

2022 Benefit Guide



SAPPHIRE

All Essentials Covered.



OVERALL ANNUAL BENEFIT (OVERALL ANNUAL LIMIT)		Unlimited Benefit						
CATEGORY A: Hospitalisation Benefit	% NAMA F 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.						
Additional Hospital Benefit Cover: GPs and Specialists In-Hospital services are paid up to a maximum of 225% of the NAMA F Tariff OVERALL LIMIT								
	COVER	M	M1	M2	M3	M4	M5+	
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\$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 - 12 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\$39 500 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)		Overall Annual Limit						
4.1. Confinement – full procedure								
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	100%	Payable from the Maternity Benefit						
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\$750 000 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\$23 100 per Beneficiary once-off N\$29 600 per Family Overall Annual Limit					
8. Reconstructive Surgery (Medical necessity only) (Subject to prior approval and subject to strict MHC guidelines)	100%	Overall Annual Limit					
8.1. Consultation and procedure		N\$14 500 per Family					
8.2. Hospitalisation		Overall Annual Limit					
9. Private Nursing/Frail Care/Hospice (Subject to Case Management)		N\$38 700 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 – Hospitalisation (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\$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		100% of Cost	Payable from internal appliances under the Hospital Benefit				
13. Stomal Therapy (All-inclusive) (Subject to prior approval)	100%	N\$28 750 per Family Overall Annual Limit					
14. Ambulance and Evacuation Services	100%	Overall Annual Limit					
14.1. Emergency Ambulance and Flights (Territory: SADC Countries)(Subject to prior approval)		Unlimited Benefit					
14.2. Ambulance/Inter-Hospital Transfer (Subject to prior approval)		Overall Annual Limit					
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% of Cost	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					
CATEGORY B: DAY-TO-DAY BENEFIT	COVER	Sub-limits are pro-rated from the date of joining, except the Optical Benefit. OVERALL LIMIT					
		M	M1	M2	M3	M4	M5+
17. General Practitioners and Specialists		N\$14 250	N\$18 250	N\$20 250	N\$20 500	N\$20 750	N\$21 000
17.1. Consultations/Visits (Out-Of-Hospital, Including Casualties)	100%	Payable from General Practitioners and Specialists Benefit					
17.2. Procedures (Out-Of-Hospital Services, Including Casualties)							
17.3. Materials and Disposable Items							
17.4. Radiology and Pathology (Out-of-hospital, including radiography, sonography, medical laboratory technology and chemical biochemistry) (Referral from a medical practitioner)							
17.5. MRI and CT Scan		Payable from the MRI and CT Scan Benefit					
Benefit Booster Applicable (Additional benefit once limit is exceeded)							
18. Medicine and Injections		N\$30 490	N\$47 600	N\$51 500	N\$52 250	N\$53 160	N\$53 820

18.1. Acute – Paid at maximum Namibia medicine price list on generics	80%	N\$8 350	N\$12 750	N\$15 550	N\$16 000	N\$16 350	N\$16 600
		N\$8 350 per Beneficiary					
18.2. Chronic – Paid at maximum Namibia medicine price list on generics		N\$20 250	N\$32 800	N\$33 750	N\$33 900	N\$34 300	N\$34 550
18.2.1. Members aged 65 and below	80%	No Limit per Beneficiary					
18.2.2. Members aged 66 and above	100%	Payable from Medicine and Injections					
18.3. Essential Vaccination/Immunisation (As per WHO guidelines) Paid at maximum Namibia medicine price list on generics	100%						
Benefit Booster Applicable (Additional benefit once limit is exceeded)							
18.4. Self-medication Paid at maximum Namibia medicine price list on generics	100%	N\$1 890	N\$2 050	N\$2 200	N\$2 350	N\$2 510	N\$2 670
		N\$225 per claim per Beneficiary per day					
19. Primary Health Care Services		N\$1 250	N\$1 500	N\$1 700	N\$1 900	N\$2 100	N\$2 300
		N\$1 250 per Beneficiary					
19.1. Consultations and Procedures	100%	Payable from Primary Health Care Services					
19.2. Medicine and Injections Paid at maximum Namibia medicine price list on generics	100%	Payable from Acute Medication					
Benefit Booster Applicable (Additional benefit once limit is exceeded)							
20. Dentistry							
20.1. Conservative and Specialised Dentistry (Including Dental Therapy)	100%	N\$15 750	N\$19 000	N\$20 750	N\$21 250	N\$21 750	N\$22 250
		N\$15 750 per Beneficiary					
20.2. Dental Implants – consultation, procedure, and cost of dental implant components (Subject to pre-authorisation)		The available benefits are for either in-hospital or in-practice					
20.2.1. In-Hospital	100%	N\$14 500 per Beneficiary. N\$23 900 per Family N\$3 800 per dental implant component					
20.2.2. In-Practice	100%	N\$26 500 per Beneficiary. N\$40 000 per Family N\$3 800 per dental implant component					
Benefit Booster Applicable (Additional benefit once limit is exceeded)							
20.3. Orthodontics (Subject to prior approval and MHC guidelines)	100%	N\$23 000 per Beneficiary once-off					
20.4. Maxillo-Facial and Oral Surgery (elective and non-elective) - Consultation and procedure (Subject to pre-authorisation)		The available benefits are for either in-hospital or in-practice					
20.4.1. In-Hospital	100%	N\$6 250	N\$7 250	N\$7 800	N\$8 300	N\$8 800	N\$9 350
		N\$6 250 per Beneficiary					
20.4.2. In-Practice	100%	N\$9 600	N\$11 150	N\$11 950	N\$12 700	N\$13 500	N\$14 000
		N\$9 600 per Beneficiary					
21. Optical Benefits (Every 2 years (Including frame) (2021-2022))		N\$4 900	N\$9 800	N\$10 100	N\$10 400	N\$10 700	N\$11 000
		N\$4 900 per Beneficiary					
21.1. Optical tests	100%	Payable from Optical Benefits					
21.2. Spectacles and Lenses	100%						
21.3. Frame	100% of Cost	N\$1 870 per Beneficiary					
21.4. Readers Spectacles	100% of Cost	N\$105 per Beneficiary					
22. Auxiliary Services		N\$15 300	N\$24 500	N\$26 500	N\$27 750	N\$28 250	N\$28 750
		N\$15 300 per Beneficiary					
22.1. Art Therapy	100%	Payable from Auxiliary Services					
22.2. Audiology/Speech Therapy	100%						
22.3. Biokinetics	100%	N\$7 560 per Beneficiary					
22.4. Chiropractor		Payable from Auxiliary Services Payable from Acute Medicine and Injections					
22.4.1. Consultation and Procedure	100%						
22.4.2. Medicine	80%						
22.5. Clinical Psychology/Psychological Counsellor	100%	N\$7 560 per Beneficiary					
22.6. Clinical Technology	100%	Payable from Auxiliary Services					
22.7. Dietician	100%						
22.8. Hearing Aid Acoustician	100%						
22.9. Homeopathy/Naturopathy/Phytotherapy							
22.9.1. Consultation and Procedure	100%	Payable from Acute Medicine and Injections					
22.9.2. Medicine	80%						
22.10. Occupational Therapy	100%	Payable from Auxiliary Services					
22.11. Orthotist/Prosthetist	100%						

22.12. Physiotherapy	100%	N\$7 560 per Beneficiary					
22.13. Podiatry/Chiropody	100%	Payable from Auxiliary Services					
22.14. Social Worker	100%	N\$7 560 per Beneficiary					
Benefit Booster Applicable (Additional benefit once limit is exceeded)							
23. Wheelchair (Subject to prior approval) - Inclusive of repair and maintenance	100% of Cost	N\$17 750 per Beneficiary every 4 years (2020-2023)					
24. Artificial Limbs (Subject to prior approval)	100% of Cost	N\$36 750 per Beneficiary every 2 years (2022-2023)					
25. Artificial Eyes (Subject to prior approval)	100% of Cost	N\$17 250 per Beneficiary every 4 years (2020-2023)					
26. Hearing Aid Apparatus (Subject to prior approval) - Inclusive of repair and maintenance	100% of Cost	N\$35 000 per Family every 3 years (2020-2022)					
27. Appliances (External) (Subject to MHC guidelines)	80% of Cost	N\$5 150 per Family					
28. Medical Devices for Diabetes Management (Subject to prior approval and MHC guidelines)							
28.1. Insulin Pumps	80% of Cost	N\$40 000 per Beneficiary every 4 years (2019 – 2022)					
28.2. Other Devices (Glucose Monitoring System/Glucose Reader)		N\$20 000 per Beneficiary					
28.3. Diabetes-Related Consumables	80% of Cost	N\$36 000 per Beneficiary					
29. Specified Illness Conditions As per national guidelines (Sub-limits are pro-rated from the date of joining)		N\$36 100	N\$72 200	N\$72 200	N\$72 200	N\$72 200	N\$72 200
29.1. HIV/AIDS (As per national guidelines for antiretroviral therapy)		N\$36 100 per Beneficiary					
29.1.1. Medicine (Paid at maximum Namibia medicine price list on generics)	100%	Payable from Specified Illness Conditions					
29.1.2. First Full HIV Consultation/Assessment Once-off benefit	N\$480						
29.1.3. Consultation (after the first full HIV consultation/assessment) 6 consultations per Beneficiary	N\$440						
29.1.4. HIV Counselling	100%	N\$1 300 per Beneficiary					
29.1.5. Pathology Tests	100%	N\$7 800 per Beneficiary					
29.1.6. HIV Resistance Test (Subject to prior approval)	100%	Payable from Specified Illness Conditions					
29.2. Prevention of Mother-to-Child Transmission (PMTCT)	100%						
29.3. Post-Exposure Prophylaxis (PEP)	100%						
29.4. Pre-Exposure Prophylaxis (PrEP)	100%						
30. Benefit Booster Applicable if medicine and injections, dentistry, GPs' and Specialists, primary health care and auxiliary services benefits are depleted		N\$3 400 per Beneficiary N\$6 270 per Family					
30.1. Medicine and Injections (Acute and Chronic) - Excluding self-medication	70%	Payable from Benefit Booster					
30.2. Dentistry (Excluding orthodontics)	70%						
30.3. General Practitioners and Specialists (Consultations/visits and procedures/services out-of-hospital, including casualties)	80%						
30.4. Primary Health Care	80%						
30.5. Auxiliary Services	70%						

Contribution Tables

Sapphire Individual Contributions				
Age Band		Main	Adult	Child
0	25	3,002	2,404	1,069
26	30	3,403	2,719	1,069
31	35	3,801	3,018	1,069
36	40	4,326	3,433	1,069
41	45	4,812	3,800	1,069
46	50	5,242	4,125	1,085
51	55	5,772	4,522	1,085
56	60	6,216	4,865	1,085
61	65	6,678	5,222	1,085
66+		7,154	5,568	1,085

Sapphire Group Contributions				
Age Band		Main	Adult	Child
0	25	2,755	2,099	915
26	30	3,027	2,314	915
31	35	3,260	2,497	915
36	40	3,671	2,829	915
41	45	4,107	3,148	915
46	50	4,416	3,402	925
51	55	4,817	3,708	925
56	60	5,324	4,095	925
61	65	5,649	4,332	925
66+		5,656	4,341	925