





2021 Benefit Guide

Opal

All Essentials Covered

OVERALL ANNUAL BENEFIT (OVERALL ANNUAL LIMIT)			N\$456 500 per Beneficiary N\$685 000 per Family
CATEGORY A: Benefits For Major Medical Expenses		% NAMAF Tariff	Pre-authorisation: 100% of 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 225% of NAMAF Tariff. OVERALL LIMIT			
		COVER	
	1. Hospitalisation	100%	Overall Annual Limit
	1.1. Accommodation and Theatre		
	1.2. Intensive and high care (Maximum 3 days, then motivation)		
	1.3. Blood transfusions		
	1.4. Radiology & Pathology (in-hospital) - Additional Hospital Benefit Cover excluded		
	1.5. Physiotherapy & Biokinetics - Additional Hospital Benefit Cover excluded		
	1.5.1. Physiotherapy & Biokinetics (in-hospital)		
	1.5.2. Physiotherapy & Biokinetics (post rehabilitation) - Additional benefit once the patient is out of hospital - 9 sessions/visits per Beneficiary (Benefit available within 3 months from hospital discharge) (Subject to prior approval)		
	1.6. Medicine, fixed tariff procedures, hospital apparatus and to take out medicine (7 days supply only)		
	1.7. Dialysis (Subject to Case Management and MHC guidelines)		
1.8. Organ Transplant (Subject to Case Management and MHC guidelines) - Including medical expenses incurred by the donor if the recipient is a Fund member	100% of Cost		
1.9. Internal Appliances & Materials (As per NMC protocol)			
	2. General Practitioners and Specialists (in-hospital services) - Additional Hospital Benefit Cover included	225%	N\$34 750 per Family



	3. Specialised Radiology Procedures (in & out of hospital) Additional Hospital Benefit Cover excluded - Referral from a medical specialist only (referral from GP acceptable in places where there is no medical specialist) (Subject to prior approval)	100%	Overall Annual Limit
	3.1. MRI & CT Scans		N\$16 000 per Family
	3.1. Nuclear Medicine		Overall Annual Limit
	4. Maternity (Groups have cover from date of joining. Individuals have a one year 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 date of joining) - Additional Hospital Benefit cover excluded		
	4.3. Ante / Postnatal Classes & Education 6 sessions per Beneficiary (Pro-rated from date of joining) - Additional Hospital Benefit cover excluded		
	4.4. Sonar Scans (excluding 3D) 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 (Mirena) (all-inclusive) (Subject to prior approval)	100%	N\$6 250 per Beneficiary	
	6. Oncology (all-inclusive in and out of hospital) (Subject to Case Management and MHC guidelines)	100%	N\$350 000 per Beneficiary
	6.1. Consultations and procedures		
	6.2. Hospitalisation		
	6.3. Radiation oncology (Referral from a medical specialist only)		
	6.4. Oncology medication (chemotherapy, radiotherapy and hormone therapy)		
7. Refractive Surgery – All-inclusive (Subject to prior approval and MHC guidelines) Groups have cover from date of joining Individuals have a one year waiting period	100%	No Benefit	
8. Reconstructive Surgery (medical necessity only) (Subject to prior approval and subject to strict MHC guidelines)	100%	No Benefit	
9. Private Nursing/ Frail Care / Hospice (Subject to Case Management)	100%	N\$8 000 per Family	
	10. Psychiatric Treatment – Hospitalisation (Subject to prior approval)	100%	N\$31 500 per Family
	10.1. Alcoholism / Drug Addiction (Subject to prior approval and MHC guidelines)		
	11. Specialised Dental Surgery - Additional Hospital Benefit cover excluded (Subject to Pre-Authorisation)	100%	No Benefit
	11.1. Maxillo-Facial & Oral Surgery - Hospitalisation (trauma/non-elective)		
	11.2. Maxillo-Facial & Oral Surgery - Hospitalisation (other/elective)		
	11.3. Dental Implant – hospitalisation		
	11.4. Maxillo-Facial & Oral Surgery – internal prosthesis (Excluding dental implant component)		
12. Stomal Therapy (all-inclusive) (Subject to prior approval)	100%	N\$17 000 per Family	

	13. Ambulance & Evacuation Services		Overall Annual Limit
	13.1. Emergency Ambulance & Flights (Territory: SADC countries) (Subject to prior approval)	100%	Unlimited Benefit
	13.2. Ambulance/Inter-Hospital Transfer (Subject to prior approval)		N\$2 390 per Family
	14. Medical Referral Subject to accommodation and travelling reimbursement protocols (Subject to prior approval)		Overall Annual Limit
	14.1. Transport	80% of Cost	N\$9 800 per Family
	14.2. Accommodation Other than a Recognised Hospital/ Medical Institution (Maximum of 2 days)	100%	N\$600 per day per Family
	15. 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
	16. Specified Illness Conditions As per National Guidelines (Sub-limits are pro-rated from date of joining)		N\$41 000 per Family N\$24 150 per Beneficiary
	16.1. HIV/AIDS (As per national guidelines for antiretroviral therapy)	100%	Payable from Specified Illness Conditions
16.1.1. Medicine (Paid at maximum Namibia medicine price list on generics)			
16.1.2. First Full HIV Consultation / Assessment Once off benefit	N\$460		
16.1.3. Consultation (after the first full HIV consultation/assessment) 6 consultations per Beneficiary	N\$420		
16.1.4. HIV Counselling (Payable from Specified Illness Conditions)		N\$1 250 per Beneficiary	
16.1.5. Pathology Tests (Payable from Specified Illness Conditions)	100%	N\$5 450 per Beneficiary	
16.1.6. HIV Resistance Test (Subject to prior approval)		Payable from Specified Illness Conditions	
16.2. Prevention of Mother-to-Child Transmission (PMTCT)			
16.3. Post-Exposure Prophylaxis (PEP)	100%		
16.4. Pre-Exposure Prophylaxis (PrEP)			
CATEGORY B: DAY-TO-DAY BENEFIT		100% Tariff	Overall Sub-benefit limit N\$17 850 per Beneficiary N\$24 150 per Family Sub-limits are pro-rated from date of joining except the optical benefit. OVERALL ANNUAL LIMIT
	17. General Practitioners & Specialists (out-of-hospital including casualties)		N\$6 000 per Family
	17.1. Consultations/Visits		Payable from General Practitioners and Specialists Benefit
	17.2. Procedures/Services (out-of-hospital, including casualties)		
	17.3. Materials and Disposable Items (Out-of-Hospital)	100%	
	17.4. Radiology & Pathology (Out-of-hospital, including radiography, sonography, medical laboratory technology and chemical biochemistry) (Referral from a Medical Practitioner)		
Benefit Booster applicable (Additional benefit once limit is exceeded)			
	18. Medicine & Injections		N\$12 500 per Family
	18.1. Medicine & Injections (Acute and Chronic) (Paid at maximum Namibia medicine price list on generics)		N\$6 250 per Beneficiary
	18.2. Essential Vaccination / Immunisation (Paid at maximum Namibia medicine price list on generics)	100%	Payable from Medicine & Injections
	18.3. Self Medication (Paid at maximum Namibia medicine price list on generics)		N\$830 per Family N\$120 per claim per Beneficiary

	19. Primary Health Care Services		N\$700 per Family
	19.1. Consultations and Procedures	100%	Payable from Primary Health Care Services
	19.2. Medicine & Injections (Paid at maximum Namibia medicine price list on generics)		Payable from Medicine (Acute & Chronic)
	Benefit Booster applicable (Additional benefit once limit is exceeded)		
	20. Dentistry		
	20.1. Conservative & specialised dentistry (including dental therapy) Benefit Booster applicable (Additional benefit once limit is exceeded)	100%	N\$4 350 per Family
	20.2. Dental Implants (in-hospital & in-practice) (Pre-authorisation required)		No Benefit
	20.3. Orthodontics (Prior approval required)		No Benefit
	21. Optical Every 2 years (Including frame) (2021-2022)		N\$3 530 per Family
	21.1. Eye Tests, Spectacles & Contact Lenses	100%	N\$1 300 per Beneficiary every 2 years
	21.2. Frame		N\$520 per Beneficiary
	22. Auxiliary Services (Supplementary Services)		N\$2 280 per Family
	22.1. Consultation & procedure	100%	Payable from Auxiliary Services
	22.2. Medicine		Payable from Medicine (Acute & Chronic)
	Benefit Booster applicable (Additional benefit once limit is exceeded)		
	23. External Appliances (Subject to MHC guidelines)	80% of Cost	N\$ 2 600 per Family
	24. Wheelchair, Artificial Limbs, Artificial Eyes, Hearing Aid Apparatus, Devices for Diabetes Management		No Benefit
	25. Benefit Booster Applicable if medicine & injections, dentistry, GPs' & Specialists, primary health care & auxiliary services benefits are depleted		N\$1 550 per Family
	25.1. Medicine & Injections (Acute & Chronic) - Excluding self-medication	70%	Payable from Benefit Booster
	25.2. Dentistry	70%	
	25.3. General Practitioners & Specialists (Consultations/visits & procedures/services out-of-hospital, including casualties)	80%	
	25.4. Primary Health Care	80%	
	25.5. Auxiliary Services	70%	

Contribution Tables

Opal Individual Contributions				
Age Band		Main	Adult	Child
0	25	1,646	1,025	456
26	30	1,821	1,152	456
31	35	1,984	1,294	456
36	40	2,223	1,463	465
41	45	2,435	1,605	465
46	50	2,609	1,754	465
51	55	2,838	1,935	465
56	60	3,027	2,076	465
61	65	3,222	2,219	465
66+		3,419	2,380	465

Opal Group Contributions				
Income Band		Main	Adult	Child
0	3,870	1,468	950	271
3,871	5,120	1,690	1,078	311
5,121	7,830	1,810	1,119	334
7,831	11,500	1,861	1,200	343
11,501	12,930	2,082	1,333	384
12,931	14,660	2,306	1,467	426