

**CLEARLINE HMO MATERNITY - PRO BENEFIT PACKAGE
(PREGNANT WOMEN 6 MONTHS AND BELOW)**

OUT-PATIENT SERVICES

**OUT-PATIENT LIMIT (INCLUSIVE OF DRUGS
AND ALL LABORATORY INVESTIGATIONS
AND IMAGING**

UP TO N375,000

**OUTPATIENT CARE, GENERAL AND
SPECIALIST CONSULTATION**

Obstetrician

✓

Gynaecologist

✓

**Other Specialists (referral with indications
related to pregnancy)**

✓

ANTENATAL CARE

Consultation

✓

Routine Investigations

✓

Ultrasound scans (3 USS)

✓

Routine medications

✓

Counselling/Birth preparedness

✓

Routine Immunizations

✓

Additional Immunizations (Rhogam)

×

**PRESCRIBED MEDICATIONS, SUPPLY OF
DRUGS**

UP TO 160,000

Prescribed Drugs (related to pregnancy)

✓

NON-INVASIVE CARE

Basic nursing Care

✓

**LABORATORY INVESTIGATIONS
(HEAMATOLOGY, CHEMISTRY,
MICROBIOLOGY, SEROLOGY)**

UP TO 150,000

HEMATOLOGICAL TESTS

Relevant to pregnancy ONLY

✓

CHEMISTRY INVESTIGATIONS

Relevant to pregnancy ONLY

✓

MICROBIOLOGY AND PARASITOLOGY

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	UP TO LAB LIMIT
Routine Ultrasound Scans (Obstetrics; Abdominal, Pelvic, Abdominopelvic, Breast, Ultrasound Scans)	✓
ADVANCED DIAGNOSTIC IMAGING (with clinical indication)	UP TO LAB LIMIT
ECG (PRE AND POST EXERCISE)	✓
Cardiotocography	✓
Echocardiography	×
Fetal Monitoring	✓
PHYSIOTHERAPY SERVICES	
Basic physiotherapy services for conditions related to the pregnancy	6 SESSIONS
IN-PATIENT SERVICES	
IN-PATIENT LIMIT	UP TO N600,000
IN-PATIENT CARE, GENERAL AND SPECIALIST CONSULTATION	✓
ADMISSION	✓
Antenatal (Days)	5
Perinatal (Days)	10
Feeding for enrollees on admission	✓
Hospital Ward Care	PRIVATE WARD
Supply of prescribed intravenous/intramuscular, oral and topical drugs	✓

PRESCRIBED MEDICATIONS, SUPPLY OF DRUGS	✓
INTENSIVE CARE UNIT (ICU): In-Patient Limit	(24 HOURS)
LABORATORY INVESTIGATIONS / DIAGNOSTIC TESTS	✓
RADIOLOGY INVESTIGATIONS (X- RAY AND ULTRASOUND)	✓
DELIVERY + POST DELIVERY CARE (BLOCK LIMIT) – Included in In- Patient Limit	N325,000
Consultation,	✓
Ultrasound Scans,	✓
Laboratory Tests	✓
Management of Complications in Pregnancy	✓
Delivery Room Services	✓
Management of Labour	✓
Normal Par Vaginum Delivery	✓
Twin Delivery	✓
Caesarean Section Delivery	✓
Assisted Delivery (Vacuum, Forceps)	✓
Other Procedures- Limited to BTL, Intra-op Myomectomy/hysterectomy: Up to Delivery Limit	✓
NEONATAL CARE - Up to In-patient limit	FIRST 4 WEEKS AFTER BIRTH
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	48 HOURS
Management of prematurity/Incubator care	×
IMMUNIZATIONS	
BCG,	✓
Oral Polio,	✓
Vitamin A,	✓
Measles,	✓
Rotavirus	✓
Pentavalent (DPT, HIB, Hep B)	✓
Yellow Fever	✓
MMR	✓

Chicken Pox	×
Pneumococcal Conjugate	✓
POST NATAL CARE	
Follow-up Consultation	✓
Counselling	✓
Family Planning	
IUCD (lippes loop)	✓
IUCD (mirena coil)	×
Pills	✓
IUCD (copper T)	
Injectable	✓
Norplant	×
ACCIDENTS AND EMERGENCIES	
Accidents and Emergencies	×
OTHER SERVICES	
HIV/AIDS CARE & TREATMENT AT DESIGNATED CENTERS	
Specialist Consultation	✓
Specialist Drug therapy	✓
Counselling Sessions	✓
TUBERCULOSIS CARE & TREATMENT AT DESIGNATED CENTERS	
Specialist Consultation	✓
Specialist Drug therapy	✓
Counselling Sessions	✓
COVID-19 CARE	
Testing at designated referral centers (NCDC)	✓
SECOND OPINION	
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	✓
HEALTH PLAN/SERVICE DESCRIPTION	GOLD
ANNUAL PREMIUM/INDIVIDUAL	N 300,000
ROAMING SERVICES	✓

EXCLUSIONS: (UNLESS OTHERWISE SPECIFICALLY STATED, THE FOLLOWINGS
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 Insemination, 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**