## CLEARLINE HMO SENIOR CITIZENS BENEFIT PACKAGES

HEALTH PLAN/SERVICE	SILVER
DESCRIPTION	N 000 000
ANNUAL PREMIUM/INDIVIDUAL	N 200,000
OUT-PATIENT SERVICES	
OUT-PATIENT LIMIT	UP TO N350,000
OUTPATIENT CARE, GENERAL AND SPECIALIST	
CONSULTATION	
Cardiologist	<b>√</b>
Cardiothoracic Surgeon	✓
Dermatologist	✓
Dietician/Nutritionist	✓
Endocrinologist	<b>√</b>
ENT Surgeon (Otorhinolaryngologist)	✓
Family Physician	<b>√</b>
Gastroenterologist	<b>√</b>
General Surgeon	✓
Gynaecologist	✓
Hematologist	✓
Neonatologist	<b>√</b>
Nephrologist	✓
Neurologist	✓
Neurosurgeon	✓
Obstetrician	✓
Oncologist	<b>√</b>
Oral and Maxillofacial Surgeon	✓
Orthopedic Surgeon	✓
Pathologist	<b>√</b>
Psychiatrist	✓
Pulmonologist/Respiratory Physician	✓
Urologist	✓
PRESCRIBED MEDICATIONS, SUPPLY OF DRUGS	
&	
CONSUMABLES	,
Prescribed Drugs	√
Surgical Consumables	<b>√</b>
NON-INVASIVE CARE Injections.	/
Manipulations	√ ,
-	√ ,
POP Application	√
Skilled Nursing Care	√
Wound Dressings	$\checkmark$

EAR, NOSE AND THROAT SERVICES	√
Basic ENT Services	
DERMATOLOGY SERVICES	V
Non-Invasive care, simple infections and	✓
skin conditions	·
LABORATORY INVESTIGATIONS	
(HEAMATOLOGY, CHEMISTRY,	
MICROBIOLOGY, SEROLOGY)	
HEMATOLOGICAL TESTS	,
Blood Film	√ ,
Blood group (on request by clinician)	√
Erythrocyte Sedimentation Rate (ESR)	<b>√</b>
Full Blood Count and differentials (FBC)	√
Grouping and Cross Matching	√
Hemoglobin (HB), HCT, RBC	√
мсн	√
мснс	✓
MCV	✓
Packed Cell Volume (PCV)	$\checkmark$
Platelet count	$\checkmark$
Red Blood Cell/Reticulocyte count	✓
White Blood Cell count	✓
White cell count (Total and Differential)	✓
CHEMISTRY INVESTIGATIONS	
2 Hours Post-prandial Blood Sugar	<b>√</b>
Electrolytes, Urea and Creatinine	✓
Fasting Blood Sugar	<b>√</b>
Glucose Challenge Test	✓
Lipid Profile (Fasting) (Cholesterol, HDL, LDL,	<b>√</b>
Triglyceride Profile)	
Liver Function Test (LFT)	✓
Oral Glucose Tolerance Test (OGTT)	✓
Prothrombin Time (PT/INR)	✓
Random Blood Sugar	✓
Serum Acid Phosphate	$\checkmark$
Serum Albumin	$\checkmark$
Serum Alkaline Phosphate	√
Serum Bicarbonate	✓
Serum Bilirubin (Total and Direct)	✓
Serum Calcium	<b>√</b>
Serum Chloride	<b>√</b>
Serum Gamma Glutamyl Transferase	<b>√</b>
Serum Inorganic Phosphate	<b>√</b>
Serum Lactate Dehydrogenase	√
Serum Lithium	<b>√</b>
Serum Magnesium	√

Serum potassium	<b>√</b>
Serum Sodium	
MICROBIOLOGY AND PARASITOLOGY	V
Aspirates M/C/S	✓
Blood Culture	√
Cholera Ag	<b>√</b>
Ear Swab M/C/S	√
Endocervical Swab (ECS) M/C/S	<b>√</b>
Eye Swab M/C/S	<b>√</b>
H.Pylori	
High Vaginal Swab (HVS) M/C/S	·
Leishmania Screening	√
Malaria Parasite (MP)	<b>√</b>
Mantoux/Heaf's Test	√
Skin Scraping for Fungi	√
Skin Snip for Microfilaria	<b>√</b>
Sputum M/C/S, AFB	<b>√</b>
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)	$\checkmark$
Test	
Wound Swab M/C/S	✓
ADVANCED LABORATORY	
INVESTIGATIONS/PATHOLOGY	,
Alpha-1 Antitrypsin	√
HBA1C	<b>√</b>
24 Hour Creatinine Clearance	<b>√</b>
Bleeding Time	√ 
Blood urea Nitrogen	<b>√</b>
Clotting Time	<b>√</b>
Coomb's Test (Direct)	√
Coomb's Test (Indirect)	<b>√</b>
Creatinine phosphokinase	<b>√</b>
D-Dimer	<b>√</b>
G-6PD Screening	√ ′
Hepatitis B Screening	√ ′
Hepatitis B Surface Antigen (HBSAg)	√
Hepatitis C Screening	√ ′
HIV Confirmatory Test	√
HIV Screening	<b>√</b>
Immunofluorescence assay	X

Osmotic Fragility Test	√
Pap Smear and Cytology	✓
Prostate Specific Antigen	✓
Protein Electrophoresis	<b>√</b>
Semen M/C/S	<b>√</b>
Seminal Fluid Analysis (SFA)	
Serum Creatinine Phosphokinase	·
Serum immunoglobulins/Antibodies	<b>√</b>
Serum Iron	<b>√</b>
Serum Uric Acid	<b>√</b>
Sputum Acid Fast Bacilli (AFB) Test	<b>√</b>
Thyroid Function Tests	
RADIOLOGY INVESTIGATIONS (X-RAY AND	<b>√</b>
ULTRASOUND)	
BASIC DIAGNOSTIC IMAGING	
Abdominal X-Rays	<b>√</b>
Cervical Spine X-rays	<b>√</b>
Chest X-Rays	✓ ✓
Limbs (Hand, Forearm, Upper arm, Thigh and	√ √
Leg) X-rays	V
Lumbosacral X-Rays	<b>√</b>
Mandibles/Temporomandibular Joint X-Rays	<i></i>
	V
Mastoid X-rays	<b>√</b>
Neck X-rays	<b>√</b>
Pelvic X-rays	<b>√</b>
Sinus X-rays	<b>√</b>
Skull X-rays	<b>√</b>
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,	$\checkmark$
and Brain Ultrasound Scans)	
	I
ADVANCED DIAGNOSTIC IMAGING	,
Doppler Ultrasound Scan	√ 
Bronchoscopy	X
CT Scan	ONCE PER
ECG (PRE AND POST EXERCISE)	ANNUM
Echocardiography	√ 
<u> </u>	ONCE PER ANNUA
MRI	ONCE PER ANNUM
Endoscopy	X
aooopj	^

PSYCHIATRIC TREATMENT	UP TO 7 DAYS (OUT- PATIENT)
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IN-PATIENT SERVICES	
IN-PATIENT LIMIT	UP TO 800,000
IN-PATIENT CARE, GENERAL AND SPECIALIST	,
CONSULTATION	✓
ADMISSION	√ (MAX: 35DAYS)
√ Feeding for enrollees on admission	✓
✓ Hospital Ward Care	SEMI PRIVATE WARD
✓ Skilled medical and paramedical services	√
✓ Supply of prescribed	
intravenous/intramuscular, oral and topical	$\checkmark$
drugs	
✓ Supply of all medical and surgical	✓
consumables	
✓ Blood grouping, cross matching, and	✓
transfusion	
Accommodation for in-patient care	<b>√</b>
PRESCRIBED MEDICATIONS, SUPPLY OF DRUGS	,
&	$\checkmark$
CONSUMABLES	/ /04 HOURS)
INTENSIVE CARE UNIT (ICU): In- Patient Limit	√ (24 HOURS)
LABORATORY INVESTIGATIONS /	<b>√</b>
DIAGNOSTIC TESTS	v
RADIOLOGY INVESTIGATIONS (X-RAY AND	✓
ULTRASOUND)	
ADVANCED AND COMPLEX	
INVESTIGATIONS	
CT Scan	ONCE PER ANNUM
MRI	ONCE PER ANNUM
PHYSIOTHERAPY SERVICES	I
PHYSIOTHERAPY (UP TO	7 SESSIONS
APPROVED LIMITS)	/ 525510145
PRESCRIBED THERAPEUTIC APPLIANCES	CERVICAL COLLAR, KNEE
(CERVICAL COLLAR, KNEE BRACE, CRUTCHES)	BRACE, CRUTCHES
	DRACE, 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) –	UP TO ANNUAL
Included in In-Patient Limit	SURGERY LIMIT OF N250,000
Minor, Intermediate and	
Major Surgeries	
OTHER SERVICES	
HIV/AIDS CARE & TREATMENT AT DESIGNATED CENTERS	
Specialist Consultation	✓
Specialist Drug therapy	•
	√ 
Counselling Sessions	$\checkmark$
TUBERCULOSIS CARE & TREATMENT AT DESIGNATED CENTERS	
Specialist Consultation	✓
Specialist Drug therapy	√ √
Counselling Sessions	•
COVID-19 CARE	$\checkmark$
Testing at designated referral centers	,
(NCDC)	$\checkmark$
(NCDC)	
SECOND OPINION	
Diagnosis confirmation from secondary and	/
tertiary care centres	V
Line of treatment confirmation from	$\checkmark$
secondary and tertiary care centres	V
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	<b>√</b>
ECG	✓
Blood Cholesterol Check	√
Mammography	<b>√</b>
Pap Smear	<b>√</b>
PSA Check/Prostate scan	<b>√</b>
	V
OPHTHALMOLOGICAL	
SERVICES	
EYE CARE	35.000
Foreign Body Removal,	✓

Entropion and Ectropion	✓
Repairs,	
Chalazion Incision,	✓
Syringing and Probing,	✓
Eye Examination, Refraction, Tonometry	$\checkmark$
Conditions – Allergies, Conjunctivitis	✓
Eye Surgeries (Up to Annual Surgery Limit)	✓
FRAMES/LENSES ONCE IN TWO YEARS	✓

DENTAL SERVICES	
DENTAL CARE (BLOCK LIMIT) -	30.000
Included in Out-Patient Limit	
Primary Dental Care - Relief of Pain, Fillings,	$\checkmark$
Simple Extraction, Preventive Care, (Scaling	
and Polishing - Once A Year for	
Enrolees 12 Years and Above)	
Sacandam Dantal Cara	/
Secondary Dental Care (Surgical Extraction)	<b>√</b>
Examination of Dentition	/
	· ·
Root Canal Therapy	√
X-Rays,	$\checkmark$
Peri-Apical,	<b>√</b>
Bite Wings,	✓
Simple Extraction,	<b>√</b>
Amalgam Filling,	<b>√</b>
Composite Filling/GIC Filling,	√

ENT CARE (EAR, NOSE AND THROAT) - Included in Out- Patient Limit	15.000
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)	1 Session
(Part of in-patient limit)	
CANCER CARE/CHEMOTHERAPY (Part	100.000
of in-patient limit)	
Death and Funeral Support	50.000
Telemedicine (Consult with a doctor): TOLL	✓
FREE	

