





















Amber+

2026 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. OVERALL LIMIT
Additional Hospital Benefit Cover: GPs and specialists in-hospital services are paid up to a maximum of 150% of the NMAF tariff. OVERALL ANNUAL LIMIT			
		COVER	
	1. Hospitalisation	100%	Overall Annual Limit
	1.1. Accommodation and Theatre		
	1.2. Accommodation in Private Wards (Difference between general ward and private ward tariffs)		N\$11 285 per Beneficiary N\$24 750 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 Benefit available within three months from hospital discharge (Subject to prior approval)		N\$5 435 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
	2. General Practitioners and Specialists (In-Hospital Services) - Additional Hospital Benefit cover included except the use of equipment and equipment hire fees	100%	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 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\$42 960 per Family
	3.2. Nuclear Medicine		Overall Annual Limit
	4. Maternity (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 12 consultations per Beneficiary (Prorated from the date of joining) - Additional Hospital Benefit cover excluded		
	4.3. Ante/Postnatal Classes and Education Six sessions per Beneficiary (Prorated from the date of joining) - Additional Hospital Benefit cover excluded		
	4.4. Sonar Scans Three 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 (All-inclusive) (Subject to prior approval) (Benefit is prorated from the date of joining)	100%	N\$7 040 per Beneficiary Overall Annual Limit
	6. Oncology (Subject to Case Management and MHC Guidelines)	100%	N\$815 100 per Beneficiary Overall Annual Limit
	6.1. Consultations and procedures Out-of-Hospital (Excluding Allied and Complimentary Health Professionals)		
	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 In and Out of Hospital (Chemotherapy, Radiotherapy, Hormone Therapy, Immunotherapy and Targeted Therapy)		
	6.5. Hospitalisation and Related Procedures In-Hospital		Overall Annual Limit
	7. Corrective Eye 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%	Overall Annual Limit
	7.1. Refractive Surgery		N\$25 100 for both eyes per Beneficiary once-off N\$32 200 per Family
	7.2. Cataract Surgery and Lens Implants		N\$27 200 per eye per Beneficiary once-off
	8. Reconstructive Surgery (Medical necessity only) (Subject to prior approval and subject to strict MHC guidelines)	100%	Overall Annual Limit
	8.1. Consultation and Procedures		N\$15 800 per Family
	8.2. Hospitalisation		Overall Annual Limit
	9. Private Nursing/Frail Care/Hospice (Subject to Case Management)	100%	N\$42 050 per Family Overall Annual Limit

	10. Psychiatric Treatment (Subject to prior approval)	100%	Overall Annual Limit
	10.1. Consultations and Procedures		Sub-Limit 10
	10.2. Hospitalisation		N\$35 710 per Family Sub-Limit 10
	11. Alcoholism/Drug Addiction (Subject to prior approval and MHC guidelines)		Sub-Limit 10.2
	12. Specialised Dental Surgery - Additional Hospital Benefit cover excluded (Subject to pre-authorisation)	100%	Overall Annual Limit
	12.1. Maxillo-Facial and Oral Surgery (trauma/non-elective) - All-inclusive		N\$143 450 per Family
	12.2. Maxillo-Facial and Oral Surgery (Including Dental Implants) (other/elective)		N\$42 450 per Beneficiary N\$52 800 per Family N\$5 175 for all dental implant component per tooth
	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
	13. Stomal Therapy (All-inclusive) (Subject to prior approval)	100%	N\$29 800 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)		N\$5 985 per Beneficiary
	15. Medical Referral 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\$10 510 per Family
	15.2. Accommodation Other than a Recognised Hospital/ Medical Institution (Maximum of two days)	100%	N\$642 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. Lifestyle Management Tests (Subject to Clinical Guidelines and Protocols)	100%	N\$15 000 per Family
	17.1. Screening Tests		Sub-limit 17
	17.2. Rapid Tests		N\$1 500 per Family
CATEGORY B: DAY-TO-DAY BENEFIT		100% Tariff	Limited to: N\$12 900 member only N\$21 500 Member + Adult N\$16 250 Member + Child N\$24 850 Member + Adult+ Child Additional N\$3 350 for each additional Child OVERALL ANNUAL LIMIT Benefits are accrued monthly Ex Gratia not Applicable
Rules on Day-to-Day Back-up Benefit: 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. 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. The total amount is available for the Family and is not limited per Beneficiary.			

	18. General Practitioners and Specialists (Out-of-hospital, including casualties) 18.1. Consultations/Visits (Including General Practitioner virtual/ telephonic consultations) 18.2. Procedures/Services 18.3. Materials and Disposable Items 18.4. 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
	19. Medicine and Injections (Paid at Maximum Namibia Medicine Price List on generics) 19.1. Acute Medicine and Injections 19.2. Chronic Medicine and Injections 19.3. Essential Vaccination/Immunisation (As per WHO guidelines) 19.4. Self-Medication	100%	Paid from the Day-to-Day Back-Up Benefit
	20. Primary Health Care Services (Paid at Maximum Namibia Medicine Price List on generics) 20.1. Consultations and Procedures 20.2. Medicine and Injections	100%	Paid from the Day-to-Day Back-Up Benefit
	21. Dentistry 21.1. Conservative and specialised dentistry (including Dental Therapy) 21.2. Maxillo-Facial, Oral Surgery and Dental Implants In-Practice Consultations and Non-Surgical Procedures 21.3. Orthodontics (Subject to prior approval and MHC Guidelines)	100%	Paid from the Day-to-Day Back-Up Benefit
	22. Optical 22.1. Optical Tests 22.2. Spectacles and Lenses 22.3. Frame 22.4. Reader Spectacles	100%	Paid from the Day-to-Day Back-Up Benefit
	23. Auxiliary Services (Supplementary Services) 23.1. Art Therapy 23.2. Audiology/Speech Therapy 23.3. Biokineticist 23.4. Chinese Medicine 23.5. Chiropractor 23.5.1. Consultation and Procedure 23.5.2. Medicine 23.6. Clinical Psychology/Psychological Counsellor 23.7. Clinical Technology 23.8. Dietician 23.9. Hearing Aid Acousticia 23.10. Homeopathy/Naturopathy/Phytotherapy 23.10.1. Consultation and Procedure 23.10.2. Medicine 23.11. Occupational Therapy 23.12. Orthotist/Prosthetist 23.13. Physiotherapy 23.14. Podiatry/Chiropody 23.15. Social Worker	100%	Paid from the Day-to-Day Back-Up Benefit
	24. Medical and Surgical Appliances (External)	100% of Cost	Paid from the Day-to-Day Back-Up Benefit

Contribution Tables

Amber Plus Individual Contributions				
Age Band		Main	Adult	Child
0	25	2,818	1,814	675
26	30	3,014	1,957	675
31	35	3,215	2,093	675
36	40	3,427	2,233	675
41	45	3,658	2,406	675
46	50	3,869	2,557	675
51	55	4,128	2,747	675
56	60	4,342	2,909	675
61	65	4,564	3,069	675
66	100	4,793	3,224	675

Amber Plus Group Contributions				
Age Band		Main	Adult	Child
0	25	2,818	1,814	675
26	30	3,014	1,957	675
31	35	3,190	2,017	675
36	40	3,348	2,107	675
41	45	3,510	2,248	675
46	50	3,723	2,395	675
51	55	3,809	2,471	675
56	60	3,965	2,598	675
61	65	4,209	2,757	675
66	100	4,280	2,814	675