










2021 Benefit Guide

Amber +

All Essentials Covered

OVERALL ANNUAL BENEFIT (OVERALL ANNUAL LIMIT)			Unlimited Benefit
CATEGORY A: Benefits For Major Medical Expenses		% NAMA Tariff	Pre-authorization: 100% of tariff will be paid out. Without Pre-authorization: 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 NAMA 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 - 12 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)	100% of Cost	Refer to Category B: Day-to-day Back-Up Benefit
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)			
1.10. Medical & Surgical Appliances (External)			

	2. General Practitioners and Specialists (in-hospital services) - Additional Hospital Benefit Cover included	225%	Overall Annual Limit	
	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\$38 000 per Family	
	3.2. Nuclear Medicine		Overall Annual Limit	
	4. Maternity (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 12 consultations per Beneficiary (Pro-rated from date of joining) - Additional Hospital Benefit cover excluded	100%	Payable from Maternity Benefit	
	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)			
	6.1. Consultations and procedures			
	6.2. Hospitalisation	100%	N\$750 000 per Beneficiary	
	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%	N\$22 250 per Beneficiary once off N\$28 500 per Family	
	8. Reconstructive Surgery (medical necessity only) (Subject to prior approval and subject to strict MHC guidelines)		Overall Annual Limit	
	8.1. Consultation and Procedures	100%	N\$14 000 per Family	
	8.2. Hospitalisation		Overall Annual Limit	
	9. Private Nursing/ Frail Care / Hospice (Subject to Case Management)	100%	N\$37 250 per Family	
	10. Psychiatric Treatment – Hospitalisation (Subject to prior approval)			
	10.1. Alcoholism / Drug Addiction (Subject to prior approval and MHC Guidelines)	100%	N\$31 500 per Family	
	11. Specialised Dental Surgery - Additional Hospital Benefit cover excluded (Subject to Pre-Authorisation)			
	11.1. Maxillo-Facial & Oral Surgery - Hospitalisation (trauma/non-elective)	100%	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 (Excluding dental implant component)		Payable from Internal appliances under Hospital Benefit	

	12. Stomal Therapy (all-inclusive) (Subject to prior approval)	100%	N\$28 750 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)		Overall Annual Limit
	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
	CATEGORY B: DAY-TO-DAY BENEFIT	100% Tariff	N\$9 000 member only N\$15 000 Member + Adult N\$11 400 Member + Child N\$17 400 Member + Adult+ Child Additional N\$ 2 400 for each additional Child OVERALL ANNUAL LIMIT Benefits are prorated from Date of Joining Ex Gratia not Applicable
Rules on Day-to-Day Back-up Benefit:			
Ninety-five percent (95%) of unused Day-to-Day Back-Up benefit will be carried over to the following financial year. If a member uses less than the full benefit, then 95% of the unused benefit will be accumulated over to the next year.			
The unused benefit will be forfeited and cannot be paid back to the member upon the principal member's resignation from the fund, or the principal member's death or the principal member's migration to a traditional option.			
The total amount is available for the family and is not limited per beneficiary.			
	16. General Practitioners and Specialists (out-of-hospital, including casualties) 16.1. Consultations/Visits 16.2. Procedures/Services 16.3. Materials and Disposable Items 16.4. Radiology and Pathology (including radiography, sonography, medical laboratory technology and chemical biochemistry) (Referral from a medical practitioner)	100%	Paid from Day-to-day Back-Up Benefit
	17. Medicine & Injections (Paid at Maximum Namibia Medicine Price List on generics) 17.1. Acute Medicine & Injections 17.2. Chronic Medicine & Injections 17.3. Essential Vaccination / Immunisation (as per WHO guidelines) 17.4. Self Medication	100%	Paid from Day-to-day Back-Up Benefit
	18. Primary Health Care Services (Paid at Maximum Namibia Medicine Price List on generics) 18.1. Consultations and Procedures 18.2. Medicine & Injections	100%	Paid from Day-to-day Back-Up Benefit
	19. Dentistry 19.1. Conservative & specialised dentistry (including dental therapy) 19.2. Dental Implants (in-hospital & in-practice) (Pre-authorization required) 19.3. Orthodontics (Prior approval required) 19.4. Maxillo-Facial and Oral Surgery (in-hospital & in-practice)	100%	Paid from Day-to-day Back-Up Benefit
	20. Optical 20.1. Optical Tests 20.2. Spectacles & lenses 20.3. Frame 20.4. Reader Spectacles	100%	Paid from Day-to-day Back-Up Benefit



21. Auxiliary Services (Supplementary Services)

- 21.1. Art Therapy
- 21.2. Audiology/Speech Therapy
- 21.3. Biokineticist
- 21.4. Chinese Medicine
- 21.5. Chiropractor
 - 21.5.1. Consultation & procedure
 - 21.5.2. Medicine
- 21.6. Clinical Psychology / Psychological Counsellor
- 21.7. Clinical Technology
- 21.8. Dietician
- 21.9. Hearing Aid Acoustician
- 21.10. Homeopathy/Naturopathy/ Phytotherapy
 - 21.10.1. Consultation & procedure
 - 21.10.2. Medicine
- 21.11. Occupational Therapy
- 21.12. Orthotist/Prosthetist
- 21.13. Physiotherapy
- 21.14. Podiatry/Chiropody
- 21.15. Social Worker

100%

Paid from Day-to-day Back-Up Benefit



22. Medical & Surgical Appliances (External)

Paid from Day-to-day Back-Up Benefit



23. Specified Illness Conditions

- As per National Guidelines
(Sub-limits are pro-rated from date of joining)
- 23.1. HIV/AIDS (As per National Guidelines for Antiretroviral Therapy)
 - 23.1.1. Medicine (Paid at Maximum Namibia Medicine Price List on generics)
 - 23.1.2. First Full HIV Consultation / Assessment
Once off benefit
 - 23.1.3. Consultation (after the first full HIV consultation/ assessment)
6 consultations per Beneficiary
 - 23.1.4. HIV Counselling (Payable from Specified Illness Conditions)
 - 23.1.5. Pathology Tests (Payable from Specified Illness Conditions)
 - 23.1.6. HIV Resistance Test (Subject to prior approval)
 - 23.2. Prevention of Mother-to-Child Transmission (PMTCT)
 - 23.3. Post-Exposure Prophylaxis (PEP)
 - 23.4. Pre-Exposure Prophylaxis (PrEP)

100%

Paid from Day-to-day Back-Up Benefit

Contribution Tables

Amber Plus Individual Contributions

Age Band		Main	Adult	Child
0	25	2,040	1,313	490
26	30	2,181	1,417	490
31	35	2,327	1,515	490
36	40	2,528	1,647	498
41	45	2,699	1,775	498
46	50	2,854	1,887	498
51	55	3,045	2,026	498
56	60	3,203	2,146	498
61	65	3,366	2,264	498
66+		3,537	2,378	498

Amber Plus Group Contributions

Age Band		Main	Adult	Child
0	25	2,094	1,347	487
26	30	2,240	1,454	487
31	35	2,331	1,474	487
36	40	2,447	1,540	494
41	45	2,565	1,642	494
46	50	2,721	1,750	494
51	55	2,783	1,806	494
56	60	2,897	1,899	494
61	65	3,075	2,014	494
66+		3,128	2,056	494