

2022 Benefit Guide



OPAL

All Essentials Covered.









OVERALL ANNUAL BENEFIT (OVERALL ANNUAL LIMIT)		N\$474 750 per Beneficiary N\$712 400 per Family	
CATEGORY A: Benefits For Major Medical Expenses		% NMAF 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 NMAF 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 and Pathology (in-hospital) - Additional Hospital Benefit Cover excluded		
	1.5. Physiotherapy and Biokinetics - Additional Hospital Benefit Cover excluded		
	1.5.1. Physiotherapy and Biokinetics (in-hospital)		
	1.5.2. 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)		
	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)		
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	100% of Cost		
1.9. 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%	N\$36 100 per Family 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\$16 600 per Family
	3.1. 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%	N\$6 500 per Beneficiary Overall Annual Limit	
	6. Oncology (Subject to Case Management and MHC guidelines)	100%	N\$350 000 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	100%	No Benefit
	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\$8 300 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%	No Benefit
	12.1. Maxillo-Facial and Oral Surgery - Hospitalisation Only (trauma/non-elective)		
	12.2. Maxillo-Facial and Oral Surgery - Hospitalisation Only (other/elective)		
	12.3. Dental Implant – hospitalisation		
	12.4. Maxillo-Facial and Oral Surgery – internal prosthesis (Excluding dental implant component)		
	13. Stomal Therapy (all-inclusive) (Subject to prior approval)	100%	N\$17 000 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\$2 480 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	Overall Sub-benefit limit N\$18 550 per Beneficiary N\$25 100 per Family Sub-limits are pro-rated from the date of joining except for the optical benefit. OVERALL ANNUAL LIMIT
	18. General Practitioners and Specialists (out-of-hospital including casualties)		N\$6 200 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 & CT Scan Benefit
Benefit Booster applicable (Additional benefit once limit is exceeded)			
	19. Medicine and Injections		N\$13 000 per Family
	19.1. Medicine and Injections (Acute and Chronic) (Paid at maximum Namibia medicine price list on generics)		N\$6 500 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\$860 per Family N\$125 per claim per Beneficiary
	20. Primary Health Care Services		N\$1 000 per Family
	20.1. Consultations and Procedures		Payable from Primary Health Care Services
	20.2. Medicine and Injections (Paid at maximum Namibia medicine price list on generics)	100%	Payable from Medicine (Acute and Chronic)
	Benefit Booster applicable (Additional benefit once limit is exceeded)		

	21. Dentistry		
	21.1. Conservative and specialised dentistry (including dental therapy) Benefit Booster applicable (Additional benefit once limit is exceeded)	100%	N\$4 500 per Family
	21.2. Dental Implants (in-hospital and in-practice) (Pre-authorisation required)		No Benefit
	21.3. Orthodontics (Prior approval required)		
	21.4. Maxillo-Facial and Oral Surgery (In-Hospital and In-Practice) (Elective and Non-Elective)		
	22. Optical Every 2 years (Including frame) (2021-2022)	100%	N\$3 670 per Family
	22.1. Eye Tests, Spectacles and Contact Lenses		N\$1 300 per Beneficiary every 2 years
	22.2. Frame		N\$520 per Beneficiary
	23. Auxiliary Services (Supplementary Services)	100%	N\$2 370 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\$ 2 600 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\$1 600 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

Opal Individual Contributions					Opal Group Contributions				
Age Band		Main	Adult	Child	Income Band		Main	Adult	Child
0	25	1,712	1,066	474	0	3,990	1,541	998	285
26	30	1,894	1,198	474	3,991	5,270	1,775	1,132	327
31	35	2,063	1,346	474	5,271	8,060	1,901	1,175	351
36	40	2,312	1,522	484	8,061	11,850	1,954	1,260	360
41	45	2,532	1,669	484	11,851	13,320	2,186	1,400	403
46	50	2,713	1,824	484	13,321	15,100	2,421	1,540	447
51	55	2,952	2,012	484					
56	60	3,148	2,159	484					
61	65	3,351	2,308	484					
66+		3,556	2,475	484					