

## CLEARLINE HMO CORPORATE BENEFIT PACKAGES

HEALTH PLAN/SERVICE DESCRIPTION	BRONZE	SILVER	GOLD	GOLD +	PLATINUM	PLATINUM +
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	✓	✓	✓	✓	✓	✓
<b>PRESCRIBED MEDICATIONS, SUPPLY OF DRUGS &amp; CONSUMABLES</b>	<b>₦200,000</b>	<b>₦300,000</b>	<b>₦400,000</b>	<b>₦550,000</b>	<b>₦700,000</b>	<b>₦800,000</b>
Prescribed Drugs	✓	✓	✓	✓	✓	✓
Surgical Consumables	✓	✓	✓	✓	✓	✓
<b>NON-INVASIVE CARE</b>						
Injections.	✓	✓	✓	✓	✓	✓
Manipulations	✓	✓	✓	✓	✓	✓
POP Application	✓	✓	✓	✓	✓	✓
Skilled Nursing Care	✓	✓	✓	✓	✓	✓
Wound Dressings	✓	✓	✓	✓	✓	✓
<b>EAR, NOSE AND THROAT SERVICES</b>	✓	✓	✓	✓	✓	✓
Basic ENT Services	✓	✓	✓	✓	✓	✓
<b>DERMATOLOGY SERVICES</b>						
Non-Invasive care, simple infections and skin conditions	✓	✓	✓	✓	✓	✓
<b>LABORATORY INVESTIGATIONS MICROBIOLOGY, SEROLOGY, HEAMATOLOGY, CHEMISTRY, HEMATOLOGICAL TESTS</b>						
<b>Blood Film</b>	✓	✓	✓	✓	✓	✓
<b>Blood group (on request by clinician)</b>	✓	✓	✓	✓	✓	✓
<b>Blood Pregnancy (Beta HCG) Test</b>	✓	✓	✓	✓	✓	✓
<b>Erythrocyte Sedimentation Rate (ESR)</b>	✓	✓	✓	✓	✓	✓
<b>Full Blood Count and differentials (FBC)</b>	✓	✓	✓	✓	✓	✓
<b>Genotype (on request by clinician)</b>	✓	✓	✓	✓	✓	✓
<b>Grouping and Cross Matching</b>	✓	✓	✓	✓	✓	✓

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)	✓	✓	✓	✓	✓	✓
<b>CHEMISTRY INVESTIGATIONS</b>						
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	✓	✓	✓	✓	✓	✓
<b>MICROBIOLOGY AND PARASITOLOGY</b>						
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	✓	✓	✓	✓	✓	✓
<b>RADIOLOGY INVESTIGATIONS (X-RAY AND ULTRASOUND) BASIC DIAGNOSTIC IMAGING</b>						
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)	✓	✓	✓	✓	✓	✓
<b>ADVANCED DIAGNOSTIC IMAGING</b>						
Doppler Ultrasound Scan	×	×	✓	✓	✓	✓
Arthroscopy	×	×	×	✓	✓	✓
Bronchoscopy	×	×	×	✓	✓	✓
Colonoscopy	×	×	×	✓	✓	✓

CT Scan	ONCE PER ANNUM	ONCE PER ANNUM	TWICE PER ANNUM	TWICE PER ANNUM	TWICE PER ANNUM	TWICE PER ANNUM
Cystoscopy	×	×	×	✓	✓	✓
ECG (PRE AND POST EXERCISE)	✓	✓	✓	✓	✓	✓
Echocardiography	×	×	×	✓	✓	✓
Endoscopic retrograde cholangiopancreatograph y (ERCP)	×	×	×	✓	✓	✓
Endoscopic Ultrasound	×	×	×	✓	✓	✓
Enteroscopy	×	×	×	✓	✓	✓
Gastroscopy	×	×	×	✓	✓	✓
Hysteroscopy	×	×	×	✓	✓	✓
Laparoscopy	×	×	×	✓	✓	✓
Laryngoscopy (Direct and Indirect)	×	×	×	✓	✓	✓
MRI	ONCE PER ANNUM	ONCE PER ANNUM	TWICE PER ANNUM	TWICE PER ANNUM	TWICE PER ANNUM	TWICE PER ANNUM
Proctoscopy	×	×	×	✓	✓	✓
Sigmoidoscopy	×	×	×	✓	✓	✓
Thoracoscopy	×	×	×	✓	✓	✓
Upper GI Endoscopy	×	×	×	✓	✓	✓
<b>FAMILY PLANNING</b>						
IUCD (lippes loop)	×	×	✓	✓	✓	✓
IUCD (mirena coil)	×	×	×	×	✓	✓
Pills/ IUCD (copper T)	✓	✓	✓	✓	✓	✓
Injectable	✓	✓	✓	✓	✓	✓
Norplant	×	×	×	✓	✓	✓
<b>NEONATAL CARE</b>	<b>FIRST 4 WEEKS AFTER BIRTH</b>	<b>FIRST 4 WEEKS AFTER BIRTH</b>	<b>FIRST 4 WEEKS AFTER BIRTH</b>	<b>FIRST 4 WEEKS AFTER BIRTH</b>	<b>FIRST 4 WEEKS AFTER BIRTH</b>	<b>FIRST 4 WEEKS AFTER BIRTH</b>
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 global limit	(24 HOURS)	(3 DAYS)	(5 DAYS)	(8 DAYS)	(10 HOURS)	(15 DAYS)
<b>IMMUNIZATIONS</b>						
BCG,	✓	✓	✓	✓	✓	✓
Oral Polio,	✓	✓	✓	✓	✓	✓
Vitamin A, Measles,	✓	✓	✓	✓	✓	✓
Pentavalent (DPT, HIB, Hep B)	✓	✓	✓	✓	✓	✓
Yellow Fever	✓	✓	✓	✓	✓	✓
MMR, Rotavirus	×	×	✓	✓	✓	✓
Chicken Pox	×	×	×	✓	✓	✓
Pneumococcal Conjugate	×	×	✓	✓	✓	✓
<b>ADDITIONAL IMMUNIZATION (6 Years and above)</b>	×	Hep. B & Yellow Fever	Hep. B & Yellow Fever	Hep. B & Yellow Fever	Pneumococcal Conjugate, Hep. B & Yellow Fever	Pneumococcal Conjugate, Hep. B & Yellow Fever
<b>PSYCHIATRIC TREATMENT</b>	<b>UP TO 7 SESSIONS (OUT- PATIENT)</b>	<b>UP TO 7 SESSIONS (OUT- PATIENT)</b>	<b>UP TO 8 SESSIONS (OUT- PATIENT)</b>	<b>UP TO 8 SESSIONS (OUT- PATIENT) (3 DAYS IN-PATIENT)</b>	<b>UP TO 10 SESSIONS (OUT- PATIENT) (5 DAYS IN-PATIENT)</b>	<b>UP TO 14 SESSIONS (OUT- PATIENT) (7 DAYS IN-PATIENT)</b>
<b>IN-PATIENT SERVICES</b>						
<b>IN-PATIENT CARE, GENERAL AND SPECIALIST</b>	✓	✓	✓	✓	✓	✓
<b>CONSULTATION</b>						
<b>ADMISSION</b>	✓ (MAX: 36 DAYS)	✓ (MAX: 42 DAYS)	✓ (MAX: 48 DAYS)	✓ (MAX: 60 DAYS)	✓ (MAX: 72 DAYS)	✓ (MAX: 78 DAYS)
✓ Accommodation for Parents with less than 6 years on admission	1 Day Only	2 Days Only	2 Days Only	3 Days Only	5 Days Only	7 Days Only
✓ Feeding for enrollees on admission	✓	✓	✓	✓	✓	✓
✓ Hospital Ward Care	GENERAL WARD ONLY	SEMI PRIVATE WARD	PRIVATE WARD	PRIVATE WARD	PRIVATE WARD	PRIVATE WARD
✓ Skilled medical and paramedical services	✓	✓	✓	✓	✓	✓



✓ Supply of prescribed intravenous/intramuscular, oral and tonical drugs	✓	✓	✓	✓	✓	✓
✓ Supply of all medical and surgical consumables	✓	✓	✓	✓	✓	✓
✓ Blood grouping, cross matching, and transfusion	✓	✓	✓	✓	✓	✓
Accommodation for in- patient care	✓	✓	✓	✓	✓	✓
<b>PRESCRIBED MEDICATIONS, SUPPLY OF DRUGS &amp; CONSUMABLES</b>	✓	✓	✓	✓	✓	✓
<b>INTENSIVE CARE UNIT (ICU):Within Global Limit</b>	<b>(24 HOURS)</b>	<b>(24 HOURS)</b>	<b>(48 HOURS)</b>	<b>(48 HOURS)</b>	<b>(72 HOURS)</b>	<b>(5 DAYS)</b>
<b>LABORATORY INVESTIGATIONS /DIAGNOSTIC TESTS</b>	✓	✓	✓	✓	✓	✓
<b>RADIOLOGY INVESTIGATIONS (X-RAY AND ULTRASOUND) ADVANCED AND COMPLEX INVESTIGATIONS</b>	✓	✓	✓	✓	✓	✓
<b>CT Scan</b>	<b>ONCE PER ANNUM</b>	<b>ONCE PER ANNUM</b>	<b>TWICE PER ANNUM</b>	<b>TWICE PER ANNUM</b>	<b>TWICE PER ANNUM</b>	<b>TWICE PER ANNUM</b>
<b>MRI</b>	<b>ONCE PER ANNUM</b>	<b>ONCE PER ANNUM</b>	<b>TWICE PER ANNUM</b>	<b>TWICE PER ANNUM</b>	<b>TWICE PER ANNUM</b>	<b>TWICE PER ANNUM</b>
<b>PHYSIOTHERAPY SERVICES</b>						
<b>PHYSIOTHERAPY (UP TO APPROVED LIMITS)</b>	<b>4 SESSIONS</b>	<b>6 SESSIONS</b>	<b>10 SESSIONS</b>	<b>15 SESSIONS</b>	<b>20 SESSIONS</b>	<b>25 SESSIONS</b>
<b>PRESCRIBED THERAPEUTIC APPLIANCES (CERVICAL COLLAR, CRUTCHES)</b>	✓	✓	✓	✓	✓	✓
<b>ACCIDENTS AND EMERGENCIES</b>						
<b>Evacuation from Hospital to Hospital (By Road)</b>	✓	✓	✓	✓	✓	✓
<b>Evacuation from Site to Hospital (Road)</b>	✓	✓	✓	✓	✓	✓
<b>MATERNITY/GYNAECOLOGY SERVICES</b>						

<b>ANTENATAL + DELIVERY + POST (Limit Included in In-Patient Delivery Care Block Limit)</b>	<b>N200,000</b>	<b>N250,000</b>	<b>N320,000</b>	<b>N380,000</b>	<b>N500,000</b>	<b>UP TO N650,000</b>
<b>Antenatal Care Services,</b>	✓	✓	✓	✓	✓	✓
<b>Consultation,</b>	✓	✓	✓	✓	✓	✓
<b>Ultrasound Scans,</b>	✓	✓	✓	✓	✓	✓
<b>Laboratory Tests</b>	✓	✓	✓	✓	✓	✓
<b>Management of Complications in Pregnancy</b>	✓	✓	✓	✓	✓	✓
<b>Delivery Room Services</b>	✓	✓	✓	✓	✓	✓
<b>Management of Labour</b>	✓	✓	✓	✓	✓	✓
<b>Normal Par Vaginum Delivery</b>	✓	✓	✓	✓	✓	✓
<b>Caesarean Section Delivery</b>	✓	✓	✓	✓	✓	✓
<b>Assisted Delivery (Vacuum, Forceps)</b>	✓	✓	✓	✓	✓	✓
<b>INVESTIGATION FOR INFERTILITY LAPAROSCOPY) – Included in(CONSULTATION, COUNSELLING, USS, SFA, HORMONE PROFILE, Out-Patient Limit</b>	<b>UP TO N15,000</b>	<b>UP TO N25,000</b>	<b>UP TO N30,000</b>	<b>UP TO N70,000</b>	<b>UP TO N100,000</b>	<b>UP TO N150,000</b>
<b>SURGERIES (MINOR, INTERMEDIATE &amp; MAJOR SURGERIES)</b>						
<b>SURGERIES (MINOR, INTERMEDIATE &amp; MAJOR SURGERIES) – Included in Surgery Limit Minor, Intermediate and Major Surgeries</b>	<b>UP TO ANNUAL SURGERY LIMIT OF N250,000</b>	<b>UP TO ANNUAL SURGERY LIMIT OF N300,000</b>	<b>UP TO ANNUAL SURGERY LIMIT OF N400,000</b>	<b>UP TO ANNUAL SURGERY LIMIT OF N500,000</b>	<b>UP TO ANNUAL SURGERY LIMIT OF N1,000,000</b>	<b>UP TO ANNUAL SURGERY LIMIT OF N1,500,000</b>
<b>OTHER SERVICES HIV/AIDS CARE &amp; TREATMENT AT DESIGNATED CENTERS</b>						
<b>Specialist Consultation</b>	✓	✓	✓	✓	✓	✓
<b>Specialist Drug therapy</b>	✓	✓	✓	✓	✓	✓
<b>Counselling Sessions</b>	✓	✓	✓	✓	✓	✓

<b>TUBERCULOSIS CARE &amp; TREATMENT AT DESIGNATED CENTERS</b>						
Specialist Consultation	✓	✓	✓	✓	✓	✓
Specialist Drug therapy	✓	✓	✓	✓	✓	✓
Counselling Sessions	✓	✓	✓	✓	✓	✓
<b>COVID-19 CARE</b>						
Testing at designated referral centers (NCDC)	✓	✓	✓	✓	✓	✓
<b>SECOND OPINION</b>						
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	✓	✓	✓	✓	✓	✓
<b>ANNUAL HEALTH CHECKS FOR PRINCIPAL ONLY (DONE DURING HEALTH WEEK)</b>						
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)	×	×	×	×	✓	✓
<b>OPHTHALMOLOGICAL SERVICES</b>						
<b>EYE CARE</b>	<b>N12,000</b>	<b>N18,000</b>	<b>N24,000</b>	<b>N30,000</b>	<b>N48,000</b>	<b>N96,000</b>
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)	✓	✓	✓	✓	✓	✓
<b>FRAMES/LENSES ONCE IN TWO YEARS – Included in Out-Patient Limit</b>	<b>N10,000</b>	<b>N15,000</b>	<b>N20,000</b>	<b>N22,000</b>	<b>N30,000</b>	<b>N50,000</b>
<b>DENTAL SERVICES</b>						
<b>DENTAL CARE</b>	<b>N15,000</b>	<b>N30,000</b>	<b>N40,000</b>	<b>N50,000</b>	<b>N70,000</b>	<b>N120,000</b>
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	N12,000	N18,000	N24,000	N30,000	N36,000	N72,000
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	UP TO ANNUAL SURGERY LIMIT
Kidney Dialysis	2 Sessions	3 Sessions	3 Sessions	4 Sessions	5 Sessions	10 Sessions
Cancer Care	N150,000	N250,000	N300,000	N350,000	N500,000	N1,000,000
Oncologist Consultation	✓	✓	✓	✓	✓	✓
Chemotherapy	✓	✓	✓	✓	✓	✓
Radiotherapy	✓	✓	✓	✓	✓	✓
Surgery for Cancer	✓	✓	✓	✓	✓	✓
ON-SITE HEALTH EDUCATION	✓	✓	✓	✓	✓	✓
GYM SERVICES	×	Once per week	Twice per week	Twice per week	Thrice per week	Thrice per week
ROAMING SERVICES WITHIN HOSP. BAND	×	×	✓	✓	✓	✓
Abroad Admission and Treatment	×	×	×	N200,000	N300,000	N400,000
Delivery Abroad (Normal/CS)	×	×	N100,000/N150,000	N150,000/N200,000	N200,000/N250,000	N200,000/N250,000
Personal Medical Devices (determine by CIL Med. Doctor)	×	×	×	N25,000	N30,000	N40,000
Employee Assistant Program(EAP)	✓	✓	✓	✓	✓	✓

<b>Congenital Anomaly</b>	×	<b>N100,000</b>	<b>N150,000</b>	<b>N200,000</b>	<b>N300,000</b>	<b>N400,000</b>
<b>Clearline App</b>	✓	✓	✓	✓	✓	✓
<b>Mortuary Services/Permanent Disability</b>	<b>N30,000</b>	<b>N40,000</b>	<b>N50,000</b>	<b>N100,000</b>	<b>N150,000</b>	<b>N200,000</b>
<b>TELEMEDICINE</b>	✓	✓	✓	✓	✓	✓
<b>PREMIUM - INDIVIDUAL</b>	<b>₦53,500</b>	<b>₦71,200</b>	<b>₦101,951</b>	<b>₦157,196</b>	<b>₦300,000</b>	<b>₦590,000</b>
<b>PREMIUM - FAMILY</b>	<b>₦267,500</b>	<b>₦356,000</b>	<b>₦509,755</b>	<b>₦785,980</b>	<b>₦1,500,000</b>	<b>₦2,950,000</b>
<b>GLOBAL LIMIT</b>	<b>UP TO N1,000,000</b>	<b>UP TO N2,000,000</b>	<b>UP TO N3,000,000</b>	<b>UP TO N3,500,000</b>	<b>UP TO N4,000,000</b>	<b>UP TO N5,000,000</b>

**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





















