













# Amber Plus









## All Essentials Covered






### 2024 BENEFIT GUIDE



OVERALL ANNUAL BENEFIT (OVERALL ANNUAL LIMIT)			Unlimited Benefit
CATEGORY A: Benefits For Major Medical Expenses		% NMAF Tariff	Pre-authorisation: 100% of the tariff will be paid. Without Pre-authorisation: No benefit will be paid 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 150% of the NMAF 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 three days, then motivation)		
	1.4. Blood Transfusions		
	1.5. Radiology and Pathology (in-hospital) - Additional Hospital Benefit cover excluded		Overall Annual Limit
	1.6. Physiotherapy and Biokinetics (In-hospital) - Additional Hospital Benefit cover excluded (Subject to prior approval)		
	1.7. Post Rehabilitation Physiotherapy, Biokinetics and Occupational Therapy - Additional Hospital Benefit cover excluded - Additional benefit once the patient is out of hospital or transferred to rehabilitation facility <b>Benefit available within three months from hospital discharge</b> (Subject to prior approval)	100%	N\$5 000 per Beneficiary Overall Annual Limit
	1.8. Medicine, Fixed Tariff Procedures, Hospital Apparatus, and To Take Out Medicine (Seven days supply only)		
	1.9. Dialysis (Subject to Case Management and MHC Guidelines)		
	1.10. Organ Transplant (Subject to Case Management and MHC Guidelines) - Including medical expenses incurred by the donor if the recipient is a Fund member		Overall Annual Limit
	1.11. Internal Appliances and Materials (As per NMC protocol)	100% of Cost	
	1.12. Medical and Surgical Appliances (External)		Payable from the Day-to-Day Back-Up Benefit
	<b>2. General Practitioners and Specialists (In-Hospital Services)</b> - Additional Hospital Benefit cover included except the use of equipment and equipment hire fees	100%	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%	Overall Annual Limit
	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 nine-month waiting period)	100%	Overall Annual Limit
	4.1. Confinement – full procedure		Payable from Maternity Benefit
	4.2. Antenatal Consultation <b>12 consultations per Beneficiary (Prorated from the date of joining)</b> - Additional Hospital Benefit cover excluded		
	4.3. Ante/Postnatal Classes and Education <b>Six sessions per Beneficiary (Prorated from the date of joining)</b> - Additional Hospital Benefit cover excluded		
	4.4. Sonar Scans <b>Three 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	100%	N\$6 500 per Beneficiary Overall Annual Limit
	<b>5. Insertion of Intrauterine Device w/ Hormone (All-inclusive)</b> (Subject to prior approval) (Benefit is prorated from the date of joining)		
	<b>6. Oncology</b> (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	100%	Overall Annual Limit
	<b>7. Corrective Eye 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		Overall Annual Limit
	7.1. Refractive Surgery		N\$23 100 per Beneficiary once-off N\$29 600 per Family
	7.2. Cataract Surgery and Lens Implants	100%	N\$25 000 per eye per Beneficiary once-off
	<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		N\$14 500 per Family
	8.2. Hospitalisation	100%	Overall Annual Limit
	<b>9. Private Nursing/Frail Care/Hospice</b> (Subject to Case Management)		N\$38 700 per Family Overall Annual Limit
	<b>10. Psychiatric Treatment – Hospitalisation</b> (Subject to prior approval)	100%	N\$32 750 per Family Overall Annual Limit
	<b>11. Alcoholism/Drug Addiction</b> (Subject to prior approval and MHC guidelines)		

	<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 (trauma/non-elective) - All-inclusive	100%	N\$132 000 per Family
	12.2. Maxillo-Facial and Oral Surgery (Including Dental Implants) (other/elective)		N\$39 000 per Beneficiary N\$48 500 per Family N\$3 800 per dental implant component
	12.3. Maxillo-Facial and Oral Surgery (Including Dental Implants) - In-practice (surgical procedures performed in a doctor's room)	150%	Payable from maxillo-facial, oral surgery and dental implants (other/elective)
	12.4. Maxillo-Facial and Oral Surgery - Internal Prosthesis (excluding dental Implant component)	100%	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)		N\$5 500 per Beneficiary
	<b>15. Medical Referral</b> Subject to accommodation and travelling reimbursement protocols (Subject to prior approval)	100%	Overall Annual Limit
	15.1. Transport (Subject to prior approval and travelling expenses reimbursement policy)	70% of Cost	N\$10 150 per Family
	15.2. Accommodation Other than a Recognised Hospital/Medical Institution (Maximum of two 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
<b>CATEGORY B: DAY-TO-DAY BENEFIT</b>		100% Tariff	N\$9 500 member only N\$15 800 Member + Adult N\$12 000 Member + Child N\$18 300 Member + Adult+ Child Additional N\$2 500 for each additional Child <b>OVERALL ANNUAL LIMIT</b> Benefits are prorated from the date of joining. Ex Gratia not Applicable
<p>Rules on Day-to-Day Back-up Benefit:</p> <p>Ninety-five per cent (95%) of unused Day-to-Day Back-Up benefit will be carried over to the following financial year. If a member uses less than the full benefit, 95% of the unused benefit will be accumulated over to the next year.</p> <p>The unused benefit will be forfeited and cannot be paid back to the member upon the principal member's resignation from the fund, or the principal member's death or the principal member's migration to a traditional option.</p> <p>The total amount is available for the Family and is not limited per Beneficiary.</p>			
	<b>17. General Practitioners and Specialists (Out-of-hospital, including casualties)</b> 17.1. Consultations/Visits (Including General Practitioner virtual/telephonic consultations) 17.2. Procedures/Services 17.3. Materials and Disposable Items 17.4. Radiology and Pathology (including radiography, sonography, medical laboratory technology and chemical biochemistry) (Referral from a medical practitioner)	100%	Paid from the Day-to-Day Back-Up Benefit
	<b>18. Medicine and Injections</b> (Paid at Maximum Namibia Medicine Price List on generics) 18.1. Acute Medicine and Injections 18.2. Chronic Medicine and Injections 18.3. Essential Vaccination/Immunisation (As per WHO guidelines) 18.4. Self-Medication	100%	Paid from the Day-to-Day Back-Up Benefit
	<b>19. Primary Health Care Services</b> (Paid at Maximum Namibia Medicine Price List on generics) 19.1. Consultations and Procedures 19.2. Medicine and Injections	100%	Paid from the Day-to-Day Back-Up Benefit

	<b>20. Dentistry</b> 20.1. Conservative and specialised dentistry (including Dental Therapy) 20.2. Maxillo-Facial, Oral Surgery and Dental Implants In-Practice Consultations and Non-Surgical Procedures 20.3. Orthodontics (Subject to prior approval and MHC Guidelines)	100%	Paid from the Day-to-Day Back-Up Benefit
	<b>21. Optical</b> 21.1. Optical Tests 21.2. Spectacles and Lenses 21.3. Frame 21.4. Reader Spectacles	100%	Paid from the Day-to-Day Back-Up Benefit
	<b>22. Auxiliary Services (Supplementary Services)</b> 22.1. Art Therapy 22.2. Audiology/Speech Therapy 22.3. Biokineticist 22.4. Chinese Medicine 22.5. Chiropractor 22.5.1. Consultation and Procedure 22.5.2. Medicine 22.6. Clinical Psychology/Psychological Counsellor 22.7. Clinical Technology 22.8. Dietician 22.9. Hearing Aid Acousticia 22.10. Homeopathy/Naturopathy/Phytotherapy 22.10.1. Consultation and Procedure 22.10.2. Medicine 22.11. Occupational Therapy 22.12. Orthotist/Prosthetist 22.13. Physiotherapy 22.14. Podiatry/Chiropody 22.15. Social Worker	100%	Paid from the Day-to-Day Back-Up Benefit
	<b>23. Medical and Surgical Appliances (External)</b>	100% of Cost	Paid from the Day-to-Day Back-Up Benefit
	<b>24. Specified Illness Conditions</b> As per National Guidelines (Sub-limits are prorated from the date of joining) 24.1. HIV/AIDS (As per National Guidelines for Antiretroviral Therapy) 24.1.1. Medicine (Paid at Maximum Namibia Medicine Price List on generics) 24.1.2. First Full HIV Consultation/Assessment <b>Once-off benefit</b> 24.1.3. Consultation (after the first full HIV consultation/assessment) <b>Six consultations per Beneficiary</b> 24.1.4. HIV Counselling 24.1.5. Pathology Tests (Subject to prior approval) 24.1.6. HIV Resistance Test (Subject to prior approval) 24.2. Prevention of Mother-to-Child Transmission (PMTCT) 24.3. Post-Exposure Prophylaxis (PEP) 24.4. Pre-Exposure Prophylaxis (PrEP)	100%	Paid from the Day-to-Day Back-Up Benefit

## Contribution Tables

Amber Plus Individual Contributions					Amber Plus Group Contributions				
Age Band		Main	Adult	Child	Age Band		Main	Adult	Child
0	25	2,612	1,681	626	0	25	2,612	1,681	626
26	30	2,793	1,814	626	26	30	2,793	1,814	626
31	35	2,980	1,940	626	31	35	2,957	1,869	626
36	40	3,176	2,070	626	36	40	3,103	1,953	626
41	45	3,390	2,230	626	41	45	3,253	2,083	626
46	50	3,585	2,370	626	46	50	3,451	2,220	626
51	55	3,826	2,546	626	51	55	3,530	2,291	626
56	60	4,024	2,696	626	56	60	3,675	2,408	626
61	65	4,230	2,845	626	61	65	3,901	2,555	626
66	100	4,443	2,988	626	66	100	3,967	2,608	626