CLEARLINE HMO BENEFIT PACKAGES

HEALTH PLAN/SERVICE DESCRIPTION	SILVER
PREMIUM - INDIVIDUAL	₩50,000
PREMIUM - FAMILY	N 240,000
OUT-PATIENT SERVICES	
OUT-PATIENT LIMIT	UP TO N182,500
OUTPATIENT CARE, GENERAL AND SPECIALIST CONSULTATION	
Cardiologist	√
Cardiothoracic Surgeon	\checkmark
Dermatologist	✓
Dietician/Nutritionist	✓
Endocrinologist	\checkmark
ENT Surgeon (Otorhinolaryngologist)	✓
Family Physician	✓
Gastroenterologist	✓
General Surgeon	✓
Gynaecologist	\checkmark
Hematologist	√
Neonatologist	\checkmark
Nephrologist	√
Neurologist	✓
Neurosurgeon	✓
Obstetrician	√
Oncologist	√
Oral and Maxillofacial Surgeon	\checkmark
Orthopedic Surgeon	✓
Pathologist	✓
Pediatrician	\checkmark

Psychiatrist	\checkmark
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	\checkmark
EAR, NOSE AND THROAT SERVICES	√
Basic ENT Services	\checkmark
DERMATOLOGY SERVICES	
Non-Invasive care, simple infections and skin conditions	✓
LABORATORY INVESTIGATIONS MICROBIOLOGY, SEROLOGY, HEAMATOLOGY, CHEMISTRY, HEMATOLOGICAL TESTS	
Blood Film	√
Blood group (on request by clinician)	✓
Blood Pregnancy (Beta HCG) Test	✓
Erythrocyte Sedimentation Rate (ESR)	✓

	_
Full Blood Count and differentials (FBC)	✓
Genotype (on request by clinician)	✓
Grouping and Cross Matching	✓
Hemoglobin (HB), HCT, RBC	✓
MCH	\checkmark
MCHC	√
MCV	√
Packed Cell Volume (PCV)	✓
Platelet count	✓
Red Blood Cell/Reticulocyte count	✓
White Blood Cell count	\checkmark
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	√

\checkmark
√
\checkmark
✓
✓
\checkmark
✓
✓
✓
✓
√
\checkmark
√
√
\checkmark
✓
√
√
√
✓
√ √
·
√ ·
√ √
√ √ √
\frac{1}{\lambda}

Skin Snip for Microfilaria	\checkmark
Sputum M/C/S, AFB	\checkmark
Stool M/C/S	\checkmark
Stool Occult Blood	✓
Throat Swab M/C/S	✓
Toxoplasma Screening	✓
Trypanosomes Screening	\checkmark
Urethral Swab M/C/S	✓
Urine M/C/S	√
VDRL (Veneral Disease Research Laboratory) Test	✓
Wound Swab M/C/S	✓
ADVANCED LABORATORY INVESTIGATIONS/PATHOLOGY	
Alpha-1 Antitrypsin	✓
Alpha-1 Antitrypsin HBA1C	√ √
HBA1C	√
HBA1C 24 Hour Creatinine Clearance	√ ✓
HBA1C 24 Hour Creatinine Clearance Bleeding Time	√ ✓
HBA1C 24 Hour Creatinine Clearance Bleeding Time Blood urea Nitrogen	\frac{1}{\sqrt{1}}
HBA1C 24 Hour Creatinine Clearance Bleeding Time Blood urea Nitrogen Chlamydia Screening	\frac{1}{\sqrt{1}}
HBA1C 24 Hour Creatinine Clearance Bleeding Time Blood urea Nitrogen Chlamydia Screening Clotting Time	\frac{1}{\sqrt{1}}
HBA1C 24 Hour Creatinine Clearance Bleeding Time Blood urea Nitrogen Chlamydia Screening Clotting Time Coomb's Test (Direct)	\frac{1}{\sqrt{1}}
HBA1C 24 Hour Creatinine Clearance Bleeding Time Blood urea Nitrogen Chlamydia Screening Clotting Time Coomb's Test (Direct) Coomb's Test (Indirect)	
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	
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)	

	_
Hepatitis B Surface Antigen (HBSAg)	✓
Hepatitis C Screening	✓
HIV Confirmatory Test	\checkmark
HIV Screening	√
Immunofluorescence assay	×
Osmotic Fragility Test	✓
Pap Smear and Cytology	✓
Prostate Specific Antigen	\checkmark
Protein Electrophoresis	×
Semen M/C/S	√
Seminal Fluid Analysis (SFA)	\checkmark
Serum Creatinine Phosphokinase	✓
Serum immunoglobulins/Antibodies	×
Serum Iron	\checkmark
Serum Uric Acid Sputum Acid Fast Bacilli (AFB) Test	√ √
Syphilis Screening	×
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/Temporomandibula r Joint X-Rays	✓
Mastoid X-rays	✓
Neck X-rays	✓
Pelvic X-rays	✓
Sinus X-rays	✓
Skull X-rays	\checkmark
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	×
Arthroscopy	×
Bronchoscopy	×
Colonoscopy	X
CT Scan	ONCE PER ANNUM
Cystoscopy	×
ECG (PRE AND POST EXERCISE)	\checkmark
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	×
FAMILY PLANNING	
IUCD (lippes loop)	×
IUCD (mirena coil)	×
Pills/ IUCD (copper T)	\checkmark
Injectable	✓
Norplant	×
Norplant NEONATAL CARE	× FIRST 4 WEEKS AFTER BIRTH
Pirst dose of immunization for new born with first 4 weeks	FIRST 4 WEEKS AFTER BIRTH
NEONATAL CARE First dose of immunization for new born with first 4 weeks after birth Circumcision (Up to In-Patient	FIRST 4 WEEKS AFTER BIRTH
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	FIRST 4 WEEKS AFTER BIRTH
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)	FIRST 4 WEEKS AFTER BIRTH
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	FIRST 4 WEEKS AFTER BIRTH

Oral Polio,	\checkmark
Vitamin A, Measles,	\checkmark
Pentavalent (DPT, HIB, Hep B)	✓
Yellow Fever	√
MMR, Rotavirus	×
Chicken Pox	×
Pneumococcal Conjugate	×
PSYCHIATRIC TREATMENT	UP TO 7 DAYS (OUT-PATIENT)
IN-PATIENT SERVICES	
IN-PATIENT LIMIT	UP TO N700,000
IN-PATIENT CARE, GENERAL AND SPECIALIST	√
CONSULTATION	
ADMISSION	√ (MAX: 35DAYS)
✓ Feeding for enrolees on admission	✓
✓ Hospital Ward Care	SEMI 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	\checkmark
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)	5 SESSIONS
PRESCRIBED THERAPEUTIC APPLIANCES (CERVICAL COLLAR, CRUTCHES)	✓
ACCIDENTS AND EMERGENCIES	
Evacuation from Hospital to Hospital (By Road)	✓
Evacuation from Site to Hospital (Road)	✓
OBSTETRICS AND GYNAECOLOGY SERVICES	
ANTENATAL + DELIVERY + POST (Limit Included in In-Patient Delivery Care Block Limit)	N 200,000
Antenatal Care Services,	✓
Consultation,	✓
Ultrasound Scans,	\checkmark

Laboratory Tests	✓
Management of Complications in Pregnancy	✓
Delivery Room Services	✓
Management of Labour	✓
Normal Par Vaginum Delivery	✓
Caesarean Section Delivery	✓
Assisted Delivery (Vacuum, Forceps)	✓
INVESTIGATION FOR INFERTILITY LAPAROSCOPY) – Included in(CONSULTATION, COUNSELLING, USS, SFA, HORMONE PROFILE, Out- Patient Limit	×
SURGERIES (MINOR - MAJOR SURGERIES) — Included in In- Patient Limit	
SURGERIES (MINOR - MAJOR SURGERIES) — Included in In- Patient Limit Minor, Intermediate and Major Surgeries	UP TO ANNUAL SURGERY LIMIT OF N 250,000
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	\checkmark
COVID-19 CARE	
Testing at designated referral centers (NCDC)	\checkmark
SECOND OPINION	
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	✓
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	\checkmark
ECG	×
Blood Cholesterol Check	×
Genotype	X
Mammography (For Women ≥ 40 years)	×
Pap Smear	×
PSA Check (For Men ≥ 40 years of age)	×
OPHTHALMOLOGICAL SERVICES	
EYE CARE	N15,000
Foreign Body Removal	\checkmark
Stye Incision	√
Entropion and Ectropion Repairs	√
Chalazion Incision	\checkmark
Syringing and Probing	✓
Eye Examination, Refraction	\checkmark
Conditions – Allergies, Conjunctivitis, Pterygium Excision	✓
Eye Surgeries (Up to Annual Surgery Limit)	✓
FRAMES/LENSES ONCE IN TWO YEARS — Included in Out- Patient Limit	N 7,500
DENTAL SERVICES	
DENTAL CARE (BLOCK LIMIT) - Included in Out-Patient Limit	N 20,000

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,	\checkmark
Amalgam Filling,	√
Composite Filling/GIC Filling,	\checkmark
ENT CARE (EAR, NOSE AND THROAT) - Included in Out-Patient Limit	N 15,000
Primary Ent Care - Including Consultation, Treatment of Primary Infection and Foreign Bodies	✓
ENT Surgeries	UP TO ANNUAL SURGERY LIMIT
ON-SITE HEALTH EDUCATION	✓
GYM OR SPA SERVICES	TPA
ROAMING SERVICES	×
TELEMEDICINE	✓

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