

CLEARLINE HMO CORPORATE BENEFIT PACKAGES

HEALTH PLAN/SERVICE DESCRIPTION	BRONZE	SILVER	GOLD	GOLD +	PLATINUM	PLATINUM +	PLATINUM EVERCARE
PREMIUM - INDIVIDUAL	₦48,000	₦60,000	₦79,000	₦120,000	₦300,000	₦720,000	₦1,200,000
PREMIUM - FAMILY	₦240,000	₦288,000	₦396,000	₦600,000	₦1,500,000	₦4,140,000	₦6,900,000
OUT-PATIENT SERVICES							
OUT-PATIENT LIMIT	UP TO ₦162,000	UP TO ₦219,000	UP TO ₦270,000	UP TO ₦426,000	UP TO ₦564,000	UP TO ₦840,000	UP TO ₦1,200,000
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 MICROBIOLOGY, SEROLOGY, HEMATOLOGY, 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	✓	✓	✓	✓	✓	✓	✓
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	THRICE PER ANNUM	THRICE 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	THRICE PER ANNUM	THRICE 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 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) Up to In-Patient Limit	24 HOURS	24 HOURS	48 HOURS	48 HOURS	48 HOURS	72 HOURS	72 HOURS
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)	UP TO 14 DAYS (OUT-PATIENT)	UP TO 14 DAYS (OUT-PATIENT)
IN-PATIENT SERVICES							
IN-PATIENT LIMIT	UP TO ₦660,000	UP TO ₦840,000	UP TO ₦1,020,000	UP TO ₦1,260,000	UP TO ₦1,860,000	UP TO ₦2,400,000	UP TO ₦3,000,000
IN-PATIENT CARE, GENERAL AND SPECIALIST	✓	✓	✓	✓	✓	✓	✓
CONSULTATION							
ADMISSION	✓ (MAX: 30 DAYS)	✓ (MAX: 35 DAYS)	✓ (MAX: 40 DAYS)	✓ (MAX: 50 DAYS)	✓ (MAX: 60 DAYS)	✓ (MAX: 65 DAYS)	✓ (MAX: 70 DAYS)

✓ Feeding for enrolees on admission	✓	✓	✓	✓	✓	✓	✓
✓ Hospital Ward Care	GENERAL WARD ONLY	SEMI PRIVATE WARD	PRIVATE WARD	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)	✓ (72 HOURS)	✓ (72 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	THRICE PER ANNUM	THRICE PER ANNUM
MRI	ONCE PER ANNUM	ONCE PER ANNUM	ONCE PER ANNUM	ONCE PER ANNUM	TWICE PER ANNUM	THRICE PER ANNUM	THRICE PER ANNUM
PHYSIOTHERAPY SERVICES							
PHYSIOTHERAPY (UP TO APPROVED LIMITS)	3 SESSIONS	5 SESSIONS	6 SESSIONS	8 SESSIONS	10 SESSIONS	10 SESSIONS	12 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)	₦180,000	₦240,000	₦300,000	₦360,000	₦480,000	UP TO ₦600,000	UP TO ₦720,000

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 LAPAROSCOPY) – Included in(CONSULTATION, COUNSELLING, USS, SFA, HORMONE PROFILE, Out-Patient Limit	X	X	UP TO N25,000	UP TO N67,000	UP TO N80,000	UP TO N100,000	UP TO N150,000
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 ₦240,000	UP TO ANNUAL SURGERY LIMIT OF ₦300,000	UP TO ANNUAL SURGERY LIMIT OF ₦360,000	UP TO ANNUAL SURGERY LIMIT OF ₦420,000	UP TO ANNUAL SURGERY LIMIT OF ₦600,000	UP TO ANNUAL SURGERY LIMIT OF ₦720,000	UP TO ANNUAL SURGERY LIMIT OF ₦1,200,000
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	✓	✓	✓	✓	✓	✓	✓
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	N12,000	N18,000	N24,000	N30,000	N48,000	N96,000	N180,000
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	N6,000	N9,000	N12,000	N18,000	N24,000	N48,000	N96,000
DENTAL SERVICES							
	N12,000	N24,000	N36,000	N48,000	N60,000	N120,000	N180,000

DENTAL CARE (BLOCK LIMIT) - Included in Out-Patient Limit							
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	N120,000
	✓	✓	✓	✓	✓	✓	✓

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	UP TO ANNUAL SURGERY LIMIT
ON-SITE HEALTH EDUCATION	✓	✓	✓	✓	✓	✓	✓
GYM OR SPA SERVICES	TPA	TPA	✓ (N3,000 MONTHLY REFUNDABLE)	✓ (N4,000 MONTHLY REFUNDABLE)	✓ (N5,000 MONTHLY REFUNDABLE)	✓ (N5,000 MONTHLY REFUNDABLE)	✓ (N5,000 MONTHLY REFUNDABLE)
ROAMING SERVICES	×	×	✓	✓	✓	✓	✓
TELEMEDICINE	✓	✓	✓	✓	✓	✓	✓

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