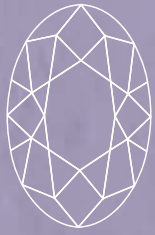


2022 Benefit Guide













JADE









All Essentials Covered.









OVERALL ANNUAL BENEFIT (OVERALL ANNUAL LIMIT)			N\$733 200 per Beneficiary N\$1 133 600 per Family
CATEGORY A: Benefits For Major Medical Expenses		% NAMA Tariff	Pre-authorisation: 100% of the 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 the NAMA Tariff. OVERALL LIMIT			
		COVER	
	1. Hospitalisation		Overall Annual Limit
	1.1. Accommodation and Theatre		
	1.2. Accommodation in private wards (Difference between general ward and private ward tariffs)		N\$5 200 per Beneficiary N\$10 400 per Family
	1.3. Intensive and high care (Maximum 3 days, then motivation)		
	1.4. Blood transfusions		
	1.5. Radiology and Pathology (in-hospital) - Additional Hospital Benefit Cover excluded		
	1.6. Physiotherapy and Biokinetics - Additional Hospital Benefit Cover excluded		
	1.6.1. Physiotherapy and Biokinetics (in-hospital)	100%	
	1.6.2. Physiotherapy and 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)		Overall Annual Limit
	1.7. Medicine, fixed tariff procedures, hospital apparatus, and to take out medicine (7 days supply only)		
	1.8. Dialysis (Subject to Case Management and MHC guidelines)		
1.9. Organ Transplant (Subject to Case Management and MHC guidelines) - Including medical expenses incurred by the donor if the recipient is a Fund member			
1.10. Internal Appliances and Materials (As per NMC protocol)	100% of Cost		



	2. General Practitioners and Specialists (in-hospital services) - Additional Hospital Benefit Cover included	225%	Overall Annual Limit
	3. Specialised Radiology Procedures (in- and 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 and CT Scans		N\$20 750 per Family
	3.2. Nuclear Medicine	Overall Annual Limit	
	4. Maternity (Groups have cover from the date of joining. Individuals have a 9 months 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 the date of joining) - Additional Hospital Benefit cover excluded		
	4.3. Ante/Postnatal Classes and Education 6 sessions per Beneficiary (Pro-rated from the 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) (Pro-rated from the date of joining)	100%	
	6. Oncology (Subject to Case Management and MHC guidelines)	100%	N\$450 000 per Beneficiary Overall Annual Limit
	6.1. Consultations and procedures Out-of-Hospital		
	6.2. MRI/CT Scans and Other Specialised Radiology Procedures In and Out-of-Hospital - Additional Hospital Benefit Cover excluded - Referral from a medical specialist only		
	6.3. Radiation Oncology (Referral from a medical specialist only)		
	6.4. Oncology Medication (chemotherapy, radiotherapy, and hormone therapy)		
	6.5. Hospitalisation and Related Procedures In-Hospital		Overall Annual Limit
	7. Refractive Surgery – All-inclusive (Subject to prior approval and MHC guidelines) Groups have cover from the date of joining Individuals have a one-year waiting period	100%	N\$6 150 per Beneficiary once-off N\$7 300 per Family Overall Annual Limit
	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\$10 900 per Family Overall Annual Limit
	10. Psychiatric Treatment – Hospitalisation (Subject to prior approval)	100%	N\$32 750 per Family Overall Annual Limit
	11. Alcoholism/Drug Addiction (Subject to prior approval and MHC guidelines)		
	12. Specialised Dental Surgery - Additional Hospital Benefit cover excluded (Subject to Pre-Authorisation)	100%	Overall Annual Limit
	12.1. Maxillo-Facial and Oral Surgery - Hospitalisation Only (trauma/non-elective) (Including dental extractions for children less than 10 years old and wisdom teeth extractions)		N\$57 000 per Family
	12.2. Maxillo-Facial and Oral Surgery - Hospitalisation Only (other/elective)		N\$10 900 per Family
	12.3. Dental Implant – hospitalisation		No Benefit
	12.4. Maxillo-Facial and Oral Surgery – internal prosthesis (Excluding dental implant component)		Payable from Internal appliances under Hospital Benefit

	13. Stomal Therapy (all-inclusive) (Subject to prior approval)	100%	N\$22 100 per Family Overall Annual Limit
	14. Ambulance and Evacuation Services		Overall Annual Limit
	14.1. Emergency Ambulance and Flights (Territory: SADC countries)(Subject to prior approval)	100%	Unlimited Benefit
	14.2. Ambulance/Inter-Hospital Transfer (Subject to prior approval)		N\$4 400 per Family
	15. Medical Referral Subject to accommodation and travelling reimbursement protocols (Subject to prior approval)		Overall Annual Limit
	15.1. Transport	80% of Cost	N\$10 150 per Family
	15.2. Accommodation Other than a Recognised Hospital/Medical Institution (Maximum of 2 days)	100%	N\$620 per day per Family
	16. 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
	17. Specified Illness Conditions As per National Guidelines (Sub-limits are pro-rated from the date of joining)		N\$42 600 per Family Overall Annual Limit
	17.1. HIV/AIDS (As per national guidelines for antiretroviral therapy)	100%	N\$25 100 per Beneficiary
	17.1.1. Medicine (Paid at maximum Namibia medicine price list on generics)		Payable from Specified Illness Conditions
	17.1.2. First Full HIV Consultation/Assessment – Once-off benefit	N\$480	
	17.1.3. Consultation (after the first full HIV consultation/assessment) 6 consultations per Beneficiary	N\$440	
	17.1.4. HIV Counselling (Payable from Specified Illness Conditions)		N\$1 300 per Beneficiary
	17.1.5. Pathology Tests (Payable from Specified Illness Conditions)	100%	N\$5 650 per Beneficiary
	17.1.6. HIV Resistance Test (Subject to prior approval)		Payable from Specified Illness Conditions
	17.2. Prevention of Mother-to-Child Transmission (PMTCT)		
	17.3. Post-Exposure Prophylaxis (PEP)	100%	
17.4. Pre-Exposure Prophylaxis (PrEP)			
CATEGORY B: DAY-TO-DAY BENEFIT		100% Tariff	Sub-Limits are pro-rated from the date of joining except the optical benefit. OVERALL ANNUAL LIMIT
	18. General Practitioners and Specialists (out-of-hospital including casualties)		N\$6 200 per Beneficiary N\$10 800 per Family
	18.1. Consultations/Visits		Payable from General Practitioners and Specialists Benefit
	18.2. Procedures/Services (out-of-hospital, including casualties)		
	18.3. Materials and Disposable Items (Out-of-Hospital)		
	18.4. Radiology and Pathology (Out-of-hospital, including radiography, sonography, medical laboratory technology and chemical biochemistry) (Referral from a Medical Practitioner)	100%	
	18.5. MRI and CT Scan		Payable from the MRI and CT Scan Benefit
Benefit Booster applicable (Additional benefit once limit is exceeded)			
	19. Medicine and Injections		N\$14 650 per Family
	19.1. Medicine and Injections (Acute and Chronic) (Paid at maximum Namibia medicine price list on generics)		N\$7 450 per Beneficiary
	19.2. Essential Vaccination/Immunisation (Paid at maximum Namibia medicine price list on generics)	100%	Payable from Medicine and Injections
	19.3. Self-Medication (Paid at maximum Namibia medicine price list on generics)		N\$970 per Family N\$150 per claim per Beneficiary
	20. Primary Health Care Services		N\$750 per Beneficiary N\$1 500 per Family
	20.1. Consultations and Procedures	100%	Payable from Primary Health Care Services
	20.2. Medicine and Injections (Paid at maximum Namibia medicine price list on generics)		Payable from Medicine (Acute and Chronic)
	Benefit Booster applicable (Additional benefit once limit is exceeded)		

	21. Dentistry	100%	
	21.1. Conservative and specialised dentistry (including dental therapy) Benefit Booster applicable (Additional benefit once limit is exceeded)		N\$7 900 per Family
	21.2. Dental Implants (in-hospital and in-practice) (Pre-authorisation required)		No Benefit
	21.3. Orthodontics (Prior approval required)		N\$9 150 per Beneficiary once-off
	21.4. Maxillo-Facial and Oral Surgery (Elective and Non-Elective)		The available benefits are for either in-hospital or in-practice
	22. Optical Every 2 years (Including frame) (2021/2022)	100%	N\$4 360 per Family
	22.1. Eye Tests, Spectacles and Contact Lenses		N\$2 340 per Beneficiary every 2 years
	22.2. Frame		N\$1 040 per Beneficiary
	23. Auxiliary Services (Supplementary Services)	100%	N\$5 850 per Family
	23.1. Consultation and procedure		Payable from Auxiliary Services
	23.2. Medicine		Payable from Medicine (Acute and Chronic)
	Benefit Booster applicable (Additional benefit once limit is exceeded)		
	24. External Appliances (Subject to MHC guidelines)	80% of Cost	N\$ 2 700 per Family
	25. Wheelchair, Artificial Limbs, Artificial Eyes, Hearing Aid Apparatus, Devices for Diabetes Management		No Benefit
	26. Benefit Booster Applicable if medicine and injections, dentistry, GPs' and Specialists, primary health care and auxiliary services benefits are depleted		N\$3 000 per Family
	26.1. Medicine and Injections (Acute and Chronic) - Excluding self-medication	70%	Payable from Benefit Booster
	26.2. Dentistry	70%	
	26.3. General Practitioners and Specialists (Consultations/visits and procedures/services out-of-hospital, including casualties)	80%	
	26.4. Primary Health Care	80%	
	26.5. Auxiliary Services	70%	

Contribution Tables

Jade Individual Contributions				
Age Band		Main	Adult	Child
0	25	1,789	1,189	530
26	30	1,992	1,345	530
31	35	2,193	1,504	530
36	40	2,473	1,717	530
41	45	2,714	1,909	530
46	50	2,933	2,076	564
51	55	3,208	2,290	564
56	60	3,431	2,461	564
61	65	3,666	2,645	564
66+		3,895	2,825	564

Jade Group Contributions				
Age Band		Main	Adult	Child
0	25	1,633	1,066	471
26	30	1,807	1,191	471
31	35	1,932	1,302	471
36	40	2,111	1,440	471
41	45	2,326	1,612	471
46	50	2,477	1,726	481
51	55	2,673	1,889	481
56	60	2,863	2,031	481
61	65	3,036	2,167	481
66+		3,050	2,182	481