



Mitera HMO RETAIL Plans



Accredited by the National Health Insurance Authority (NHIA)



MITERA HMO RETAIL PLANS

Mi BASIC PLAN

Mi CLASSIC PLAN

Mi PLATINUM PLAN

Mi ELITE PLAN

HOSPITAL TIER(S)	BAND D	BAND C	BAND B	BAND A
PREMIUMS PER ANNUM PER HEAD (NAIRA)	88,800.00	109,500.00	375,500.00	544,800.00
COVERAGE FOR A FAMILY OF THREE	266,400.00	328,500.00	1,126,500.00	1,634,400.00
TOTAL BENEFIT LIMITS PER INDIVIDUAL PER ANNUM (NAIRA)*	1,200,000.00	1,800,000.00	3,000,000.00	5,000,000.00

GENERAL CONSULTATION

 COVERED
(Outpatient and Inpatient)

 COVERED
(Outpatient and Inpatient)

 COVERED
(Outpatient and Inpatient)

 COVERED
(Outpatient and Inpatient)

Treatment of basic medical and surgical (minor) outpatient and in-patient cases	Covered	Covered	Covered	Covered
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**SPECIALIST CONSULTATION
(ACCESSIBLE AFTER 1 WEEK)**

 COVERED UP TO
3 SESSIONS PER ANNUM
(Outpatient and Inpatient;
Based on referral
from Primary Provider)

 COVERED UP TO
5 SESSIONS PER ANNUM
(Outpatient and Inpatient;
Based on referral
from Primary Provider)

 COVERED UP TO
10 SESSIONS PER ANNUM
(Outpatient and Inpatient;
Based on referral
from Primary Provider)

 COVERED UP TO
15 SESSIONS PER ANNUM
(Outpatient and Inpatient;
Based on referral
from Primary Provider)

Allergist / Immunologist	Covered	Covered	Covered	Covered
Anesthesiologist	✓	✓	✓	✓
Benign Hematologist	✓	✓	✓	✓
Cardiologist	✓	✓	✓	✓
Dermatologist	✓	✓	✓	✓
Endocrinologist	✓	✓	✓	✓
Family Medicine Physician	✓	✓	✓	✓
Gastroenterologist	✓	✓	✓	✓
General Surgeon	✓	✓	✓	✓
Gynaecologist / Obstetrician	✓	✓	✓	✓
Neurologist	✓	✓	✓	✓
Nephrologist	✓	✓	✓	✓
Oncologist	✓	✓	✓	✓
Ophthalmologist	✓	✓	✓	✓
Orthopedic Surgeon	✓	✓	✓	✓
Otolaryngologist (ENT Specialist)	✓	✓	✓	✓
Pediatrician and non-surgical pediatric specialists	✓	✓	✓	✓
Psychiatrist	✓	✓	✓	✓
Pulmonologist	✓	✓	✓	✓
Radiologist	✓	✓	✓	✓
Rheumatologist	✓	✓	✓	✓

**24 HOURS FREE CHAT ACCESS TO
HEALTHCARE PROFESSIONALS
(INFOTECH-DRIVEN)**

Teleconsultation with qualified and certified Doctors on Mapp	Covered	Covered	Covered	Covered
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**ACCIDENT AND EMERGENCY CARE
(ACCESSIBLE AFTER 1 WEEK)**

Resuscitative care for accident and emergency cases, including BASIC radiological and laboratory investigations needed to stabilize patient.	✓	✓	✓	✓
TRANSPORTATION SERVICES (Movement of patients from accident site to the hospital).	Covered	Covered	Covered	Covered

**BASIC LAB TESTS (HAEMATOLOGY,
CHEMISTRY AND MICROBIOLOGY)
(ACCESSIBLE AFTER 1 WEEK)**

Hemoglobin (HB)	Covered	Covered	Covered	Covered
Packed Cell Volume (PCV)	✓	✓	✓	✓
White cell count (Total and Differential)	✓	✓	✓	✓
Full Blood Count and differentials (FBC)	✓	✓	✓	✓
White Blood Cell count	✓	✓	✓	✓
Red Blood Cell/Reticulocyte count	✓	✓	✓	✓
Grouping and Cross Matching (on request by clinician)	✓	✓	✓	✓
Genotype (Available only upon provider request)	✓	✓	✓	✓
Erythrocyte Sedimentation Rate (ESR)	✓	✓	✓	✓
Osmotic Fragility Test	✓	✓	✓	✓
MCHC	✓	✓	✓	✓
MCH	✓	✓	✓	✓
MCV	✓	✓	✓	✓
Blood Film	✓	✓	✓	✓
Urine and Blood Pregnancy (Beta HCG) Test	✓	✓	✓	✓
Blood Sugar Tests (fasting, random, post-prandial)	✓	✓	✓	✓
Glucose Challenge Test	✓	✓	✓	✓
Electrolytes, Urea and Creatinine	✓	✓	✓	✓
Vitamin Level Measurement	✓	✓	✓	✓
Lipid Profile (Fasting) (Cholesterol, HDL, LDL, Triglyceride Profile)	✓	✓	✓	✓
Amylase/ Lipase measurement	✓	✓	✓	✓
Liver Function Test (LFT)	✓	✓	✓	✓
Serum Sodium	✓	✓	✓	✓
Serum Calcium	✓	✓	✓	✓
Serum Magnesium	✓	✓	✓	✓
Serum Potassium	✓	✓	✓	✓
Serum Lithium	✓	✓	✓	✓
Serum Chloride	✓	✓	✓	✓

Serum Bicarbonate	✓	✓	✓	✓
Serum Alkaline Phosphate	✓	✓	✓	✓
Serum Acid Phosphate	✓	✓	✓	✓
Serum Inorganic Phosphate	✓	✓	✓	✓
Serum Bilirubin (Total and Direct)	✓	✓	✓	✓
Serum Albumin or protein	✓	✓	✓	✓
Serum Lactate Dehydrogenase	✓	✓	✓	✓
Serum Gamma Glutamyl Transferase	✓	✓	✓	✓
Prothrombin time (PT/INR)	✓	✓	✓	✓
Urinalysis and urine chemistries	✓	✓	✓	✓
Malaria Parasite (MP)	✓	✓	✓	✓
Urine M/C/S	✓	✓	✓	✓
Endocervical Swab (ECS) M/C/S	✓	✓	✓	✓
High Vaginal Swab (HVS) M/C/S	✓	✓	✓	✓
Urethral Swab M/C/S	✓	✓	✓	✓
Throat Swab M/C/S	✓	✓	✓	✓
Ear Swab M/C/S	✓	✓	✓	✓
Wound Swab M/C/S	✓	✓	✓	✓
Eye Swab M/C/S	✓	✓	✓	✓
Sputum M/C/S	✓	✓	✓	✓
Aspirates M/C/S	✓	✓	✓	✓
Stool M/C/S	✓	✓	✓	✓
VDRL (Venereal Disease Research Laboratory) Test	✓	✓	✓	✓
H.Pylori (serum antigen or antibody)	✓	✓	✓	✓
Trypanosomes screening	✓	✓	✓	✓
Toxoplasma Screening	✓	✓	✓	✓
Skin Snip for Microfilaria	✓	✓	✓	✓
Skin Scraping for Fungi	✓	✓	✓	✓
Leishmania Screening	✓	✓	✓	✓
Mantoux/Heaf's Test	✓	✓	✓	✓
Blood Culture	✓	✓	✓	✓
Stool Occult Blood	✓	✓	✓	✓
Stool and Urine Microscopy	✓	✓	✓	✓
Hepatitis B (Available only upon provider request)	✓	✓	✓	✓
HIV Screening (Available only upon provider request)	✓	✓	✓	✓

BASIC DIAGNOSTIC IMAGING AND PROCEDURES (ACCESSIBLE AFTER 1 WEEK)

Chest X-Rays	✓	✓	✓	✓
Plain Abdominal X-Rays	✓	✓	✓	✓
Limbs (Hand,Forearm,Upper arm,Thigh and Leg) X-rays	✓	✓	✓	✓
Neck X-rays	✓	✓	✓	✓
Skull X-rays	✓	✓	✓	✓
Lumbosacral X-Rays	✓	✓	✓	✓
X-rays of All Body Joints	✓	✓	✓	✓
Ultra sound	✓	✓	✓	✓

IMMUNIZATIONS (0-5 YEARS) (ACCESSIBLE AFTER 1 WEEK)

Bacillus Calmette-Guérin (BCG)	✓	✓	✓	✓
Oral Polio Vaccine (OPV)	✓	✓	✓	✓
Inactivated Polio Vaccine (IPV)	✓	✓	✓	✓
Pentavalent Vaccine (DPT-HepB-Hib)	✓	✓	✓	✓
Haemophilus influenzae type B (Hib)	✓	✓	✓	✓
Diphtheria, Pertussis, Tetanus (DPT) Booster	✓	✓	✓	✓
Hepatitis B	✓	✓	✓	✓
Vitamin A Supplementation	✓	✓	✓	✓
Measles	Not Covered	Not Covered	✓	✓
Yellow Fever	Not Covered	Not Covered	✓	✓
Meningitis A (MenA)	Not Covered	Not Covered	✓	✓
Tetanus, Diphtheria (Td) Booster	Not Covered	Not Covered	Not Covered	✓

ADMISSIONS AND ACCOMMODATION
(ACCESSIBLE AFTER 3 MONTHS)

(20 DAYS/ANNUM)

(30 DAYS/ANNUM)

(45 DAYS/ANNUM)

(60 DAYS/ANNUM)

Admissions	Covered (General Ward)	Covered (General Ward)	Covered (Private Ward)	Covered (Private Ward)
Skilled medical and paramedical services FEES	Covered	Covered	Covered	Covered
Supply of all medical and surgical consumables for inpatient and outpatient care outside of OR	Covered	Covered	Covered	Covered
Supply of all medical and surgical consumables	Covered	Covered	Covered	Covered

MINOR SURGERIES
(ACCESSIBLE AFTER 3 MONTHS)

SUBJECT TO STATED
SURGICAL LIMITS

SUBJECT TO STATED
SURGICAL LIMITS

SUBJECT TO STATED
SURGICAL LIMITS

SUBJECT TO STATED
SURGICAL LIMITS

Wound dressing	Covered	Covered	Covered	Covered
Incision & drainage of acute and chronic abscesses	Covered	Covered	Covered	Covered
Suturing of minor wounds	Covered	Covered	Covered	Covered
Suturing of lacerations	Covered	Covered	Covered	Covered
Ear piercing	Covered	Covered	Covered	Covered
Male circumcision	Covered	Covered	Covered	Covered

PRIMARY DENTAL CARE

Specialist Consultation	Covered	Covered	Covered	Covered
Routine dental examination	Covered	Covered	Covered	Covered
Preventive dental care and counselling	Covered	Covered	Covered	Covered
Dental pain therapy	Covered	Covered	Covered	Covered
Pharmacological treatment of acute and chronic dental infections	Covered	Covered	Covered	Covered
Access to prescribed drugs	Covered	Covered	Covered	Covered
Scaling and Polishing and other Secondary dental procedures	(COVERED UP TO 5,000 Naira ANNUAL LIMIT)	(COVERED UP TO 7,500 Naira ANNUAL LIMIT)	(COVERED UP TO 15,000 Naira ANNUAL LIMIT)	(COVERED UP TO 25,000 Naira ANNUAL LIMIT)

PHYSIOTHERAPY CARE

3 Sessions Per Year

5 Sessions Per Year

10 Sessions Per Year

15 Sessions Per Year

Physiotherapy Consultation	Covered	Covered	Covered	Covered
Routine fitness examination	Covered	Covered	Covered	Covered
Preventive Counselling on referral	Covered	Covered	Covered	Covered
Pain therapy	Covered	Covered	Covered	Covered

MENTAL HEALTH MANAGEMENT

Teleconsultation with qualified and certified Doctors Mental illness care with certified psychiatrists	Covered	Covered	Covered	Covered
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ACCESSIBLE FROM
QUARTER 4

OPTICAL CARE

ALL EYE CARE COVERED
UP TO A GLOBAL ANNUAL
LIMIT OF 15,000 NAIRA

ALL EYE CARE COVERED
UP TO A GLOBAL ANNUAL
LIMIT OF 25,000 NAIRA

ALL EYE CARE COVERED
UP TO A GLOBAL ANNUAL
LIMIT OF 40,000 NAIRA

ALL EYE CARE COVERED
UP TO A GLOBAL ANNUAL
LIMIT OF 60,000 NAIRA

Specialist Ophthalmologist Consultation	Covered	Covered	Covered	Covered
Basic ocular tests (Tonometry/Intra-Ocular Pressure, Refraction, Fundoscopy, Pachymetry, and Slit Lamp)	Covered	Covered	Covered	Covered
Pharmacological treatment of acute and chronic ocular infections	Covered	Covered	Covered	Covered
Lenses and Frames (ONCE EVERY 2 YEARS)	(COVERED UP TO 5,000 Naira ANNUAL LIMIT)	(COVERED UP TO 10,000 Naira ANNUAL LIMIT)	(COVERED UP TO 10,000 Naira ANNUAL LIMIT)	(COVERED UP TO 10,000 Naira ANNUAL LIMIT)

ACCESSIBLE FROM
QUARTER 5

INTERMEDIATE SURGERIES

(Covered up to 150,000 Naira Annual GLOBAL limit)

(Covered up to 300,000 Naira Annual GLOBAL limit)

(Covered up to 500,000 Naira Annual GLOBAL limit)

(Covered up to 750,000 Naira Annual GLOBAL limit)

THE OVERALL BENEFIT LIMITS PER INDIVIDUAL PER ANNUM ARE NOT TRANSFERABLE TO ANY OTHER ENROLLEE ON ANY OF THE PLANS, OR TO ANY OTHER THIRD PARTY.

All Surgeries on Red Beryl Plan (Except Those on Exclusion List) Are Covered up to a Global Annual Limit of 150,000 Naira per Individual per Annum, Regardless of the Type of Surgery; Once This Limit Is Exceeded, No More Surgical Cover for the Individual in the Same Policy Year Until Renewal

All Surgeries on Red Beryl Plan (Except Those on Exclusion List) Are Covered up to a Global Annual Limit of 300,000 Naira per Individual per Annum, Regardless of the Type of Surgery; Once This Limit Is Exceeded, No More Surgical Cover for the Individual in the Same Policy Year Until Renewal

All Surgeries on Red Beryl Plan (Except Those on Exclusion List) Are Covered up to a Global Annual Limit of 500,000 Naira per Individual per Annum, Regardless of the Type of Surgery; Once This Limit Is Exceeded, No More Surgical Cover for the Individual in the Same Policy Year Until Renewal

All Surgeries on Red Beryl Plan (Except Those on Exclusion List) Are Covered up to a Global Annual Limit of 750,000 Naira per Individual per Annum, Regardless of the Type of Surgery; Once This Limit Is Exceeded, No More Surgical Cover for the Individual in the Same Policy Year Until Renewal

SCHEDULE B – POLICY EXCLUSIONS (NON-COVERED SERVICES)

<p>Medical examinations, services and supplies.</p>	<ul style="list-style-type: none"> · 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 · Including, but not limited to provision of hearing aids.
<p>Advanced surgeries</p>	<p>Including, but not limited to Fetal surgeries, Neuro surgeries, surgeries of the heart and/or liver, Organ transplant (including bone marrow transplant), shunt operations and cardiothoracic surgeries</p>
<p>Cosmetic Services</p>	<p>Including, but not limited to cosmetic surgery, dentures, advanced conservative restorations, orthodontic and associated treatment</p> <p>Provision of artificial limbs</p>
<p>Custodial care</p>	<p>Home care</p>
<p>Experimental, unorthodox or traditional medical care</p>	<p>Including, but not limited to treatment of bone fractures in traditional bone setting homes</p> <p>Any treatment that is not officially recognized by orthodox medicine.</p>
<p>Eye treatment</p>	<p>Treatment of glaucoma, retinal detachment, cataract extraction or any treatment not specifically mentioned in the benefit cover.</p> <p>Laser eye surgeries</p>
<p>Force majeure</p>	<p>Including, but not limited to Conditions relating to epidemics, Injuries arising from participating in wars, riots, strike and/or civil strife.</p>
<p>Professional sports and high risk sports</p>	<p>Bodily injuries arising from partaking in professional sports, including, but not limited to mountaineering where ropes and glides are used, aviation (except when patient is travelling solely as a passenger), Hand gliding and parachuting, horse racing, car and motorbike racing.</p>
<p>Illnesses of unknown cause</p>	<p>All diseases arising from unknown causes are excluded.</p>
<p>Injuries related to intoxication or fights and physical brawls.</p>	<p>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;</p> <p>treatment of drug addiction, attempted suicide and/or willfully inflicted injuries.</p>
<p>Obstetrics</p>	<p>Purchase our Pregnancy Plan for this</p> <p>All medical expenses incurred outside Nigeria.</p>

<p>Overseas treatment</p>	<p>All medical expenses incurred outside Nigeria.</p>
<p>Treatment, service or supplies considered not to be medically necessary.</p>	<p>This applies even if they are prescribed, recommended, or approved by the person's attending Physician or dentist.</p> <p>In order for a treatment, service or supply to be considered Medically necessary, the service or supply must:</p> <p>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 or supply both as to the Sickness or Injury involved and the person's overall health condition</p> <p>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 or supply both as to the sickness or injury involved and the person's overall health condition; and</p> <p>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.</p> <p>In determining if a service or supply is appropriate under the circumstances, Mitera Health HMO will take into consideration: information relating to the affected person's health status; reports in peer reviewed medical literature; reports and guidelines published by nationally recognized health care organizations that include supporting scientific data; the opinion of health professionals in the generally recognized health specialty involved; and any other relevant information brought to Mitera Health HMO 's attention.</p> <p>In no event will the following services or supplies be considered to be Medically Necessary:</p> <p>Those that do not require the technical skills of a medical, a mental health, or a dental professional; or</p> <p>Those furnished mainly for the personal comfort or convenience of the person, any person who cares for him or her, or any persons who is part of his or her family, any healthcare provider, or healthcare facility; or</p> <p>Those furnished solely because the person is an inpatient on any day on which the person's Sickness or Injury could safely, and adequately, be diagnosed or treated while not confined; or those furnished solely because of the setting, if the service or supply could safely and adequately be furnished in a Physician's or a dentist's office or other less costly setting.</p>
<p>Work-related accidents</p>	<p>According to the prescribed law.</p>
<p>Search and rescue</p>	<p>Mitera Health HMO shall not cover or pay for search and rescue operations if an enrollee is lost in a remote area.</p>
<p>Treatment of newborns not registered</p>	<p>Mitera Health HMO shall not cover or pay for any treatment incurred by or for any new-born that is not registered on any of our plans</p>
<p>Treatment for sexual dysfunction</p>	<p>Mitera Health HMO shall not pay for appointments and treatments for sexual dysfunction, as well as virility enhancing drugs."</p>
<p>Miscellaneous</p>	<p>Solicitation by enrollee of a specific treatment and/or drug where the attending physician has not deemed it appropriate to provide such.</p> <p>Congenital abnormalities/Birth defects</p> <p>Complications (or further treatment) arising from treatment of ailments not covered by the scheme or treatment received from hospitals not on the network where prior authorization had not been obtained from Mitera Health HMO, in cases that do not qualify as emergencies."</p> <p>Any benefit not explicitly stated in the list of covered services.</p> <p>Injuries sustained as a result of a criminal action.</p>

<p>Cosmetic Dental care</p>	<p>The following cosmetic dental services and any associated costs are excluded from coverage under this policy unless otherwise stated in Schedule A, including but Not limited to:</p> <p>Associated Supplies and Procedures: Any materials, tools, or follow-up treatments related to cosmetic dental enhancements.</p> <p>Cosmetic Dental Surgeries: Surgical procedures performed to enhance the appearance of teeth, gums, or jawline, including but Not limited to gum contouring, tooth reshaping, or other non-medically necessary interventions.</p> <p>Dental Appliances: Provision, replacement, or repair of dental appliances used primarily for cosmetic purposes, such as veneers, crowns, or bridges Not required for medical necessity.</p> <p>Dental Implants: Placement, maintenance, or replacement of dental implants or any associated supplies and procedures conducted for aesthetic enhancement.</p>
<p>Experimental, unorthodox or trado-medical care</p>	<p>The following types of care and associated costs are excluded from coverage under this policy:</p> <p>Alternative Medicine: Including but Not limited to acupuncture, aromatherapy, homeopathy, and herbal remedies.</p> <p>Experimental or Unproven Treatments: Any medical, surgical, or therapeutic procedures, devices or drugs that are Not scientifically validated or officially recognized by the relevant regulatory or professional medical bodies as effective and standard care.</p> <p>Traditional Bone-Setting: Treatment of bone fractures or musculoskeletal conditions in traditional bone-setting facilities or by practitioners Not recognized within the framework of orthodox medicine.</p> <p>Trado-Medical Practices: Treatments, remedies, or procedures rooted in traditional, cultural, or herbal medicine that lack endorsement or recognition within orthodox medical practice.</p> <p>The following eye care services and any associated costs are excluded from coverage under this policy:</p> <p>Cosmetic or Convenience Treatments: Procedures performed primarily for cosmetic or convenience purposes, including but Not limited to laser vision correction (e.g., LASIK, PRK) or other refractive surgeries that are Not medically necessary to treat an underlying eye disease or condition.</p> <p>Non-Covered Treatments: Any eye care treatments, procedures, or associated costs Not explicitly listed as Covered in Schedule A of this policy, which describes the specific benefits included under this plan.</p> <p>Non-Covered Treatments: Any ear-related treatments, procedures, or associated costs Not specifically mentioned in Schedule A of this policy, which outlines the Covered benefits.</p>
<p>Force majeure</p>	<p>The following conditions and associated costs are excluded from coverage under this policy due to force majeure events, including but Not limited to:</p> <p>Epidemics and Pandemics: Events arising from outbreaks of infectious diseases, including epidemics, pestilence and pandemics, that impact the general population.</p> <p>Natural Disasters: Injuries caused by earthquakes and, weather related fire, drought, flooding, heatwaves, landslides etc.</p> <p>Other Force Majeure Events: Any other unforeseeable events beyond the control of the parties involved, such as natural disasters, terrorism, or governmental actions, which disrupt normal operations and services.</p> <p>War, Terrorism and Civil Strife: Injuries or damages sustained because of participation in acts of war, riots, terrorism, strikes, civil unrest, or any form of civil strife.</p>
<p>Professional and Amateur Sports and High-Risk Recreational Activities</p>	<p>The following bodily injuries and associated costs are excluded from coverage under this policy:</p> <p>Professional and Amateur Sports: Injuries arising from participation in professional or amateur sports, or any sports where the individual is compensated for their involvement or where participation is for competitive purposes.</p> <p>High-Risk Activities: Bodily injuries resulting from participation in high-risk recreational activities, including but Not limited to mountaineering, aviation, hand gliding and parachuting, horse racing, motor racing.</p>
<p>Injuries related to intoxication or fights and physical brawls.</p>	<p>The following injuries and associated costs are excluded from coverage under this policy:</p> <p>Drug Addiction: Treatment for drug addiction or rehabilitation services for substance abuse disorders.</p> <p>Fights and Physical Brawls: Injuries sustained while engaging in or as a result of participation in fights, physical brawls, or violent altercations.</p> <p>Injuries Resulting from Criminal Activities: Injuries or disabilities caused while engaging in or attempting to engage in illegal activities, including but Not limited to theft, assault, or any criminal action.</p> <p>Intoxication: Injuries or disablement caused wholly or partly by the influence of intoxicating liquor, illegal drugs, or other substances (excluding those prescribed by a licensed medical practitioner).</p> <p>Self-Inflicted Injuries: Injuries resulting from attempted suicide, self-harm, or other willfully inflicted injuries.</p>
<p>Obstetrics</p>	<p>The following obstetric services and associated costs are excluded from coverage under this policy unless otherwise indicated in Schedule A:</p> <p>Excessive Pregnancies: Ante-natal care and delivery services for pregnancies in excess of allowable number of plan dependents, whether the offspring are born under the scheme or Not. This applies once the insurance quota of allowed dependent quota has been reached. Any additional dependent will attract an additional premium to be charged by Mitera HMO prior to coverage.</p> <p>Fetal Anomaly Scans: Any costs related to fetal anomaly scans, including screenings or diagnostics, are excluded.</p> <p>Molecular Diagnostics and In-Utero Testing: All costs related to molecular diagnostics of parent or foetus or genetic testing performed in utero are excluded.</p> <p>Newborns coverage: Mitera HMO shall Not cover or pay for any treatment incurred by or for any new-born that is Not registered after 6weeks of birth.</p> <p>Non-Covered Individuals: Antenatal and delivery services for individuals other than the principal insured or Covered legal spouse of the principal insured. 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 persons who are 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.</p>

Mental Health Management

The following mental health services and associated costs are excluded from coverage under this policy unless explicitly specified in Schedule A:

Inpatient Mental Health Treatment: Inpatient care or hospitalization for mental health conditions is excluded unless specifically Covered under the policy.

Suicide or Self-Inflicted Injuries: Medical treatment for injuries sustained from attempted suicide, deliberate self-harm, or other wilfully inflicted injuries.

Treatment for Addiction and Intoxication: Services related to the treatment of substance abuse disorders, including addiction to drugs or alcohol.

Treatment for injuries or conditions resulting from intoxication or substance use is also excluded.

Experimental, unorthodox or trade-medical care

The following conditions and associated costs are excluded from coverage under this policy unless otherwise stated in Schedule A, including but Not limited to:

Age-Related Conditions: Excludes conditions primarily caused by aging, including but Not limited to Alzheimer's disease and cognitive impairments.

Autoimmune Diseases: Exclusions include but are Not limited to conditions such as lupus, rheumatoid arthritis, and celiac disease.

Congenital Abnormalities: Treatment for congenital abnormalities or birth defects is excluded, except for life-threatening cases.

Gender-Affirmation and Sterility Treatments: Consultations, Surgeries, treatments, or medications related to gender affirmation or gender transition.

Growth Hormone Therapy: Treatments or medications for growth hormone deficiencies or hormonal therapies unless otherwise specified.

Illnesses of Unknown Cause: Coverage is excluded for illnesses without a conclusive diagnosis or determined cause.

Newborn Treatment: Excludes treatment for newborns of non-Covered mothers. No coverage is provided for newborns Not registered within six (6) weeks of birth.

Obesity Treatments: Surgical and non-surgical treatments for obesity (including morbid obesity) and weight control programs are excluded. Specifically, the use of GLP-1 agonist drugs for weight management or obesity treatment is excluded unless explicitly Covered under Schedule A.

Sexual Dysfunction and Virility Enhancing Drugs: Consultations, treatments, and medications related to sexual dysfunction or performance enhancement.

Smoking Cessation Programs: Treatments, supplies, and therapies aimed at quitting smoking or nicotine addiction.

Diseases of Unknown Cause: Any illnesses, diseases, or medical conditions where the underlying cause is undetermined or unknown, and no conclusive diagnosis can be made based on available medical evidence.

Treatments for sterility, infertility, or related conditions, including sexual dysfunction, are Not Covered unless otherwise stated in Schedule A.

Work-Related Accidents: Injuries or conditions arising from workplace accidents are excluded as per applicable laws.

Overseas treatment

All medical expenses incurred for treatments, procedures, or services provided outside the country of Nigeria, except as otherwise outlined and Covered in Schedule A.

Treatment, service or supplies considered not to be medically necessary.

The following services, treatments, or supplies are excluded from coverage under this policy, even if prescribed, recommended, or approved by the attending physician or dentist:

Unproven Treatments: Not validated by regulatory bodies.

Alternative Medicine: Including acupuncture, homeopathy, and herbal remedies.

Experimental Devices and Drugs.

For a treatment, service, or supply to be considered Medically Necessary, it must meet the following criteria:

Effectiveness: The service or supply must be likely to produce a significant positive outcome, and no more likely to produce a negative outcome than any alternative service or supply, both in relation to the specific sickness or injury and the person's overall health condition.

Diagnostic Procedures: A diagnostic procedure must be indicated by the person's health status and should be likely to provide information that could influence the course of treatment, and no more likely to result in a negative outcome than any alternative diagnostic procedure.

Cost Considerations: The diagnosis, care, and treatment must Not be more costly (considering all related health expenses) than any alternative service or supply that meets the above criteria.

In determining whether a service or supply is appropriate under the circumstances, Mitera HMO will consider:

Information relating to the affected person's health status;

Reports from peer-reviewed medical literature;

Guidelines published by nationally recognized healthcare organizations that include supporting scientific data;

Opinions from health professionals in the relevant medical specialty; and

Any other relevant information brought to Mitera HMO's attention.

The following services or supplies will never be considered Medically Necessary:

Non-Technical Services: Services that do Not require the technical skills of a medical, mental health, or dental professional.

Personal Comfort or Convenience: Services provided mainly for the personal comfort or convenience of the individual, their caregivers, family members, healthcare providers, or healthcare facilities.

Inpatient Services Not Required: Services provided solely because the person is an inpatient on any day when their sickness or injury could safely and adequately be diagnosed or treated while Not confined to a healthcare facility.

Inappropriate Setting: Services furnished solely because of the setting (e.g., inpatient care) when the service could safely and adequately be furnished in a physician's or dentist's office, or in a less costly setting.

Miscellaneous Exclusions

The following services and associated costs are excluded from coverage under this policy unless explicitly stated otherwise in Schedule A:

Excluded Populations: Coverage is Not provided for adults over the age of 65 or dependent children above the age of 24, unless explicitly stated as Covered under the policy agreement in Schedule A.

Injuries Sustained During Criminal Actions: Coverage is excluded for injuries resulting from participation in or as a consequence of criminal actions by the insured individual.

Molecular Diagnostics: Molecular diagnostics, including genetic, genomic, and other molecular testing unless otherwise stated in schedule A, is excluded from coverage under this plan.

New Staff: Staff joining the company mid-scheme year will Not be Covered until a pro-rated premium based on the remaining months until the current plan's expiration is paid. A full premium will be required for such staff at the start of the new scheme year.

Search and Rescue Operations: Expenses related to search and rescue activities for individuals lost in remote areas are excluded.

Solicitation of Specific Treatments or Drugs: Any treatment or medication specifically requested by the enrollee but Not deemed medically necessary or appropriate by the attending physician is excluded.

Unapproved Inpatient Treatment: Inpatient care obtained without documented prior authorization from Mitera HMO is excluded. Queries and concessions must be granted prior to care delivery for coverage.

Unlisted Benefits: Any benefit or service Not explicitly included in the list of Covered services is excluded.

C. CONDITIONS

- 1. AGE LIMIT:** Assigned enrollees must be under age 70 at the time of plan purchase or reactivation.
- 2. WAITING PERIODS:** Waiting periods are reset when payment is interrupted and plans are allowed to expire.
- 3. plan does not reimburse for any care carried out outside of the territory of Nigeria.**
- 4. Replacement/Exchange/Swap of covered enrollee during a policy is not allowed under any circumstances**
- 5. All life threatening conditions must be established by a certified medical doctor, additional documentation may be required to established medical need**

Important Information – Please Read

Life-threatening conditions must be diagnosed by a certified medical doctor. Additional documents may be required to confirm medical necessity.

Waiting period of 2 weeks after full payment before access to care. In-patient services can be accessed only after one month of payment

3-month waiting period for surgeries, durable medical equipment, wellness screenings, and critical care services.

After death, compensation and certain diagnoses have a 1-year waiting period, including:

Chronic/end-stage kidney disease

Review all plan limits and exclusions carefully.

Member replacement, exchange, or swap is not allowed during the policy period.

No reimbursement for care received outside Nigeria or from a facility not accredited by NHIA, except in an emergency

Coverage interruptions due to unpaid premiums attract penalties and reset waiting periods.

Additional fees may apply for changes to plan level or coverage during the year.