

**CLEARLINE HMO MATERNITY BENEFIT PACKAGE (STANDARD)  
(WOMEN AT ALL STAGES OF PREGNANCY)**

<b>OUT-PATIENT SERVICES</b>	
<b>OUT-PATIENT LIMIT (INCLUSIVE OF DRUGS AND ALL LABORATORY INVESTIGATIONS AND IMAGING)</b>	<b>UP TO N120,000</b>
<b>OUTPATIENT CARE, GENERAL AND SPECIALIST CONSULTATION</b>	
Obstetrician	✓
Gynaecologist	✓
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>	<b>UP TO 50,000</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	✓
<b>ADVANCED LABORATORY INVESTIGATIONS/PATHOLOGY</b>	
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	✓
<b>RADIOLOGY INVESTIGATIONS (ULTRASOUND)</b>	
<b>BASIC DIAGNOSTIC IMAGING</b>	<b>UP TO LAB LIMIT</b>
Routine Ultrasound Scans (Obstetrics; Abdominal, Pelvic, Abdominopelvic, Breast, Ultrasound Scans)	✓
<b>ADVANCED DIAGNOSTIC IMAGING (with clinical indication)</b>	<b>UP TO LAB LIMIT</b>
ECG (PRE AND POST EXERCISE)	✓
Cardiotocography	✓
Echocardiography	×
Fetal Monitoring	✓
<b>PHYSIOTHERAPY SERVICES</b>	
Basic physiotherapy services for conditions related to the pregnancy	<b>3 SESSIONS</b>
<b>IN-PATIENT SERVICES</b>	
<b>IN-PATIENT LIMIT</b>	<b>UP TO N 150,000</b>
<b>IN-PATIENT CARE, GENERAL AND SPECIALIST CONSULTATION</b>	✓
<b>ADMISSION</b>	✓
Antenatal (Days)	2
Perinatal (Days)	3

Feeding for enrollees on admission	✓
Hospital Ward Care	GENERAL WARD ONLY
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)
<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 for Vaginal Delivery Only</b>	<b>UP TO N125,000</b>
Consultation,	✓
Ultrasound Scans,	✓
Laboratory Tests	✓
Management of Complications in Pregnancy for Vaginal delivery Only	✓
Delivery Room Services	✓
Management of Labour	✓
Normal Par Vaginum Delivery	✓
Twin Delivery per Vagina	✓
Assisted Delivery (Vacuum, Forceps)	✓
<b>NEONATAL CARE - Up to In-patient limit</b>	<b>FIRST 4 WEEKS AFTER BIRTH</b>
First dose of immunization for new born within the first weeks after birth	✓
Circumcision	✓
Ear Piercing	✓
Primary neonatal diseases	✓
Special Baby Care Unit/NICU	24 HOURS
Management of prematurity/Incubator care	×
<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	✓
Family Planning	
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 government 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>	×
<b>HEALTH PLAN/SERVICE DESCRIPTION</b>	<b>BRONZE</b>

<b>ANNUAL PREMIUM/INDIVIDUAL</b>	<b>N 100,000</b>
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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**











