



CLEARLINE HMO BENEFIT PACKAGES

HEALTH PLAN/SERVICE DESCRIPTION	BRONZE	SILVER	GOLD	GOLD PLUS	PLATINUM
GLOBAL LIMIT	₦1,200,000	₦1,300,000	₦1,500,000	₦2,000,000	₦2,600,000
OUT-PATIENT SERVICES					
OUT-PATIENT LIMIT	UP TO N135,000	UP TO N182,500	UP TO N225,000	UP TO N355,000	UP TO N470,000
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	✓	✓	✓	✓	✓
Pediatrician	✓	✓	✓	✓	✓
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 (HEAMATOLOGY, CHEMISTRY, MICROBIOLOGY, SEROLOGY)					
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	✓	✓	✓	✓	✓

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	✓	✓	✓	✓	✓
Urine Pregnancy Test	✓	✓	✓	✓	✓
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	✓	✓	✓	✓	✓
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	✓	✓	✓	✓	✓
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	✓	✓	✓	✓	✓
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	×	×	✓	✓	✓
Arthroscopy	×	×	×	✓	✓
Bronchoscopy	×	×	×	✓	✓
Colonoscopy	×	×	×	✓	✓
CT Scan	ONCE PER ANNUM	ONCE PER ANNUM	ONCE PER ANNUM	TWICE PER ANNUM	TWICE 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	ONCE PER ANNUM	ONCE PER ANNUM	ONCE PER ANNUM	TWICE PER ANNUM
Proctoscopy	×	×	×	✓	✓
Sigmoidoscopy	×	×	×	✓	✓
Thoracoscopy	×	×	×	✓	✓
Upper GI Endoscopy	×	×	×	✓	✓
FAMILY PLANNING					
IUCD (lippes loop)	×	×	✓	✓	✓
IUCD (mirena coil)	×	×	×	×	✓
Pills/ IUCD (copper T)	✓	✓	✓	✓	✓
Injectable	✓	✓	✓	✓	✓
Norplant	×	×	×	✓	✓
NEONATAL CARE					
	FIRST 4 WEEKS AFTER BIRTH	FIRST 4 WEEKS AFTER BIRTH	FIRST 4 WEEKS AFTER BIRTH	FIRST 4 WEEKS AFTER BIRTH	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)	24 HOURS	24 HOURS	48 HOURS	48 HOURS	48 HOURS
Up to In-Patient Limit					
IMMUNIZATIONS – Included in Out-Patient Limit					
BCG,	✓	✓	✓	✓	✓
Oral Polio,	✓	✓	✓	✓	✓
Vitamin A, Measles,	✓	✓	✓	✓	✓
Pentavalent (DPT, Hib, Hep B)	✓	✓	✓	✓	✓
Yellow Fever	✓	✓	✓	✓	✓
MMR, Rotavirus	×	×	✓	✓	✓
Chicken Pox	×	×	×	✓	✓
Pneumococcal Conjugate	×	×	✓	✓	✓
PSYCHIATRIC TREATMENT					
	UP TO 7 DAYS (OUT-PATIENT)	UP TO 7 DAYS (OUT-PATIENT)	UP TO 7 DAYS (OUT-PATIENT)	UP TO 7 DAYS (OUT-PATIENT)	UP TO 7 DAYS (OUT-PATIENT)
IN-PATIENT SERVICES					
IN-PATIENT LIMIT	UP TO N550,000	UP TO 700,000	UP TO N850,000	UP TO 1,050,000	UP TO N1,550,000
IN-PATIENT CARE, GENERAL AND SPECIALIST CONSULTATION	✓	✓	✓	✓	✓

ADMISSION	✓ (MAX: 30 DAYS)	✓ (MAX: 35DAYS)	✓ (MAX: 40 DAYS)	✓ (MAX: 50 DAYS)	✓ (MAX: 60 DAYS)
✓ Feeding for enrollees on admission	✓	✓	✓	✓	✓
✓ Hospital Ward Care	GENERAL WARD ONLY	SEMI PRIVATE WARD	PRIVATE WARD	PRIVATE WARD	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	✓ (24 HOURS)	✓ (24 HOURS)	✓ (48 HOURS)	✓ (48 HOURS)	✓ (48 HOURS)
LABORATORY INVESTIGATIONS / DIAGNOSTIC TESTS	✓	✓	✓	✓	✓
RADIOLOGY INVESTIGATIONS (X-RAY AND ULTRASOUND)	✓	✓	✓	✓	✓
ADVANCED AND COMPLEX INVESTIGATIONS					

CT Scan	ONCE PER ANNUM	ONCE PER ANNUM	ONCE PER ANNUM	ONCE PER ANNUM	TWICE PER ANNUM
MRI	ONCE PER ANNUM	ONCE PER ANNUM	ONCE PER ANNUM	ONCE PER ANNUM	TWICE PER ANNUM
PHYSIOTHERAPY SERVICES					
PHYSIOTHERAPY (UP TO APPROVED LIMITS)	3 SESSIONS	5 SESSIONS	6 SESSIONS	8 SESSIONS	10 SESSIONS
PRESCRIBED THERAPEUTIC APPLIANCES (CERVICAL COLLAR, CRUTCHES)	✓	✓	✓	✓	✓
ACCIDENTS AND EMERGENCIES					
Evacuation from Hospital to Hospital (By Road)	✓	✓	✓	✓	✓
Evacuation from Site to Hospital (By Road)	✓	✓	✓	✓	✓
OBSTETRICS AND GYNAECOLOGY SERVICES					
ANTENATAL + DELIVERY + POST DELIVERY CARE (BLOCK LIMIT) – Included in In-Patient Limit	N150,000	N200,000	N250,000	N300,000	N400,000

Antenatal Care Services,	✓	✓	✓	✓	✓
Consultation,	✓	✓	✓	✓	✓
Ultrasound Scans,	✓	✓	✓	✓	✓
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 (CONSULTATION, COUNSELLING, USS, SFA, HORMONE PROFILE, LAPAROSCOPY) – Included in Out-Patient Limit	×	×	UP TO N25,000	UP TO N50,000	UP TO N80,000
SURGERIES (MINOR - MAJOR SURGERIES) – Included in In-Patient Limit					
SURGERIES (MINOR - MAJOR SURGERIES) – Included in In-Patient Limit	UP TO ANNUAL SURGERY LIMIT OF N200,000	UP TO ANNUAL SURGERY LIMIT OF N250,000	UP TO ANNUAL SURGERY LIMIT OF N300,000	UP TO ANNUAL SURGERY LIMIT OF N350,00	UP TO ANNUAL SURGERY LIMIT OF N500,000

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	✓	✓	✓	✓	✓

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	✓	✓	✓	✓	✓
ECG	×	×	✓	✓	✓
Blood Cholesterol Check	×	×	✓	✓	✓
Genotype	×	×	×	✓	✓
Mammography (For Women ≥ 40 years)	×	×	×	×	✓
Pap Smear	×	×	×	×	✓
PSA Check (For Men ≥ 40 years of age)	×	×	×	×	✓



OPHTHALMOLOGICAL SERVICES					
EYE CARE	10,000	15,000	20,000	25,000	40,000
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)	✓	✓	✓	✓	✓
FRAMES/LENSES ONCE IN TWO YEARS – Included in Out-Patient Limit	5,000	7,500	10,000	15,000	20,000
DENTAL SERVICES					
DENTAL CARE (BLOCK LIMIT) - Included in Out-Patient Limit	10,000	20,000	30,000	40,000	50,000

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	15,000	20,000	25,000	30,000
Primary Ent Care - Including Consultation, Treatment of Primary Infection and Foreign Bodies	✓	✓	✓	✓	✓
ENT Surgeries	UP TO ANNUAL SURGERY LIMIT	UP TO ANNUAL SURGERY LIMIT	UP TO ANNUAL SURGERY LIMIT	UP TO ANNUAL SURGERY LIMIT	UP TO ANNUAL SURGERY LIMIT



ON-SITE HEALTH EDUCATION	✓	✓	✓	✓	✓
WEEKLY GYM SERVICES	TPA	TPA	✓ (3 SESSIONS MONTHLY)	✓ (4 SESSIONS MONTHLY)	✓ (5 SESSIONS MONTHLY)
ROAMING SERVICES	×	×	✓	✓	✓
ANNUAL PREMIUM	₦40,000	₦50,000	₦66,000	₦100,000	₦250,000

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

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



KEY CONDITIONS

- One year waiting period for pre-existing conditions
- Age limit of 50 years applies. Additional terms and conditions (pre-enrolment diagnostic tests) applies