



Welcome to a Healthier, Fuller Life

How your **Premium Life** 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](mailto: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](http://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](http://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 – 6 consultations per person per annum

## Admissions & Accommodation

- Admissions – up to a maximum of 30 days per annum per person (cumulative)
- Accommodation in a Semi-Private ward
- Feeding for enrollee on admission
- Skilled nursing care and inpatient medical services (covered services only)
- Supply of prescribed drugs, infusions, 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

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

## Management of Chronic Conditions

Available after 24 months

Consultation and drugs for chronic conditions such as:

- Hypertension
- Diabetes Mellitus
- Asthma
- Hepatitis

**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

### Ultrasound scan

- Abdominal Scan
- Pelvic Scan
- Abdominopelvic Scan

### Other Investigations

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

## Advanced Investigations

- Electroencephalogram (EEG)
- Echo
- CT Scan
- MRI Scan
- Myelogram

## Family Planning Services

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

## Maternity Benefit (N300,000 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 (N300,000 Limit 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

## Routine Immunisations

All immunisations listed below are covered: -

- BCG
- Measles
- DPT
- Oral polio vaccine (OPV)
- Pentavalent vaccine
- Vitamin A supplementation

## Additional Immunisations for 0 - 5 years

- Heberix
- Rotarix
- MMR (measles, mumps & rubella)
- Menavax
- Yellow fever
- Pneumococcal

## Travel Immunisation for Adults

- Yellow Fever Vaccine
- Hepatitis B

## 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



## Ambulance Services

Ambulance transportation services will be available to evacuate an enrollee:  
From Hospital to Hospital

## Surgeries and Procedures - Surgeries are covered up to a limit of N350,000.00 per member

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.

## Optical Care – Up to N10,000 per member

Available after 12 months

Registration  
Drugs  
Eye Test - Refraction testing and intra ocular pressure (IOP) only  
Supply of frames and lenses (unifocal, bifocal, varifocal) replaceable once every two years

## Dental Care – Limit of N25,000 per member

Available after 6 months

Routine examination of dentition  
Pain relief  
Scaling and polishing – Limited to once a year  
Amalgam or composite filling for dental caries  
Non-surgical extraction

## 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

## Infertility Check – Once a year

Available after 12 months

- Hormone Profile
- Seminal fluid analysis

## Wellness Check (Once a year)

Available after 9 months

- Physical Examination
  - Blood Pressure Check
  - Urinalysis
  - Fasting Blood Sugar
  - Stool Microscopy
  - Cholesterol
  - Chest X-ray
  - PCV/HB
- At selected HMO designated centers only

## 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

## Renal Dialysis

- 2 sessions of dialysis only for acute renal conditions

## Intensive Care Unit - Limited to a maximum of 3 days cover

- Stroke Management
- Chronic Pain Management
- Management of Diabetic Emergencies
- Intensive Care treatment and ICU care – Patient is placed on life support machines when necessary including artificial respiration
- Ventilator Care
- Treatment of Arrhythmias and Cardiac Emergencies
- Medical Management of Myocardial Infraction or Heart Attack
- Stabilisation and maintenance treatment of Chronic Diseases

## Neonatal Intensive Care Unit & Special Baby Care Unit - Limited to a maximum of 3 days cover

- Severe Sepsis
- Complications of birth
- Severe neonatal jaundice
- Stabilisation and treatment for other conditions

| BENEFITS  | Premium Life                                |
|---|---|
| General Consultation  | 4 per annum                                 |
| Specialist Consultation   | 6 per annum                                 |
| Lab Investigations  | 4 per annum                                 |
| Prescribed Drugs  | ✓   |
| Physiotherapy   | 10 sessions per annum                       |
| Travel Immunisation   | ✓   |
| Management of Chronic Conditions (Consult, Drugs & Tests)                         | After 24 months                             |
| Plain & Contrast X-Rays   | ✓   |
| Ultrasound Scans  | ✓   |
| Admissions in Hospital  | Semi-Private Ward                           |
| Admissions per Annum  | 30 Days                                     |
| Feeding on Admission  | ✓   |
| Drugs and Infusions   | ✓   |
| <b>MATERNITY BENEFIT (Limits Apply)</b>   | After 18 months*                            |
| Antenatal Care & Delivery   | After 18 months*                            |
| Post Natal Care - 6 weeks   | After 18 months*                            |
| Neonatal Care including Ear piercing, Circumcision                                | After 18 months*                            |
| Family Planning Services<br>(Counselling, IUCDs, Injectables, Oral Contraception) | ✓   |
| Routine (NPI) Immunisations<br>(OPV, BCG, DPT, Measles, HBV, Vitamin A)           | 0 - 5 years                                 |
| Additional Immunisations<br>(Heberix, MMR, Menavax, Rotarix, Yellow Fever)        | 0 - 5 years                                 |
| Emergency Care<br>(Accidents & Emergencies, Resuscitative Life-Saving Treatment)  | ✓   |
| Ambulance Service   | Hospital to Hospital                        |
| Minor Surgeries   | Surgeries<br>Limit N350,000 per person      |
| Intermediate Surgeries  | Surgeries<br>Limit N350,000 per person      |
| Optical Care<br>(Eye Tests, Eye Glasses)  | Limit N10,000 per person<br>After 12 months |

| BENEFITS   | Premium Life  |
|--|---|
| Primary Dental Care<br>(Pain Relief, Scaling & Polishing, Simple Fillings & Extractions) | Limit N25,000 per annum<br><i>After 6 months</i>  |
| HIV/Aids Treatment (Tests, Drugs, Treatment)   | <i>After 12 months</i>  |
| Special Investigations<br>(ECG & EEG, Myelogram, CT Scan, ECHO, MRI Scan)                | ✓   |
| Mental Health Services (Outpatient & Inpatient Care)                                     | 30 days Max of Inpatient Care<br><i>After 12 months</i>                                 |
| Wellness Check (After 6 months at designated centres)                                    | Physical Exam, BP, Blood Sugar,<br>PCV/HB, Urinalysis,<br>Stool Microscopy, Cholesterol |
| Intensive Care, Neonatal ICU, Special Baby Unit Care                                     | Max 3 days  |
| Infertility Investigation (Basic Non-Surgical Investigation)                             | Basic Invest. Only:<br>USS, SFA, Hormone Profile<br><i>After 12 months</i>              |
| Renal Dialysis   | 2 sessions  |

## Waiting Periods

Waiting periods of 6 – 24 months applies to coverage of the following benefits, where purchased:

- |   |   |
|---|---|
| Dental Benefits (6 Months)  | Wellness (9 Months)   |
| Optical Benefits (12 Months)  | Maternity and Child Delivery Benefits including:  |
| Psychiatric/Mental Disorders & Illnesses – Outpatient Services only (12 Months)   | Pregnancy, Childbirth, Maternity benefits, Abortion, Miscarriage, Antenatal Care, Obstetric Scans, Post Natal Care, Neonatal Care, Caesarean Section Delivery, etc. (18 Months) |
| Infertility Investigations (12 Months)  | Management of Chronic Conditions (24 Months)  |
| Minor/ Intermediate Surgical Procedures including Treatment of Hemorrhoids, Fibroids, Hernia, and Adenoidectomy (12 Months) |   |
| All expenses associated with HIV/AIDS and related conditions (12 Months)  |   |

## Exclusions

There are conditions/ treatment/ services that are not covered by the Premium Life Plan. These include:

- |   |  |
|---|--|
| Birth defects, congenital conditions or illness,  | Organ Surgery and Transplants  |
| autoimmune disorders, sickle cell anaemia,  | Plastic/Cosmetic Surgeries or Treatments   |
| conditions and illnesses related to genetic disorders   | Embalment, Autopsies, Mortuary Services  |
| Additional immunisations not listed   | Cancer Investigation or Treatment such as chemotherapy or radiotherapy   |
| Neonatal Care not listed under services   | Investigations not as listed under covered services or Treatments for problems relating to Infertility, e.g. IVF, GIFT, Artificial Insemination; and Virility Enhancing Drugs                            |
| Treatment of new-borns not registered on the plan within 4 weeks of birth   | Herbal Drugs, Non-Prescription Drugs, Food Supplements, Dietary and Nutrition Supplements, Experimental Drugs and Treatments   |
| Psychiatric Institutionalisation  | Dental treatment unless otherwise stated to be covered by the specific plan  |
| Any medical service required, or injuries sustained as a result of Military, Para Military or Militant service or operations  | Optical services unless otherwise stated to be covered by the specific plan  |
| 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   | Hearing tests or costs of hearing aids   |
| 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 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 |
| 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   | Home Care, Domiciliary Care  |
| 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 | Joint Replacements   |
| Consultations or treatment by chiropractors, acupuncturists, herbalists, complimentary/traditional medical practitioners or unrecognised consultants, hospitals, family doctors, therapists, dental practitioners   | Supply of Prosthesis (Artificial Limbs, Dental Prosthesis)   |
| 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  | Hormonal Replacement Therapy   |
| Overseas Treatment/ Investigations  | 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.   |

## Terms & Conditions

Start date – Your plan effective date is the 1<sup>st</sup> of the next month if payment is made after the 20<sup>th</sup> 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

Chronic conditions are excluded in the first 24 months of your health plan; some examples of chronic conditions are listed below. Please note that this is not an exhaustive list:

- Hypertension and Cardiac Related diseases
- Diabetes Mellitus and its related conditions
- Hepatitis B & C
- Asthma

