




# Benefit Guide










## AMBER

All Essentials Covered.

2022

OVERALL ANNUAL BENEFIT (OVERALL ANNUAL LIMIT)			Unlimited Benefit
CATEGORY A: Benefits for Major Medical Expenses		% NAMAF 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. <b>OVERALL LIMIT</b>
Additional Hospital Benefit Cover: GPs and Specialists In-Hospital services are paid up to a maximum of 225% of the NAMAF Tariff. <b>OVERALL LIMIT</b>			
		COVER	
	<b>1. Hospitalisation</b>		Overall Annual Limit
	1.1. Accommodation and Theatre		
	1.2. Accommodation in private wards (Difference between general ward and private ward tariffs)		N\$10 900 per Beneficiary N\$23 900 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 - <b>12 sessions/visits per Beneficiary (Benefit available within 3 months from hospital discharge)</b> (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		
1.11. Medical & Surgical Appliances (External)		No Benefit	
	<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 and out-of-hospital)</b> Additional Hospital Benefit Cover excluded - Referral from a medical specialist only (referral from a GP acceptable in places where there is no medical specialist) (Subject to prior approval)	100%
3.1. MRI and CT Scans			N\$39 500 per Family
3.2. Nuclear Medicine			Overall Annual Limit

	<b>4. Maternity</b> (Groups have cover from the date of joining. Individuals have a 9 months waiting period)		Overall Annual Limit
	4.1. Confinement – full procedure		
	4.2. Antenatal Consultation <b>12 consultations per Beneficiary (Pro-rated from the date of joining)</b> - Additional Hospital Benefit cover excluded		
	4.3. Ante/Postnatal Classes and Education <b>6 sessions per Beneficiary (Pro-rated from the date of joining)</b> - Additional Hospital Benefit cover excluded	100%	Payable from Maternity Benefit
	4.4. Sonar Scans (excluding 3D) <b>3 scans per Beneficiary per Pregnancy</b> - 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			
	<b>5. Insertion of Intrauterine Device w/Hormone (Mirena)</b> (all-inclusive) (Subject to prior approval) (Benefit is pro-rated from the date of joining)	100%	N\$6 500 per Beneficiary Overall Annual Limit
	<b>6. Oncology</b> (Subject to Case Management and MHC Guidelines)		
	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	100%	N\$750 000 per Beneficiary Overall Annual Limit
	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	
	<b>7. Refractive Surgery – All-inclusive</b> (Subject to prior approval and MHC Guidelines) Groups have cover from the date of joining Individuals have a one-year waiting period	100%	N\$23 100 per Beneficiary once-off N\$29 600 per Family Overall Annual Limit
	<b>8. Reconstructive Surgery (medical necessity only)</b> (Subject to prior approval and subject to strict MHC guidelines)		Overall Annual Limit
	8.1. Consultation and Procedures	100%	N\$14 500 per Family
	8.2. Hospitalisation		Overall Annual Limit
	<b>9. Private Nursing/Frail Care/Hospice</b> (Subject to Case Management)	100%	N\$38 700 per Family Overall Annual Limit
	<b>10. Psychiatric Treatment – Hospitalisation</b> (Subject to prior approval)		
	<b>11. Alcoholism/Drug Addiction</b> (Subject to prior approval and MHC Guidelines)	100%	N\$32 750 per Family Overall Annual Limit

	<b>12. Specialised Dental Surgery</b> - Additional Hospital Benefit cover excluded (Subject to Pre-Authorisation)		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)	100%	N\$132 000 per Family
	12.2. Maxillo-Facial and Oral Surgery - Hospitalisation Only (other/elective)		N\$20 500 per Family
	12.3. Dental Implant – hospitalisation		
	12.4. Maxillo-Facial and Oral Surgery – internal prosthesis (Excluding dental implant component)		Payable from Internal appliances under Hospital Benefit
	<b>13. Stomal Therapy (all-inclusive)</b> (Subject to prior approval)	100%	N\$28 750 per Family Overall Annual Limit
	<b>14. Ambulance and Evacuation Services</b>		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)		Overall Annual Limit
	<b>15. Medical Referral</b> 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
	<b>16. 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

## Contribution Tables

Amber Individual Contributions				
Age Band		Main	Adult	Child
0	25	1,345	847	302
26	30	1,495	957	302
31	35	1,649	1,061	302
36	40	1,827	1,178	304
41	45	2,005	1,311	304
46	50	2,166	1,428	304
51	55	2,365	1,572	304
56	60	2,529	1,697	304
61	65	2,699	1,820	304
66+		2,877	1,939	304

Amber Group Contributions				
Age Band		Main	Adult	Child
0	25	1,372	863	291
26	30	1,526	975	291
31	35	1,621	996	291
36	40	1,744	1,066	298
41	45	1,867	1,173	298
46	50	2,031	1,286	298
51	55	2,096	1,346	298
56	60	2,217	1,443	298
61	65	2,402	1,565	298
66+		2,458	1,609	298