

Emerald Domestic Staff Plan (Male & Female)



	Emerald Alpha	Emerald Alpha Plus
REGION OF COVER	Nigeria	Nigeria
PROVIDER TYPE	Standard Network	Standard Network
	Male	Male
PREMIUM PER PERSON PER YEAR	₦47,886	₦54,465
OUT-PATIENT BENEFIT		
GP Consultations at chosen accredited primary care provider including investigations, Basic Imaging (X Ray & USS) nursing care and prescribed medications	Covered	Covered
Minor Surgeries	Covered	Covered
SPECIALIST CONSULTATION		
Consultation with common specialist limited to General Surgeon, ENT Surgeon, Family Physician, Cardiologist)	Not Covered	up to 2 visits a year
CHRONIC DISEASE MANAGEMENT		
Prescribed Medications (after 12mths on the scheme)	Not Covered	covered up to ₦15,000
PREVENTIVE & HEALTH PROMOTION BENEFIT		
Routine medical Screening annual (principal only)	Manteux, Visual Acquity	Hepatitis, Pregnancy test, manteux, HIV, visual acquity,urinalysis
MAJOR DISEASE CONDITION BENEFITS		
Surgical Procedures (Intermediate & Major)	Not Covered	Up to ₦50,000 Limit
REPRODUCTIVE HEALTH BENEFIT		
Family Planning including (after 12months on the scheme)	contraceptives only	contraceptives only
IN-PATIENT BENEFIT		
Ward admission	Standard Ward up to 24hrs per year	Standard Ward up to 5 days per year
Laboratory investigations, Nursing care, dressing & prescribed medications	Covered	Covered
Specialist Review	Not Covered	Covered up to specialist consult limit stated above
ACCIDENT & EMERGENCY BENEFIT		
Nationwide Emergency evacuation, Emergency room care including consultations, investigations, surgical intervention & prescribed medications to stabilize patient in Emergency room only	Up to ₦10,000 Limit	Up to ₦30,000 Limit
EYE CARE BENEFIT		
Treatment of minor eye ailments: Conjunctivitis, Simple contusion, abrasions, foreign bodies,	covered	covered
Consultation with Optician including test, Lens & Prescribed Medications	Not Covered	covered for ₦3,000
DENTAL CARE BENEFIT		
Basic dental care limited to GP consult and pain relief	covered	covered
Consultation with Dentist including Dental investigations, pain therapy, simple & surgical extraction, Amalgam filling, Root canal treatment, Gingival treatment & crowning only	Not Covered	covered up to ₦4,000
ADDITIONAL BENEFITS		
HIV/AIDS Treatment at designated centres	Covered	Covered
Telemedicine Services	Covered	Covered
OVERALL LIMIT Per Individual		₦155,000

DOMESTIC STAFF PLAN (FEMALE)

	Emerald Beta	Emerald Beta Plus
REGION OF COVER	Nigeria	Nigeria
PROVIDER TYPE	Standard Network	Standard Network
	Female	Female
PREMIUM PER PERSON PER YEAR	₦47,886	₦55,707
OUT-PATIENT BENEFIT		
GP Consultations at chosen accredited primary care provider including investigations, Basic Imaging (X Ray & USS) nursing care and prescribed medications	Covered	Covered
Minor Surgeries	Covered	Covered
SPECIALIST CONSULTATION		
Consultation with common specialist limited Gynaecologist, Obstetrician, General Surgeon, Peadeatrician, ENT Surgeon, Family Physician, Cardiologist	Not Covered	up to 2 visits a year
CHRONIC DISEASE MANAGEMENT		
Prescribed Medications (after 12mths on the scheme)	Not Covered	covered up to ₦15,000
PREVENTIVE & HEALTH PROMOTION BENEFIT		
Routine medical Screening annual (principal only)	Pregnancy test, manteux, visual acquity	Hepatitis, Pregnancy test, manteux, HIV, visual acquity,urinalysis
UNDER FIVE IMMUNIZATION BENEFIT		
NPI-approved Immunization limited to BCG, OPV, HEPATITIS B, DPT, HEAMOPHILLUS INFLUENZA B, MEASLES, YELLOW FEVER	Not Covered	Covered
MAJOR DISEASE CONDITION BENEFITS		
Surgical Procedures (Intermediate & Major)	Not Covered	Up to ₦50,000 Limit
REPRODUCTIVE HEALTH BENEFIT		
Family Planning including (after 12months on the scheme)	contraceptives only	contraceptives only
MATERNITY BENEFITS: (Family Plan holders only after 12mths)		
Ante-natal care at registered network provider		Up to ₦30,000 Limit
Normal Delivery including Post-Partum Care	Not Covered	
Operative Delivery including Post-partum care		
Medical Conditions during Pregnancy		Covered
Complications from Pregnancy & Childbirth		Covered
IN-PATIENT BENEFIT		
Ward admission	Standard Ward up to 24hrs per year	Standard Ward up to 5 days per year
Laboratory investigations, Nursing care, dressing & prescribed medications	Covered	Covered
Specialist Review	Not Covered	Covered up to specialist consult limit stated above
ACCIDENT & EMERGENCY BENEFIT		
Nationwide Emergency evacuation, Emergency room care including consultations, investigations, surgical intervention & prescribed medications to stabilize patient in Emergency room only	Up to ₦10,000 Limit	Up to ₦30,000 Limit
EYE CARE BENEFIT		
Treatment of minor eye ailments: Conjunctivitis, Simple contusion, abrasions, foreign bodies,	covered	covered
Consultation with Optician including test, Lens & Prescribed Medications	Not Covered	covered for ₦3,000
DENTAL CARE BENEFIT		
Basic dental care limited to GP consult and pain relief	covered	covered
Consultation with Dentist including Dental investigations, pain therapy, simple & surgical extraction, Amalgam filling, Root canal treatment, Gingival treatment & crowning only	Not Covered	covered up to ₦4,000
ADDITIONAL BENEFITS		
HIV/AIDS Treatment at designated centres	Covered	Covered
Telemedicine Services	Covered	Covered
OVERALL LIMIT Per Individual		₦155,000

PERSONALIZED TELEHEALTH BENEFIT

Annual coverage limit	\$643.50 (₦370,000)
REGION OF COVER	Africa + UAE + Asia + UK + US
Local consultation with General Practitioner or Follow-Up (Including 2nd opinions and diagnosis, prescriptions/ lab test /imaging test reviews)	Capped at 4 consultations per quarter
Foreign consultation with General Practitioner or Follow-Up (Including 2nd opinions and diagnosis, prescriptions / lab test/imaging test reviews)	Cover up to 50% per visit
Local Specialist Consultations or Follow-Up (Including 2nd opinions and diagnosis)	Capped at 2 consultations per quarter
Foreign Specialist Consultations and Follow-Up (Including 2nd opinions and diagnosis, prescriptions/ lab test/imaging test reviews)	Cover up to 30% per visit
Free Breast Examination (Mammogram) at partner labs	Capped at 1 screening per annum
Free Pap smear (test for cervical cancer in women) at partner labs	Capped at 1 screening per annum
One Free Annual Consultation with a local Gynecologist	Covered
Local consultation with Pediatric Specialist	Capped at 1 consultation per quarter and a follow-up
Foreign consultation with Pediatric Specialist	Cover up to 50% per visit
Psychiatry sessions including medication (local and foreign teleconsultations)	10% discount off each teleconsultation session
Annual Postrate Cancer Screening at partner labs	Covered
Schedule laboratory tests (health screening) & X-Rays at partner labs	Annual coverage of up to \$52.17 (₦30,000)
Advanced investigations (including discounted MRI, CT Scans, PET Scans at partner imaging centers)	Covered up to \$70 (₦40,000) per annum
"Molecular Diagnostics (including discounted COVID-19 testing at partner labs)"	Out of pocket
Post-procedure care cordination abroad	Not covered
Order Prescription Medicines for malaria & typhoid (pick up at partner pharmacy closest to you/request delivery)	Get 10% discount (Covered up to \$52.17 (₦30,000) per annum
Coordination and matching to care facilities abroad for elective & non-elective procedures (including Visa, Travel & Logistics, clinical liaison, billing and other concierge support)	Not covered
Personalized Access Portal	Covered
Personalized Message a provider feature	Covered
Digital access to electronic medical record (EMR)	Covered
Health education and resource access	Covered
Wellness Benefits (discounts apply when you visit any of our partner wellness facilities/centers)	10% Discount off teleconsultation sessions

NOTES

1. GP consultations includes investigations, basic imaging (XRAY & USS), nursing care, prescribed medication
2. Acute care benefits includes out-of-network care
3. Annual physical to take place in doctor's office
4. Common specialists includes Obstetrician, General Surgeon, Paediatrician, ENT Surgeon, Family Physician, Cardiologist
5. Comprehensive Annual Medical Screening available at designated facilities.
6. NPI-approved immunisation includes Hepatitis B, DPT, Haemophilus Influenza B, Measles, Yellow Fever
7. Non-NPI immunisation includes Rota virus, pneumococcal, chicken pox, typhoid fever, meningitis
8. Cancer care limited to diagnosis, radiotherapy & chemotherapy
9. Infertility consultations limited to diagnosis & prescribed medications
10. Maternity benefits available to females on family plans
11. Nationwide Emergency Evacuation includes emergency room care, investigations, surgical intervention & prescribed medications to stabilise patient in emergency room only

A. TELEHEALTH Notes:

1. Benefits are restricted to outpatient services only. These are any service or treatment that doesn't require hospitalisation. And any appointment at a facility outside the hospital.
2. Free chat access available for medical emergencies and routine medical information.
3. Access loans to purchase medication, pay for your surgical procedures and cater to your well being within 24-48 hours. Pay back monthly at very low interest rates.
Apply here: <https://diagnostar.com/services/?healthcare-financing-solutions>
4. **Health screening includes Physical, BP, HIV, Cholesterol, Blood Sugar, PCV, Urinalysis, aLFT, E/u/Cr, ECG, Pap Smear, Physical Breast Examination, Mammogram, PSA Test.

B. Wellness Benefits include:

- 1 Mental health sessions,
- 2 Gym Sessions & Fitness Classes/Trainings,
- 3 Yoga Classes & Instructions,
- 4 Nutrition Coaching including Diet Management & Healthy Meal Plans,
- 5 Health & Personal Care Trainings,
- 6 Weight Management Sessions,
- 7 Consultations with Nutritionists & Estheticians,
- 8 Chiropractic Sessions,
- 9 Spa Sessions (including deep tissue, full body massage & exfoliation),
- 10 Addiction Trainings (including Smoke Cessation Training), &
- 11 Alternative Medical Sessions (limited to Naturopathy)

EXCLUSIONS: The following are excluded from all plans

1. Advanced and complex investigations not stated in schedule of covered services
2. Other investigations and treatment for problems relating to infertility e.g. hydrotubation, hysterosalpingogram, I.V.F, G.I.F.T and artificial insemination
3. Virility enhancing drugs
4. Herbal drugs, non-prescription drugs, food supplements and experimental drugs and treatment
5. Other laboratory investigations not listed in the schedule of covered services
6. Dental care
7. Home care and domiciliary services
8. Joint replacements and prosthetic limbs
9. Long term psychiatric illness (Longer than 6 months)
10. Comprehensive health screening/well persons check outside the scope of the benefits covered by the health checks.
11. Pre – School Health examinations
12. Neonatal care and treatment for newborns
13. All Covid-19 Treatment
14. Speech disorders
15. Management of severe burns (Burns covering more than 10% body surface area)
16. Learning difficulties, behavioral and developmental problems
17. Consultations with unrecognized consultants, hospitals, family doctors, therapists, or complementary medicines practitioners
18. Any other treatment, service, procedure or investigation not listed in the schedule of covered medical services
19. Emergency services