



# Ruby

## 2026 BENEFIT GUIDE

OVERALL ANNUAL BENEFIT (OVERALL ANNUAL LIMIT)		N\$1 630 125 per Beneficiary N\$1 956 150 per Family	
CATEGORY A: HOSPITALISATION BENEFIT	% NAMA 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.	
Additional Hospital Benefit Cover: GPs and specialists in-hospital services are paid up to a maximum of 150% of the NAMA tariff. OVERALL 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\$7 770 per Beneficiary N\$17 080 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 a rehabilitation facility - Benefit available within three months from hospital discharge (Subject to prior approval)		N\$5 435per 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		
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\$29 395 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)		Overall Annual Limit
4.1. Confinement – full procedure		
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 per pregnancy (prorated from the date of joining) – Additional Hospital Benefit cover excluded	100%	Payable from the Maternity Benefit
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		
<b>5. Insertion of Intrauterine Device (All-inclusive)</b> (Subject to prior approval) (Prorated from date of joining)	100%	N\$7 040 per Beneficiary Overall Annual Limit
<b>6. Infertility Treatment (All-inclusive)</b> (Subject to prior approval and MHC Guidelines)	100%	N\$45 000 per Family Overall Annual Limit
<b>7. Oncology</b> - (Subject to Case Management and MHC guidelines)		
7.1. Consultations and Procedures Out-of-Hospital (Excluding Allied and Complimentary Health Professionals)		
7.2. 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\$652 050 per Beneficiary Overall Annual Limit
7.3. Radiation Oncology (Referral from a medical specialist only)		
7.4. Oncology Medication In and Out of Hospital (Chemotherapy, Radiotherapy, Hormone Therapy, Immunotherapy and Targeted Therapy)		
7.5. Hospitalisation and Related Procedures In-Hospital		Overall Annual Limit
<b>8. 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	100%	Overall Annual Limit
8.1. Refractive Surgery		N\$15 100 for both eyes per Beneficiary once-off N\$19 350 per Family
8.2. Cataract Surgery and Lens Implants		N\$20 390 per eye per Beneficiary once-off
<b>9. Reconstructive Surgery (Medical necessity only)</b> (Subject to prior approval and subject to strict MHC guidelines)	100%	Overall Annual Limit
9.1. Consultations and Procedures		N\$7 350 per Family
9.2. Hospitalisation		Overall Annual Limit
<b>10. Private Nursing/Frail Care/Hospice</b> (Subject to Case Management)	100%	N\$23 650 per Family Overall Annual Limit
<b>11. Psychiatric Treatment</b> (Subject to prior approval)	100%	Overall Annual Limit
11.1. Consultations and Procedures		Sub-limit 11
11.2. Hospitalisation		N\$35 710 per Family Sub-limit 11
<b>12. Alcoholism/Drug Addiction</b> (Subject to prior approval and MHC guidelines)		Sub-limit 11.2
<b>13. Specialised Dental Surgery</b> - Additional Hospital Benefit cover excluded (Subject to pre-authorisation)		Overall Annual Limit
13.1. Maxillo-Facial and Oral Surgery (trauma/non-elective) - All-inclusive	100%	N\$100 600 per Family
13.2. Maxillo-Facial, Oral Surgery and Dental Implants (other/elective) - All-inclusive		N\$31 850 per Beneficiary N\$39 435 per Family N\$5 175 for all dental implant component per tooth



13.3. Maxillo-Facial and Oral Surgery (Including Dental Implants) (other/non-elective) - In-practice (surgical procedures performed in a doctor's room)	150%	Payable from maxillo-facial, oral surgery and dental implants (other/elective)					
13.4. Maxillo-Facial and Oral Surgery - Internal Prosthesis (excluding dental Implant component)	100% of Cost	Payable from internal appliances under the Hospital Benefit					
14.Stomal Therapy (All-inclusive) (Subject to prior approval)	100%	N\$29 800 per Family Overall Annual Limit					
15.Ambulance and Evacuation Services	100%	Overall Annual Limit					
15.1. Emergency Ambulance and Flights (Territory: SADC Countries) (Subject to prior approval)		Unlimited Benefit					
15.2. Ambulance/Inter-Hospital Transfer (Subject to prior approval)		N\$5 985 per Beneficiary					
16. Medical Referral (Subject to prior approval and accommodation and travelling reimbursement protocols)		Overall Annual Limit					
16.1. Transport	70% of Cost	N\$10 510 per Family					
16.2. Accommodation Other than a Recognised Hospital/ Medical Institution (Maximum of two days)	100% of Cost	N\$642 per day per Family					
17. 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 prorated from the date of joining, except the Optical Benefit. OVERALL LIMIT					
		M	M1	M2	M3	M4	M5+
18. General Practitioners and Specialists	100%	N\$10 600	N\$13 900	N\$14 450	N\$15 150	N\$15 850	N\$16 500
18.1. Consultations/Visits (out-of-hospital, including casualties) - GP Telephonic/Virtual Consultations (telephonic/virtual writing of prescriptions not payable) Seven virtual/telephonic consultations per Beneficiary		Payable from the General Practitioners and Specialists Benefit					
18.2. Procedures (out-of-hospital services, including casualties)							
18.3. Materials and Disposable Items							
18.4. Radiology and Pathology (out-of-hospital, including radiography, sonography, medical laboratory technology and chemical biochemistry) (Referral from a medical practitioner)							
18.5. MRI and CT Scan		Payable from the MRI and CT Scan Benefit					
Benefit Booster Applicable (additional benefit once limit is exceeded)							
19. Medicine and Injections	SEP + 40%	N\$16 350	N\$18 150	N\$18 700	N\$19 800	N\$21 010	N\$22 160
19.1. Acute - Paid at maximum Namibia medicine price list on generics	85%	N\$6 050	N\$6 400	N\$6 600	N\$7 000	N\$7 550	N\$8 100
19.2. Chronic - Paid at maximum Namibia medicine price list on generics		N\$6 050 per Beneficiary					
19.2.1. Members aged 65 and below	85%	N\$9 050	N\$10 350	N\$10 500	N\$11 000	N\$11 450	N\$11 950
19.2.2. Members aged 66 and above	100%	No Limit per Beneficiary Payable from Medicine and Injections					
19.3. 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)							
19.4. Self-medication - Paid at maximum Namibia medicine price list on generics	100%	N\$1 250	N\$1 400	N\$1 600	N\$1 800	N\$2 010	N\$2 110
		N\$205 per claim per Beneficiary per day					
20. Primary Health Care Services		N\$1 090	N\$1 305	N\$1 470	N\$1 635	N\$1 795	N\$1 955
		N\$1 090 per Beneficiary					
20.1. Consultations and Procedures	100%	Payable from Primary Health Care Services					



20.2. 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)							
21. Dentistry 21.1. Conservative and Specialised Dentistry (including dental therapy)	100%	N\$11 440 per Beneficiary N\$15 800 per Family					
21.2. Maxillo-Facial, Oral Surgery and Dental Implants - In-practice consultation and non-surgical procedures		Payable from Dentistry Benefits					
Benefit Booster Applicable (additional benefit once limit is exceeded)							
21.3. Orthodontics (Subject to prior approval and MHC guidelines)	100%	N\$18 475 per Beneficiary once-off					
22. Optical Benefits		N\$3 630 per Beneficiary N\$8 160 per Family					
22.1. Optical tests (per annum)	100%	Sub-limit 22					
22.2. Spectacles and Lenses (per annum)	100%	Sub-limit 22					
22.3. Frame (every 2 years)	100% of Cost	N\$1 245 per Beneficiary every two years (2025-2026) Sub-limit 22					
22.4. Readers Spectacles	100% of Cost	N\$114 per Family					
23. Auxiliary Services		N\$12 890	N\$14 130	N\$14 285	N\$14 545	N\$14 810	N\$15 100
		N\$12 890 per Beneficiary					
23.1. Art Therapy	100%	Payable from Auxiliary Services					
23.2. Audiology/Speech Therapy	100%						
23.3. Biokinetics	100%	N\$4 400 per Beneficiary					
23.4. Chinese Medicine	100%	N\$4 400 per Beneficiary					
23.5. Chiropractor		Payable from Auxiliary Services					
23.5.1. Consultation and Procedure	100%						
23.5.2. Medicine	85%	Payable from Acute Medicine and Injections					
23.6. Clinical Psychology/Psychological Counsellor	100%	N\$4 400 per Beneficiary					
23.7. Clinical Technology	100%	Payable from Auxiliary Services					
23.8. Dietician	100%						
23.9. Hearing Aid Acoustician	100%						
23.10. Homeopathy/Naturopathy/Phytotherapy							
23.10.1. Consultation and Procedure	100%	Payable from Acute Medicine and Injections					
23.10.2. Medicine	85%						
23.11. Occupational Therapy	100%	Payable from Auxiliary Services					
23.12. Orthotist/Prosthetist	100%						
23.13. Physiotherapy	100%	N\$4 400 per Beneficiary					
23.14. Podiatry/Chiropody	100%	Payable from Auxiliary Services					
23.15. Social Worker	100%	N\$4 400 per Beneficiary					
Benefit Booster Applicable (additional benefit once limit is exceeded)							
24. Wheelchair (Subject to prior approval) - Inclusive of repair and maintenance	100% of Cost	N\$9 650 per Beneficiary every four years (2024-2027)					
25. Artificial Limbs (Subject to prior approval)	100% of Cost	N\$20 000 per Beneficiary every two years (2026 - 2027)					
26. Artificial Eyes (Subject to prior approval)	100% of Cost	N\$6 210 per Beneficiary every four years (2024-2027)					
27. Hearing Aid Apparatus (Subject to prior approval) - Inclusive of repair and maintenance	100% of Cost	N\$30 430 per Family every three years for both ears (N\$14 000 per ear) (2026-2028)					
28. Appliances (External) (Subject to MHC guidelines)	80% of Cost	N\$4 950 per Family					
29. Medical Devices for Diabetes Management (Subject to prior approval and MHC guidelines)							
29.1. Insulin Pumps	80%	N\$38 050 per Beneficiary every four years (2023-2026)					
29.2. Other Diabetes Devices and Related Consumables		N\$55 450 per Beneficiary					
30. Specified Illness Conditions - As per national guidelines (Sub-limits are prorated from the date of joining)		N\$33 700	N\$48 650	N\$48 650	N\$48 650	N\$48 650	N\$48 650



30.1. HIV/AIDS (As per national guidelines for antiretroviral therapy)		N\$33 700 per Beneficiary	
30.1.1. Medicine - Paid at maximum Namibia medicine price list on generics	100%	Payable from Specified Illness Conditions	
30.1.2. First Full HIV Consultation/Assessment Once-off benefit	N\$530		
30.1.3. Consultation (after the first full HIV consultation/assessment) Six consultations per Beneficiary	N\$482		
30.1.4. HIV Counselling	100%	N\$1 420 per Beneficiary	
30.1.5. Pathology Tests (Subject to prior approval)	100%	N\$6 470 per Beneficiary	
30.1.6. HIV Resistance Test (Subject to prior approval)	100%	Payable from Specified Illness Conditions	
30.2. Prevention of Mother-to-Child Transmission (PMTCT) - As per national guidelines	100%		
30.3. Post-Exposure Prophylaxis (PEP) - As per national guidelines	100%		
30.4. Pre-Exposure Prophylaxis (PrEP) - As per national guidelines	100%		
<b>31. Benefit Booster</b> Applicable if Medicine and Injections, Dentistry, GPs and Specialists, Primary Health Care and Auxiliary Services benefits are depleted		N\$2 110 per Beneficiary N\$3 270 per Family	
31.1. Medicine and Injections (Acute and Chronic) - Excluding self-medication	70%	Payable from Benefit Booster	
31.2. Dentistry and Dental Implant (excluding orthodontics)	70%		
31.3. General Practitioners and Specialists (Consultations/visits and procedures/services out-of-hospital, including casualties)	80%		
31.4. Primary Health Care	80%		
31.5. Auxiliary Services	70%		
<b>32. Benefit Booster "Up" (Voluntary Buy-up Benefit)</b> - Benefit Booster "Up" (Voluntary Buy-up Benefit) - Members can choose to enrol in the voluntary Benefit Booster Up each year before 15 January. - Members who join the Fund during the year can also opt for the Benefit Booster Up, with prorated adjustments. - Once opted in, the Extended Benefit Booster cannot be cancelled for the rest of the year. - The available benefit is equal to the voluntary contributions paid (accumulative). - 95% of the accumulated voluntary contributions will roll over to the next financial year. - Any unused Benefit Booster Up will be forfeited and will not be refunded if the principal member resigns from the fund or passes away - Members who choose to switch to a Traditional or Hospital Plan can use their remaining voluntary contributions to fund the Traditional or Hospital Plan Day-to-Day Back Up Benefit. - Similarly, the remainder can be transferred to any other traditional option. - The Extended Benefit Booster can be used to cover depleted benefits, charges exceeding benchmark tariffs, exclusions, and other claims that were validly rejected.	100% of Cost	Monthly Voluntary Contribution	Extended Benefit per Annum
		N\$300	N\$3 600
		N\$600	N\$7 200
		N\$900	N\$10 800
		N\$1 200	N\$14 400
		N\$1 500	N\$18 000
<b>33. Lifestyle Management Tests</b> (Subject to Clinical Guidelines and Protocols)		N\$15 000 per Family	
33.1. Screening Tests	100%	Sub-limit 33	
33.2. Rapid Tests		N\$1 500 per Family Sub-limit 33	



CATEGORY C:		COVER	M	M1	M2	M3	M4	M5+
BACK-UP BENEFIT								
Threshold Limit			5 715	6 470	6 710	6 960	7 195	7 435

#### Back-Up Benefit:

- The Back-up benefit aims to reward members and their dependants with low claims on the following specified day-to-day benefits:
  - Acute Medicine per family limit
  - Self-Medication per family limit
  - Optical per family limit
  - Auxiliary Services per family limit
- If the actual total amount paid by NMC per family on the Day to Day benefits stipulated above for the current benefit year is less than the Threshold Limit, then the member qualifies for Back-Up Benefit the following year such as on 2027 benefit year.
- The Back-up Benefit is calculated as 25% of the difference between the Threshold Limit and the actual total amount paid by NMC on the Day to Day benefits stipulated above.
- The Back-up Benefit will only be calculated at the end of April 2027 to ensure that all day to day claims as stipulated above for the current benefit year are included.
- Claims against the Back-up Benefit for the current benefit year will only be processed after the end of April 2027.
- The unused Back-Up Benefit can be accumulated and carried over to the following benefit year.
- If the member resigns from NMC, any balance of the Back-Up Benefit will go to the Fund reserves.
- If the member passes away and his/her dependants remain with NMC, the Back-Up Benefit will be transferred to the remaining dependants.
- The Back-up Benefit can be used to pay excess of the NAMA Tariffs, member co-payments and rejected claims in terms of NMC rules.
- The Back-Up Benefit cannot be used to pay for claims rejected due to non-compliance to the NAMA billing rules and guidelines.

#### EXAMPLE OF HOW THE BACK-UP BENEFIT WILL BE CALCULATED

		M	M1	M2	M3	M4	M5+
<b>The total amount paid by NMC</b> (at the end of April 2025 for 2024 claims) for the following family limits: Medicine and Injections Optical Auxiliary Services		2 500	4 250	25 500	7 250	8 500	6 000
<b>Threshold Limit</b>		5 715	6 470	6 710	6 960	7 195	7 435
<b>Difference:</b> Threshold Limit (B) – Total Paid Amount (A)		3 215	2 220	0	0	0	1 435
<b>Back-Up Benefit</b> = 25% of C (Available from 01 May 2025)		804	555	Does not qualify because The Total Benefit Amount (A) is more than the Threshold Limit (B)			359

#### Contribution Tables

Ruby Individual Contributions				
Age Band		Main	Adult	Child
0	25	3,095	2,117	963
26	30	3,452	2,417	963
31	35	3,798	2,676	963
36	40	4,283	3,048	963
41	45	4,701	3,383	963
46	50	5,080	3,684	983
51	55	5,557	4,023	983
56	60	5,942	4,335	983
61	65	6,350	4,647	983
66	100	6,749	4,980	983

Ruby Group Contributions				
Age Band		Main	Adult	Child
0	25	2,826	1,850	816
26	30	3,131	2,062	816
31	35	3,346	2,254	816
36	40	3,655	2,492	816
41	45	4,031	2,790	816
46	50	4,291	2,988	863
51	55	4,629	3,274	863
56	60	4,960	3,519	863
61	65	5,257	3,755	863
66	100	5,282	3,777	863