










# Amber







All Essentials Covered  
**2024 BENEFIT GUIDE**



OVERALL ANNUAL BENEFIT (OVERALL ANNUAL LIMIT)		Unlimited Benefit
CATEGORY A: Benefits For Major Medical Expenses	% NAMAF 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. <b>OVERALL LIMIT</b>
Additional Hospital Benefit Cover: GPs and specialists in-hospital services are paid up to a maximum of 150% of the NAMAF 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		Overall Annual Limit
1.5. Radiology and Pathology (in-hospital) - Additional Hospital Benefit cover excluded		
1.6. Physiotherapy and Biokinetics (In-hospital) - Additional Hospital Benefit cover excluded (Subject to prior approval)	100%	
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)		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			
	<b>5. Insertion of Intrauterine Device w/ Hormone (All-inclusive)</b> (Subject to prior approval) (Benefit is prorated from the date of joining)	100%	N\$6 500 per Beneficiary Overall Annual Limit
	<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)		Overall Annual Limit
6.5. Hospitalisation and Related Procedures In-Hospital	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	100%	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		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)	100%	Overall Annual Limit
	8.1. Consultation and Procedures		N\$14 500 per Family
	8.2. Hospitalisation		Overall Annual Limit
	<b>9. Private Nursing/Frail Care/Hospice</b> (Subject to Case Management)	100%	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)	100%	Overall Annual Limit	
	12.1. Maxillo-Facial and Oral Surgery (trauma/non-elective)		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>	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\$5 500 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	

## Contribution Tables

Amber Individual Contributions					Amber Group Contributions				
Age Band		Main	Adult	Child	Age Band		Main	Adult	Child
4	25	1,624	1,022	365	0	25	1,624	1,022	365
26	30	1,806	1,155	365	26	30	1,806	1,155	365
31	35	1,991	1,282	365	31	35	1,958	1,203	365
36	40	2,207	1,423	367	36	40	2,107	1,287	367
41	45	2,421	1,583	367	41	45	2,255	1,417	367
46	50	2,616	1,725	367	46	50	2,453	1,554	367
51	55	2,857	1,899	367	51	55	2,531	1,626	367
56	60	3,055	2,050	367	56	60	2,678	1,743	367
61	65	3,261	2,198	367	61	65	2,902	1,890	367
66	100	3,475	2,342	367	66	100	2,969	1,943	367