

## CLEARLINE HMO BENEFIT PACKAGES

| HEALTH PLAN/SERVICE DESCRIPTION                      | BRONZE         |
|--|----------------|
| PREMIUM - INDIVIDUAL                                 | N40,000        |
| PREMIUM - FAMILY                                     | N200,000       |
| OUT-PATIENT SERVICES                                 |                |
| OUT-PATIENT LIMIT                                    | UP TO N135,000 |
| OUTPATIENT CARE, GENERAL AND SPECIALIST CONSULTATION |                |
| Cardiologist   | ✓              |
| Cardiothoracic Surgeon                               | ✓              |
| Dermatologist  | ✓              |
| Dietician/Nutritionist                               | ✓              |
| Endocrinologist                                      | ✓              |
| ENT Surgeon<br>(Otorhinolaryngologist)               | ✓              |
| Family Physician                                     | ✓              |
| Gastroenterologist                                   | ✓              |
| General Surgeon                                      | ✓              |
| Gynaecologist  | ✓              |
| Hematologist   | ✓              |
| Neonatologist  | ✓              |
| Nephrologist   | ✓              |
| Neurologist  | ✓              |
| Neurosurgeon   | ✓              |
| Obstetrician   | ✓              |
| Oncologist   | ✓              |
| Oral and Maxillofacial Surgeon                       | ✓              |
| Orthopedic Surgeon                                   | ✓              |
| Pathologist  | ✓              |
| Pediatrician   | ✓              |

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|--|---|
| 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<br/>MICROBIOLOGY, SEROLOGY,<br/>HEAMATOLOGY, CHEMISTRY,<br/>HEMATOLOGICAL TESTS</b> |   |
| Blood Film   | ✓ |
| Blood group (on request by clinician)  | ✓ |
| Blood Pregnancy (Beta HCG) Test  | ✓ |
| Erythrocyte Sedimentation Rate (ESR)   | ✓ |

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|---|---|
| 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)<br>(Cholesterol, HDL, LDL,<br>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              | ✓ |

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|--|---|
| 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 (Venereal Disease Research Laboratory) Test | ✓ |
| Wound Swab M/C/S                                 | ✓ |

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| <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                               | ✓ |

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|---|---|
| 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                          | ✓ |

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| 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  | ONCE PER ANNUM |
| Cystoscopy   | ×              |
| ECG (PRE AND POST EXERCISE)  | ✓              |
| Echocardiography   | ×              |
| Endoscopic retrograde cholangiopancreatography (ERCP)  | ×              |

|  |                                  |
|--|----------------------------------|
| Endoscopic Ultrasound  | ×                                |
| Enteroscopy  | ×                                |
| Gastroscopy  | ×                                |
| Hysteroscopy   | ×                                |
| Laparoscopy  | ×                                |
| Laryngoscopy (Direct and Indirect)   | ×                                |
| MRI  | ONCE PER ANNUM                   |
| Proctoscopy  | ×                                |
| Sigmoidoscopy  | ×                                |
| Thoracoscopy   | ×                                |
| Upper GI Endoscopy   | ×                                |
| <b>FAMILY PLANNING</b>   |                                  |
| IUCD (lippes 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 | 24 HOURS                         |
| <b>IMMUNIZATIONS – Included in Out-Patient Limit</b>                               |                                  |
| BCG,   | ✓                                |



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|--|-----------------------------------|
| 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 7 DAYS (OUT-PATIENT)</b> |
| <b>IN-PATIENT SERVICES</b>   |                                   |
| <b>IN-PATIENT LIMIT</b>  | <b>UP TO ₦550,000</b>             |
| <b>IN-PATIENT CARE, GENERAL AND SPECIALIST</b>                           | ✓                                 |
| <b>CONSULTATION</b>  |                                   |
| <b>ADMISSION</b>   | ✓ (MAX: 30 DAYS)                  |
| ✓ Feeding for enrolees on admission                                      | ✓                                 |
| ✓ Hospital Ward Care   | <b>GENERAL WARD ONLY</b>          |
| ✓ Skilled medical and paramedical services                               | ✓                                 |
| ✓ Supply of prescribed intravenous/intramuscular, oral and topical drugs | ✓                                 |
| ✓ 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>  | ✓ (24 HOURS)   |
| <b>LABORATORY INVESTIGATIONS /DIAGNOSTIC TESTS</b>  | ✓              |
| <b>RADIOLOGY INVESTIGATIONS (X-RAY AND ULTRASOUND) ADVANCED AND COMPLEX INVESTIGATIONS</b>  | ✓              |
| CT Scan   | ONCE PER ANNUM |
| MRI   | ONCE PER ANNUM |
| <b>PHYSIOTHERAPY SERVICES</b>   |                |
| PHYSIOTHERAPY (UP TO APPROVED LIMITS)   | 3 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>  |                |
| <b>ANTENATAL + DELIVERY + POST (Limit Included in In-Patient Delivery Care Block Limit)</b> | ₦150,000       |
| Antenatal Care Services,  | ✓              |
| Consultation,   | ✓              |
| Ultrasound Scans,   | ✓              |

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|---|---|
| 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> | ×   |
| <b>SURGERIES (MINOR - MAJOR SURGERIES) – Included in In-Patient Limit</b>   |   |
| <b>SURGERIES (MINOR - MAJOR SURGERIES) – Included in In-Patient Limit Minor, Intermediate and Major Surgeries</b>                         | <b>UP TO ANNUAL SURGERY LIMIT OF ₦200,000</b> |
| <b>OTHER SERVICES HIV/AIDS CARE &amp; TREATMENT AT DESIGNATED CENTERS</b>   |   |
| Specialist Consultation   | ✓   |
| Specialist Drug therapy   | ✓   |
| Counselling Sessions  | ✓   |

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|---|---|
| <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>N10,000</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>N5,000</b>  |
| <b>DENTAL SERVICES</b>   |                |
| <b>DENTAL CARE (BLOCK LIMIT) - Included in Out-Patient Limit</b>       | <b>N10,000</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>₹10,000</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>  | TPA                               |
| <b>ROAMING SERVICES</b>   | ×                                 |
| <b>TELEMEDICINE</b>   | ✓                                 |

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

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

- 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