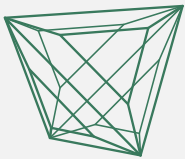





# Benefit Guide















## EMERALD

All Essentials Covered.

2022

OVERALL ANNUAL BENEFIT (OVERALL ANNUAL LIMIT)			N\$1 081 600 per Beneficiary N\$1 622 400 per Family
<b>CATEGORY A: Benefits For Major Medical Expenses</b>		<b>% NAMAF Tariff</b>	Pre-authorisation: 100% of the tariff will be paid out. Without Pre-authorisation: No benefit will be paid out except in the case of emergency hospital admissions and emergencies after-hours, weekends and public holidays. <b>OVERALL LIMIT</b>
<b>Additional Hospital Benefit Cover: GPs and Specialists In-Hospital services are paid up to a maximum of 225% of the NAMAF Tariff. OVERALL LIMIT</b>			
		COVER	
	<b>1. Hospitalisation</b>		Overall Annual Limit
	1.1. Accommodation and Theatre		
	1.2. Accommodation in private wards (Difference between general ward and private ward tariffs)		N\$7 500 per Beneficiary N\$16 500 per Family
	1.3. Intensive and high care (Maximum 3 days, then motivation)		
	1.4. Blood transfusions		
	1.5. Radiology and Pathology (in-hospital) - Additional Hospital Benefit Cover excluded		
	1.6. Physiotherapy and Biokinetics - Additional Hospital Benefit Cover excluded		
	1.6.1. Physiotherapy and Biokinetics (in-hospital)	100%	
	1.6.2. Physiotherapy and Biokinetics (post-rehabilitation) - Additional benefit once the patient is out-of-hospital - <b>12 sessions/visits per Beneficiary (Benefit available within 3 months from hospital discharge)</b> (Subject to prior approval)		Overall Annual Limit
	1.7. Medicine, fixed tariff procedures, hospital apparatus, and to take out medicine (7 days supply only)		
	1.8. Dialysis (Subject to Case Management and MHC Guidelines)		
1.9. Organ Transplant (Subject to Case Management and MHC Guidelines) - Including medical expenses incurred by the donor if the recipient is a Fund member			
1.10. Internal Appliances and Materials (As per NMC protocol)	100% of Cost		
1.11. Medical and Surgical Appliances [External]		No Benefit	
	<b>2. General Practitioners and Specialists (in-hospital services)</b> - Additional Hospital Benefit Cover included	225%	Overall Annual Limit
	<b>3. Specialised Radiology Procedures (in and out-of-hospital)</b> Additional Hospital Benefit Cover excluded - Referral from a medical specialist only (referral from a GP acceptable in places where there is no medical specialist) (Subject to prior approval)		Overall Annual Limit
	3.1. MRI and CT Scans	100%	N\$30 000 per Family
	3.2. Nuclear Medicine		Overall Annual Limit

	<b>4. Maternity</b> (Groups have cover from the date of joining. Individuals have a 9 months waiting period)		Overall Annual Limit
	4.1. Confinement – full procedure		
	4.2. Antenatal Consultation <b>12 consultations per Beneficiary (Pro-rated from the date of joining)</b> - Additional Hospital Benefit cover excluded		
	4.3. Ante/Postnatal Classes and Education <b>6 sessions per Beneficiary (Pro-rated from the date of joining)</b> - Additional Hospital Benefit cover excluded	100%	Payable from Maternity Benefit
	4.4. Sonar Scans (excluding 3D) <b>3 scans per Beneficiary per Pregnancy</b> - Additional Hospital Benefit cover excluded		
	4.5. Tests for Chromosomal and Foetal Abnormalities - Additional Hospital Benefit cover excluded		
	4.6. Midwifery Service - Additional Hospital Benefit cover excluded		
	<b>5. Insertion of Intrauterine Device w/Hormone (Mirena)</b> (all-inclusive) (Subject to prior approval)	100%	N\$6 500 per Beneficiary Overall Annual Limit
	<b>6. Oncology</b> (Subject to Case Management and MHC Guidelines)		
	6.1. Consultations and Procedures Out-of-Hospital		
	6.2. MRI/CT Scans and Other Specialised Radiology Procedures In and Out-of-Hospital - Additional Hospital Benefit Cover excluded - Referral from a medical specialist only	100%	N\$600 000 per Beneficiary Overall Annual Limit
	6.3. Radiation oncology (Referral from a medical specialist only)		
	6.4. Oncology medication (chemotherapy, radiotherapy, and hormone therapy)		
	6.5. Hospitalisation and Related Procedures In-Hospital		Overall Annual Limit
	<b>7. Refractive Surgery – All-inclusive</b> (Subject to prior approval and MHC Guidelines) Groups have cover from the date of joining Individuals have a one-year waiting period	100%	N\$6 200 per Beneficiary once-off N\$7 500 per Family Overall Annual Limit
	<b>8. Reconstructive Surgery (medical necessity only)</b> (Subject to prior approval and subject to strict MHC guidelines)		Overall Annual Limit
	8.1. Consultation and Procedures	100%	N\$6 750 per Family
	8.2. Hospitalisation		Overall Annual Limit
	<b>9. Private Nursing/Frail Care/Hospice</b> (Subject to Case Management)	100%	N\$21 750 per Family Overall Annual Limit
	<b>10. Psychiatric Treatment – Hospitalisation</b> (Subject to prior approval)		
	<b>11. Alcoholism /Drug Addiction</b> (Subject to prior approval and MHC Guidelines)	100%	N\$32 750 per Family Overall Annual Limit
	<b>12. Specialised Dental Surgery</b> - Additional Hospital Benefit cover excluded <b>(Subject to Pre-Authorisation)</b>		Overall Annual Limit
	12.1. Maxillo-Facial and Oral Surgery - Hospitalisation Only (trauma/non-elective) (Including dental extractions for children less than 10 years old and wisdom teeth extractions)	100%	N\$92 500 per Family
	12.2. Maxillo-Facial and Oral Surgery - Hospitalisation Only (other/elective)		
	12.3. Dental Implant – hospitalisation		N\$14 000 per Family
	12.4. Maxillo-Facial and Oral Surgery – internal prosthesis (Excluding dental implant component)		Payable from Internal appliances under Hospital Benefit

	<b>13. Stomal Therapy (all-inclusive)</b> (Subject to prior approval)	100%	N\$28 750 per Family Overall Annual Limit
	<b>14. Ambulance and Evacuation Services</b>	100%	Overall Annual Limit
	<b>14.1. Emergency Ambulance and Flights</b> (Territory: SADC countries) (Subject to prior approval)		Unlimited Benefit
	<b>14.2. Ambulance/Inter-Hospital Transfer</b> (Subject to prior approval)		Overall Annual Limit
	<b>15. Medical Referral</b> Subject to accommodation and travelling reimbursement protocols (Subject to prior approval)		Overall Annual Limit
	<b>15.1. Transport</b>	80% of Cost	N\$10 150 per Family
	<b>15.2. Accommodation Other than a Recognised Hospital/Medical Institution (Maximum of 2 days)</b>	100%	N\$620 per day per Family
	<b>16. International Medical Travel Insurance</b> - Medical cover when travelling to foreign countries - For emergency cases only (not for elective surgery or procedure)	100% of Cost	N\$10 000 000 per incident

## Contribution Tables

Emerald Individual Contributions				
Age Band		Main	Adult	Child
0	25	1,007	637	251
26	30	1,120	717	251
31	35	1,237	800	251
36	40	1,372	885	253
41	45	1,503	984	253
46	50	1,624	1,071	253
51	55	1,773	1,181	253
56	60	1,901	1,270	253
61	65	2,025	1,363	253
66+		2,160	1,452	253

Emerald Group Contributions				
Age Band		Main	Adult	Child
0	25	1,028	651	240
26	30	1,143	733	240
31	35	1,215	750	240
36	40	1,309	800	246
41	45	1,401	879	246
46	50	1,520	965	246
51	55	1,571	1,009	246
56	60	1,662	1,082	246
61	65	1,802	1,175	246
66+		1,845	1,205	246