

## 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	✓	✓	✓	✓	✓	✓
	✓	✓	✓	✓	✓	✓
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>						
Prescribed Drugs						
Surgical Consumables	✓	✓	✓	✓	✓	✓
<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>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>	✓	✓	✓	✓	✓	✓

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	✓	✓	✓	✓	✓	✓
<b>ADVANCED LABORATORY INVESTIGATIONS/PATHOLOGY</b>						
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 cholangiopancreatography (ERCP)	×	×	×	✓	✓	✓
Endoscopic Ultrasound	×	×	×	✓	✓	✓

Enteroscopy	X	X	X	✓	✓	✓
Gastroscopy	X	X	X	✓	✓	✓
Hysteroscopy	X	X	X	✓	✓	✓
Laparoscopy	X	X	X	✓	✓	✓
Laryngoscopy (Direct and Indirect)	X	X	X	✓	✓	✓
MRI	ONCE PER ANNUM	ONCE PER ANNUM	TWICE PER ANNUM	TWICE PER ANNUM	TWICE PER ANNUM	TWICE PER ANNUM
Proctoscopy	X	X	X	✓	✓	✓
Sigmoidoscopy	X	X	X	✓	✓	✓
Thoracoscopy	X	X	X	✓	✓	✓
Upper GI Endoscopy	X	X	X	✓	✓	✓
<b>FAMILY PLANNING</b>						
IUCD (lippes loop)	X	X	✓	✓	✓	✓
IUCD (mirena coil)	X	X	X	X	✓	✓
Pills/ IUCD (copper T)	✓	✓	✓	✓	✓	✓
Injectable	✓	✓	✓	✓	✓	✓
Norplant	X	X	X	✓	✓	✓
<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	×	×	✓	✓	✓	✓
ADDITIONAL IMMUNIZATION (6 Years and above)	×	Hep. B & Yellow Fever	Hep. B & Yellow Fever	Hep. B & Yellow Fever	Pneumococcal Conjugate, Hep. B & Yellow Fever	Pneumococcal Conjugate, Hep. B & Yellow Fever
PSYCHIATRIC TREATMENT	UP TO 7 SESSIONS (OUT- PATIENT)	UP TO 7 SESSIONS (OUT- PATIENT)	UP TO 8 SESSIONS (OUT- PATIENT)	UP TO 8 SESSIONS (OUT- PATIENT) (3 DAYS IN-PATIENT)	UP TO 10 SESSIONS (OUT- PATIENT) (5 DAYS IN-PATIENT)	UP TO 14 SESSIONS (OUT- PATIENT) (7 DAYS IN-PATIENT)
IN-PATIENT SERVICES						
IN-PATIENT CARE, GENERAL AND SPECIALIST	✓	✓	✓	✓	✓	✓
CONSULTATION						
ADMISSION	✓ (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 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	✓	✓	✓	✓	✓	✓



<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>	✓	✓	✓	✓	✓	✓

Normal Par Vaginum Delivery	✓	✓	✓	✓	✓	✓
Caesarean Section Delivery	✓	✓	✓	✓	✓	✓
Assisted Delivery (Vacuum, Forceps)	✓	✓	✓	✓	✓	✓
<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>						
Specialist Consultation	✓	✓	✓	✓	✓	✓
Specialist Drug therapy	✓	✓	✓	✓	✓	✓
Counselling Sessions	✓	✓	✓	✓	✓	✓
<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	✓	✓	✓	✓	✓	✓



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)	✓	✓	✓	✓	✓	✓
Congenital Anomaly	×	N100,000	N150,000	N200,000	N300,000	N400,000
Clearline App	✓	✓	✓	✓	✓	✓
Mortuary Services/Permanent Disability	N30,000	N40,000	N50,000	N100,000	N150,000	N200,000
TELEMEDICINE	✓	✓	✓	✓	✓	✓
PREMIUM - INDIVIDUAL	₦61,525	₦81,880	₦117,245	₦180,775	₦345,000	₦678,500
PREMIUM - FAMILY	₦307,625	₦409,400	₦586,225	₦903,875	₦1,725,000	₦3,392,500
GLOBAL LIMIT	UP TO N1,000,000	UP TO N2,000,000	UP TO N3,000,000	UP TO N3,500,000	UP TO N4,000,000	UP TO N5,000,000

**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





















