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	✓	✓	✓	✓	✓	✓
PRESCRIBED MEDICATIONS, SUPPLY OF DRUGS & CONSUMABLES	₦200,000	₦300,000	₦400,000	₦550,000	₦700,000	₦800,000
Prescribed Drugs	✓	✓	✓	✓	✓	✓
Surgical Consumables	✓	✓	✓	✓	✓	✓
NON-INVASIVE CARE						
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	✓	✓	✓	✓	✓	✓
PRESCRIBED MEDICATIONS, SUPPLY OF DRUGS & CONSUMABLES						
Prescribed Drugs						
Surgical Consumables	✓	✓	✓	✓	✓	✓
NON-INVASIVE CARE	✓	✓	✓	✓	✓	✓

Injections.			✓	✓	✓	✓	✓
Manipulations	✓		✓	✓	✓	✓	✓
POP Application		✓	✓	✓	✓	✓	✓
Skilled Nursing Care		✓	✓	✓	✓	✓	✓
Wound Dressings		✓	✓	✓	✓	✓	✓

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 (Veneral 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/Temporomandi bular 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**	**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	×	×	×	✓	✓	✓
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 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)**
IMMUNIZATIONS						
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 enrolees 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	✓	✓	✓	✓	✓	✓

INTENSIVE CARE UNIT (ICU):Within Global Limit	**(24 HOURS)**	**(24 HOURS)**	**(48 HOURS)**	**(48 HOURS)**	**(72 HOURS)**	**(5 DAYS)**
LABORATORY INVESTIGATIONS /DIAGNOSTIC TESTS	✓	✓	✓	✓	✓	✓
RADIOLOGY INVESTIGATIONS (X-RAY AND ULTRASOUND) ADVANCED AND COMPLEX INVESTIGATIONS	✓	✓	✓	✓	✓	✓
CT Scan	**ONCE PER ANNUM**	**ONCE PER ANNUM**	**TWICE PER ANNUM**	**TWICE PER ANNUM**	**TWICE PER ANNUM**	**TWICE PER ANNUM**
MRI	**ONCE PER ANNUM**	**ONCE PER ANNUM**	**TWICE PER ANNUM**	**TWICE PER ANNUM**	**TWICE PER ANNUM**	**TWICE PER ANNUM**
PHYSIOTHERAPY SERVICES						
PHYSIOTHERAPY (UP TO APPROVED LIMITS)	**4 SESSIONS**	**6 SESSIONS**	**10 SESSIONS**	**15 SESSIONS**	**20 SESSIONS**	**25 SESSIONS**
PRESCRIBED THERAPEUTIC APPLIANCES (CERVICAL COLLAR, CRUTCHES)	✓	✓	✓	✓	✓	✓
ACCIDENTS AND EMERGENCIES						
Evacuation from Hospital to Hospital (By Road)	✓	✓	✓	✓	✓	✓
Evacuation from Site to Hospital (Road)	✓	✓	✓	✓	✓	✓
MATERNITY/GYNAECOLOGY SERVICES						
ANTENATAL + DELIVERY + POST (Limit Included in In-Patient Delivery Care Block Limit)	**N200,000**	**N250,000**	**N320,000**	**N380,000**	**N500,000**	**UP TO N650,000**
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	**UP TO N15,000**	**UP TO N25,000**	**UP TO N30,000**	**UP TO N70,000**	**UP TO N100,000**	**UP TO N150,000**
SURGERIES (MINOR, INTERMEDIATE & MAJOR SURGERIES)						
SURGERIES (MINOR, INTERMEDIATE & MAJOR SURGERIES) – Included in Surgery Limit Minor, Intermediate and Major Surgeries	**UP TO ANNUAL SURGERY LIMIT OF N250,000**	**UP TO ANNUAL SURGERY LIMIT OF N300,000**	**UP TO ANNUAL SURGERY LIMIT OF N400,000**	**UP TO ANNUAL SURGERY LIMIT OF N500,000**	**UP TO ANNUAL SURGERY LIMIT OF N1,000,000**	**UP TO ANNUAL SURGERY LIMIT OF N1,500,000**
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**
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	**N10,000**	**N15,000**	**N20,000**	**N22,000**	**N30,000**	**N50,000**
DENTAL SERVICES						
DENTAL CARE	**N15,000**	**N30,000**	**N40,000**	**N50,000**	**N70,000**	**N120,000**
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	**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)	✓	✓	✓	✓	✓	✓
Congenital Anormaly	×	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	₦67,680	₦90,070	₦128,970	₦198,860	₦379,500	₦746,350
PREMIUM - FAMILY	₦338,400	₦450,350	₦644,850	₦994,300	₦1,897,500	₦3,731,750
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