

## CLEARLINE MATERNITY BENEFIT PACKAGES

HEALTH PLAN/SERVICE DESCRIPTION	BRONZE	SILVER	GOLD	GOLD PLUS	PLATINUM
<b>ANNUAL PREMIUM/INDIVIDUAL</b>	<b>N 100,000</b>	<b>N 150,000</b>	<b>N 200,000</b>	<b>N 300,000</b>	<b>N 450,000</b>
<b>OUT-PATIENT SERVICES</b>					
<b>OUT-PATIENT LIMIT</b>	<b>UP TO N120,000</b>	<b>UP TO N180,000</b>	<b>UP TO N240,000</b>	<b>UP TO N360,000</b>	<b>UP TO N540,000</b>
<b>OUTPATIENT CARE, GENERAL AND SPECIALIST CONSULTATION</b>					
Obstetrician	✓	✓	✓	✓	✓
Gynecologist	✓	✓	✓	✓	✓
Other Specialists (referral with indications related to pregnancy)	✓	✓	✓	✓	✓
<b>ANTENATAL CARE</b>					
Consultation	✓	✓	✓	✓	✓
Routine Investigations	✓	✓	✓	✓	✓
Ultrasound scans (3 USS)	✓	✓	✓	✓	✓
Routine medications	✓	✓	✓	✓	✓

Counselling/Birth preparedness	✓	✓	✓	✓	✓
Routine Immunizations	✓	✓	✓	✓	✓
Additional Immunizations ( Rhogam)	×	×	×	×	✓
<b>PRESCRIBED MEDICATIONS, SUPPLY OF DRUGS</b>					
Prescribed Drugs (related to pregnancy)	✓	✓	✓	✓	✓
<b>NON-INVASIVE CARE</b>					
Basic nursing Care	✓	✓	✓	✓	✓
<b>LABORATORY INVESTIGATIONS (HEAMATOLOGY, CHEMISTRY, MICROBIOLOGY, SEROLOGY)</b>					
<b>HEMATOLOGICAL TESTS</b>					
Relevant to pregnancy ONLY	✓	✓	✓	✓	✓
<b>CHEMISTRY INVESTIGATIONS</b>					
Relevant to pregnancy ONLY	✓	✓	✓	✓	✓
<b>MICROBIOLOGY AND PARASITOLOGY</b>					
Relevant to pregnancy ONLY	✓	✓	✓	✓	✓

ADVANCED LABORATORY INVESTIGATIONS/PATHOLOGY					
HBA1C	✓	✓	✓	✓	✓
Bleeding Time	✓	✓	✓	✓	✓
Chlamydia Screening	✗	✓	✓	✓	✓
Clotting Time	✓	✓	✓	✓	✓
Coomb's Test (Direct)	✓	✓	✓	✓	✓
Coomb's Test (Indirect)	✓	✓	✓	✓	✓
CSF M/C/S (CSF Analysis)	✓	✓	✓	✓	✓
D-Dimer	✗	✓	✓	✓	✓
G-6PD Screening	✓	✓	✓	✓	✓
Hepatitis B Screening	✓	✓	✓	✓	✓
Hepatitis B Surface Antigen (HBSAg)	✓	✓	✓	✓	✓
Hepatitis C Screening	✓	✓	✓	✓	✓
HIV Confirmatory Test	✓	✓	✓	✓	✓
HIV Screening	✓	✓	✓	✓	✓
RADIOLOGY INVESTIGATIONS (ULTRASOUND)					
BASIC DIAGNOSTIC IMAGING					
Routine Ultrasound Scans (Obstetrics; Abdominal, Pelvic, Abdominopelvic, Breast, Ultrasound Scans)	✓	✓	✓	✓	✓

<b>ADVANCED DIAGNOSTIC IMAGING (with clinical indication)</b>					
<b>ECG (PRE AND POST EXERCISE)</b>	✓	✓	✓	✓	✓
<b>Cardiotocography</b>	✓	✓	✓	✓	✓
<b>Echocardiography</b>	×	×	×	✓	✓
<b>Fetal Monitoring</b>	✓	✓	✓	✓	✓
<b>PHYSIOTHERAPY SERVICES</b>					
<b>Basic physiotherapy services for conditions related to the pregnancy</b>	<b>3 SESSIONS</b>	<b>5 SESSIONS</b>	<b>6 SESSIONS</b>	<b>8 SESSIONS</b>	<b>10 SESSIONS</b>
<b>IN-PATIENT SERVICES</b>					
<b>IN-PATIENT LIMIT</b>	<b>UP TO N550,000</b>	<b>UP TO 700,000</b>	<b>UP TO N850,000</b>	<b>UP TO 1,050,000</b>	<b>UP TO N1,550,000</b>
<b>IN-PATIENT CARE, GENERAL AND SPECIALIST CONSULTATION</b>	✓	✓	✓	✓	✓
<b>ADMISSION</b>	✓ (MAX: 20 DAYS)	✓ (MAX: 25DAYS)	✓ (MAX: 30 DAYS)	✓ (MAX: 35 DAYS)	✓ (MAX: 50 DAYS)
<b>✓ Feeding for enrollees on admission</b>	✓	✓	✓	✓	✓
<b>✓ Hospital Ward Care</b>	<b>GENERAL WARD ONLY</b>	<b>SEMI PRIVATE WARD</b>	<b>PRIVATE WARD</b>	<b>PRIVATE WARD</b>	<b>PRIVATE WARD</b>

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✓ Supply of prescribed intravenous/intramuscular, oral and topical drugs	✓	✓	✓	✓	✓
<b>PRESCRIBED MEDICATIONS, SUPPLY OF DRUGS</b>	✓	✓	✓	✓	✓
<b>INTENSIVE CARE UNIT (ICU): In-Patient Limit</b>	✓ (24 HOURS)	✓ (24 HOURS)	✓ (48 HOURS)	✓ (48 HOURS)	✓ (48 HOURS)
<b>LABORATORY INVESTIGATIONS / DIAGNOSTIC TESTS</b>	✓	✓	✓	✓	✓
<b>RADIOLOGY INVESTIGATIONS (X-RAY AND ULTRASOUND)</b>	✓	✓	✓	✓	✓
<b>DELIVERY + POST DELIVERY CARE (BLOCK LIMIT) – Included in In-Patient Limit</b>	<b>N200,000</b>	<b>N250,000</b>	<b>N300,000</b>	<b>N400,000</b>	<b>N500,000</b>
<b>Consultation,</b>	✓	✓	✓	✓	✓
<b>Ultrasound Scans,</b>	✓	✓	✓	✓	✓
<b>Laboratory Tests</b>	✓	✓	✓	✓	✓
<b>Management of Complications in Pregnancy</b>	✓	✓	✓	✓	✓
<b>Delivery Room Services</b>	✓	✓	✓	✓	✓
<b>Management of Labour</b>	✓	✓	✓	✓	✓
<b>Normal Par Vaginum Delivery</b>	✓	✓	✓	✓	✓
<b>Twin Delivery</b>	✓	✓	✓	✓	✓

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Caesarean Section Delivery	✓	✓	✓	✓	✓
Assisted Delivery (Vacuum, Forceps)	✓	✓	✓	✓	✓
Other Procedures- Limited to BTL, Intra-op Myomectomy/hysterectomy: Up to Delivery Limit	✓	✓	✓	✓	✓
<b>NEONATAL CARE - Up to In-patient limit</b>					
	<b>FIRST 6 WEEKS AFTER BIRTH</b>	<b>FIRST 6 WEEKS AFTER BIRTH</b>	<b>FIRST 6 WEEKS AFTER BIRTH</b>	<b>FIRST 6 WEEKS AFTER BIRTH</b>	<b>FIRST 6 WEEKS AFTER BIRTH</b>
First dose of immunization for new born within the first 6 weeks after birth	✓	✓	✓	✓	✓
Circumcision	✓	✓	✓	✓	✓
Ear Piercing	✓	✓	✓	✓	✓
Primary neonatal diseases	✓	✓	✓	✓	✓
Special Baby Care Unit/NICU	<b>24 HOURS</b>	<b>24 HOURS</b>	<b>48 HOURS</b>	<b>48 HOURS</b>	<b>48 HOURS</b>
Management of prematurity/Incubator care	×	×	×	<b>48 HOURS</b>	<b>72 HOURS</b>
<b>IMMUNIZATIONS</b>					
BCG,	✓	✓	✓	✓	✓
Oral Polio,	✓	✓	✓	✓	✓

Vitamin A,	✓	✓	✓	✓	✓
Measles,	✓	✓	✓	✓	✓
Rotavirus	×	×	✓	✓	✓
Pentavalent (DPT, Hib, Hep B)	✓	✓	✓	✓	✓
Yellow Fever	✓	✓	✓	✓	✓
MMR	×	×	✓	✓	✓
Chicken Pox	×	×	×	✓	✓
Pneumococcal Conjugate	×	×	✓	✓	✓
<b>POST NATAL CARE</b>					
Follow-up Consultation	✓	✓	✓	✓	✓
Counselling	✓	✓	✓	✓	✓
<b>Family Planning</b>					
IUCD (lippes loop)	×	×	✓	✓	✓
IUCD (mirena coil)	×	×	×	×	✓
Pills					
IUCD (copper T)	✓	✓	✓	✓	✓
Injectable	✓	✓	✓	✓	✓
Norplant	×	×	×	✓	✓

<b>ACCIDENTS AND EMERGENCIES</b>					
Accidents and Emergencies	×	×	×	×	×
<b>OTHER SERVICES</b>					
<b>HIV/AIDS CARE &amp; TREATMENT AT DESIGNATED CENTERS</b>					
Specialist Consultation	✓	✓	✓	✓	✓
Specialist Drug therapy	✓	✓	✓	✓	✓
Counselling Sessions	✓	✓	✓	✓	✓
<b>TUBERCULOSIS CARE &amp; TREATMENT AT DESIGNATED CENTERS</b>					
Specialist Consultation	✓	✓	✓	✓	✓
Specialist Drug therapy	✓	✓	✓	✓	✓
Counselling Sessions	✓	✓	✓	✓	✓
<b>COVID-19 CARE</b>					
Testing at designated referral centers (NCDC)	✓	✓	✓	✓	✓
<b>SECOND OPINION</b>					
Diagnosis confirmation from secondary and tertiary care centres	✓	✓	✓	✓	✓



Line of treatment confirmation from secondary and tertiary care centres	✓	✓	✓	✓	✓
Line of treatment confirmation from Internationally Certified Medical and Surgical Specialists Outside Africa	✓	✓	✓	✓	✓
<b>ROAMING SERVICES</b>	×	×	✓	✓	✓

**EXCLUSIONS: (UNLESS OTHERWISE SPECIFICALLY STATED, THE FOLLOWING ARE EXCLUDED FROM THE BENEFIT PACKAGE)**

All other services or procedures not expressly stated in the benefit package are excluded

- All pregnancy unrelated conditions
- Management of pregnancies and complications from assisted reproductive therapy Including IVF
- Home care and domiciliary services
- Hormonal replacement therapy
- IN-Vitro Fertilization, Intra-Uterine Inseminationn, Assisted reproductive therapy
- Neurological and Neurosurgical disorders
- Plastic/cosmetic surgeries
- Self-inflicted injuries
- Congenital abnormalities
- Thyroid disorders



- Transplant surgery
- Treatment of obesity
- Virility enhancing drugs