
















Emerald

All Essentials Covered
2024 BENEFIT GUIDE



OVERALL ANNUAL BENEFIT (OVERALL ANNUAL LIMIT)			N\$1 500 000 per Beneficiary N\$1 800 000 per Family
CATEGORY A: Benefits For Major Medical Expenses		% NAMAF Tariff	Pre-authorisation: 100% of the tariff will be paid. Without Pre-authorisation: No benefit will be paid except in the case of emergency hospital admissions and emergencies after-hours, weekends and public holidays. OVERALL LIMIT
Additional Hospital Benefit Cover: GPs and specialists in-hospital services are paid up to a maximum of 150% of the NAMAF tariff. OVERALL LIMIT			
		COVER	
	1. Hospitalisation		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 three days, then motivation)		
	1.4. Blood Transfusions		
	1.5. Radiology and Pathology (in-hospital) - Additional Hospital Benefit cover excluded		Overall Annual Limit
	1.6. Physiotherapy and Biokinetics (In-hospital) - Additional Hospital Benefit cover excluded (Subject to prior approval)		
	1.7. Post Rehabilitation Physiotherapy, Biokinetics and Occupational Therapy - Additional Hospital Benefit cover excluded - Additional benefit once the patient is out of hospital or transferred to rehabilitation facility Benefit available within three months from hospital discharge (Subject to prior approval)	100%	N\$5 000 per Beneficiary Overall Annual Limit
	1.8. Medicine, Fixed Tariff Procedures, Hospital Apparatus, and To Take Out Medicine (Seven days supply only)		
	1.9. Dialysis (Subject to Case Management and MHC Guidelines)		Overall Annual Limit
	1.10. Organ Transplant (Subject to Case Management and MHC Guidelines) - Including medical expenses incurred by the donor if the recipient is a Fund member		
	1.11. Internal Appliances and Materials (As per NMC protocol)	100% of Cost	
	1.12. Medical and Surgical Appliances (External)		No Benefit
	2. General Practitioners and Specialists (In-Hospital Services) - Additional Hospital Benefit cover included except the use of equipment and equipment hire fees	100%	Overall Annual Limit
	3. Specialised Radiology Procedures (In and Out-of-Hospital) 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)	100%	Overall Annual Limit
	3.1. MRI and CT Scans		N\$30 000 per Family
	3.2. Nuclear Medicine		Overall Annual Limit

	4. Maternity (Groups have cover from the date of joining. Individuals have a nine-month waiting period)	100%	Overall Annual Limit
	4.1. Confinement – full procedure		Payable from Maternity Benefit
	4.2. Antenatal Consultation 12 consultations per Beneficiary (Prorated from the date of joining) - Additional Hospital Benefit cover excluded		
	4.3. Ante/Postnatal Classes and Education Six sessions per Beneficiary (Prorated from the date of joining) - Additional Hospital Benefit cover excluded		
	4.4. Sonar Scans Three scans per Beneficiary per Pregnancy - 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		
	5. Insertion of Intrauterine Device w/ Hormone (All-inclusive) (Subject to prior approval) (Benefit is prorated from the date of joining)	100%	N\$6 500 per Beneficiary Overall Annual Limit
	6. Oncology (Subject to Case Management and MHC Guidelines)	100%	N\$600 000 per Beneficiary Overall Annual Limit
	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		
	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
	7. Corrective Eye Surgery – All-inclusive (Subject to prior approval and MHC guidelines) Groups have cover from the date of joining. Individuals have a one-year waiting period	100%	Overall Annual Limit
	7.1. Refractive Surgery		N\$13 850 per Beneficiary once-off N\$17 750 per Family
	7.2. Cataract Surgery and Lens Implants		N\$18 750 per eye per Beneficiary once-off
	8. Reconstructive Surgery (Medical necessity only) (Subject to prior approval and subject to strict MHC guidelines)	100%	Overall Annual Limit
	8.1. Consultation and Procedures		N\$6 750 per Family
	8.2. Hospitalisation		Overall Annual Limit
	9. Private Nursing/Frail Care/Hospice (Subject to Case Management)	100%	N\$21 750 per Family Overall Annual Limit
	10. Psychiatric Treatment – Hospitalisation (Subject to prior approval)	100%	N\$32 750 per Family Overall Annual Limit
	11. Alcoholism/Drug Addiction (Subject to prior approval and MHC guidelines)		

	12. Specialised Dental Surgery - Additional Hospital Benefit cover excluded (Subject to pre-authorisation)	100%	Overall Annual Limit
	12.1. Maxillo-Facial and Oral Surgery (trauma/non-elective) - All-inclusive		N\$92 500 per Family
	12.2. Maxillo-Facial and Oral Surgery (Including Dental Implants) (other/elective)		N\$29 250 per Beneficiary N\$36 250 per Family N\$3 800 per dental implant component
	12.3. Maxillo-Facial and Oral Surgery (Including Dental Implants) - In-practice (surgical procedures performed in a doctor's room)	150%	Payable from maxillo-facial, oral surgery and dental implants (other/elective)
	12.4. Maxillo-Facial and Oral Surgery - Internal Prosthesis (excluding dental Implant component)	100%	Payable from Internal appliances under Hospital Benefit
	13. Stomal Therapy (All-inclusive) (Subject to prior approval)	100%	N\$28 750 per Family Overall Annual Limit
	14. Ambulance and Evacuation Services	100%	Overall Annual Limit
	14.1. Emergency Ambulance and Flights (Territory: SADC countries) (Subject to prior approval)		Unlimited Benefit
	14.2. Ambulance/Inter-Hospital Transfer (Subject to prior approval)		N\$5 500 per Beneficiary
	15. Medical Referral Subject to accommodation and travelling reimbursement protocols (Subject to prior approval)		Overall Annual Limit
	15.1. Transport (Subject to prior approval and travelling expenses reimbursement policy)	70% of Cost	N\$10 150 per Family
	15.2. Accommodation Other than a Recognised Hospital/ Medical Institution (Maximum of two days)	100%	N\$620 per day per Family
	16. International Medical Travel Insurance - 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	1,216	769	303
26	30	1,352	866	303
31	35	1,494	966	303
36	40	1,657	1,069	305
41	45	1,815	1,188	305
46	50	1,962	1,293	305
51	55	2,142	1,426	305
56	60	2,296	1,534	305
61	65	2,446	1,646	305
66	100	2,610	1,754	305

Emerald Group Contributions				
Age Band		Main	Adult	Child
0	25	1,216	769	303
26	30	1,352	866	303
31	35	1,468	906	303
36	40	1,581	966	305
41	45	1,692	1,062	305
46	50	1,836	1,165	305
51	55	1,898	1,218	305
56	60	2,008	1,307	305
61	65	2,176	1,419	305
66	100	2,229	1,456	305