



Mitera HMO **SME Plans**



Consultation coverage

PLAN NAME & PRICING (PER ANNUM)	MiLite	MiClassic	MiGold	MiGold +
INDIVIDUAL	80,080	125,200	210,600	322,800
FAMILY	320,320	525,840	863,460	1,778,400
MINIMUM NUMBER OF PRINCIPALS				
• REQUIRED TO ACTIVATE EACH PLAN	5 - 19	5 - 19	5 - 19	5 - 19
BENEFITS				
HOSPITAL TIER(S)	BAND D	BAND C & D	BAND B, C & D	BAND A, B, C & D
TOTAL BENEFIT LIMITS PER ANNUM (NAIRA);	2,000,000	3,500,000	5,000,000	7,000,000
NOT TRANSFERABLE				
GENERAL INPATIENT CARE				
• ACCIDENT AND EMERGENCY CARE	✓	✓	✓	✓
• Resuscitative care for accident and emergency cases, including basic radiological and laboratory investigations needed to stabilize patient before specialized intervention, intensive care or surgery	✓	✓	✓	✓
• ADMISSIONS AND ACCOMMODATION	UNLIMITED	UNLIMITED	UNLIMITED	UNLIMITED
• Hospital Ward Care	COVERED (GENERAL WARD ONLY)	COVERED (SEMI-PRIVATE WARD)	COVERED (PRIVATE WARD)	COVERED (PRIVATE WARD)
• Skilled medical and paramedical services	✓	✓	✓	✓
• Supply of prescribed medications, medical & surgical consumables	✓	✓	✓	✓
• Blood grouping, cross matching, and transfusion	✓	✓	✓	✓
• Accommodation & feeding for in-patient care	✓	✓	✓	✓
• Accommodation for parents/relatives of patients on admission (Excludes feeding for parents/relatives)	COVERED (FOR 24 HOURS; LIMITED TO ICU AND NEONATAL CARE ONLY)	COVERED (FOR 48 HOURS; LIMITED TO ICU AND NEONATAL CARE ONLY)	COVERED (FOR 48 HOURS; LIMITED TO ICU AND NEONATAL CARE ONLY)	COVERED (FOR 48 HOURS; LIMITED TO ICU AND NEONATAL CARE ONLY)

GENERAL OUTPATIENT CARE

• DOCTOR CONSULTATIONS				
• General practioner consultation	✓	✓	✓	✓
• Specialist consultaiton (except rheumatologist)	✓	✓	✓	✓
• MEDICATIONS				
• Chronic disease medications	✓	✓	✓	✓
• Non-chronic disease medications	✓	✓	✓	✓
• TELEMEDICINE AND PRESCRIPTION FULFILLMENT				
• Free chats with qualified and certified Doctors when in need of care during any medical emergency	✓	✓	✓	✓
• Free drug Pick-up after concluding chats with Doctors at designated Pharmacies	✓	✓	✓	✓
• GPS-enabled access to hospital directories when hospital information is needed	✓	✓	✓	✓
• Free Telemedicine app with details of all covered benefits on the scheme	✓	✓	✓	✓

BASIC DIAGNOSTIC IMAGING

• X-Rays (non-contrast)	✓	✓	✓	✓
• Routine & non-interventional ultrasound Scans (Obstetrics; Abdominal, Pelvic, Breast, Testicular/Scrotal, Thyroid, Prostate, Bladder, and Brain)	✓	✓	✓	✓

ADVANCED DIAGNOSTIC IMAGING

• Resting Electrocardiography (ECG)	✓	✓	✓	✓
• CT Scan (contrast & non-contrast)	✓	✓	✓	✓
• MRI (contrast & non-contrast)	✓	✓	✓	✓
• 2D transthoracic echocardiography (paediatric & adult)	✓	✓	✓	✓
• Advanced non-interventional ultrasound imaging (Uroflowmetry, urodynamics)	✓	✓	✓	✓
• Contrast X-Ray procedures (Urogram, pyelogram, uroflowmetry, etc)	✓	✓	✓	✓
• Non-interventional endoscopy (colonoscopy, sigmoidoscopy, upper GI endoscopy, etc)	✓	✓	✓	✓
• Stress & ambulatory (Holter) ECG Electoencephalogram (EEG)	✓	✓	✓	✓
• 24-hour blood pressure monitoring Doppler Ultrasound Scan	✓	✓	✓	✓

BASIC LABORATORY TESTS

• HAEMATOLOGY				
• FBC + differentials, blood film, RBC indices, ESR,	✓	✓	✓	✓
• Pregnancy test (qualitative Beta HCG), blood group & genotype, PT/INR, clotting profile	✓	✓	✓	✓
• CHEMISTRY				
• Fasting, random, OGTT & post-prandial blood sugar,	✓	✓	✓	✓
• Electrolytes, Urea & Creatinine/Kidney function test, Lipid Profile, Liver function	✓	✓	✓	✓
• MICROBIOLOGY & PARASITOLOGY				
• Malaria parasite, MCS, Hepatitis B Surface Antigen (HBsAg), Hepatitis C screening, HIV I & II screening & VDRL	✓	✓	✓	✓

ADVANCED LABORATORY INVESTIGATIONS/PATHOLOGY

• H.pylori, Stool Occult Blood	✓	✓	✓	✓
• Blood culture, Mantoux/Heaf's Test, HIV Confirmatory Test	✓	✓	✓	✓
• Thyroid Function Tests, Serum Uric Acid, Prostate Specific Antigen (PSA)	✓	✓	✓	✓
• 24Hours Creatinine Clearance	✓	✓	✓	✓
• Pap smear and cytology	✓	✓	✓	✓
• Trypanosomes, leishmania & toxoplasma screening	✓	✓	✓	✓
• Skin snip for microfilaria, skin scrapping for fungi	✓	✓	✓	✓
• Sputum acid-fast bacilli (AFB), QBC Malaria Concentration and fluorescent Staining	✓	✓	✓	✓
• HBA1C, Coomb's test (direct & indirect)	NOT COVERED	✓	✓	✓
• Cardiac markers (CK-MB, Troponin I & T), serum kinase & phosphokinase, D-dimer	NOT COVERED	✓	✓	✓
• Iron studies (serum iron, ferritin, TIBC),	NOT COVERED	✓	✓	✓
• Seminal fluid analysis (SFA)	NOT COVERED	✓	✓	✓
• Protein Electrophoresis, Chlamydia Screening	NOT COVERED	NOT COVERED	✓	✓
• Serum immunoglobulins/Antibodies, immunofluorescence assay	NOT COVERED	NOT COVERED	NOT COVERED	✓

INTENSIVE CARE

- ICU, HDU, Step-down unit, ICU-related care

COVERED (FOR 24 HOURS)

COVERED (FOR 48 HOURS)

COVERED (FOR 72 HOURS)

COVERED (FOR 7 Days)

EYE/OPTICAL CARE

- Specialist Ophthalmologist Consultation



BASIC OCULAR TESTS

- Tonometry/Intra-Ocular Pressure (IOP), Refraction



- Direct ophthalmoscopy or Fundoscopy, Pachymetry, and Slit Lamp



- ADVANCED OCULAR TESTS (One session of each test)



- Central Visual Field, Indirect Ophthalmoscopy, Depth Perception Test



- Shimer's Tear Test, Amsler Test, Retina Photography, OCT Scan, A Scan, B Scan)



- Lenses and Frames (Including Contact lenses)



DENTAL CARE

- Specialist Consultation & routine dental examination
- Preventive dental care and counselling - Scaling and Polishing
- Dental pain therapy & pharmacological treatment of acute and chronic dental infections
- Dental procedures - Surgical & non-surgical extraction, root canal therapy, operculectomy, gingival curettage, composite & amalgam filling, incision and drainage

ALL DENTAL CARE COVERED UP TO ANNUAL LIMIT OF 15,000 NAIRA

ALL DENTAL CARE COVERED UP TO ANNUAL LIMIT OF 30,000 NAIRA

ALL DENTAL CARE COVERED UP TO ANNUAL LIMIT OF 75,000 NAIRA

ALL DENTAL CARE COVERED UP TO ANNUAL LIMIT OF 100,000 NAIRA

PHYSIOTHERAPY CARE

- Specialist consultation & examination, physical therapy



- Access to prescribed drugs



PHYSIOTHERAPY DEVICES

- Cervical collar, arm sling, knee & ankle brace, lumbar corset, crutches



SPECIAL WALKING AIDS

- Walker frame



OBSTETRICS CARE		(Covered for only Those on Family Plan)	(Covered for only Those on Family Plan)	(Covered for only Those on Family Plan)	(Covered for only Those on Family Plan)
<ul style="list-style-type: none"> Antenatal Care Specialist consultations, medications, laboratory tests and scans					
	Covered up to 80,000.00 Naira Limit	Covered up to 100,000.00 Naira Limit	Covered up to 120,000.00 Naira Limit	Covered up to 150,000.00 Naira Limit	
FERTILITY-RELATED CARE Excludes treatment of infertility					
<ul style="list-style-type: none"> Fertility Specialist Consultation and Counselling 	COVERED (1 SESSION ONLY)	COVERED (1 SESSION ONLY)	COVERED (1 SESSION ONLY)	COVERED (1 SESSION ONLY)	
<ul style="list-style-type: none"> Fertility Investigations 	NOT COVERED (TPA)	COVERED (UP TO 30,000 NAIRA LIMIT)	COVERED (UP TO 60,000 NAIRA LIMIT)	COVERED (UP TO 100,000 NAIRA LIMIT)	
NEONATAL CARE (Package A) For babies registered on the plan at the time of care					
<ul style="list-style-type: none"> Neonatal / Special Baby Care Unit 					
<ul style="list-style-type: none"> Support for premature neonate including incubator care & CPAP 	COVERED (FOR 48 HOURS)	COVERED (FOR 5 DAYS)	COVERED (FOR 10 DAYS)	COVERED (FOR 21 DAYS)	
<ul style="list-style-type: none"> Phototherapy " 					
NEONATAL CARE (Package B) For babies NOT registered on the plan at the time of care					
<ul style="list-style-type: none"> Care for babies not ACTIVELY on the plan 					
only applies if the mother has an active policy and expires after 6 weeks of life	COVERED UP TO 30,000 NAIRA LIMIT	COVERED UP TO 40,000 NAIRA LIMIT	COVERED UP TO 50,000 NAIRA LIMIT	COVERED UP TO 60,000 NAIRA LIMIT	
CHILD IMMUNIZATION (0 - 5 YEARS)					
<ul style="list-style-type: none"> Vaccines under the NPI 					
BCG, Polio (OPV/IPV), Diphtheria, Pertussis, Tetanus (DPT)	✓	✓	✓	✓	
Pentavalent, Hepatitis B, Measles, Yellow fever, Vitamin A	✓	✓	✓	✓	
<ul style="list-style-type: none"> Vaccines outside the NPI 					
Chicken pox (varicella), Measles Mump Rubella (MMR)	✓	✓	✓	✓	
Meningitis/meningococcal & Hexavalent	NOT COVERED	✓	✓	✓	
Pneumococcal (PCV) & Rotavirus	NOT COVERED	NOT COVERED	✓	✓	

ADULT IMMUNIZATION (6 YEARS & ABOVE)

• Hepatitis B	✓	✓	✓	✓
• Yellow fever & Meningitis	NOT COVERED	✓	✓	✓

FAMILY PLANNING

• Contraceptive pills	✓	✓	✓	✓
• Implants - Implanon, Norplant, Jadelle	✓	✓	✓	✓
• Copper T Intrauterine Device, Injectibles (Depo Provera, Noristerat)	NOT COVERED	✓	✓	✓

GYM & SPA

• Access to gyms for regular exercise	NOT COVERED	COVERED (1 SESSION PER WEEK)	COVERED (2 SESSIONS PER WEEK)	COVERED (3 SESSIONS PER WEEK)
• Facials	NOT COVERED	EITHER OF FACIALS OR BODY MASSAGE COVERED	COVERED (1 SESSIONS PER YEAR)	COVERED (1 SESSIONS PER YEAR)
• Body Massage	NOT COVERED		COVERED (1 SESSIONS PER YEAR)	COVERED (2 SESSIONS PER YEAR)

SURGERIES

Minor				
Intermediate	COVERED UP TO 100,000 NAIRA PER ANNUM	COVERED UP TO 150,000 NAIRA PER ANNUM	COVERED UP TO 300,000 NAIRA PER ANNUM	COVERED UP TO 500,000 NAIRA PER ANNUM
Major				

CANCER CARE

• Oncologist/ Cancer Specialist visits				
• Cancer-related Radiological investigations	COVERED UP TO 100,000 NAIRA PER ANNUM	COVERED UP TO 150,000 NAIRA PER ANNUM	COVERED UP TO 300,000 NAIRA PER ANNUM	COVERED UP TO 500,000 NAIRA PER ANNUM
• Surgical cancer care & chemotherapy				

RENAL CARE (DIALYSIS)

• Dialysis and all related care	COVERED (2 SESSIONS PER YEAR)	COVERED (3 SESSIONS PER YEAR)	COVERED (4 SESSIONS PER YEAR)	COVERED (5 SESSIONS PER YEAR)
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WELLNESS CHECKS

To be accessed at partner diagnostic centres

• Basic Wellness Check				
BMI Check, General Physical Examination	✓	✓	✓	✓
Blood Pressure Check (Hypertension Screening)				
Blood Sugar Check (Diabetes Screening),				
Urinalysis				

<ul style="list-style-type: none"> Blood Cholesterol Check 				
Annual Visual Acuity Check (Using Snellen Chart)	✓	✓	✓	✓
Pap Smear				
PSA Check (For Men ≥ 40 years of age)				
<ul style="list-style-type: none"> Chest X-ray 				
Mammography (For Women ≥ 40 years of age)				
Liver Function Test	NOT COVERED	✓	✓	✓
Kidney Function Tests (E, U, and Cr)				

AMBULANCE SERVICES

<ul style="list-style-type: none"> Movement of patients to and fro Hospital 	COVERED (HOSPITAL TO HOSPITAL; ROADSIDE TO HOSPITAL)	COVERED (HOSPITAL TO HOSPITAL; ROADSIDE TO HOSPITAL)	COVERED (HOSPITAL TO HOSPITAL; ROADSIDE TO HOSPITAL; HOME TO HOSPITAL)	COVERED (HOSPITAL TO HOSPITAL; ROADSIDE TO HOSPITAL; HOME TO HOSPITAL)
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PSYCHIATRY CARE

<ul style="list-style-type: none"> Mental illness consultation and psychotherapy 	COVERED (6 SESSIONS PER YEAR)	COVERED (8 SESSIONS PER YEAR)	COVERED (12 SESSIONS PER YEAR)	COVERED (12 SESSIONS PER YEAR)
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HIV CARE AND TREATMENT

<ul style="list-style-type: none"> Specialist Consultation and counselling session 	COVERED	COVERED	COVERED	COVERED
<ul style="list-style-type: none"> Specialist Drug therapy " 				

SEEKING SECOND OPINION

<ul style="list-style-type: none"> Diagnosis & treatment confirmation from secondary and tertiary care centres 	COVERED	COVERED	COVERED	COVERED
<ul style="list-style-type: none"> Line of treatment confirmation from Internationally Certified Medical and Surgical Specialists Outside Africa 	NOT COVERED	NOT COVERED	COVERED; 1 CASE PER YEAR	COVERED; 2 CASE PER YEAR

MORTUARY SERVICES

<ul style="list-style-type: none"> After-demise compensation 	NOT COVERED	COVERED (UP TO 50,000 NAIRA LIMIT)	COVERED (UP TO 100,000 NAIRA LIMIT)	COVERED (UP TO 200,000 NAIRA LIMIT)
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LIST OF EXCLUSIONS

Medical examinations, services and supplies.	Medical examinations for the purposes of obtaining and maintaining employment. Medical examinations for the purposes of admission into schools, as a fulfillment of obligation required by schools from time to time, licensing and/or insurance
Advanced surgeries	Including, but not limited to Fetal surgeries, Neuro surgeries, surgeries of the heart and/or liver, Laser, Organ transplant (including bone marrow transplant), total joint replacement, shunt operations and cardiothoracic surgeries
Cosmetic services	Including, but not limited to skin care products, care for balding, cosmetic surgery, dentures, teeth whitening, advanced conservative restorations, orthodontic and associated treatment Provision of artificial limbs "
Custodial care	Home care
Dental care	Including, but not limited to dental appliances, braces crowns, implants and supplies arising from procedures like surgeries.
Experimental, unorthodox or trado-medical care	Including, but not limited to treatment of bone fractures in traditional bone setting homes, traditional birth attendants and health facilities not registered with the ministry of health Any treatment that is not officially recognized by orthodox medicine
Eye treatment	Treatment of glaucoma, retinal detachment, cataract extraction or any treatment not specifically mentioned in the benefit cover. Laser eye surgeries "
Force majeure	Including, but not limited to Conditions relating to epidemics, Injuries arising from participating in wars, riots, strike and/or civil strife.
Professional sports and high risk sports	Bodily injuries arising from partaking in amateur or professional sports, including, but not limited to mountaineering, motorbike racing. Aviation incidents (except when patient is travelling solely as a passenger), hand gliding and parachuting, horse racing, and car racing
Work-related accidents	Mitera HMO plans are not underwritten to cover work-place accidents
Illnesses of unknown cause	All diseases arising from unknown causes are excluded.
Injuries related to intoxication, physical brawls and criminal	Injuries while under the influence of or disablement due wholly or partly to the effect of intoxicating liquor or drugs other than those prescribed by a medical practitioner; Injuries sustained as a result of a criminal action.
Psychiatric care	Treatment of drug addiction, attempted suicide and/or willfully inflicted injuries. Inpatient psychiatric care
Obstetrics	Ante-natal care and Delivery services for pregnancies in excess of four, whether the offspring thereof were born under the scheme or not; provided the insurance quota of principal, spouse and four biological children has been filled. Additional child shall attract a premium to be charged by Mitera HMO. Antenatal & Delivery services for enrollees other than principal insured or spouse.
Overseas treatment	All medical expenses incurred outside Nigeria.
Treatment, service or supplies considered not to be medically necessary.	This applies even if they are prescribed, recommended, or approved by the person's attending Physician or dentist. In order for a treatment, service or supply to be considered Medically necessary, the service or supply must: Be care or treatment which is likely to produce a significant positive outcome as and no more likely to produce a negative outcome than any alternative service Be a diagnostic procedure which is indicated by the health status of the person and be as likely to result in information that could affect the course of treatment as and no more likely to produce a negative outcome than any alternative service as to diagnosis, care and treatment, be not costlier (taking into account all health expenses incurred in connection with the treatment, service or supply), than any alternative service or supply to meet the above tests.
Search and rescue	Mitera HMO shall not cover or pay for search and rescue operations if an enrollee is lost in a remote area.
Treatment of newborns of non-covered mothers	Mitera HMO shall not cover or pay for any treatment incurred by or for any new-born in the first 6 weeks of life delivered to mothers not covered or enrolled under this policy. We only provide automatic cover for specified services, as listed in the benefit schedule, to new-borns in the first 6 weeks of life delivered to Principal Enrollees or Spouses covered by this policy.
Treatment of newborns not registered after 6 weeks of birth	Mitera HMO shall not cover or pay for any treatment incurred by or for any new-born that is not registered after 6 weeks of birth.
Treatment for sexual dysfunction	Mitera HMO shall not pay for appointments and treatments for sexual dysfunction, as well as virility enhancing drugs.
Eligible age	
Miscellaneous	Children above the age of 18 years. Adults above the age of 65 years. " Solicitation by enrollee of a specific treatment and/or drug where the attending physician has not deemed it appropriate to provide such. Congenital abnormalities/Birth defects Molecular diagnostics and in-utero testing Complications (or further treatment) arising from treatment of ailments not covered by the scheme Treatment beyond the limits of a benefit or the total annual benefit Replacement/Exchange/Swap during a policy year is possible within the first 3 months of the policy year, provided the exit staff had not accessed care within that first 3 months. No refund of the previous premium paid on the exit staff is allowed. If any staff joins the company at any time within the period of the scheme, a pro-rated premium is paid on the staff, Based on the number of months to expiration of the current plan. A full premium is then paid for the staff when a new scheme is commenced in the subsequent year. Any benefit not explicitly stated in the list of covered services.