



Welcome to a Healthier, Fuller Life

How your **Couples** Plan Works

AVON  HMO

A warm welcome and thank you for choosing Avon HMO.

Our purpose is to empower you to live a healthier, fuller life by providing access to quality healthcare services. This booklet provides you with key information about your health plan including how to access medical care and details of the covered services.

A few things to note:

Please keep this booklet handy so you can easily access information about your health plan and benefits.

Your health plan provides cover for a period of 12 months and for the specific medical conditions/ services listed on the plan.

Some benefits are subject to a waiting period (details inside). Once you complete the waiting period, these benefits will become accessible permanently as long as you renew your health plan with Avon HMO.

Always keep your membership card with you in case of an emergency.

It helps to save the Avon HMO contact numbers – 0700-277-9800 on your phone so you can easily reach us.

Should you have any difficulties at the hospital, please contact us while you are there so we can resolve it right there and then when all parties are present.

Our Call Centre is open 24 hours a day, 365 days a year so we are always here to help.

Telephone: 0700-277-9800

Email: callcentre@avonhealthcare.com

SMS: 0817-513-3802

WhatsApp: 0817-513-3802



How to access medical care

At any time when you need medical attention, simply visit the hospital you selected on your enrollment form and present your Avon HMO Membership card.

The hospital will take down your details from the card and attend to you accordingly.

In case of emergencies

Go to the hospital closest to you to receive immediate medical attention.

If this happens to be a hospital that is different to the one chosen during enrollment, it is important that we are **notified within 24-48 hours at the latest**. This is important to ensure you receive any refunds you may be entitled to.

Out of your state of residence?

Please contact us and we will help you find a hospital on our network close to your location.

As an Avon HMO member, you will not need to pay for any service covered by your plan, provided you visit a hospital on our network.

Need to see a dentist?

To make things easier for you, we recommend that you only visit a Dental Centre on our network. If you need help finding a facility, please give us a call.

Once there, all you have to do is present your Avon HMO Membership Card to access care.*

Need to access optical care?

For optical care, you will need to first obtain a referral from your doctor.

To get a referral, please visit your primary hospital, see your doctor and you will be referred based on the doctor's recommendation.

Please note that direct visits to Optical Centres without a doctor's referral are not covered.

How to claim a refund

Refunds are valid only in the event of a life-threatening emergency where an immediate payment was made at a hospital outside our network. If this occurs, it is important that we are **notified within 24-48 hours at the latest**.

To claim a refund, we would require a comprehensive medical report and detailed receipt(s). Your refund may not be processed if you provide information that is invalid, incorrect or incomplete.

Please note that refunds for covered services in non-emergency situations will not be honoured.

Staying healthy

We're immensely excited about you joining us on this journey towards living a healthier, fuller life. Our goal is to ensure you stay healthy.

Stay updated with regular health tit-bits via our blog, Live | Love | Discover which can be read online at www.avonhealthcare.com.

Need more information?

If you have any questions or require additional information, please call our 24 hour Call Centre or visit the FAQs page online at: www.avonhealthcare.com/understanding-insurance/faqs.

*Please note that some services may require pre-authorisation.

This section discusses the benefits, services and limits that apply to your health plan. The information on these pages must be read in conjunction with 'Waiting Periods and Exclusions' section to understand what is not covered.

General and Specialist Consultations

- Registration
- Consultations with general practice doctors
- Consultations with specialists – 4 consultations per annum

Admissions & Accommodation

- Admissions – up to a maximum of 15 days per annum per person (cumulative)
- Accommodation in a General ward
- Feeding for enrollee on admission
- Skilled nursing care and inpatient medical services (covered services only)
- Supply of prescribed drugs, dressings, medical and surgical consumables (covered services only)

Prescribed Medicines & Drugs

Supply of drugs & medication – i.e. all enrollees are covered for the drugs recommended in the course of his/her treatment for covered services in line with the National Health Insurance Scheme drug formulary guidelines.

Physiotherapy

- 5 sessions only
- Basic physical therapy including infra-red therapy, TENS stimulation
- Supply of basic physiotherapeutic appliances i.e. cervical collar, lumbar corset, crutches

Travel Immunisation for Adults

- Yellow Fever Vaccine
- Hepatitis B

Laboratory and Diagnostic Investigations

The under listed laboratory/diagnostic services will be carried out based on the clinician's judgment:

Hematology

- Haemoglobin
- Packed cell volume
- Differential count (WBC)
- Full blood count (1-3)
- White cell count
- Red blood count
- ESR westergreen
- Reticulocytes
- Platelets
- Mean Corpuscular Hemoglobin
- Mean Corpuscular Hemoglobin Concentration
- Mean Corpuscular Volume
- Genotype
- Blood group
- Direct coomb's test
- Indirect coomb's test
- Malaria parasites
- Bleeding time
- Clotting time
- Prothrombin time
- Prothromboplastin time

Serology

- Widal
- VDRL test
- HIV 1 & 2
- Australian antigen
- ASO titre
- Rheumatoid factor
- Pregnancy Test HCG (Blood)
- Urine Preg Test
- Blood Group
- VDRL
- R. F. Coombs
- Widal
- Heaf test
- Hepatitis B. Surface antigen
- Confirmatory test for HIV 1 & 11

Clinical Chemistry

- Fasting blood sugar
- Random blood sugar
- 2 hrs. Post prandial
- Glucose tolerance test
- Total bilirubin
- Direct bilirubin
- Indirect bilirubin
- SGOT & SGPT (each)
- Alkaline phosphatase
- Liver function test
- Total protein
- Albumin
- Urea
- Creatinine
- Creatinine clearance
- Sodium
- Potassium
- Chloride
- Bicarbonate
- Electrolyte & urea
- Uric acid
- Calcium
- Phosphorus
- Prostatic acid phosphatase
- Total acid phosphatase
- Amylase
- Cholesterol
- Triglyceride
- CSF Glucose
- CSF Protein
- CSF Chloride
- HDL/LDL Cholesterol
- Gamma GT
- CK Amylase
- Protein electrophoresis & report
- Oral glucose tolerance test

Microbiology

- Occult blood
- Urine M/C/S
- Mantoux/heaf test
- Urine microbiology
- Urinalysis
- Semen culture & sensitivity
- Semen analysis
- Aspirate pus M/C/S
- Microfilaria
- HVS M/C/S
- Urethral & wound M/C/S
- Skin snip
- Stool R/E
- Stool M/C/S
- Skin scrapping for fungal elements
- Sputum AFB for tuberculosis
- Sputum M/C/S
- Blood culture
- Pregnancy test – urine
- C.S.F.M/C/S

Immunology

- Cortisol
- Diabetes screen
- Follicle stimulating hormone
- Growth hormone (HGH)
- HCG (molar pregnancy)
- HCG (pregnancy test)
- Insulin
- Luteinizing hormone (LH)
- Oestriol
- Oestradiol
- Prolactin
- Progesterone
- Testosterone
- Thyroid screen
- Thyrotrophin

Laboratory and Diagnostic Investigations (contd.)

The under listed laboratory/diagnostic services will be carried out based on the clinician's judgment:

Radiological Investigations (Plain X-rays only)

- Upper limb
- Lower limb
- Thorax
- Vertebrae
- Abdomen
- Skull series

Other Investigations

- Spirometry
- E.C.G (Pre and post exercise)

Family Planning Services

- Counselling
- IUCD (Intrauterine Contraceptive Device) e.g. Copper T
- Injectibles – Depo provera
- Oral contraceptives

Maternity Benefit N150000 Limit Applies)

Ante-Natal Care, Delivery & Post-Natal Care

Available after 18 months

- Antenatal services, examinations and supply of drugs
- Management of complications in pregnancy
- Delivery room services
- Management of labour
- Normal & assisted delivery
- Medically necessary caesarean section delivery
- Shirodkar operation
- Post-natal check

Maternity Benefit (N150,000 Benefit Applies)

Neonatal Care

Available after 18 months

Care required by a new born in the six weeks of life:

- Male circumcision
- Ear piercing
- Treatment of mild or moderate neonatal sepsis
- Phototherapy

Accidents & Emergencies

In the event of an accident or an emergency, the individual will be stabilised and given immediate first aid and resuscitative intervention

Definitive treatment will be subject to benefits covered by this health plan

Infertility Check – Once a year

Available after 12 months

- Hormone Profile
- Seminal fluid analysis

Ambulance Services

Ambulance transportation services will be available to evacuate an enrollee:

- From Hospital to Hospital

HIV Aids Care & Treatment

After 12 months & subject to availability at designated centres

- HIV screening
- Confirmatory tests
- Treatment with anti-retroviral drugs when required
- Treatment of opportunistic infections for covered services only

Pre-Marital Medical Check Up

- Genotype Test
- Blood Group Test
- HIV Aids Test
- Hepatitis

Mental Health Services

Available after 12 months

- Acute short term mental health conditions of an ongoing chronic condition including acute psychotic episodes
- Out-patient care for chronic psychiatric cases
- In-patient care for chronic psychiatric care subject to admission limit of 30 days per annum

Surgeries and Procedures - Surgeries are covered up to a limit of N250,000.00 per couple

Available after 12 months

Minor Surgeries

- Wound dressing
- Incision and drainage of abscesses
- Suturing of minor cuts and lacerations

Intermediate Surgeries

- Excision of various lumps
- Repair of hernia
- Appendectomy
- Closed reduction and manipulation of simple fractures
- Ear, nose and throat procedures such as antral washout; antrostomy and tonsillectomy
- Simple emergency gynaecological procedures e.g. surgery for ectopic pregnancy
- Eye surgeries such as removal of pterigium, chalazion, sty

Dental Care

Available after 6 months

- Routine examination of dentition
- Pain relief – drugs only
- Scaling and polishing

Wellness Check (Once a year)

Available after 9 months

- Physical Examination
- Blood Pressure Check
- Urinalysis
- Fasting Blood Sugar

BENEFITS	The Couples Plan
General Consultation	4 per person per annum
Specialist Consultation	4 per person per annum
Lab Investigations	4 per person per annum
Prescribed Drugs	✓
Physiotherapy	5 sessions per annum
Travel Immunisation	✓
Plain & Contrast X-Rays	Plain X Rays
Admissions in Hospital	General Ward
Admissions per Annum	15 Days per person
Feeding on Admission	✓
Drugs and Infusions	✓
MATERNITY BENEFIT (Limits Apply)	<i>After 18 months*</i>
Antenatal Care & Delivery	<i>After 18 months*</i>
Post Natal Care - 6 weeks	<i>After 18 months*</i>
Neonatal Care including Ear piercing, Circumcision	<i>After 18 months*</i>
Pre-Marital Medical Check up	✓
Family Planning Services (Counselling, IUCDs, Injectables, Oral Contraception)	✓
Emergency Care (Accidents & Emergencies, Resuscitative Life-Saving Treatment)	✓
Ambulance Service	Hospital to Hospital
Minor Surgeries	All Surgeries Limit N250,000 per couple
Intermediate Surgeries	
HIV/Aids Treatment (Tests, Drugs, Treatment)	<i>After 12 months</i>
Mental Health Services (Outpatient & Inpatient Care)	30 days Max of Inpatient Care <i>After 12 months</i>
Wellness Check (After 6 months at designated centres)	Physical Exam, BP, Blood Sugar, PCV/HB, Urinalysis
Fertility Investigation (Basic Non-Surgical Investigation)	Basic Invest. Only: USS, SFA <i>After 12 months</i>

Waiting periods

Waiting Periods of 6 - 24 months applies to coverage of the following benefits, where purchased:

Dental Benefits (6 Months)
 Psychiatric/Mental Disorders & Illnesses –
 Outpatient Services only (12 Months)
 Infertility Investigations (12 Months)
 Surgical Procedures including Treatment of
 Hemorrhoids, Fibroids, Hernia, and Adenoidectomy
 (12 Months)
 All expenses associated with HIV/AIDS and related
 conditions (12 Months)

All expenses associated with HIV/AIDS and
 related conditions (12 Months)
 Maternity and Child Delivery Benefits including:
 Pregnancy, Childbirth, Maternity Benefits,
 Abortion, Miscarriage, Antenatal Care, Obstetric
 Scans, Post Natal Care, Neonatal Care,
 Caesarean Section Delivery, etc. (18 Months)

Exclusions

There are conditions/ treatments/services that are not covered by Couple Plan. These include:

Birth defects, congenital conditions or illness,
 autoimmune disorders, sickle cell anaemia,
 conditions and illnesses related to genetic disorders
 Additional immunisations not listed
 Neonatal Care not listed
 Treatment of new-borns not registered on the plan
 within 4 weeks of birth
 Psychiatric Institutionalisation
 Any medical service required or injuries sustained as
 a result of Military, Para Military or Militant service or
 operations
 Any medical service required or injuries sustained as
 a result of Hazardous sports including but not limited
 to water sports, mountaineering, hunting, motor
 racing, riding or diving in any kind of race and
 professional participation in leagues of any sport
 Any medical service required or injuries sustained as
 a result of Air travel except as a fare paying
 passenger in any aircraft licensed for passenger
 carrying
 Any medical service required or injuries sustained as
 a result of War (declared or undeclared), riot, strike,
 and civil commotion; or acts of God or acts of
 terrorism
 Any medical service required or injuries sustained as
 a result of Intentional self-injury, suicide or
 attempted suicide (whether sane or insane),
 chronic venereal disease, member's own criminal
 act, intoxication, the use of drugs not prescribed by
 a physician or injury sustained whilst in a state of
 insanity, alcoholism or costs resulting from
 dependency on or abuse of drugs or other
 addictive substance and drug rehabilitation
 Consultations or treatment by chiropractors,
 acupuncturists, herbalists,
 complimentary/traditional medical practitioners or
 unrecognised consultants, hospitals, family doctors,
 therapists, dental practitioners
 Pre – Existing Conditions. Any medical treatment
 required, relating to an accident or illness which may
 have occurred prior to the effective date or to any
 illness where it was within the knowledge of a member
 that was suffering from it at the effective date

Cancer Investigation or Treatment such as
 chemotherapy or radiotherapy
 Investigations not as listed under covered
 services or Treatments for problems relating to
 Infertility, e.g. IVF, GIFT, Artificial Insemination;
 and Virility Enhancing Drugs
 Herbal Drugs, Non-Prescription Drugs, Food
 Supplements, Dietary and Nutrition Supplements,
 Experimental Drugs and Treatments
 Dental treatment unless otherwise stated to be
 covered by the specific plan
 Optical services unless otherwise stated to be
 covered by the specific plan
 Hearing tests or costs of hearing aids
 Any injury, illness or disease specified as an
 exclusion and complications caused by a
 condition that is excluded or follow up
 treatments or investigations that are due to a
 condition that is excluded
 Home Care, Domiciliary Care
 Joint Replacements
 Supply of Prosthesis (Artificial Limbs, Dental
 Prosthesis)
 Hormonal Replacement Therapy
 Speech Disorders, Learning Difficulties,
 Behavioural & Developmental Problems
 Treatment of Obesity & Weight Loss
 Elective Caesarean Section
 Burns greater than 9%
 All expenses in respect of illnesses/conditions that
 were subject to waiting periods when the
 member and dependants joined the plan
 Treatment protocols that are not normal,
 customary or standard practice within Nigeria
 Any other medical service not listed in the table
 of benefits on the health plan
 Any condition, treatment, procedure, or service
 that is related, is in connection with, or is required
 as a follow-up to an exclusion.
 Overseas Treatment/ Investigations
 Organ Surgery and Transplants
 Plastic/Cosmetic Surgeries or Treatments
 Embalment, Autopsies, Mortuary Services

Terms & Conditions

Start date – Your plan effective date is the 1st of the next month if payment is made after the 20th of the month to allow for registration and delivery of membership card/s

Maximum principal age is 60 years and dependant age limit is 18 years

Family means Principal, Spouse and a maximum of 4 biological children under the age of 18 years

At least one adult has to purchase a plan to enable us register a child/minor less than 18 years.

We are unable to register only a minor, as we do not enter into contracts with minors

Annual wellness checks will be conducted at select HMO Designated Centres and will require prior booking and approval

All services * are available at designated centers

Avon HMO accredits and contracts with hospitals within its network and reserves the right to delist or add a hospital, clinic and/or laboratory to its network without any prior notice. Any change to your selected hospital does not affect the terms and conditions of your healthcare plan

An enrollee is required to choose a hospital/Clinic from the Avon HMO hospital network as its primary care provider

Avon HMO reserves the right to refer an enrollee to a designated hospital/specialist consultant or physician for secondary or tertiary care

