








2022 Benefit Guide



TOPAZ +

All Essentials Covered.



	OVERALL ANNUAL BENEFIT (Overall Annual Limit)		Unlimited According to Defined Primary Healthcare Protocols Ex Gratia not Applicable
	CATEGORY A: Primary Healthcare Benefits		Benefits available only at Network Health Professionals
	1. Nurse	100%	Registered Nurse
	1.1. Consultations / Visits		Unlimited – N\$255 per visit (Maximum tariff regardless of time spent on consultation)
	1.2. Medication / Injections		Unlimited. (According to Topaz and Topaz Plus medicine formulary) – N\$240 per claim per Beneficiary per day
	1.3. Procedures		Unlimited
	2. General Practitioner	100%	According to defined protocols
	2.1. Consultations / Visits (Out-Of-Hospital)		Unlimited. \$365 per visit (First consultation) (Maximum tariff regardless of type of first consultation) N\$295 per visit (Follow-up consultation) (Maximum tariff regardless of type of the follow-up consultation) (Code 0125 - extended consultation every 15 minutes or part therefore, not payable)
	2.2. Acute Medication / Injections (Paid at maximum Namibia medicine price on generics)		Unlimited (According to Topaz and Topaz Plus acute medicine formulary) N\$240 per claim per Beneficiary per day
	2.3. Chronic Medication/Injections – Subject to chronic medication registration (Paid at maximum Namibia medicine price on generics)		N\$3 700 per Family
	2.4. Procedures (Out-Of-Hospital)		Unlimited. Specified Minor Procedures in Room only (Requires prior approval)
	3. Medical Specialists Consultations / Visits	100%	5 consultations / visits per Family per annum (0101 and 0108 only) (Code 0129 - extended consultation every 15 minutes of part therefore, not payable)
	4. Pharmacy	100%	Unlimited
	4.1. Acute Medication/Injections – Paid at Maximum Namibia Medicine Price on generics		Unlimited (According to Topaz and Topaz Plus Acute Medicine Formulary) N\$240 per claim per Beneficiary per day
	4.2. Chronic Medication/Injections (Subject to chronic medication registration) – Paid at maximum Namibia medicine price on generics		Payable from Chronic Medication/Injections
	4.3. Self-Medication		N\$700 per Family N\$120 per claim per Beneficiary per day
	5. Pathology	100%	Specified tests
	6. Radiology	100%	Long bones, chest and trauma and basic radiology as per defined list. (Excluding MRI and CT Scan)
	7. Basic Dentistry	100%	N\$1 890 per Beneficiary N\$3 650 per Family (1 plastic denture per Family every 2 years)
	8. Optical	100%	N\$1 000 per Beneficiary every two years (2021/2022) (6 months waiting period, complete test, specified frames and lenses)
	8.1. Single Vision (inclusive of test, frame and lenses)		Sub-limit 8
	8.2. Bifocal (inclusive of test, frame and lenses) (Paid at maximum Namibia medicine price on generics)		Sub-limit 8
	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%	9 consultations per Beneficiary (2601 and 2602). Groups have cover from date of joining. Individuals have a 9 months waiting period.



	11. Paramedical / Allied Health Professionals (Psychologists, Physiotherapists, Occupational Therapists)	100%	3 consultations/sessions per Family per annum
Category B: HIV/AIDS Treatment and Other Specified Conditions		% 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 and supplements)		Unlimited (According to Topaz and Topaz Plus HIV medicine formulary) (Vitamins and supplements maximum of N\$100)
	12.3. Pathology		Unlimited
	12.4. Counselling (pre-, post and 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: Groups have cover from the date of joining Individuals have a 6 months waiting period after joining Emergency Cases: Immediate Cover			
Overall Annual Limit		% Tariff	Payable from the Overall Annual Limit
	13. State Hospitalisation	100%	Unlimited. Private Wing of State Hospital
	13.1. Accommodation and Theatre		Overall Annual Limit
	13.2. Blood Transfusions		
	13.3. Intensive and High Care (3 days then referral to state hospitals)		
	13.4. Medicine, Fixed Tariff Procedures, Hospital Apparatus and To Take Out Medicine		
	13.5. Radiology and Pathology (In-Hospital)		
14. Private Hospitalisation	100%	N\$115 000 per family 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.	
14.1. Accommodation and Theatre		Overall Annual Limit. (15 days per Beneficiary)	
14.2. Blood Transfusions		Overall Annual Limit	
14.3. Intensive and High Care (3 days then referral to State Hospitals)		Overall Annual Limit. (7 days' supply only)	
14.4. Medicine, Fixed Tariff Procedures, Hospital Apparatus and To Take Out Medicine		Sub-limit 15	
14.5. Radiology and Pathology (In-Hospital)			
	15. General Practitioners and Medical Specialists (In-Hospital services) - Additional Hospital Benefit Cover excluded	100%	N\$25 000 per Family (Including Radiology and Pathology) Overall Annual Limit
	Other Healthcare Providers	100%	No Benefit
	16. Maternity (Requires prior approval)		Unlimited hospitalisation in state hospital (GPs and Specialists limited to Sub-Limit 15) Groups have cover from date of joining Individuals have a 9 months 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 Plus Individual Contributions				
Age Band		Main	Adult	Child
0	25	580	493	232
26	30	613	520	232
31	35	646	549	232
36	40	672	572	232
41	45	699	593	232
46	50	726	617	244
51	55	765	651	244
56	60	807	686	244
61	65	868	738	244
66+		933	792	244

Topaz Plus Group Contributions				
Age Band		Main	Adult	Child
0	25	509	433	204
26	30	538	457	204
31	35	567	482	204
36	40	590	502	204
41	45	613	521	204
46	50	637	542	214
51	55	672	571	214
56	60	709	603	214
61	65	762	648	214
66+		819	696	214

Topaz Plus Students Contribution	
Main	
492	

Detailed Benefits:

These rules apply for Topaz Plus.

Service Availability

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

Please visit our website, www.nmcfund.com for the updated Topaz Plus 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	4064	54064	Glycosylated Haemoglobin: Chromatography
3792	53792	Plasmodium falciparum: Monoclonal immunological identification	4113	54113	Potassium
3797	53797	Platelet count	4117	54117	Protein: Total
3816	53816	T and B-cells markers (per marker)	4131	54131	Alanine aminotransferase (ALT)
3865	53865	Parasites in blood smear	4134	54134	Gamma glutamyl transferase (GGT)
3869	53869	Faeces: including parasites	4147	54147	Triglyceride
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 Guidelines)
3999	53999	Albumin	4450	54450	HCG: Monoclonal immunological: Qualitative
4001	54001	Alkaline phosphatase	4519	54519	Prostate specific antigen
4006	54006	Amylase	4610	54610	Helicobacter pylori stool antigen test
4009	54009	Bilirubin: Total	4531	54531	Hepatitis: per antigen or antibody (Maximum of three Antigens)
4027	54027	Cholesterol: Total	4610	54610	Helicobacter pylori stool antigen test
4032	54032	Creatinine			
4057	54057	Glucose: Quantitative			

Other Pathology tests are excluded.

Radiology

Topaz Plus 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

TARIFF CODE (038)	TARIFF DESCRIPTION	TARIFF CODE (038)	TARIFF DESCRIPTION
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
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 only. No benefit for specialised dentistry.

HIV/AIDS

- A. Treatment** – Unlimited: According to the National Guidelines for Antiretroviral Therapy.
- B. Counselling** – 3 sessions Pre, Post and Adherence
- C. Pathology** – Baseline and monitoring laboratory tests as detailed in the National Guidelines for Antiretroviral Therapy excluding HIV resistance testing.
- D. 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.

Optical

Six months waiting period with a pair of glasses every two years per beneficiary. A pair of glasses will consist of an eye test, specified frames, non-glass lenses or non-glass bifocal lenses.

Paramedical/Allied Health Professionals

Limited to three consultations/sessions per family, per annum. Paramedical includes services by a Psychologist (086), Physiotherapist (072) and Occupational Therapist (066).

Medical Specialist Consultations

Limited to five consultations per family, per annum. Benefit is applicable only to first consultation (0101) and follow-up consultation (0108) in the doctor's room.

Medicine Formulary

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