Semi-Private Ward	Private Ward	Private Ward
Nursing care & Consumables	COVERED	COVERED	COVERED	COVERED	COVERED
Prescribed Medications	COVERED	COVERED	COVERED	COVERED	COVERED

PADDYCOVER
**HEALTH
INSURANCE**

SERVICE DESCRIPTION	HALLMARK BERYL	HALLMARK RUBY	HALLMARK TOPAZ	HALLMARK EMERALD	HALLMARK DIAMOND
DIAGNOSTIC SERVICES					
Basic Radiological studies e.g. Plain x-ray & Ultrasonography (abdominal and Pelvic)	COVERED	COVERED	COVERED	COVERED	COVERED
Laboratory ServicesHistopathology, Hematological investigations, Microbiological investigations, Serology& Clinical chemistry	COVERED	COVERED	COVERED	COVERED	COVERED
Spirometry, Electrocardiogram (ECG) - Rest & EEGElectroencephalogram	NOT COVERED	COVERED	COVERED	COVERED	COVERED
Advanced and Complex Investigations: Echocardiogram, CT scan, MRI only	NOT COVERED	NOT COVERED	CT ONLY	COVERED	COVERED





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PHYSIOTHERAPY SERVICES					
Physiotherapy Sessions (Up to approved limits)	3 Sessions	5 Sessions	10 Sessions	15 Sessions	Unlimited
Prescribed Physiotherapeutic appliances: Cervical collar, Crutches only	COVERED	COVERED	COVERED	COVERED	COVERED
OBSTETRICS AND GYNECOLOGICAL SERVICES (STAFF PLACED ON FAMILY PLAN)					
Antenatal care	All-inclusive Maternity care N100,000	COVERED	COVERED	COVERED	COVERED
Induction of labour & Normal delivery	Within the maternity care limit	COVERED	COVERED	COVERED	COVERED
Assisted delivery	Within the maternity care limit	COVERED	COVERED	COVERED	COVERED



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OBSTETRICS AND GYNECOLOGICAL SERVICES (STAFF PLACED ON FAMILY PLAN)					
Emergency or Medically indicated Elective Caesarean Section	Within the maternity care limit	COVERED	COVERED	COVERED	COVERED
Post-natal care	Within the maternity care limit	COVERED	COVERED	COVERED	COVERED
Family Planning Services - Pills, Injectables, IUCD, tubal ligation and Vasectomy (Within Surgical Limits)	Pills and IUCD Only	COVERED	COVERED	Including Norplant or Implanon	Including Norplant or Implanon
Fertility services (Confirmatory Investigation only)	Counseling, SFA, USS	Counseling, SFA, USS	Counseling, SFA, USS, HGS	Counseling, USS, SFA, HSG, Hormonal Assay	Counseling, USS, SFA, HSG, Hormonal Assay, Hysteroscopy



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NEONATAL/PEDIATRIC SERVICES					
Primary Care including Circumcision, Ear piercing and Exchange Blood transfusion	COVERED	COVERED	COVERED	COVERED	COVERED
Special Baby Care Unit (Intensive care Unitexcluding life support, Phototherapy & Incubator care)	24 Hours	2 days	3 days	5 days	7 days
NPI Immunizations - BCG, Measles, DPT, Yellow Fever, Hepatitis B, Oral Polio, Vitamin A supplementation, Pentavalent	COVERED	COVERED	COVERED	COVERED	COVERED
Additional Immunizations (Varicella, Rotarix, Pneumococcal & MMR)	NOT COVERED	NOT COVERED	NOT COVERED	COVERED	COVERED



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ACCIDENTS AND EMERGENCIES					
Evacuation (Hospital to Hospital & Road Side to Hospital)	COVERED	COVERED	COVERED	COVERED	COVERED
Stabilization, Emergency drugs and Investigations (Including CT scan and MRI only)	Covered without MRI	Covered without MRI	Covered without MRI	COVERED	COVERED
Intensive Care Unit (ICU) excluding life support	24 Hours	2 days	3 days	5 days	7 days
DENTAL SERVICES					
Primary Dental - Care Examination, Basic dental treatment, Simple amalgam or composite filling, Scaling and polishing, Non-surgical extractions and Pain therapy/ relief	Up to a limit of NGN 7500	Up to a limit of NGN 10,000	Up to a limit of NGN 20,000	Up to a limit of NGN 40,000	Up to a limit of NGN 60,000



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DENTAL SERVICES					
Secondary Dental Care - Surgical tooth extraction, Root canal treatment	Up to a limit of NGN 7500	Up to a limit of NGN 10,000	Up to a limit of NGN 20,000	Up to a limit of NGN 40,000	Up to a limit of NGN 60,000
OPHTHALMOLOGICAL SERVICES					
Primary Eye Care - Consultation, Examination, Simple or primary infection or conditions and Medications	NGN 5,000	NGN 5,000	NGN 7,500	NGN 10,000	NGN 15,000
Optical Lenses and frames Annually	NGN 5,000	NGN 7,500	NGN 10,000	NGN 25,000	NGN 40,000
Eye Surgeries	As a part of Overall limit on Surgical services	As a part of Overall limit on Surgical services	As a part of Overall limit on Surgical services	As a part of Overall limit on Surgical services	As a part of Overall limit on Surgical services



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OTOLARYNGOLOGY (ENT) SERVICES					
Treatment of ENT diseases and removal of foreign bodies	As a part of Overall limit on Surgical services	As a part of Overall limit on Surgical services	As a part of Overall limit on Surgical services	As a part of Overall limit on Surgical services	As a part of Overall limit on Surgical services
ENT Surgeries					
SURGICAL SERVICES					
Minor, Intermediate, Major Surgeries and Procedures	Up to a limit of NGN 150,000	Up to a limit of NGN 150,000	Up to a limit of NGN 300,000	Up to a limit of NGN 500,000	Up to a limit of NGN 750,000
Anesthesia, Surgical supplies/Consumables, administration of blood or blood products, etc					
OTHER SERVICES / BENEFITS					
Renal Dialysis	Not Covered	1 session	2 sessions	3 sessions	5 sessions



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OTHER SERVICES / BENEFITS					
Psychiatry cover up to 6 weeks (Out Patient care)	Covered Upto 3 weeks	Covered	Covered	Covered	Covered
Cancer Care: Surgical + Radiotherapy & Chemotherapy	As a part of Overall limit on Surgical services	As a part of Overall limit on Surgical services	As a part of Overall limit on Surgical services	As a part of Overall limit on Surgical services	As a part of Overall limit on Surgical services
HIV/AIDS- Diagnosis + Treatment at free specialist centers	Covered	Covered	Covered	Covered	Covered
On-site Health Checks, Health Talks/ Education forum or wellness fairs	Covered	Covered	Covered	Covered	Covered
Structured Lifestyle management program (Pharmacy benefits)	Covered	Covered	Covered	Covered	Covered



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OTHER SERVICES / BENEFITS					
Annual Health Screening at Designated centers (Pre-booked)	Physical examination , Urinalysis, PCV, blood pressure	Physical examination , Urinalysis, PCV, blood pressure	Physical examination, Urinalysis, PCV, blood pressure	Physical examination, Urinalysis, PCV, blood pressure, blood sugar, Lung/Pulmonary function test, Chest x ray, serum cholesterol, cervical smears every 2 years for women 30 years and above, PSA for men above 40 years	Physical examination, Urinalysis, PCV, blood pressure, blood sugar, Lung/Pulmonary function test, Chest x ray, ECG, serum cholesterol, annual mammogram, cervical smears every 2 years for women > 30 years and above, PSA for men above 40 years.

SERVICE DESCRIPTION	ZIRCON PLAN	
GENERAL CONSULTATION		
Treatment of basic medical and surgical (minor) outpatient and in-patient cases	COVERED	
Telemedicine	COVERED	
SPECIALIST CONSULTATION (ACCESSIBLE AFTER 3 MONTHS)		
O and G specialist, Pediatrician, General Surgeon, Cardiothoracic Surgeon, Neurosurgeon, Cardiologist, ENT Surgeon, Urologist, Orthopedic Surgeon, Gastroenterologist, Psychiatrist	COVERED- Based on referral from Primary Provider	
CHEMISTRY		
Fasting Blood Sugar, Random Blood Sugar, Electrolyte, Urea and Creatinine, Prostate Specific Antigen, Serum albumin, Serum ALT/SGPT, Serum AST/SGOT, Serum Bilirubin (Direct and Indirect)	COVERED	



SERVICE DESCRIPTION	ZIRCON PLAN
MICROBIOLOGY	
Malaria Parasite, widal,Urine MCS, Stool MCS, Serology, Hepatitis B screening	COVERED
SEROLOGY	
On request by clinician; Hepatitis B Screening, HIV Screening, Genotype, Blood group	COVERED (ON REQUEST BY CLINICIAN)
ACCIDENT AND EMERGENCY CARE	
Resuscitative care for accident and emergency cases, including basic radiological and laboratory investigations needed to stabilize patient before being moved to the ICU if need be	COVERED
AMBULANCE SERVICES	
Movement of patients to and fro Hospital	COVERED (ROADSIDE TO HOSPITAL ONLY)




SERVICE DESCRIPTION	ZIRCON PLAN
DIAGNOSTIC AND IMAGING	
Chest X-Rays, Plain Abdominal X-Rays, Limbs X-rays, Neck X-rays, Skull X-rays, Lumbosacral X-Rays, X-rays of Body Joints, Ultrasound Scan, Hematological tests, Hemoglobin, Packed Cell Volume, White cell differential count, Full Blood Count and differentials, White Blood Cell count, Red Blood Cell count.	COVERED
ADMISSIONS AND ACCOMMODATION (ACCESSIBLE AFTER 3 MONTHS)	
Feeding for enrollees on admission	COVERED
Hospital Ward Care	COVERED
Skilled medical and paramedical services	COVERED
Supply of prescribed intravenous/intramuscular, oral and topical drugs	COVERED
Supply of all medical and surgical consumables	COVERED



SERVICE DESCRIPTION	ZIRCON PLAN
Accommodation for in-patient care	COVERED
MINOR SURGERIES	
Wound dressing	COVERED
Incision & drainage of acute and chronic abscesses	COVERED
Suturing of minor wounds	COVERED
Suturing of lacerations	COVERED
Ear piercing	COVERED
Male circumcision	COVERED
PRIMARY DENTAL CARE (ACCESSIBLE AFTER 6 MONTHS)	OPTICAL CARE (ACCESSIBLE AFTER 6 MONTHS)
Scaling and Polishing (Covered up to 7,500 Naira Annual Limit)	Lenses and Frames (ONCE EVERY 2 YEARS) , COVERED (UP TO 10,000 ANNUAL LIMIT)



SERVICE DESCRIPTION	<div>ZIRCON PLAN</div> <div> Paddy Cover</div>	
PRIMARY DENTAL CARE (ACCESSIBLE AFTER 6 MONTHS)	OPTICAL CARE (ACCESSIBLE AFTER 6 MONTHS)	
Specialist Consultation, Routine dental examination, Preventive dental care and counselling, Dental pain therapy, Pharmacological treatment of acute and chronic dental infections, Access to prescribed drugs.	Specialist Consultation, Routine ocular examinations, Pharmacological treatment of acute and chronic ocular infections	