

CLEARLINE HMO SENIOR CITIZENS BENEFIT PACKAGES

HEALTH PLAN/SERVICE DESCRIPTION	GOLD PLUS
ANNUAL PREMIUM/INDIVIDUAL	N 350,000

OUT-PATIENT SERVICES	
OUT-PATIENT LIMIT	UP TO N500,000
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	TWICE PER ANNUM
ECG (PRE AND POST EXERCISE)	✓
Echocardiography	ONCE PER ANNUM
MRI	ONCE PER ANNUM
Endoscopy	ONCE PER ANNUM

PSYCHIATRIC TREATMENT	UP TO 7 DAYS (OUT-PATIENT)
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IN-PATIENT SERVICES	
IN-PATIENT LIMIT	UP TO 1,500,000
IN-PATIENT CARE, GENERAL AND SPECIALIST CONSULTATION	✓
ADMISSION	✓ (MAX: 50 DAYS)
✓ Feeding for enrollees on admission	✓
✓ Hospital Ward Care	PRIVATE WARD
✓ 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	✓ (48 HOURS)
LABORATORY INVESTIGATIONS / DIAGNOSTIC TESTS	✓
RADIOLOGY INVESTIGATIONS (X-RAY AND ULTRASOUND)	✓
ADVANCED AND COMPLEX INVESTIGATIONS	
CT Scan	TWICE PER ANNUM
MRI	TWICE PER ANNUM

PHYSIOTHERAPY SERVICES	
PHYSIOTHERAPY (UP TO APPROVED LIMITS)	12 SESSIONS
PRESCRIBED THERAPEUTIC APPLIANCES (CERVICAL COLLAR, KNEE BRACE, CRUTCHES)	CERVICAL COLLAR, KNEE BRACE, CRUTCHES, LUMBAR CORSET

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

SURGERIES (MINOR - MAJOR SURGERIES) – Included in In-Patient Limit

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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	45.000
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	40.000
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	25.000
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)	180.000
Death and Funeral Support	50.000
Telemedicine (Consult with a doctor): TOLL FREE	✓

