



Paddy Cover

...flexible insurance for everyone

HEALTH INSURANCE

PADDYCOVER/HALLMARK HEALTH
SERVICES BENEFIT SCHEDULE



Service Description	BERYL	RUBY	TOPAZ	EMERALD	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 {15 Days}	Standard Ward {15 Days}	Semi-Private Ward {21 Days}	Private Ward {21 Days}	Private Ward {21 Days}
Nursing care & Consumables	Covered	Covered	Covered	Covered	Covered
Prescribed Medications	Covered	Covered	Covered	Covered	Covered

Service Description	BERYL	RUBY	TOPAZ	EMERALD	DIAMOND
DIAGNOSTIC SERVICES					
Basic Radiological studies e.g. Plain x-ray & Ultrasonography (abdominal and Pelvic)	Covered	Covered	Covered	Covered	Covered
Ultrasonography	Covered	Covered	Covered	Covered	Covered
Laboratory Services- Histopathology, Hematological investigations, Microbiological investigations, Serology& Clinical chemistry	Covered	Covered	Covered	Covered	Covered
Spirometry, Electrocardiogram (ECG) - Rest & EEG- Electroencephalogram	pirometry Only	Covered	Covered	Covered	Covered
Advanced and Complex Investigations: Echocardiogram, CT scan, MRI, Endoscopy, Mammogram, Colonoscopy only	Not Covered	Echocardiogram only	Echocardiogram, Mammogram and CT ONLY		

SERVICE DESCRIPTION	BERYL	RUBY	TOPAZ	EMERALD	DIAMOND
PHYSIOTHERAPY SERVICES					
Physiotherapy Sessions {Up to approved limits}	3 Sessions	5 Sessions	10 Sessions	15 Sessions	Unlimited
Prescribed Physiotherapeutic appliances.	7,500.00	15,000.00	20,000.00	25,000.00	30,000.00
OBSTETRICS AND GYNECOLOGICAL SERVICES					
Maternity care	All-inclusive Maternity care N100,000	All-inclusive Maternity care N250,000	All-inclusive Maternity care N350,000	All-inclusive Maternity care N500,000	All-inclusive Maternity care N900,000
Ante- Natal Care	Within the maternity care limit				
Induction of labour & Normal delivery	Within the maternity care limit				
Assisted delivery	Within the maternity care limit				
Emergency or Medically indicated Elective Caesarean Section	Pills and IUCD Only	Covered	Covered	Including Norplant or Implanon	Including Norplant or Implanon
Post-natal care	Covered	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 (GP Consultation and second opinion. Once a year for investigations)	Consultation only	Consultation, SFA, USS	Consultation, SFA, USS, HSG	Consultation, USS, SFA, HSG, Hormonal Assay	Consultation, USS, SFA, HSG, Hormonal Assay, Hysteroscopy
NEONATAL/PEDIATRIC SERVICES					
Primary Care including Circumcision, Ear piercing and Exchange Blood transfusion	Covered	Covered	Covered	Covered	Covered
Special Baby Care Unit (Intensive care Unit- excluding life support, Phototherapy & Incubator care)	24 Hours	2 days	3 days	5 days	7 days
NPI Immunizations - BCG, Measles, DPT, 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

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 CT and MRI	Covered without CT and MRI	Covered without CT and MRI	Covered	Covered
Intensive Care Unit (ICU) excluding life support	Not Covered	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 10,000	Up to a limit of NGN 15,000	Up to a limit of NGN 25,000	Up to a limit of NGN 50,000	Up to a limit of NGN 60,000
Secondary Dental Care- Surgical tooth extraction, Root canal treatment	Up to a limit of NGN 10,000	Up to a limit of NGN 15,000	Up to a limit of NGN 25,000	Up to a limit of NGN 50,000	Up to a limit of NGN 60,000

OPHTHALMOLOGICAL SERVICES					
Primary Eye Care- Consultation, Examination, Simple or primary infection or conditions and Medications	Covered	Covered	Covered	Covered	Covered
Optical lens and frame Annually	NGN 7,500	NGN 10,000	NGN 12,500	NGN 30,000	NGN 30,000
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
OTOLARYNGOLOGIC (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	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

SURGICAL SERVICES					
Minor, Intermediate, Major Surgeries and Procedures	Up to a limit of NGN 150,000	Up to a limit of NGN 250,000	Up to a limit of NGN 350,000	Up to a limit of NGN 550,000	Up to a limit of NGN 900,000
OTHER SERVICES/ BENEFITS					
Annual Health Screening at Designated centers (Pre-booked) for Principals only	Physical examination, Urinalysis, Full blood count, blood pressure and FBS	Physical examination, Urinalysis, Full blood count, blood pressure and FBS	Physical examination, Urinalysis, Full blood count, blood pressure and FBS	Physical examination, , Full blood Count, blood pressure, blood sugar, EUCR, Chest x-ray, serum cholesterol, cervical smears every 2 years for women 30 years and above, PSA for men above 40 years.	Physical examination, , Full blood Count, blood pressure, blood sugar, EUCR, Chest x-ray, serum cholesterol, cervical smears every 2 years for women 30 years and above, PSA for men above 40 years.
Structured Lifestyle management program (Pharmacy benefits)	Covered	Covered	Covered	Covered	Covered
On-site Health Checks, Health Talks/ Education forum or wellness fairs	Covered	Covered	Covered	Covered	Covered
HIV/AIDS- Diagnosis + Treatment at free specialist centers	Covered	Covered	Covered	Covered	Covered

OTHER SERVICES/ BENEFITS					
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
Psychiatry cover up to 6 weeks (Out Patient care)	Covered Upto 3 weeks	Covered	Covered	Covered	Covered
Telemedicine	Covered	Covered	Covered	Covered	Covered
Mortuary Cover	25000	50000	75000.00	100,000.00	200,000.00
Welfare Insurance (Death/ Permanent Disability)	100,00.00	100,00.00	100,00.00	100,00.00	100,00.00
Gym Access(Principals only)	Not Covered	Not Covered	Not Covered {1x weekly}	Not Covered {2x weekly}	Not Covered {3x weekly}

PREMIUM/INDIVIDUAL/ ANNUM	NGN 42,000.00	NGN 50,400.00	NGN 69,600.00	NGN 150,000.00	NGN 246,000.00
PREMIUM/FAMILY/ ANNUM	NGN 186,000.00	NGN 258,000.00	NGN 336,000.00	NGN 576,000.00	NGN 1,074,000.00
PREMIUM/INDIVIDUAL/ MONTH	NGN 3,500.00	NGN 4,200.00	NGN 5,800.00	NGN 12,500.00	NGN 20,500.00
PREMIUM/FAMILY/ MONTH	NGN 15,500.00	NGN 21,500.00	NGN 28,000.00	NGN 48,000.00	NGN 89,500.00
ANNUAL FINANCIAL LIMIT	NGN600,000.00	NGN900,000.00	NGN1,300,000.00	NGN1,900,000.00	NGN3,200,000.00

SPECIAL PREMIUM HOSPITALS	FAMILY ACCESS FEE	SINGLE ACCESS FEE	LIMIT /HEAD
	NGN 2,500,000	NGN 500,000	SUBJECT TO PLAN