

## CLEARLINE HMO CORPORATE BENEFIT PACKAGE

HEALTH PLAN/SERVICE DESCRIPTION	PLATINUM EVERCARE
<b>PREMIUM - INDIVIDUAL</b>	<b>₦1,000,000</b>
<b>PREMIUM - FAMILY</b>	<b>₦5,750,000</b>
<b>OUT-PATIENT SERVICES</b>	
<b>OUT-PATIENT LIMIT</b>	<b>UP TO ₦1,000,000</b>
<b>OUTPATIENT CARE, GENERAL AND SPECIALIST CONSULTATION</b>	
Cardiologist	✓
Cardiothoracic Surgeon	✓
Dermatologist	✓
Dietician/Nutritionist	✓
Endocrinologist	✓
ENT Surgeon (Otorhinolaryngologist)	✓
Family Physician	✓
Gastroenterologist	✓
General Surgeon	✓
Gynaecologist	✓
Hematologist	✓
Neonatologist	✓
Nephrologist	✓
Neurologist	✓
Neurosurgeon	✓
Obstetrician	✓
Oncologist	✓
Oral and Maxillofacial Surgeon	✓
Orthopedic Surgeon	✓
Pathologist	✓
Pediatrician	✓
Psychiatrist	✓
Pulmonologist/Respiratory Physician	✓
Urologist	✓
<b>PRESCRIBED MEDICATIONS, SUPPLY OF DRUGS &amp; CONSUMABLES</b>	
Prescribed Drugs	✓
Surgical Consumables	✓
<b>NON-INVASIVE CARE</b>	
Injections.	✓
Manipulations	✓

POP Application	✓
Skilled Nursing Care	✓
Wound Dressings	✓
<b>EAR, NOSE AND THROAT SERVICES</b>	✓
Basic ENT Services	✓
<b>DERMATOLOGY SERVICES</b>	
Non-Invasive care, simple infections and skin conditions	✓
<b>LABORATORY INVESTIGATIONS MICROBIOLOGY, SEROLOGY, HEAMATOLOGY, CHEMISTRY, HEMATOLOGICAL TESTS</b>	
Blood Film	✓
Blood group (on request by clinician)	✓
Blood Pregnancy (Beta HCG) Test	✓
Erythrocyte Sedimentation Rate (ESR)	✓
Full Blood Count and differentials (FBC)	✓
Genotype (on request by clinician)	✓
Grouping and Cross Matching	✓
Hemoglobin (HB), HCT, RBC	✓
MCH	✓
MCHC	✓
MCV	✓
Packed Cell Volume (PCV)	✓
Platelet count	✓
Red Blood Cell/Reticulocyte count	✓
White Blood Cell count	✓
White cell count (Total and Differential)	✓
<b>CHEMISTRY INVESTIGATIONS</b>	
2 Hours Post-prandial Blood Sugar	✓
Electrolytes, Urea and Creatinine	✓
Fasting Blood Sugar	✓
Glucose Challenge Test	✓
Lipid Profile (Fasting) (Cholesterol, HDL, LDL, Triglyceride Profile)	✓
Liver Function Test (LFT)	✓
Oral Glucose Tolerance Test (OGTT)	✓
Prothrombin Time (PT/INR)	✓
Random Blood Sugar	✓
Serum Acid Phosphate	✓
Serum Albumin	✓

Serum Alkaline Phosphate	✓
Serum Bicarbonate	✓
Serum Bilirubin (Total and Direct)	✓
Serum Calcium	✓
Serum Chloride	✓
Serum Gamma Glutamyl Transferase	✓
Serum Inorganic Phosphate	✓
Serum Lactate Dehydrogenase	✓
Serum Lithium	✓
Serum Magnesium	✓
Serum potassium	✓
Serum Sodium	✓
Urine Pregnancy Test	✓
<b>MICROBIOLOGY AND PARASITOLOGY</b>	
Aspirates M/C/S	✓
Blood Culture	✓
Cholera Ag	✓
Ear Swab M/C/S	✓
Endocervical Swab (ECS) M/C/S	✓
Eye Swab M/C/S	✓
H.Pylori	✓
High Vaginal Swab (HVS) M/C/S	✓
Leishmania Screening	✓
Malaria Parasite (MP)	✓
Mantoux/Heaf's Test	✓
Skin Scraping for Fungi	✓
Skin Snip for Microfilaria	✓
Sputum M/C/S, AFB	✓
Stool M/C/S	✓
Stool Occult Blood	✓
Throat Swab M/C/S	✓
Toxoplasma Screening	✓
Trypanosomes Screening	✓
Urethral Swab M/C/S	✓
Urine M/C/S	✓
VDRL (Veneral Disease Research Laboratory) Test	✓
Wound Swab M/C/S	✓
<b>ADVANCED LABORATORY INVESTIGATIONS/PATHOLOGY</b>	
Alpha-1 Antitrypsin	✓
HBA1C	✓
24 Hour Creatinine Clearance	✓
Bleeding Time	✓

Blood urea Nitrogen	✓
Chlamydia Screening	✓
Clotting Time	✓
Coomb's Test (Direct)	✓
Coomb's Test (Indirect)	✓
Creatinine phosphokinase	✓
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	✓
Immunofluorescence assay	✓
Osmotic Fragility Test	✓
Pap Smear and Cytology	✓
Prostate Specific Antigen	✓
Protein Electrophoresis	✓
Semen M/C/S	✓
Seminal Fluid Analysis (SFA)	✓
Serum Creatinine Phosphokinase	✓
Serum immunoglobulins/Antibodies	✓
Serum Iron	✓
Serum Uric Acid	✓
Sputum Acid Fast Bacilli (AFB) Test	✓
Syphilis Screening	✓
Thyroid Function Tests	✓
<b>RADIOLOGY INVESTIGATIONS (X-RAY AND ULTRASOUND) BASIC DIAGNOSTIC IMAGING</b>	
Abdominal X-Rays	✓
Cervical Spine X-rays	✓
Chest X-Rays	✓
Limbs (Hand, Forearm, Upper arm, Thigh and Leg) X-rays	✓
Lumbosacral X-Rays	✓
Mandibles/Temporomandibular Joint X-Rays	✓
Mastoid X-rays	✓
Neck X-rays	✓
Pelvic X-rays	✓
Sinus X-rays	✓
Skull X-rays	✓

Thoracic Inlet X-rays	✓
Thoraco-Lumbar X-rays	✓
X-rays of All Body Joints	✓
Routine Ultrasound Scans (Obstetrics; Abdominal, Pelvic, Abdominopelvic, Breast, Testicular/Scrotal, Thyroid, Prostate, Bladder, and Brain Ultrasound Scans)	✓
<b>ADVANCED DIAGNOSTIC IMAGING</b>	
Doppler Ultrasound Scan	✓
Arthroscopy	✓
Bronchoscopy	✓
Colonoscopy	✓
CT Scan	<b>THRICE PER ANNUM</b>
Cystoscopy	✓
ECG (PRE AND POST EXERCISE)	✓
Echocardiography	✓
Endoscopic retrograde cholangiopancreatography (ERCP)	✓
Endoscopic Ultrasound	✓
Enteroscopy	✓
Gastroscopy	✓
Hysteroscopy	✓
Laparoscopy	✓
Laryngoscopy (Direct and Indirect)	✓
MRI	<b>THRICE PER ANNUM</b>
Proctoscopy	✓
Sigmoidoscopy	✓
Thoracoscopy	✓
Upper GI Endoscopy	✓
<b>FAMILY PLANNING</b>	
IUCD (Ippes loop)	✓
IUCD (mirena coil)	✓
Pills/ IUCD (copper T)	✓
Injectable	✓
Norplant	✓
<b>NEONATAL CARE</b>	<b>FIRST 4 WEEKS AFTER BIRTH</b>
First dose of immunization for new born with first 4 weeks after birth	✓
Circumcision (Up to In-Patient Limit)	✓

Ear Piercing, Exchange Blood Transfusion (Up to In-Patient Limit)	✓
Special Baby Care Unit (NICU, Phototherapy, Incubator Care) Up to In-Patient Limit	72 HOURS
<b>IMMUNIZATIONS – Included in Out-Patient Limit</b>	
BCG,	✓
Oral Polio,	✓
Vitamin A, Measles,	✓
Pentavalent (DPT, HIB, Hep B)	✓
Yellow Fever	✓
MMR, Rotavirus	✓
Chicken Pox	✓
Pneumococcal Conjugate	✓
<b>PSYCHIATRIC TREATMENT</b>	<b>UP TO 14 DAYS (OUT-PATIENT)</b>
<b>IN-PATIENT SERVICES</b>	
<b>IN-PATIENT LIMIT</b>	<b>UP TO ₦2,500,000</b>
<b>IN-PATIENT CARE, GENERAL AND SPECIALIST CONSULTATION</b>	✓
<b>ADMISSION</b>	✓ (MAX: 70 DAYS)
✓ Feeding for enrolees on admission	✓
✓ Hospital Ward Care	<b>PRIVATE WARD</b>
✓ Skilled medical and paramedical services	✓
✓ Supply of prescribed intravenous/intramuscular, oral and topical	✓
✓ Supply of all medical and surgical consumables	✓
✓ Blood grouping, cross matching, and transfusion	✓
Accommodation for in-patient care	✓
<b>PRESCRIBED MEDICATIONS, SUPPLY OF DRUGS &amp; CONSUMABLES</b>	✓
<b>INTENSIVE CARE UNIT (ICU): In-Patient Limit</b>	✓ (72 HOURS)
<b>LABORATORY INVESTIGATIONS /DIAGNOSTIC TESTS</b>	✓
<b>RADIOLOGY INVESTIGATIONS (X-RAY AND ULTRASOUND) ADVANCED AND COMPLEX INVESTIGATIONS</b>	✓
CT Scan	<b>THRICE PER ANNUM</b>
MRI	<b>THRICE PER ANNUM</b>

<b>PHYSIOTHERAPY SERVICES</b>	
PHYSIOTHERAPY (UP TO APPROVED LIMITS)	12 SESSIONS
PRESCRIBED THERAPEUTIC APPLIANCES (CERVICAL COLLAR, CRUTCHES)	✓
<b>ACCIDENTS AND EMERGENCIES</b>	
Evacuation from Hospital to Hospital (By Road)	✓
Evacuation from Site to Hospital (Road)	✓
<b>OBSTETRICS AND GYNAECOLOGY SERVICES</b>	
ANTENATAL + DELIVERY + POST (Limit Included in In-Patient Delivery Care Block Limit)	UP TO ₦600,000
Antenatal Care Services,	✓
Consultation,	✓
Ultrasound Scans,	✓
Laboratory Tests	✓
Management of Complications in Pregnancy	✓
Delivery Room Services	✓
Management of Labour	✓
Normal Par Vaginum Delivery	✓
Caesarean Section Delivery	✓
Assisted Delivery (Vacuum, Forceps)	✓
<b>INVESTIGATION FOR INFERTILITY LAPAROSCOPY) – Included in(CONSULTATION, COUNSELLING, USS, SFA, HORMONE PROFILE, Out-Patient Limit</b>	
	UP TO ₦150,000
<b>SURGERIES (MINOR - MAJOR SURGERIES) – Included in In-Patient Limit</b>	
SURGERIES (MINOR - MAJOR SURGERIES) – Included in In-Patient Limit Minor, Intermediate and Major Surgeries	UP TO ANNUAL SURGERY LIMIT OF ₦1,000,000
<b>OTHER SERVICES 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>ANNUAL HEALTH CHECKS FOR PRINCIPAL ONLY (DONE DURING HEALTH WEEK)</b>	
BMI Check	✓
General Physical Examination	✓
Blood Pressure Check (Hypertension Screening)	✓
Blood Sugar Check (Diabetes Screening)	✓
Urinalysis	✓
ECG	✓
Blood Cholesterol Check	✓
Genotype	✓
Mammography (For Women ≥ 40 years)	✓
Pap Smear	✓
PSA Check (For Men ≥ 40 years of age)	✓
<b>OPHTHALMOLOGICAL SERVICES</b>	
<b>EYE CARE</b>	<b>N150,000</b>
Foreign Body Removal	✓
Stye Incision	✓
Entropion and Ectropion Repairs	✓



Chalazion Incision	✓
Syringing and Probing	✓
Eye Examination, Refraction	✓
Conditions – Allergies, Conjunctivitis, Pterygium Excision	✓
Eye Surgeries (Up to Annual Surgery Limit)	✓
<b>FRAMES/LENSES ONCE IN TWO YEARS – Included in Out-Patient Limit</b>	<b>N80,000</b>
<b>DENTAL SERVICES</b>	
<b>DENTAL CARE (BLOCK LIMIT) - Included in Out-Patient Limit</b>	<b>N150,000</b>
Primary Dental Care - Relief of Pain, Fillings, Simple Extraction, Preventive Care, (Scaling and Polishing - Once A Year for Enrolees 12 Years and Above)	✓
Secondary Dental Care (Surgical Extraction)	✓
Examination of Dentition	✓
Root Canal Therapy	✓
X-Rays,	✓
Peri-Apical,	✓
Bite Wings,	✓
Simple Extraction,	✓
Amalgam Filling,	✓
Composite Filling/GIC Filling,	✓
<b>ENT CARE (EAR, NOSE AND THROAT) - Included in Out-Patient Limit</b>	<b>N100,000</b>
Primary Ent Care - Including Consultation, Treatment of Primary Infection and Foreign Bodies	✓
ENT Surgeries	<b>UP TO ANNUAL SURGERY LIMIT</b>
<b>ON-SITE HEALTH EDUCATION</b>	✓
<b>GYM OR SPA SERVICES</b>	✓ (N5,000 MONTHLY REFUNDABLE)
<b>ROAMING SERVICES</b>	✓
<b>TELEMEDICINE</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

- Burns greater than 9%
- Congenital abnormalities
- Home care and domiciliary services
- Hormonal replacement therapy

- **Joint replacements and prosthetic limbs**
- **Neurological and Neurosurgical disorders**
- **Plastic/cosmetic surgeries**
- **Self-inflicted injuries**
- **Speech disorders**
- **Thyroid disorders**
- **Transplant surgery**
- **Treatment of obesity**
- **Virility enhancing drugs**