



**HEALING STRIPES
HOSPITAL**

HIV/AIDS counselling and annual testing, provision of ARV's at designated centres only	Covered	Covered	Covered	Covered	Covered
Psychiatric illness assesmet/refferal	Not Covered	Not Covered	Covered	Covered	Covered
Optical Services					
Optical care – Consultation	Not Covered	Covered	Covered	Covered	Covered
Dental Services					
Consultation	Covered	Covered	Covered	Covered	Covered
Additional Services					
Physiotherapy- Consultation	Not Covered	Not Covered	Not Covered	Covered	Covered
Family Planning IUCDs, Injectables, oral contraceptives & norplant	Not covered	Not covered	Covered	Covered	Covered
Infertility diagnosis, counselling and refferal	Not covered	Not covered	Not covered	Not Covered	Not Covered
Renal Dialysis	Not covered	Not covered	Not covered	Covered=first 3 sessions	Covered =first 6 sessions
<p><i>*All Benefits have limits.</i></p> <p><i>* Age applicable is 0-60years.</i></p> <p><i>*Exclusive rates apply For ages 60-90years.</i></p> <p><i>* Benefit limits are not transferable</i></p> <p><i>* Premium and benefits are subject to change</i></p> <p><i>*Family = Principal, Spouse and a maximum of 4 children under 20 years</i></p>					

Disclaimer:

Pre-existing medical condition(s) shall NOT be covered; any such condition(s) that are not disclosed before joining the scheme but detected before joining the scheme to have been pre-existing before commencement of the scheme will NOT be covered. Subscribers to the scheme should note that the scheme commences 2 weeks after submission of properly filled form(S) and full payment of premium

Declarations:

_____ have carefully read and understood all the policy conditions and exclusion. I hereby declare that information supplied on this application form is true and complete and it shall be for the basis of contact between me and Healing Stripes Hospital

CONTACTS US:

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SIGNATURE OF PRINCIPAL ENROLEE/DATE

**HSH
COMMUNITY
HEALTH
PLAN**

HEALING STRIPES HOSPITAL WE CARE ,GOD CURES

HEALING STRIPES HOSPITAL

TABLE OF BENEFIT FOR HSH HEALTH PLAN

Plans	SAPPHIRE	RUBY	GOLD	DIAMOND	PLATINUM
Individual/year(Ages 0-60)	N30,000	N35,000	N52,000	N122,000	N187,000
Family/year	N150,000	N175,000	N260,000	N610,000	N935,000
Monthly	N2,500	N2,916.7	N4,333.3	N10,166.7	N15,583.3
Ages 60-90(Monthly exclusive Rates)	N8,280	N8,696.7	N10,113.33	N15,946.67	N21,363
Medical Services					
General Consultation, investigations and treatment prescribed drugs and dressings, necessary lab/diagnostic procedures and plain x-rays	Covered	Covered	Covered	Covered	Covered
Preventive Care & Counselling including annual physical examination	Covered	Covered	Covered	Covered	Covered
Minor surgeries such as suturing of lacerations, I&D	Covered	Covered	Covered	Covered	Covered
Routine Immunization childhood polio, measles, BCG, DPT, hepatitis B	Covered	Covered	Covered	Covered	Covered
Hospital Admission- in a year	General Ward 7 days /Annum	General Ward 10 days /Annum	Semi-Private Ward 14 days/Annum	Private ward	Private ward
Accident & Emergency local evacuation within scope of benefit and subject to overall limit	Covered	Covered	Covered	Covered	Covered
Specialist Consultation/ Treatment (non- surgical e.g internal medicine)	Not Covered	Not Covered	Covered	Covered	Covered
Surgical Procedures such as herniorraphy, appendicectomy, reduction of fracture, removal of foreign body from ear, nose & throat	Not Covered	Not Covered	Not Covered	Covered	Covered
Annual Routine Medical Screening physical examination, urinalysis & complete haemogram	Not Covered	Not Covered	Covered	Covered	Covered
Comprehensive Medical Screening – (once in two years for those on Individual Plans)	Not Covered	Not Covered	Not Covered	Covered	Covered
Non NPI Immunization MMR, Varicella, Rotarix,	Not Covered	Not Covered	Not Covered	Covered	Covered
Maternity care including ante natal care, normal delivery	Covered	Covered	Covered	Covered	Covered