







2021 Benefit Guide

Topaz

All Essentials Covered

OVERALL ANNUAL BENEFIT (Overall Annual Limit)		% Tariff	Unlimited According to Defined Primary Healthcare Protocols
CATEGORY A: Primary Healthcare Benefits			Benefits Available Only at Network Health Professionals
	1. Nurse	100%	Registered Nurse
	1.1. Consultations / Visits		Unlimited
	1.2. Medication / Injections		Unlimited. (According to Topaz and Topaz plus medicine formulary)
	1.3. Procedures		Unlimited
	2. General Practitioner	100%	According to defined protocols
	2.1. Consultations / Visits (Out-Of-Hospital)		Unlimited
	2.2. Acute Medication / Injections (Paid at maximum Namibia medicine price on generics)		(According to Topaz and Topaz Plus acute medicine formulary)
	2.3. Chronic Medication/Injections - Subject to chronic medication registration (Paid at maximum Namibia medicine price on generics)		(According to Topaz and Topaz Plus chronic medicine formulary)
	2.4. Procedures (Out-Of-Hospital)	Unlimited. According to defined protocols	
	3. Medical Specialists (Consultations Only)	100%	No Benefit
	4. Pharmacy	100%	Unlimited
	4.1. Acute Medication / Injections Paid at maximum Namibia medicine price on generics		(According to Topaz and Topaz Plus medicine formulary)
	4.2. Chronic Medication / Injections Subject to chronic medication registration Paid at maximum Namibia medicine price on generics		(According to Topaz and Topaz Plus medicine formulary)
	5. Pathology	100%	Specified tests only
	6. Radiology	100%	Long bones, chest and trauma and basic radiology as per defined list. (Excluding MRI & CT Scan)
	7. Dentistry	100%	Extractions & fillings only as per defined list.



	8. Optical	100%	No Benefit
	8.1. Single vision (inclusive of test, frame and lenses)		No Benefit
	8.2. Bifocal (inclusive of test, frame and lenses)		No Benefit
	9. Sonar Scans (Pregnancy)	100%	3 scans per Beneficiary per pregnancy. Groups have cover from date of joining. Individuals have a 9-month waiting period.
	10. Antenatal Consultation (General Practitioner)	100%	Limited to 6 consultations per Beneficiary (2601 & 2602 only). Groups have cover from date of joining. Individuals have a 9-month waiting period.
	11. Paramedical (Psychologists, Physiotherapists, Occupational Therapists)	100%	No Benefit
Category B: HIV/AIDS Treatment		% Tariff	Unlimited According to Defined Protocols Benefits Available Only at Network Health Professionals
	12. HIV/AIDS Treatment	100%	As per National Guidelines for Antiretroviral Therapy
	12.1. Consultations (General Practitioners)		Unlimited
	12.2. Medication (including vitamins & supplements)		Unlimited (According to Topaz and Topaz Plus HIV medicine formulary) (Vitamins & supplements maximum of N\$100)
	12.3. Pathology		Unlimited
	12.4. Counselling (pre-, post & adherence)		3 Sessions
	12.5. Post Exposure Prophylaxis (PEP) (rape cover only)		As per National Guidelines for antiretroviral therapy
	12.6. Pre-Exposure Prophylaxis (PrEP)		No Benefit
	12.7. Prevention of Mother-to Child Transmission (PMTCT) (excluding milk formula)		As per National Guidelines for antiretroviral therapy
Category C: Hospitalisation Benefit			Private Wing of State Hospital
Planned Procedures: Waiting Period of 6 Months After Joining; Emergency Cases: Immediate Cover			
Overall Annual Limit		% Tariff	Unlimited
	13. Hospitalisation	100% of State Tariffs for Private Patients	
	13.1. Accommodation and Theatre		Overall Annual Limit
	13.2. Blood Transfusions		Overall Annual Limit
	13.3. Intensive and High Care (3 days)		Overall Annual Limit
	13.4. Medicine, Fixed Tariff Procedures, Hospital Apparatus and To Take Out Medicine		Overall Annual Limit
13.5. Radiology & Pathology (In-Hospital)	Sub-limit 14		
	14. General Practitioners & Medical Specialists (In-Hospital services) - Additional Hospital Benefit Cover excluded	100%	N\$25 000 per Family (Including radiology and pathology) Overall Annual Limit
	15. Other Healthcare Providers	100%	No Benefit
	16. Maternity (Requires prior approval)		Unlimited hospitalisation in state hospital (GPs and Specialists limited to Sub-Limit 14). Groups have cover from date of joining. Individuals have a 9-month waiting period
	17. Ambulance Services	100%	
	17.1. Emergency Road Ambulance (Territory: SADC Countries) (Subject to pre-approval)		Unlimited
	17.2. Ambulance/Inter-hospital Transfer (Subject to pre-approval)		N\$550 per Family

Contribution Tables

Topaz Individual Contributions		
Main	Adult	Child
562	497	175

Topaz Group Contributions		
Main	Adult	Child
459	395	151

Detailed Benefits:

These rules apply for Topaz.

Service Availability

Please note that all benefits on Topaz are only available through registered Network Health Professionals.

Please visit our website, www.nmcfund.com for the updated Topaz Network Health Professionals list.

Pathology

The following tests are pre-approved and can be done at the discretion of the treating general practitioner:

TARIFF CODE (052)	TARIFF CODE (037)	TARIFF DESCRIPTION	TARIFF CODE (052)	TARIFF CODE (037)	TARIFF DESCRIPTION
3755	53755	Full blood count	4032	54032	Creatinine
3792	53792	Plasmodium falciparum: Monoclonal immunological identification	4057	54057	Glucose: Quantitative
3797	53797	Platelet count	4113	54113	Potassium
3816	53816	T and B-cells markers (per marker)	4117	54117	Protein: Total
3865	53865	Parasites in blood smear	4131	54131	Alanine aminotransferase (ALT)
3869	53869	Faeces: including parasites	4134	54134	Gamma glutamyl transferase (GGT)
3883	53883	Concentration techniques for parasites	4155	54155	Urine acid
3885	53885	Cytochemical stain	4161	54161	Troponin isoforms: each
3932	53932	Antibodies to HIV: Elisa (Note: HIV-DNA PCR is excluded)	4182	54182	Quantitative protein estimation: nephelometer or Turbidometric method
3951	53951	Quantitative Kahn, VDRL or other Flocculation	4429	54429	Quantitative PCR (DNA/RNA) (Note: only for HIV management and according to National Quantitative PCR [DNA/RNA] (Note: only for HIV management and according to National Guidelines))
3999	53999	Albumin	4450	54450	HCG: Monoclonal immunological: Qualitative
4001	54001	Alkaline phosphatase	4519	54519	Prostate specific antigen
4006	54006	Amylase	4531	54531	Hepatitis: per antigen or antibody (Maximum of three Antigens)
4009	54009	Bilirubin: Total	4610	54610	Helicobacter pylori stool antigen test
4027	54027	Cholesterol: Total			

Other Pathology tests are excluded.

Radiology

Topaz is limited to basic radiology: Essentially long bones; CXR; trauma excluding MRI and CT Scans. Referral from treating General practitioner only. The following procedures are covered:

TARIFF CODE (038)	TARIFF DESCRIPTION	TARIFF CODE (038)	TARIFF DESCRIPTION
10100	X-ray of the skull	62105	X-ray of the right humerus
11120	X-ray of the nasal bones	63100	X-ray of the left elbow
14100	X-ray of the mandible	63105	X-ray of the right elbow
20100	X-ray of soft tissue of the neck	64100	X-ray of the left forearm
30100	X-ray of the chest, single view	64105	X-ray of the right forearm
30110	X-ray of the chest two views, PA and lateral	65100	X-ray of the left hand
30120	X-ray of the chest complete with additional views	65105	X-ray of the right hand
30150	X-ray of the ribs	65120	X-ray of a finger
30155	X-ray of the chest and ribs	65130	X-ray of the left wrist
34200	Ultrasound study of the breast	65135	X-ray of the right wrist
40100	X-ray of the abdomen	65140	X-ray of the left scaphoid
40105	X-ray of the abdomen supine and erect, or decubitus	65145	X-ray of the right scaphoid
40110	X-ray of the abdomen multiple views including chest	71100	X-ray of the left femur

TARIFF CODE (038)	TARIFF DESCRIPTION	TARIFF CODE (038)	TARIFF DESCRIPTION
40210	Ultrasound study of the whole abdomen including the pelvis	71105	X-ray of the right femur
51110	X-ray of the cervical spine, one or two views	72100	X-ray of the left knee one or two views
51120	X-ray of the cervical spine, more than two views	72105	X-ray of the right knee one or two views
53110	X-ray of the lumbar spine, one or two views	72110	X-ray of the left knee, more than two views
53120	X-ray of the lumbar spine, more than two views	72115	X-ray of the right knee, more than two views
55100	X-ray of the pelvis	72120	X-ray of the left knee including patella
56100	X-ray of the left hip	72125	X-ray of the right knee including patella
56110	X-ray of the right hip	72150	X-ray both knees standing - single view
56120	X-ray pelvis and hips	73100	X-ray of the left lower leg
61100	X-ray of the left clavicle	73105	X-ray of the right lower leg
61105	X-ray of the right clavicle	74100	X-ray of the left ankle
61110	X-ray of the left scapula	74105	X-ray of the right ankle
61115	X-ray of the right scapula	74120	X-ray of the left foot
61120	X-ray of the left acromio-clavicular joint	74125	X-ray of the right foot
61125	X-ray of the right acromio-clavicular joint	74130	X-ray of the left calcaneus
61130	X-ray of the left shoulder	74135	X-ray of the right calcaneus
61135	X-ray of the right shoulder	74140	X-ray of both feet - standing - single view
62100	X-ray of the left humerus	74145	X-ray of a toe

Pregnancy Sonar Scans:

Pregnancy ultrasounds are limited to 3 sonars per beneficiary per pregnancy. The following procedures are covered:

TARIFF CODE (038)	TARIFF DESCRIPTION
43250	Ultrasound study of the pregnant uterus, first trimester
43260	Ultrasound study of the pregnant uterus, second trimester
43270	Ultrasound study of the pregnant uterus, third trimester, first visit
43273	Ultrasound study of the pregnant uterus, third trimester, follow-up visit

Dentistry

Basic dentistry includes extractions and fillings only. The following procedures are covered:

TARIFF CODE (054)	TARIFF CODE (095)	TARIFF DESCRIPTION	TARIFF CODE (054)	TARIFF CODE (095)	TARIFF DESCRIPTION
8101	001	Consultation	8343	053	Amalgam – three surface
8104	004	Examination for a specific problem	8344	054	Amalgam – four or more surface
8107	005	Intra-oral radiographs, per film,	8351	055	Resin – one surface, anterior
8109	009	Infection Control		056	Resin – two surface, anterior
8110	066	Sterile tray		061	Resin – three surface, anterior
8145	040	Local Anaesthetic		063	Resin – four or more surfaces, anterior
8201	025	Extraction first tooth	8352		Filling front tooth (small)
8202	027	Extraction second tooth	8353		Filling front tooth (medium)
8341	051	Amalgam – one surface	8354		Filling front tooth (large)
8342	052	Amalgam – two surface			

HIV/AIDS

- Treatment** – Unlimited: According to the National Guidelines for Antiretroviral Therapy.
- Counselling** – 3 sessions Pre, Post and Adherence
- Pathology** – Baseline and monitoring laboratory tests as detailed in the National Guidelines for Antiretroviral Therapy excluding HIV resistance testing.
- Rape Cover** – Covered according to the defined protocol in the National Guidelines for Antiretroviral Therapy.
 - Tenofovir (300mg) plus Lamivudine (300mg) fixed dose combination daily, Plus Lopinavir/ritonavir combination BD for 28 days.
 - For children – ABC / 3TC and LPV/r as an alternative when ABC cannot be tolerated. The children over 6 years and at least weigh 5 kg and above can be given ATV/r as an option.
 - Plus other supportive actions as detailed in the above guidelines.

Medicine Formulary:

Topaz only covers medication as specified in the Topaz and Topaz Plus Acute, Chronic and HIV Medicine Formulary available on our website www.nmcfund.com