



## 2021 Benefit Guide

# Sapphire

All Essentials Covered



OVERALL ANNUAL BENEFIT (OVERALL ANNUAL LIMIT)		Unlimited Benefit					
<b>CATEGORY A: Hospitalisation Benefit</b>	<b>% NAMA Tariff</b>	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.					
<b>Additional Hospital Benefit Cover: GPs and Specialists In-Hospital services are paid up to a maximum of 225% of NAMA Tariff OVERALL LIMIT</b>							
	COVER	M	M1	M2	M3	M4	M5+
<b>1. Hospitalisation</b>							
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 - <b>12 sessions/visits per Beneficiary (Benefit available within 3 months from hospital discharge)</b> (Subject to prior approval)	100%				Overall Annual Limit		
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							
1.9. Internal Appliances & Materials (As per NMC protocol)	100% of Cost						
<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 &amp; Out of Hospital)</b> 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\$38 000 per Family	
3.2. Nuclear Medicine						Overall Annual Limit	
<b>4. Maternity</b> (Groups have cover from date of joining. Individuals have a one year waiting period)						Overall Annual Limit	
4.1. Confinement – full procedure							
4.2. Antenatal Consultation <b>12 consultations per Beneficiary (Pro-rated from date of joining)</b> – Additional Hospital Benefit cover excluded							
4.3. Ante / Postnatal Classes & Education <b>6 sessions per Beneficiary (Pro-rated from date of joining)</b> – Additional Hospital Benefit cover excluded	100%						
4.4. Sonar Scans (excluding 3D) – <b>3 scans per Beneficiary per Pregnancy</b> – Additional Hospital Benefit cover excluded						Part of Maternity Benefit	
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) (All-inclusive)</b> (Subject to prior approval)	100%	N\$6 250 per Beneficiary					
<b>6. Oncology (All-inclusive In and Out of Hospital)</b> (Subject to Case Management and MHC guidelines)	100%	N\$750 000 per Beneficiary					
6.1. Consultations and procedures							
6.2. Hospitalisation							
6.3. Radiation Oncology (Referral from medical specialist only)							
6.4. Oncology Medication (chemotherapy, radiotherapy and hormone therapy)							
<b>7. Refractive Surgery – All-inclusive</b> (Subject to prior approval and MHC guidelines) Groups have cover from date of joining. Individuals have a one year waiting period	100%	N\$22 250 per Beneficiary once off N\$28 500 per Family					
<b>8. Reconstructive Surgery (Medical necessity only)</b> (Subject to prior approval and subject to strict MHC guidelines)	100%	Overall Annual Limit					
8.1. Consultation and procedure		N\$14 000 per Family					
8.2. Hospitalisation		Overall Annual Limit					
<b>9. Private Nursing / Frail Care / Hospice</b> (Subject to Case Management)		N\$37 250 per Family					
<b>10. Psychiatric Treatment – Hospitalisation</b> (Subject to prior approval)	100%	N\$31 500 per Family					
10.1. Alcoholism / Drug Addiction (Subject to prior approval and MHC guidelines)							
<b>11. Specialised Dental Surgery – Hospitalisation (Subject to Pre-Authorisation)</b>	100%	Overall Annual Limit					
11.1. Maxillo-Facial & Oral Surgery - Hospitalisation (trauma/non-elective)		N\$132 000 per Family					
11.2. Maxillo-Facial & Oral Surgery - Hospitalisation (other/elective)		N\$12 700 per Beneficiary N\$20 500 per Family					
11.3. Dental Implant – hospitalisation							
11.4. Maxillo-Facial & Oral Surgery - internal prosthesis		100% of Cost	Payable from internal appliances under Hospital Benefit				
<b>12. Stomal Therapy (All-inclusive)</b> (Subject to prior approval)	100%	N\$28 750 per Family					
<b>13. Ambulance &amp; Evacuation Services</b>	100%	Overall Annual Limit					
13.1. Emergency Ambulance & Flights (Territory: SADC Countries) (Subject to prior approval)		Unlimited Benefit					
13.2. Ambulance/Inter-Hospital Transfer (Subject to prior approval)		Overall Annual Limit					
<b>14. Medical Referral</b> 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% of Cost	N\$600 per day per Family					
<b>15. 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					
<b>CATEGORY B: DAY-TO-DAY BENEFIT</b>	<b>COVER</b>	<b>Sub-limits are pro-rated from date of joining, except the Optical Benefit.</b> <b>OVERALL LIMIT</b>					
		<b>M</b>	<b>M1</b>	<b>M2</b>	<b>M3</b>	<b>M4</b>	<b>M5+</b>
<b>16. General Practitioners and Specialists</b>		N\$13 750	N\$17 500	N\$19 500	N\$19 750	N\$20 000	N\$20 250
16.1. Consultations/Visits (Out-Of-Hospital, Including Casualties)	100%	Payable from General Practitioners and Specialists Benefit					
16.2. Procedures (Out-Of-Hospital Services, Including Casualties)							
16.3. Materials and Disposable Items							
16.4. Radiology and 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)							
<b>17. Medicine &amp; Injections</b>		N\$29 370	N\$45 670	N\$49 620	N\$50 520	N\$51 170	N\$51 820
17.1. Acute – Paid at maximum Namibia medicine price list on generics	80%	N\$8 050	N\$12 200	N\$15 000	N\$15 500	N\$15 750	N\$16 000
		N\$8 050 per Beneficiary					
17.2. Chronic – Paid at maximum Namibia medicine price list on generics		N\$19 500	N\$31 500	N\$32 500	N\$32 750	N\$33 000	N\$33 250
17.2.1. Members aged 65 and below	80%	No Limit per Beneficiary					

17.2.2. Members aged 66 and above	100%	Payable from Medicine & Injections					
17.3. Essential Vaccination/Immunisation (As per WHO guidelines) Paid at maximum Namibia medicine price list on generics	100%						
Benefit Booster Applicable (Additional benefit once limit is exceeded)							
17.4. Self-medication Paid at maximum Namibia medicine price list on generics	100%	N\$1 820	N\$1 970	N\$2 120	N\$2 270	N\$2 420	N\$2 570
		N\$217 per claim per Beneficiary per day					
<b>18. Primary Health Care Services</b>		N\$500	N\$750	N\$1 000	N\$1 250	N\$1 500	N\$1 750
		N\$500 per Beneficiary					
18.1. Consultations & Procedures	100%	Payable from Primary Health Care Services					
18.2. Medicine & Injections Paid at maximum Namibia medicine price list on generics	100%	Payable from Acute Medication					
Benefit Booster Applicable (Additional benefit once limit is exceeded)							
<b>19. Dentistry</b>							
19.1. Conservative & Specialised Dentistry (Including Dental Therapy)	100%	N\$15 250	N\$18 250	N\$20 000	N\$20 500	N\$21 000	N\$21 500
		N\$15 250 per Beneficiary					
19.2. Dental Implants – consultation, procedure and cost of dental implant components (Subject to pre-authorisation)		The available benefits are for either in-hospital or in-practice					
19.2.1. In-Hospital	100%	N\$14 000 per Beneficiary N\$23 000 per Family N\$3 650 per dental implant component					
19.2.2. In-Practice	150%	N\$25 500 per Beneficiary N\$38 500 per Family N\$3 650 per dental implant component					
Benefit Booster Applicable (Additional benefit once limit is exceeded)							
19.3. Orthodontics (Subject to prior approval and MHC guidelines)	100%	N\$22 250 per Beneficiary once off					
19.4. Maxillo-Facial and Oral Surgery (elective and non-elective) - Consultation & procedure (Subject to pre-authorisation)		The available benefits are for either in-hospital or in-practice					
19.4.1. In-Hospital	100%	N\$6 000	N\$7 000	N\$7 500	N\$8 000	N\$8 500	N\$9 000
		N\$6 000 per Beneficiary					
19.4.2. In-Practice	150%	N\$9 250	N\$10 750	N\$11 500	N\$12 250	N\$13 000	N\$13 500
		N\$9 250 per Beneficiary					
<b>20. Optical Benefits</b> (Every 2 years (Including frame) (2021-2022))		N\$4 900	N\$8 700	N\$9 450	N\$9 950	N\$10 200	N\$10 450
		N\$4 900 per Beneficiary					
20.1. Optical tests	100%	Payable from Optical Benefits					
20.2. Spectacles & Lenses	100%						
20.3. Frame	100% of Cost	N\$1 870 per Beneficiary					
20.4. Readers Spectacles	100% of Cost	N\$105 per Beneficiary					
<b>21. Auxiliary Services</b>		N\$14 750	N\$23 500	N\$25 500	N\$26 750	N\$27 250	N\$27 750
		N\$14 750 per Beneficiary					
21.1. Art Therapy	100%	Payable from Auxiliary Services					
21.2. Audiology/Speech Therapy	100%						
21.3. Biokinetics	100%	N\$7 270 per Beneficiary					
21.4. Chiropractor 21.4.1. Consultation & Procedure 21.4.2. Medicine	100% 80%	Payable from Auxiliary Services					
21.5. Clinical Psychology/Psychological Counsellor	100%	N\$7 270 per Beneficiary					
21.6. Clinical Technology	100%	Payable from Auxiliary Services					
21.7. Dietician	100%						
21.8. Hearing Aid Acoustician	100%						
21.9. Homeopathy/Naturopathy/Phytotherapy 21.9.1. Consultation & Procedure 21.9.2. Medicine	100% 80%						
21.10. Occupational Therapy	100%						
21.11. Orthotist/Prosthetist	100%						
21.12. Physiotherapy	100%						
21.13. Podiatry/Chiropody	100%	N\$7 270 per Beneficiary					
21.14. Social Worker	100%	Payable from Auxiliary Services					
Benefit Booster Applicable (Additional benefit once limit is exceeded)		N\$7 270 per Beneficiary					

<b>22. Wheelchair</b> (Subject to prior approval) - Inclusive of repair & maintenance	100% of Cost	N\$17 750 per Beneficiary every 4 years (2020-2023)				
<b>23. Artificial Limbs</b> (Subject to prior approval)	100% of Cost	N\$35 500 per Beneficiary every 2 years (2020-2021)				
<b>24. Artificial Eyes</b> (Subject to prior approval)	100% of Cost	N\$17 250 per Beneficiary every 4 years (2020-2023)				
<b>25. Hearing Aid Apparatus</b> (Subject to prior approval) - Inclusive of repair & maintenance	100% of Cost	N\$35 000 per Family every 3 years (2020-2022)				
<b>26. Appliances (External)</b> (Subject to MHC guidelines)	80% of Cost	N\$4 950 per Family				
<b>27. Medical Devices for Diabetes Management</b> (Subject to prior approval and MHC guidelines)						
27.1. Insulin Pumps	80% of cost	N\$40 000 per Beneficiary every 4 years (2019- 2022)				
27.2. Other Devices (Glucose Monitoring System / Glucose Reader)		N\$20 000 per Beneficiary				
27.3. Diabetes Related Consumables	80% of cost	N\$36 000 per Beneficiary				
<b>28. Specified Illness Conditions</b> As per national guidelines (Sub-limits are pro-rated from date of joining)		N\$34 750	N\$69 500	N\$69 500	N\$69 500	N\$69 500
28.1. HIV/AIDS (As per national guidelines for antiretroviral therapy)		N\$34 750 per Beneficiary				
28.1.1. Medicine Paid at maximum Namibia medicine price list on generics	100%	Payable from Specified Illness Conditions				
28.1.2. First Full HIV Consultation/Assessment <b>Once off benefit</b>	N\$460					
28.1.3. Consultation (after the first full HIV consultation/ assessment) <b>6 consultations per Beneficiary</b>	N\$420					
28.1.4. HIV Counselling	100%	N\$1 250 per Beneficiary				
28.1.5. Pathology Tests	100%	N\$7 500 per Beneficiary				
28.1.6. HIV Resistance Test (Subject to prior approval)	100%	Payable from Specified Illness Conditions				
28.2. Prevention of Mother-to-Child Transmission (PMTCT)	100%					
28.3. Post-Exposure Prophylaxis (PEP)	100%					
28.4. Pre-Exposure Prophylaxis (PrEP)	100%					
<b>29. Benefit Booster</b> Applicable if medicine & injections, dentistry, GPs' & Specialists, primary health care & auxiliary services benefits are depleted		N\$3 270 per Beneficiary N\$6 030 per Family				
29.1. Medicine & Injections (Acute & Chronic) – Excluding self-medication	70%	Payable from Benefit Booster				
29.2. Dentistry (Excluding orthodontics)	70%					
29.3. General Practitioners & Specialists (Consultations/visits & procedures/services out-of-hospital, including casualties)	80%					
29.4. Primary Health Care	80%					
29.5. Auxiliary Services	70%					

## Contribution Tables

Sapphire Individual Contributions				
Age Band		Main	Adult	Child
0	25	2,887	2,312	1,028
26	30	3,272	2,614	1,028
31	35	3,655	2,902	1,028
36	40	4,160	3,301	1,028
41	45	4,627	3,654	1,028
46	50	5,040	3,966	1,043
51	55	5,550	4,348	1,043
56	60	5,977	4,678	1,043
61	65	6,421	5,021	1,043
66+		6,879	5,354	1,043

Sapphire Group Contributions				
Age Band		Main	Adult	Child
0	25	2,624	1,999	871
26	30	2,883	2,204	871
31	35	3,105	2,378	871
36	40	3,496	2,694	871
41	45	3,911	2,998	871
46	50	4,206	3,240	881
51	55	4,588	3,531	881
56	60	5,070	3,900	881
61	65	5,380	4,126	881
66+		5,387	4,134	881