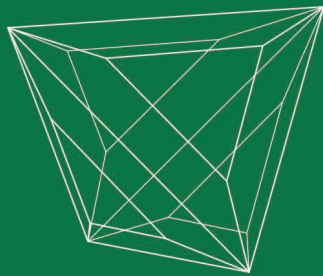




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EMERALD




All Essentials Covered

2023 BENEFIT GUIDE



OVERALL ANNUAL BENEFIT (OVERALL ANNUAL LIMIT)			N\$1 081 600 per Beneficiary N\$1 622 400 per Family
CATEGORY A: Benefits For Major Medical Expenses		% NAMA Tariff	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. OVERALL LIMIT
Additional Hospital Benefit Cover: GPs and Specialists In-Hospital services are paid up to a maximum of 200% of the NAMA 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 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 - 12 sessions/visits per Beneficiary (Benefit available within 3 months from hospital discharge) (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
	2. General Practitioners and Specialists (In-Hospital Services) - Additional Hospital Benefit Cover included	200%	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	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 9 months waiting period)	100%	Overall Annual Limit
	4.1. Confinement – full procedure		Payable from Maternity Benefit
	4.2. Antenatal Consultation 12 consultations per Beneficiary (Pro-rated from the date of joining) - Additional Hospital Benefit cover excluded		
	4.3. Ante/Postnatal Classes and Education 6 sessions per Beneficiary (Pro-rated from the date of joining) - Additional Hospital Benefit cover excluded		
	4.4. Sonar Scans 3 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)	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. Refractive 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%	N\$6 200 per Beneficiary once-off N\$7 500 per Family Overall Annual Limit
	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 - All-inclusive (trauma/non-elective) (Including dental extractions for children less than 10 years old and wisdom teeth extractions)		N\$92 500 per Family
	12.2. Maxillo-Facial and Oral Surgery - Hospitalisation Only (other/elective)		N\$14 000 per Family
	12.3. Dental Implant – hospitalisation		
	12.4. Maxillo-Facial and Oral Surgery – internal prosthesis (Excluding dental implant component)		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)		Overall Annual Limit
	15. Medical Referral Subject to accommodation and travelling reimbursement protocols (Subject to prior approval)		Overall Annual Limit
	15.1. Transport	80% of Cost	N\$10 150 per Family
	15.2. Accommodation Other than a Recognised Hospital/Medical Institution (Maximum of 2 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	1,106	700	276
26	30	1,230	788	276
31	35	1,359	879	276
36	40	1,507	972	278
41	45	1,651	1,081	278
46	50	1,784	1,176	278
51	55	1,948	1,297	278
56	60	2,088	1,395	278
61	65	2,224	1,497	278
66+		2,373	1,595	278

Emerald Group Contributions				
Age Band		Main	Adult	Child
0	25	1,106	700	276
26	30	1,230	788	276
31	35	1,335	824	276
36	40	1,438	879	278
41	45	1,539	966	278
46	50	1,670	1,060	278
51	55	1,726	1,108	278
56	60	1,826	1,189	278
61	65	1,979	1,291	278
66+		2,027	1,324	278