

CLEARLINE HMO SUPERB AND SUPERB LITE BENEFIT PACKAGES

1 YEAR WAITING PERIOD IS APPLICABLE FOR PRE-EXISTING CONDITIONS

	SUPERB	SUPERB LITE
OUT-PATIENT SERVICES		
OUT-PATIENT LIMIT	UP TO N50,000	X
OUTPATIENT CARE, GENERAL AND SPECIALIST CONSULTATION	✓	X
PRESCRIBED MEDICATIONS, SUPPLY OF DRUGS & CONSUMABLES	✓	N50,000
<i>Prescribed Drugs</i>	✓	✓
<i>Surgical Consumables</i>	✓	X
Neck collars, crutches	X	X
Emergency room Stabilization/Observation	✓	LESS THAN 24HOURS
DERMATOLOGY SERVICES	✓	X
NON-INVASIVE CARE, SIMPLE INFECTIONS OR CONDITIONS		
<i>Manipulations</i>	✓	✓
<i>Pop Application</i>	✓	✓
<i>Injections.</i>	✓	✓
<i>Skilled Nursing Care</i>	✓	✓
<i>Wound Dressings</i>	✓	✓
EAR, NOSE AND THROAT SERVICES	✓	X
LABORATORY INVESTIGATIONS (HEMATOLOGY, CHEMISTRY, MICROBIOLOGY, SEROLOGY)	✓	✓
RADIOLOGY INVESTIGATIONS (X-RAY AND ULTRASOUND)	✓	✓
ADVANCED AND COMPLEX INVESTIGATIONS		
<i>CT Scan</i>	X	X
<i>MRI</i>	X	X
FAMILY PLANNING		
FAMILY PLANNING EDUCATION	✓	✓
<i>LUCD (Ippes loop)</i>	X	X
<i>LUCD (mirena coil)</i>	X	X
<i>Pills/ LUCD (copper T)</i>	✓	X
<i>Injectables</i>	✓	X
<i>Norplant</i>	X	X
NEO NATAL CARE (FIRST 4 WEEKS AFTER BIRTH)		
First dose of immunization for new born with first 4 weeks after birth	✓	X
Circumcision (Up to In-Patient Limit)	✓	X
Ear Piercing, Exchange Blood Transfusion (Up to In-Patient Limit)	✓	X
Special Baby Care Unit (NICU, Phototherapy, Incubator Care)	X	X
IMMUNIZATIONS – UP TO OUT-PATIENT LIMIT		
<i>BCG,</i>	✓	X
<i>Oral Polio,</i>	✓	X
<i>Vitamin A, Measles,</i>	✓	X

<i>Pentavalent (DPT, HIB, Hep B)</i>	✓	✗
<i>Yellow Fever</i>	✓	✗
<i>MMR, Rotavirus</i>	✗	✗
<i>Chicken Pox</i>	✗	✗
<i>Pneumococcal Conjugate</i>	✗	✗
PSYCHIATRIC TREATMENT	24 Hours	✗
IN-PATIENT SERVICES		
IN-PATIENT LIMIT	UP TO N75,000	✗
IN-PATIENT CARE, GENERAL AND SPECIALIST CONSULTATION	✓	✗
PRESCRIBED MEDICATIONS, SUPPLY OF DRUGS & CONSUMABLES	✓	✓
INTENSIVE CARE UNIT (ICU)	✓	✗
FEEDING ON ADMISSION	✓	✗
LABORATORY INVESTIGATIONS / DIAGNOSTIC TESTS	✓	✓
RADIOLOGY INVESTIGATIONS (X-RAY AND ULTRASOUND)	✓	✓
ADVANCED AND COMPLEX INVESTIGATIONS		
<i>CT Scan</i>	✗	✗
<i>MRI</i>	✗	✗
PHYSIOTHERAPY SERVICES		
PHYSIOTHERAPY (UP TO APPROVED LIMITS)	2 SESSIONS	✗
PRESCRIBED THERAPEUTIC APPLIANCES (CERVICAL COLLAR, CRUTCHES)	✗	✗
ACCIDENTS AND EMERGENCIES		
<i>Evacuation from Road Side to Hospital (By Road)</i>	✓	✗
OBSTETRICS AND GYNAECOLOGY SERVICES	N100,000	N50,000
ANTENATAL + DELIVERY + POST DELIVERY CARE (BLOCK LIMIT)		
<i>Antenatal Care Services,</i>	✓	✓
<i>Consultation,</i>	✓	✓
<i>Ultrasound Scans,</i>	✓	✓
<i>Laboratory Tests</i>	✓	✓
<i>Management of Complications in Pregnancy</i>	✓	✓
<i>Delivery Room Services</i>	✓	✓
<i>Management of Labour</i>	✓	✓
<i>Normal Par Vaginum Delivery</i>	✓	✓
<i>Caesarean Section Delivery</i>	✓	✗
<i>Assisted Delivery (Vacuum, Forceps)</i>	✓	✓
SECOND OPINION SERVICE LOCALLY	✓	
INVESTIGATION FOR INFERTILITY (CONSULTATION, COUNSELLING, USS, SFA, HORMONE PROFILE, LAPAROSCOPY)	✗	✗
SURGERIES (LIMIT FOR MINOR - MAJOR SURGERIES)	N100,000	N50,000
Minor, Intermediate and Major Surgeries	✓	✓
Gynaecological and Obstetrical Surgery	✓	✗
Orthopaedic Surgery	✓	✗

OTHER SERVICES		REFERRAL TO DESIGNATED CENTRES
HIV/AIDS CARE & TREATMENT AT DESIGNATED CENTERS	✓	
ANNUAL HEALTH CHECKS FOR PRINCIPAL ONLY (DONE DURING HEALTH WEEK)	BASIC (PHYSICAL EXAMINATION, BP, BLOOD SUGAR, URINALYSIS)	BASIC (BP & BLOOD SUGAR ONLY)
OPHTHALMOLOGICAL SERVICES (BLOCK LIMIT)	N10,000	N5,000
EYE CARE (BLOCK LIMIT)		
<i>Foreign Body Removal,</i>	✓	✓
<i>Stye Incision,</i>	✓	✓
<i>Entropion and Ectropion Repairs,</i>	✓	✓
<i>Chalazion Incision,</i>	✓	✓
<i>Syringing and Probing,</i>	✓	✓
<i>Eye Examination, Refraction,</i>	✓	✓
<i>Conditions – Allergies, Conjunctivitis, Pterygium Excision</i>	✓	✓
<i>Eye Surgeries (Up to Annual Surgery Limit)</i>	✓	✗
FRAMES/LENSES ONCE IN TWO YEARS	✓	✓
DENTAL SERVICES	N10,000	N5,000
DENTAL CARE (BLOCK LIMIT)		
<i>Primary Dental Care - Relief of Pain, Fillings, Simple Extraction, Preventive care, (Scaling and Polishing - Once A Year for Enrolees 12 Years and Above)</i>	✓	✓
<i>Secondary Dental Care (Surgical Extraction)</i>	✗	✗
<i>Examination of Dentition</i>	✓	✗
<i>Root Canal Therapy</i>	✗	✗
<i>X-Rays,</i>	✓	✗
<i>Peri-Apical,</i>	✓	✗
<i>Bite Wings,</i>	✓	✗
<i>Simple Extraction,</i>	✓	✗
<i>Amalgam Filling,</i>	✓	✗
<i>Composite Filling/GIC Filling,</i>	✓	✗
ENT CARE (EAR, NOSE AND THROAT)	OUT PATIENT LIMIT	
<i>Primary Ent Care - Including Consultation, Treatment of Primary Infection and Foreign Bodies.</i>	✓	✓
PREMIUM PER ANNUM	N25,000	N15,000

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

- Transplant surgery
- Plastic/cosmetic surgeries
- Virility enhancing drugs
- Home care and domiciliary services
- Joint replacements and prosthetic limbs
- Congenital abnormalities
- Self-inflicted injuries
- Treatment of obesity
- Speech disorders
- Thyroid disorders
- Neurological and Neurosurgical disorders
- Burns greater than 9%
- Hormonal replacement therapy
- All other services or procedures not expressly stated in the benefit package are excluded

