

**CLEARLINE HMO RETAIL BENEFIT PACKAGE**

	<b>CLEAR VALUE</b> <b>50,000</b>	<b>CLEAR ADVANTAGE</b> <b>120,000</b>
<b>HEALTH PLAN / SERVICE DESCRIPTION</b>	<i>C - D Providers</i>	<i>B - D Providers</i>
<b>OUT-PATIENT SERVICES</b>		
<b>OUT-PATIENT LIMIT</b>	<i>UPTO N150,000</i>	<i>UPTO N250,000</i>
<b>OUT-PATIENT CARE, GENERAL AND SPECIALIST CONSULTATION</b>		
<i>Cardiologist</i>	✓	✓
<i>Cardiothoracic Surgeon</i>	✓	✓
<i>Dermatologist</i>	✓	✓
<i>Endocrinologist</i>	✓	✓
<i>ENT Surgeon (Otorhinolaryngologist)</i>	✓	✓
<i>Family Physician</i>	✓	✓
<i>Gastroenterologist</i>	✓	✓
<i>General Surgeon</i>	✓	✓
<i>Gynaecologist</i>	✓	✓

Hematologist	✓	✓
Neonatologist	✓	✓

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)	✓	✓
LiverFunction Test (LFT)	✓	✓
Oral Glucose Tolerance Test (OGTT)	✓	✓
Prothrombin Time(PT/INR)	✓	✓
Random Blood Sugar	✓	✓
Serum Acid Phosphate	✓	✓



<i>Serum Albumin</i>	✓	✓
<i>Serum Alkaline Phosphate</i>	✓	✓
<i>Serum Bicarbonate</i>	✓	✓
<i>Serum Bilirubin (Total and Direct)</i>	✓	✓
<i>Serum Calcium</i>	✓	✓

<i>Serum Chloride</i>	✓	✓
<i>Serum Gamma Glutamyl Transferase</i>	✓	✓
<i>Serum Inorganic Phosphate</i>	✓	✓
<i>Serum Lactate Dehydrogenase</i>	✓	✓
<i>Serum Lithium</i>	✓	✓
<i>Serum Magnesium</i>	✓	✓
<i>Serum potassium</i>	✓	✓
<i>Serum Sodium</i>	✓	✓
<i>Urine Pregnancy Test</i>	✓	✓
<b>MICROBIOLOGY AND PARASITOLOGY</b>		
<i>Aspirates M/C/S</i>	✓	✓
<i>Blood Culture</i>	✓	✓
<i>Cholera Ag</i>	✓	✓
<i>Ear Swab M/C/S</i>	✓	✓
<i>Endocervical Swab (ECS)M/C/S</i>	✓	✓
<i>Eye Swab M/C/S</i>	✓	✓
<i>H.Pylori</i>	✓	✓
<i>High Vaginal Swab(HVS)M/C/S</i>	✓	✓
<i>Leish mania Screening</i>	✓	✓
<i>Malaria Parasite(MP)</i>	✓	✓
<i>Mantoux/Heaf's Test</i>	✓	✓

Skin Scraping for Fungi	✓	✓
Skin Snipfor Microfilaria	✓	✓
SputumM/C/S,AFB	✓	✓
Stool M/C/S	✓	✓
Stool Occult Blood	✓	✓
Throat SwabM/C/S	✓	✓
Toxoplasma Screening	✓	✓
Trypanosomes Screening	✓	✓
Urethral SwabM/C/S	✓	✓
UrineM/C/S	✓	✓
VDRL(Veneral Disease Research Laboratory)Test	✓	✓
Wound Swab M/C/S	✓	✓
<b>ADVANCED LABORATORY INVESTIGATIONS/PATHOLOGY</b>		
Alpha-1Antitrypsin	✓	✓
HBA1C	✓	✓
24HourCreatinineClearance	✓	✓
BleedingTime	✓	✓
Blood urea Nitrogen	✓	✓
Chlamydia Screening	X	✓
Clotting Time	✓	✓
Coomb'sTest(Direct)	✓	✓

<i>Coomb's Test (Indirect)</i>	✓	✓
<i>Creatinine phosphokinase</i>	✗	✓
<i>CSFM/C/S(CSFAnalysis)</i>	✓	✓
<i>D-Dimer</i>	✗	✓
<i>G-6PD Screening</i>	✓	✓
<i>Hepatitis B Screening</i>	✓	✓
<i>Hepatitis B Surface Antigen (HBSAg)</i>	✓	✓
<i>Hepatitis C Screening</i>	✓	✓
<i>HIV Confirmatory Test</i>	✓	✓
<i>HIV Screening</i>	✓	✓
<i>Osmotic Fragility Test</i>	✗	✓
<i>Pap Smear and Cytology</i>	✓	✓
<i>Prostate Specific Antigen</i>	✓	✓
<i>Semen M/C/S</i>	✓	✓
<i>Seminal- Fluid Analysis (SFA)</i>	✗	✓
<i>Serum Creatinine Phosphokinase</i>	✗	✓
<i>Serum Iron</i>	✗	✓
<i>Serum Uric Acid</i>	✓	✓
<i>Sputum Acid Fast Bacilli(AFB)Test</i>	✓	✓

Thyroid Function Tests	✓	✓
<b>RADIOLOGY INVESTIGATIONS (X-RAY AND ULTRASOUND)</b>		
<b>BASIC DIAGNOSTIC IMAGING</b>		
Abdominal X-Rays	✓	✓
Cervical Spine X-rays	✓	✓
Chest X-Rays	✓	✓
Limbs(Hand,Forearm,Upperarm,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	✓	✓
ThoracicInlet X-rays	✓	✓
Thoraco-Lumbar X-rays	✓	✓
X-rays of All Body Joints	✓	✓

PSYCHIATRIC TREATMENT	UP TO 3 DAYS (OUT-PATIENT)	UP TO 7 DAYS ( OUT PATIENT)
<b>IN-PATIENT SERVICES</b>		
IN-PATIENT LIMIT	UP TO N300,000	UP TO N400,000
IN-PATIENTCARE,GENERAL AND SPECIALIST CONSULTATION	✓	✓

ADMISSION	(MAX:20 DAYS)	(MAX:30 DAYS)
Feeding for enrollees on admission	✓	✓
Hospital Ward Care	GENERAL WARD ONLY	SEMI PRIVATE WARD
Skilled medical and para medical services	✓	✓
Supply of prescribed intravenous/intra muscular,oral and topical drugs	✓	✓
Supply of all medical and surgical consumables	✓	✓
Blood grouping, cross matching, and transfusion	✓	✓
Accommodation for in-patientcare	✓	✓
PRESCRIBED MEDICATIONS, SUPPLY OF DRUGS & CONSUMABLES (ROUTINE DRUGS WITHIN	✓	✓



OUT -PATIENT LIMIT) GENERIC		
LABORATORY INVESTIGATIONS/ DIAGNOSTIC TESTS		
RADIOLOGY INVESTIGATIONS (X-RAY AND ULTRA SOUND)		
ADVANCED AND COMPLEX INVESTIGATIONS		

ADVANCED DIAGNOSTIC IMAGING		
CT Scan	ONCE PER ANNUM	ONCE PER ANNUM

<b>PHYSIOTHERAPY SERVICES</b>		
PHYSIOTHERAPY (UP TO APPROVED LIMITS)	3 SESSIONS	5 SESSIONS
<b>ACCIDENTS AND EMERGENCIES</b>		
Evacuation from Hospital to Hospital (By Road)	✓	✓

<b>SURGERIES (MINOR-MAJOR SURGERIES)–</b> <i>Included in In-Patient Limit</i>		
<b>SURGERIES</b> <i>Included in In-Patient Limit</i> <i>Minor, Intermediate and Major Surgeries</i>	<b>UPTO ANNUAL SURGERY LIMIT OF N200,000</b>	<b>UPTO ANNUAL SURGERY LIMIT OF N250,000</b>
<b>OTHER SERVICES</b> <b>HIV/AIDS CARE &amp; TREATMENT AND DESIGNATED CENTERS</b>		
<i>Specialist Consultation</i>	✓	✓
<i>Specialist Drug therapy</i>	✓	✓
<i>Counselling Sessions</i>	✓	✓

ANNUAL HEALTH CHECKS FOR PRINCIPAL @ CIL CENTRES ONLY		
BMI Check	✓	✓
General Physical Examination	✓	✓
Blood Pressure Check (Hypertension Screening)	✓	✓
Blood Sugar Check(Diabetes Screening)	✓	✓
Urinalysis	✓	✓

OPTICAL CARE		
GLOBAL OPTICAL LIMIT	N10,000	N15,000
Foreign Body Removal,	✓	✓
Stye Incision,	✓	✓
Entropion and Ectropion Repairs,	✓	✓
Chalazion Incision,	✓	✓
Syringing and Probing,	✓	✓
Eye Examination, Refraction,	✓	✓
Conditions – Allergies, Conjunctivitis, Pterygium Excision	✓	✓
Eye Surgeries (Upto Annual Surgery Limit)	✓	✓

DENTAL SERVICES		
DENTAL CARE(BLOCK LIMIT)- Included in Out-Patient Limit	N10,000	N20,000
Primary Dental Care-Relief of Pain,Fillings,Simple Extraction,Preventive Care,(Scaling and Polishing-Once A Year for	✓	✓
Examination of Dentition	✓	✓
X-Rays,	✓	✓
Peri-Apical,	✓	✓
BiteWings,	✓	✓
Simple Extraction,	✓	✓
Amalgam Filling,	✓	✓
Composite Filling/GIC Filling,	✓	✓
ENT CARE (EAR,NOSE AND THROAT)-Included in Out-Patient Limit	UP TO ANNUAL SURGERY LIMIT	UP TO ANNUAL SURGERY LIMIT



<i>Primary Ent Care-Including Consultation,Treatment of Primary Infection and Foreign Bodies</i>	✓	✓
<i>ENT Surgeries</i>	<i>UP TO ANNUAL SURGERY LIMIT</i>	<i>UP TO ANNUAL SURGERY LIMIT</i>
<b>TELEMEDICINE- APP – CHAT WITH A DOCTOR ONLINE 24/7</b>		

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

## MORATORIUM PERIOD

### ACCESSIBLE FROM QUARTER 1

- ▶ Admissions And Accommodation
- ▶ Specialist Consultation

### ACCESSIBLE FROM QUARTER 2

- ▶ Primary Dental Care
- ▶ Physiotherapy Care

### ACCESSIBLE FROM QUARTER 3

- ▶ Eye Care

### ACCESSIBLE FROM QUARTER 5

- ▶ Surgeries
- ▶

## Policy Conditions

- The proposal is valid for 30 days which is effective from the date proposal is sent to the customer
- Waiting period of 2 weeks (14 days)
- The age limit on the plan is 60 years
- Maximum family size of 6 (principal, spouse and max . of 4 children)
- Discounts is granted based on family size a discount for family of 6 six and we also provide open networks of hospitals
  - ▶ All benefits are subject to their respective sectional limits which are described as: Inpatient Limit and Outpatient Limit However, w  
respective sectional limit, there are specific benefit limits as well. Consequently, in the event that any specific benefit limit under th

*sectional limit is exhausted, the remaining limit in that section will only cover other benefits within the section apart from the one specific benefit limit has been exhausted.*

- ▶ The following benefits will not be covered or provided in the first year of the commencement of the scheme: Surgeries. This period known as the waiting period shall commence on the date of entry to the date of renewal. On renewal, this benefit will be accessible if the enrollee has been enrolled for one year with the HMO.*
- ▶ The following benefits will not be covered or provided in the first 3 months of the commencement of the scheme: Optical Care, Dental and Chronic Disease Medication.*

### **Exclusions**

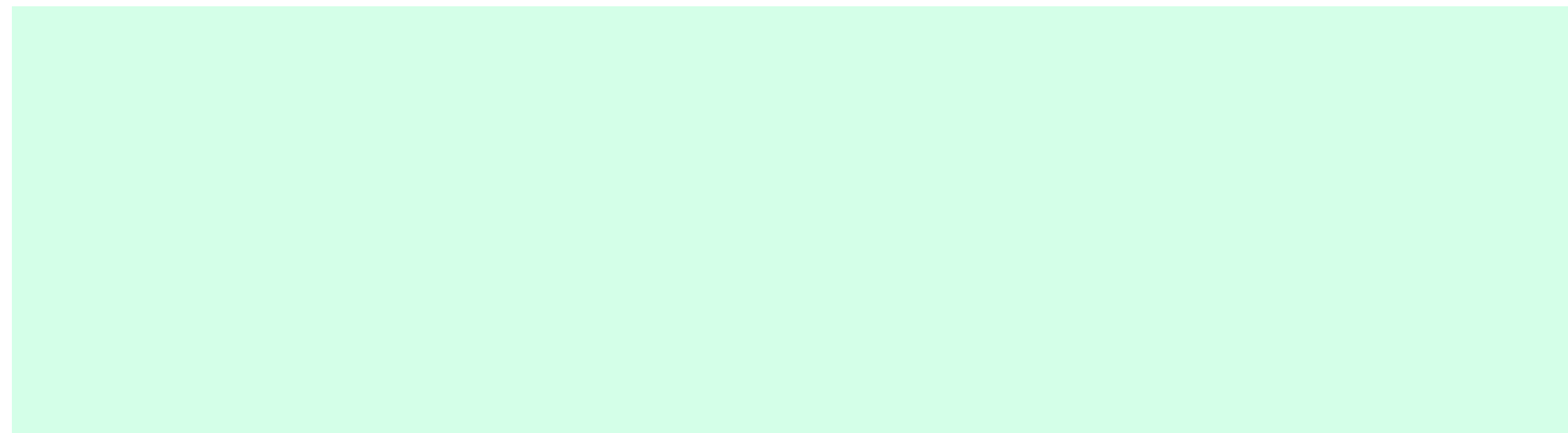
- Cosmetic surgery or treatment*
- Auto immune diseases*
- Epidemic and Pandemic*
- Domestic Violence*
- Civil Disobedience*
- Teeth whitening and Dental Prothesis*
- Alternative /Un-orthodox medicine*
- Domiciliary/Hospice care*
- Self inflicted injuries*
- Congenital abnormalities*
- Orthodontics*
- Infectious and contagious diseases in an epidemic*
- Second opinion abroad/Refund of treatment abroad*
- Services primarily for weight reduction or treatment of obesity*



*Advanced and complex investigations (e.g., Marrow biopsy, skeletal survey)*

- Prosthetic devices such as cardiac pacemaker, orthopaedic implants.*
- Complex major surgeries (e.g., Heart, Brain and Great blood vessels)*
- Professional Sports and wilful exposure to needless danger*
- All procedures, management and investigations not written/stated and covered by the plan*
- All types of dental or orthodontic cosmetic procedures including cost of consultation, examination, medication, procedures, follow-up*
- Teeth whitening, Braces, Veneers, Aligners, Crowns, Tooth replacement, Cosmetic dental surgical and non-surgical procedures*

*Any other treatment, service, procedure, or investigation not listed in the schedule of covered medical services.*



## CLEARLINE HMO BENEFIT PACKAGES



HEALTH PLAN/SERVICE DESCRIPTION	CLEAR ELITE
ANNUAL PREMIUM/INDIVIDUAL	N 341,087
<b>OUT-PATIENT SERVICES</b>	
<b>OUT-PATIENT LIMIT</b>	<b>UP TO N550,000</b>
<b>OUTPATIENT CARE, GENERAL AND SPECIALIST CONSULTATION</b>	
<b>Cardiologist</b>	✓
<b>Cardiothoracic Surgeon</b>	✓
<b>Dermatologist</b>	✓
<b>Dietician/Nutritionist</b>	✓
<b>Endocrinologist</b>	✓
<b>ENT Surgeon (Otorhinolaryngologist)</b>	✓
<b>Family Physician</b>	✓
<b>Gastroenterologist</b>	✓
<b>General Surgeon</b>	✓
<b>Gynaecologist</b>	✓
<b>Hematologist</b>	✓

<b>Neonatologist</b>	✓
<b>Nephrologist</b>	✓
<b>Neurologist</b>	✓
<b>Neurosurgeon</b>	✓
<b>Obstetrician</b>	✓
<b>Oncologist</b>	✓
<b>Oral and Maxillofacial Surgeon</b>	✓
<b>Orthopedic Surgeon</b>	✓
<b>Pathologist</b>	✓
<b>Psychiatrist</b>	✓
<b>Pulmonologist/Respiratory Physician</b>	✓
<b>Urologist</b>	✓
<b>PRESCRIBED MEDICATIONS, SUPPLY OF DRUGS &amp; CONSUMABLES</b>	
<b>Prescribed Drugs</b>	✓
<b>Surgical Consumables</b>	✓
<b>NON-INVASIVE CARE</b>	
<b>Injections.</b>	✓
<b>Manipulations</b>	✓
<b>POP Application</b>	✓
<b>Skilled Nursing Care</b>	✓

<b>Wound Dressings</b>	✓
<b>EAR, NOSE AND THROAT SERVICES</b>	✓
<b>Basic ENT Services</b>	✓
<b>DERMATOLOGY SERVICES</b>	
<b>Non-Invasive care, simple infections and skin conditions</b>	✓
<b>LABORATORY INVESTIGATIONS (HEAMATOLOGY, CHEMISTRY, MICROBIOLOGY, SEROLOGY)</b>	
<b>HEMATOLOGICAL TESTS</b>	
<b>Blood Film</b>	✓
<b>Blood group (on request by clinician)</b>	✓
<b>Erythrocyte Sedimentation Rate (ESR)</b>	✓
<b>Full Blood Count and differentials (FBC)</b>	✓
<b>Grouping and Cross Matching</b>	✓
<b>Hemoglobin (HB), HCT, RBC</b>	✓
<b>MCH</b>	✓
<b>MCHC</b>	✓
<b>MCV</b>	✓

<b>Packed Cell Volume (PCV)</b>	✓
<b>Platelet count</b>	✓

<b>Red Blood Cell/Reticulocyte count</b>	✓
<b>White Blood Cell count</b>	✓
<b>White cell count (Total and Differential)</b>	✓
<b>CHEMISTRY INVESTIGATIONS</b>	
<b>2 Hours Post-prandial Blood Sugar</b>	✓
<b>Electrolytes, Urea and Creatinine</b>	✓
<b>Fasting Blood Sugar</b>	✓
<b>Glucose Challenge Test</b>	✓
<b>Lipid Profile (Fasting) (Cholesterol, HDL, LDL, Triglyceride Profile)</b>	✓
<b>Liver Function Test (LFT)</b>	✓
<b>Oral Glucose Tolerance Test (OGTT)</b>	✓
<b>Prothrombin Time (PT/INR)</b>	✓
<b>Random Blood Sugar</b>	✓
<b>Serum Acid Phosphate</b>	✓
<b>Serum Albumin</b>	✓
<b>Serum Alkaline Phosphate</b>	✓
<b>Serum Bicarbonate</b>	✓
<b>Serum Bilirubin (Total and Direct)</b>	✓

<b>Serum Calcium</b>	✓
<b>Serum Chloride</b>	✓
<b>Serum Gamma Glutamyl Transferase</b>	✓

<b>Serum Inorganic Phosphate</b>	✓
<b>Serum Lactate Dehydrogenase</b>	✓
<b>Serum Lithium</b>	✓
<b>Serum Magnesium</b>	✓
<b>Serum potassium</b>	✓
<b>Serum Sodium</b>	✓
<b>MICROBIOLOGY AND PARASITOLOGY</b>	
<b>Aspirates M/C/S</b>	✓
<b>Blood Culture</b>	✓
<b>Cholera Ag</b>	✓
<b>Ear Swab M/C/S</b>	✓
<b>Endocervical Swab (ECS) M/C/S</b>	✓
<b>Eye Swab M/C/S</b>	✓
<b>H.Pylori</b>	✓
<b>High Vaginal Swab (HVS) M/C/S</b>	✓
<b>Leishmania Screening</b>	✓
<b>Malaria Parasite (MP)</b>	✓

<b>Mantoux/Heaf's Test</b>	✓
<b>Skin Scraping for Fungi</b>	✓
<b>Skin Snip for Microfilaria</b>	✓
<b>Sputum M/C/S, AFB</b>	✓
<b>Stool M/C/S</b>	✓

<b>Stool Occult Blood</b>	✓
<b>Throat Swab M/C/S</b>	✓
<b>Toxoplasma Screening</b>	✓
<b>Trypanosomes Screening</b>	✓
<b>Urethral Swab M/C/S</b>	✓
<b>Urine M/C/S</b>	✓
<b>VDRL (Venereal Disease Research Laboratory) Test</b>	✓
<b>Wound Swab M/C/S</b>	✓
<b>ADVANCED LABORATORY INVESTIGATIONS/PATHOLOGY</b>	
<b>Alpha-1 Antitrypsin</b>	✓
<b>HBA1C</b>	✓
<b>24 Hour Creatinine Clearance</b>	✓
<b>Bleeding Time</b>	✓
<b>Blood urea Nitrogen</b>	✓
<b>Clotting Time</b>	✓



<b>Coomb's Test (Direct)</b>	✓
<b>Coomb's Test (Indirect)</b>	✓
<b>Creatinine phosphokinase</b>	✓
<b>D-Dimer</b>	✓
<b>G-6PD Screening</b>	✓
<b>Hepatitis B Screening</b>	✓

<b>Hepatitis B Surface Antigen (HBSAg)</b>	✓
<b>Hepatitis C Screening</b>	✓
<b>HIV Confirmatory Test</b>	✓
<b>HIV Screening</b>	✓
<b>Immunofluorescence assay</b>	✓
<b>Osmotic Fragility Test</b>	✓
<b>Pap Smear and Cytology</b>	✓
<b>Prostate Specific Antigen</b>	✓
<b>Protein Electrophoresis</b>	✓
<b>Semen M/C/S</b>	✓
<b>Seminal Fluid Analysis (SFA)</b>	✓
<b>Serum Creatinine Phosphokinase</b>	✓
<b>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</b>	✓
<b>RADIOLOGY INVESTIGATIONS (X-RAY AND ULTRASOUND)</b>	
<b>BASIC DIAGNOSTIC IMAGING</b>	
<b>Abdominal X-Rays</b>	✓
<b>Cervical Spine X-rays</b>	✓

<b>Chest X-Rays</b>	✓
<b>Limbs (Hand, Forearm, Upper arm, Thigh and Leg) X-rays</b>	✓
<b>Lumbosacral X-Rays</b>	✓
<b>Mandibles/Temporomandibular Joint X-Rays</b>	✓
<b>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</b>	✓
<b>Thoraco-Lumbar X-rays</b>	✓
<b>X-rays of All Body Joints</b>	✓
<b>Routine Ultrasound Scans (Obstetrics; Abdominal, Pelvic, Abdominopelvic, Breast, Testicular/Scrotal, Thyroid, Prostate, Bladder, and Brain Ultrasound Scans)</b>	✓
<b>ADVANCED DIAGNOSTIC IMAGING</b>	
<b>Doppler Ultrasound Scan</b>	✓
<b>Bronchoscopy</b>	✓



<b>CT Scan</b>	<b>TWICE PER ANNUM</b>
<b>ECG (PRE AND POST EXERCISE)</b>	✓
<b>Echocardiography</b>	<b>TWICE PER ANNUM</b>
<b>MRI</b>	<b>ONCE PER ANNUM</b>
<b>Endoscopy</b>	<b>ONCE PER ANNUM</b>
<b>PSYCHIATRIC TREATMENT</b>	
	<b>UP TO 7 DAYS (OUT- PATIENT)</b>
<b>IN-PATIENT SERVICES</b>	
<b>IN-PATIENT LIMIT</b>	<b>UP TO 2,000,000</b>
<b>IN-PATIENT CARE, GENERAL AND SPECIALIST</b>	✓
<b>CONSULTATION</b>	
<b>ADMISSION</b>	<b>(MAX: 30 DAYS)</b>
<b>Feeding for enrollees on admission</b>	✓
<b>Hospital Ward Care</b>	<b>PRIVATE WARD</b>
<b>Skilled medical and paramedical services</b>	✓

<b>Supply of prescribed intravenous/intramuscular, oral and topical drugs</b>	✓
<b>Supply of all medical and surgical consumables</b>	✓
<b>Blood grouping, cross matching, and transfusion</b>	✓
<b>Accommodation for in-patient care</b>	✓
<b>PRESCRIBED MEDICATIONS, SUPPLY OF DRUGS &amp; CONSUMABLES</b>	<b>200,000</b>
<b>INTENSIVE CARE UNIT (ICU): In-Patient Limit</b>	<b>(48 HOURS)</b>
<b>LABORATORY INVESTIGATIONS / DIAGNOSTIC TESTS</b>	
<b>RADIOLOGY INVESTIGATIONS (X-RAY AND ULTRASOUND)</b>	
<b>ADVANCED AND COMPLEX INVESTIGATIONS</b>	
<b>CT Scan</b>	<b>TWICE PER ANNUM</b>
<b>MRI</b>	<b>TWICE PER ANNUM</b>
<b>PHYSIOTHERAPY SERVICES</b>	
<b>PHYSIOTHERAPY</b>	<b>45,0000</b>

<b>PRESCRIBED THERAPEUTIC APPLIANCES (CERVICAL COLLAR, KNEE BRACE, CRUTCHES)</b>	<b>CERVICAL COLLAR, KNEE BRACE, CRUTCHES, LUMBAR CORSET</b>
<b>ACCIDENTS AND EMERGENCIES</b>	
<b>Evacuation from Hospital to Hospital</b>	✓
<b>Evacuation from Road side to Hospital</b>	✓
<b>SURGERIES (MINOR - MAJOR SURGERIES) – Included in In-Patient Limit</b>	
<b>SURGERIES (MINOR - MAJOR SURGERIES) – Included in In-Patient Limit</b>	<b>UP TO ANNUAL SURGERY LIMIT OF N500,000</b>
<b>Minor, Intermediate and Major Surgeries</b>	
<b>OTHER SERVICES</b>	
<b>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>	
<b>Specialist Consultation</b>	✓
<b>Specialist Drug therapy</b>	✓
<b>Counselling Sessions</b>	✓
<b>COVID-19 CARE</b>	
<b>Testing at designated referral centers (NCDC)</b>	✓
<b>SECOND OPINION</b>	
<b>Diagnosis confirmation from secondary and tertiary care centres</b>	✓
<b>Line of treatment confirmation from secondary and tertiary care centres</b>	✓
<b>ANNUAL HEALTH CHECKS FOR PRINCIPAL ONLY (DONE DURING HEALTH WEEK)</b>	
<b>BMI Check</b>	✓
<b>General Physical Examination</b>	✓

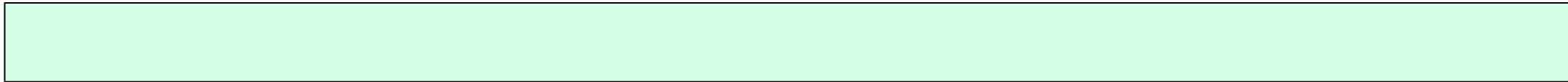


<b>Blood Pressure Check (Hypertension Screening)</b>	✓
<b>Blood Sugar Check (Diabetes Screening)</b>	✓
<b>Urinalysis</b>	✓
<b>ECG</b>	✓
<b>Blood Cholesterol Check</b>	✓
<b>Mammography</b>	✓
<b>Pap Smear</b>	✓
<b>PSA Check/Prostate scan</b>	✓
<b>OPHTHALMOLOGICAL SERVICES</b>	
<b>EYE CARE</b>	<b>50,000</b>
<b>Foreign Body Removal,</b>	✓
<b>Stye Incision,</b>	✓
<b>Entropion and Ectropion Repairs,</b>	✓
<b>Chalazion Incision,</b>	✓
<b>Syringing and Probing,</b>	✓
<b>Eye Examination, Refraction, Tonometry</b>	✓
<b>Conditions – Allergies, Conjunctivitis</b>	✓

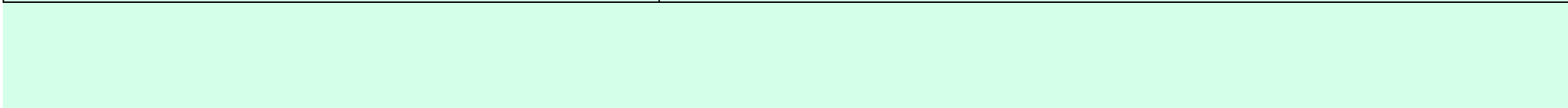




<b>Eye Surgeries (Up to Annual Surgery Limit)</b>	✓
<b>FRAMES/LENSES ONCE IN TWO YEARS</b>	<b>31,000</b>
<b>DENTAL SERVICES</b>	
<b>DENTAL CARE (BLOCK LIMIT) - Included in Out-Patient Limit</b>	<b>65,000</b>
<b>Primary Dental Care - Relief of Pain, Fillings, Simple Extraction, Preventive Care, (Scaling and Polishing - Once A Year for Enrolees 12 Years and Above)</b>	✓
<b>Secondary Dental Care (Surgical Extraction)</b>	✓
<b>Examination of Dentition</b>	✓
<b>Root Canal Therapy</b>	✓
<b>X-Rays,</b>	✓
<b>Peri-Apical,</b>	✓
<b>Bite Wings,</b>	✓
<b>Simple Extraction,</b>	✓
<b>Amalgam Filling,</b>	✓
<b>Composite Filling/GIC Filling,</b>	✓



<b>ENT CARE (EAR, NOSE AND THROAT) - Included in Out-Patient Limit</b>	
<b>Primary Ent Care - Including Consultation, Treatment of Primary Infection and Foreign Bodies</b>	✓
<b>ENT Surgeries</b>	<b>UP TO ANNUAL SURGERY LIMIT</b>



<b>OTHER SERVICES</b>	
<b>KIDNEY DIALYSIS {Acute renal injury only} (Part of in-patient limit)</b>	<b>200,000</b>
<b>CANCER CARE/CHEMOTHERAPY (Part of in-patient limit)</b>	<b>400,000</b>
<b>Death and Funeral Support</b>	<b>50,000</b>
<b>Telemedicine (Consult with a doctor) – Toll Free</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

**MORATORIUM PERIOD**

**ACCESSIBLE FROM QUARTER 1**

- ▶ **ADMISSIONS AND ACCOMMODATION**
- ▶ **SPECIALIST CONSULTATION**

**ACCESSIBLE FROM QUARTER 2**

- ▶ **PRIMARY DENTAL CARE**
- ▶ **2. PHYSIOTHERAPY CARE**

**ACCESSIBLE FROM QUARTER 3**

- ▶ **EYE CARE**

**ACCESSIBLE FROM QUARTER 4**

- ▶ **SURGERIES**

**POLICY CONDITIONS**

- ▶ **Only persons between the ages of 60 - 80 years are eligible on this plan.**
- ▶ **All benefits are subject to their respective sectional limits which is described as: Inpatient Limit and Outpatient Limit. However, under the respective sectional limit, there are specific benefit limits as well. Consequently, in the event that any specific benefit limit under the sectional limit is exhausted, the remaining limit in that section will only cover other benefits within the section apart from the one that the specific benefit limit has been exhausted**
- ▶ **The following benefits will not be covered or provided in the first 2 months of the commencement of the scheme: Chronic Dis**

- **The following benefits will not be covered or provided in the first 3 months of the commencement of the scheme: Optical Care**
- **The following benefits will not be covered or provided in the first 6 months of the commencement of the scheme: Death and**
- **The following benefits will not be covered or provided in the first year of the commencement of the scheme: Surgeries, Cancer Care Services. This period otherwise known as waiting period shall commence on the date of entry to the date of renewal. On will be accessible provided the enrollee has been enrolled for one year with the HMO**

### **Exclusions**

- **Cosmetic surgery or treatment**
  - **Auto immune diseases**
  - **Epidemic and Pandemic**
  - **Domestic Violence**
  - **Civil Disobedience**
  - **Teeth whitening and Dental Prothesis**
  - **Alternative /Un-orthodox medicine**
  - **Domiciliary/Hospice care**
  - **Self inflicted injuries**
  - **Congenital abnormalities**
  - **Orthodontics**
  - **Infectious and contagious diseases in an epidemic**
  - **Second opinion abroad/Refund of treatment abroad**
  - **Services primarily for weight reduction or treatment of obesity**
  - **Advanced and complex investigations (e.g., Marrow biopsy, skeletal survey)**
  - **Prosthetic devices such as cardiac pacemaker, orthopaedic implants.**
  - **Management of Chronic Renal Failure (Dialysis and Transplant Surgery)**
  - **Laser Treatments and Transplants**
  - **Complex major surgeries (e.g., Heart, Brain and Great blood vessels)**
  - **Neurological surgeries**
  - **Professional Sports and wilful exposure to needless danger**
  - **All procedures, management and investigations not written/stated and covered by the plan**
  - **All types of dental or orthodontic cosmetic procedures including cost of consultation, examination, medication, procedures, follow up**
  - **Teeth whitening, Braces, Veneers, Aligners, Crowns, Tooth replacement, Cosmetic dental surgical and non-surgical procedures**
  - **Learning difficulties, behavioral and developmental problems**
- Any other treatment, service, procedure, or investigation not listed in the schedule of covered medical services.**

