

CLEARLINE HMO SENIOR CITIZENS BENEFIT PACKAGES

HEALTH PLAN/SERVICE DESCRIPTION	BRONZE
ANNUAL PREMIUM/INDIVIDUAL	N 180,000

OUT-PATIENT SERVICES	
OUT-PATIENT LIMIT	UP TO N300,000
OUTPATIENT CARE, GENERAL AND SPECIALIST CONSULTATION	
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	✓
Psychiatrist	✓
Pulmonologist/Respiratory Physician	✓
Urologist	✓
PRESCRIBED MEDICATIONS, SUPPLY OF DRUGS & CONSUMABLES	
Prescribed Drugs	✓
Surgical Consumables	✓
NON-INVASIVE CARE	
Injections.	✓
Manipulations	✓
POP Application	✓
Skilled Nursing Care	✓

Wound Dressings	✓
EAR, NOSE AND THROAT SERVICES	✓
Basic ENT Services	✓
DERMATOLOGY SERVICES	
Non-Invasive care, simple infections and skin conditions	✓
LABORATORY INVESTIGATIONS (HEMATOLOGY, CHEMISTRY, MICROBIOLOGY, SEROLOGY)	
HEMATOLOGICAL TESTS	
Blood Film	✓
Blood group (on request by clinician)	✓
Erythrocyte Sedimentation Rate (ESR)	✓
Full Blood Count and differentials (FBC)	✓
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)	✓
CHEMISTRY INVESTIGATIONS	
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	✓
MICROBIOLOGY AND PARASITOLOGY	
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 (Venereal Disease Research Laboratory) Test	✓
Wound Swab M/C/S	✓
ADVANCED LABORATORY INVESTIGATIONS/PATHOLOGY	
Alpha-1 Antitrypsin	✓
HBA1C	✓
24 Hour Creatinine Clearance	✓
Bleeding Time	✓
Blood urea Nitrogen	✓
Clotting Time	✓
Coomb's Test (Direct)	✓
Coomb's Test (Indirect)	✓
Creatinine phosphokinase	✓

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	✓
Thyroid Function Tests	✓
RADIOLOGY INVESTIGATIONS (X-RAY AND ULTRASOUND)	
BASIC DIAGNOSTIC IMAGING	
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)	✓

ADVANCED DIAGNOSTIC IMAGING	
Doppler Ultrasound Scan	✓
Bronchoscopy	×
CT Scan	ONCE PER ANNUM
ECG (PRE AND POST EXERCISE)	✓
Echocardiography	ONCE PER ANNUM
MRI	ONCE PER ANNUM
Endoscopy	×

PSYCHIATRIC TREATMENT	UP TO 7 DAYS (OUT-PATIENT)
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IN-PATIENT SERVICES	
IN-PATIENT LIMIT	UP TO N600,000
IN-PATIENT CARE, GENERAL AND SPECIALIST CONSULTATION	✓
ADMISSION	✓ (MAX: 30 DAYS)
✓ Feeding for enrollees on admission	✓
✓ Hospital Ward Care	GENERAL WARD ONLY
✓ 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	✓
PRESCRIBED MEDICATIONS, SUPPLY OF DRUGS & CONSUMABLES	✓
INTENSIVE CARE UNIT (ICU): In-Patient Limit	✓ (24 HOURS)
LABORATORY INVESTIGATIONS / DIAGNOSTIC TESTS	✓
RADIOLOGY INVESTIGATIONS (X-RAY AND ULTRASOUND)	✓
ADVANCED AND COMPLEX INVESTIGATIONS	
CT Scan	ONCE PER ANNUM
MRI	ONCE PER ANNUM

PHYSIOTHERAPY SERVICES

PHYSIOTHERAPY (UP TO APPROVED LIMITS)	6 SESSIONS
PRESCRIBED THERAPEUTIC APPLIANCES (CERVICAL COLLAR, KNEE BRACE, CRUTCHES)	CERVICAL COLLAR, CRUTCHES

ACCIDENTS AND EMERGENCIES	
Evacuation from Hospital to Hospital	✓
Evacuation from Road side to Hospital	✓

SURGERIES (MINOR - MAJOR SURGERIES) – Included in In-Patient Limit	
SURGERIES (MINOR - MAJOR SURGERIES) – <i>Included in In-Patient Limit</i>	UP TO ANNUAL SURGERY LIMIT OF N200,000
Minor, Intermediate and Major Surgeries	

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	✓

ANNUAL HEALTH CHECKS FOR PRINCIPAL ONLY (DONE DURING HEALTH WEEK)	
BMI Check	✓
General Physical Examination	✓

Blood Pressure Check (Hypertension Screening)	✓
Blood Sugar Check (Diabetes Screening)	✓
Urinalysis	✓
ECG	✓
Blood Cholesterol Check	✓
Mammography	✓
Pap Smear	✓
PSA Check/Prostate scan	✓

OPHTHALMOLOGICAL SERVICES

EYE CARE	30,000
Foreign Body Removal,	✓
Stye Incision,	✓
Entropion and Ectropion Repairs,	✓
Chalazion Incision,	✓
Syringing and Probing,	✓
Eye Examination, Refraction, Tonometry	✓
Conditions – Allergies, Conjunctivitis	✓
Eye Surgeries (Up to Annual Surgery Limit)	✓
FRAMES/LENSES ONCE IN TWO YEARS	✓

DENTAL SERVICES

DENTAL CARE (BLOCK LIMIT) - Included in Out-Patient Limit	25,000
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,	✓

ENT CARE (EAR, NOSE AND THROAT) - Included in Out- Patient Limit	10,000
Primary Ent Care - Including Consultation, Treatment of Primary Infection and Foreign Bodies	✓
ENT Surgeries	UP TO ANNUAL SURGERY LIMIT

OTHER SERVICES	
KIDNEY DIALYSIS {Acute renal injury only} (Part of in-patient limit)	1 Session
CANCER CARE/CHEMOTHERAPY (Part of in-patient limit)	50,000
Death and Funeral Support	50,000
Telemedicine (Consult with a doctor): TOLL FREE	✓

