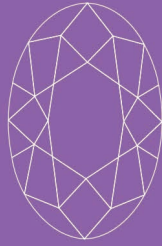




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# JADE









## All Essentials Covered







### 2023 BENEFIT GUIDE



OVERALL ANNUAL BENEFIT (OVERALL ANNUAL LIMIT)			<b>N\$733 200 per Beneficiary N\$1 133 600 per Family</b>
<b>CATEGORY A: Benefits For Major Medical Expenses</b>		<b>% NAMAF Tariff</b>	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>
<b>Additional Hospital Benefit Cover: GPs and Specialists In-Hospital services are paid up to a maximum of 200% of the NAMAF Tariff. OVERALL LIMIT</b>			
		<b>COVER</b>	
	<b>1. Hospitalisation</b>	100%	Overall Annual Limit
	1.1. Accommodation and Theatre		
	1.2. Accommodation in private wards (Difference between general ward and private ward tariffs)		N\$5 200 per Beneficiary N\$10 400 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)		Overall Annual Limit
	1.6.2. Physiotherapy and Biokinetics (post-rehabilitation) - Additional benefit once the patient is out-of-hospital - 9 sessions/visits per Beneficiary (Benefit available within 3 months from hospital discharge) (Subject to prior approval)		
	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)	100% of Cost	No Benefit
	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)		Overall Annual Limit
	<b>2. General Practitioners and Specialists (In-Hospital Services)</b> - Additional Hospital Benefit Cover included	200%	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 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\$20 750 per Family
	3.2. Nuclear Medicine		Overall Annual Limit
	<b>4. Maternity</b> (Groups have cover from the date of joining. Individuals have a 9 months waiting period)	100%	Overall Annual Limit
	4.1. Confinement – full procedure		Payable from Maternity Benefit
	4.2. Antenatal Consultation <b>12 consultations per Beneficiary (Pro-rated from the date of joining)</b> - Additional Hospital Benefit cover excluded		
	4.3. Ante/Postnatal Classes and Education <b>6 sessions per Beneficiary (Pro-rated from the date of joining)</b> - Additional Hospital Benefit cover excluded		
	4.4. Sonar Scans <b>3 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) (Pro-rated 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\$450 000 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
	<b>7. Refractive 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%	N\$6 150 per Beneficiary once-off N\$7 300 per Family Overall Annual Limit
	<b>8. Reconstructive Surgery (Medical necessity only)</b> (Subject to prior approval and subject to strict MHC guidelines)	100%	No Benefit
	<b>9. Private Nursing/Frail Care/Hospice</b> (Subject to Case Management)	100%	N\$10 900 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 - All-inclusive (trauma/non-elective) (Including dental extractions for children less than 10 years old and wisdom teeth extractions)		N\$57 000 per Family
	12.2. Maxillo-Facial and Oral Surgery - Hospitalisation Only (other/elective)		N\$10 900 per Family
	12.3. Dental Implant – hospitalisation		No Benefit
	12.4. Maxillo-Facial and Oral Surgery – internal prosthesis - (Excluding dental implant component)		Payable from Internal appliances under Hospital Benefit

	<b>13. Stomal Therapy (All-inclusive)</b> (Subject to prior approval)	100%	N\$22 100 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\$4 400 per Family
	<b>15. Medical Referral</b> 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%	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>17. Specified Illness Conditions</b> As per National Guidelines (Sub-limits are pro-rated from the date of joining)	100%	N\$42 600 per Family Overall Annual Limit
	17.1. HIV/AIDS (As per national guidelines for antiretroviral therapy)		N\$25 100 per Beneficiary
	17.1.1. Medicine (Paid at maximum Namibia medicine price list on generics)		Payable from Specified Illness Conditions
	17.1.2. First Full HIV Consultation/Assessment <b>Once-off benefit</b>	N\$480	
	17.1.3. Consultation (after the first full HIV consultation/assessment) <b>6 consultations per Beneficiary</b>	N\$440	
	17.1.4. HIV Counselling	100%	N\$1 300 per Beneficiary
	17.1.5. Pathology Tests (Subject to prior approval)		N\$5 650 per Beneficiary
	17.1.6. HIV Resistance Test (Subject to prior approval)		Payable from Specified Illness Conditions
	17.2. Prevention of Mother-to-Child Transmission (PMTCT)		
	17.3. Post-Exposure Prophylaxis (PEP)		
	17.4. Pre-Exposure Prophylaxis (PrEP)		
<b>CATEGORY B: DAY-TO-DAY BENEFIT</b>		<b>100% Tariff</b>	<b>Sub-limits are pro-rated from the date of joining except the optical benefit. OVERALL ANNUAL LIMIT</b>
	<b>18. General Practitioners and Specialists (out-of-hospital including casualties)</b>		N\$6 500 per Beneficiary N\$11 350 per Family
	18.1. Consultations/Visits	100%	Payable from General Practitioners and Specialists Benefit
	18.2. Procedures/Services (out-of-hospital, including casualties)		
	18.3. Materials and Disposable Items (Out-of-Hospital)		
	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		
	Benefit Booster applicable (Additional benefit once limit is exceeded)		Payable from the MRI and CT Scan Benefit
	<b>19. Medicine and Injections</b>	100%	N\$14 650 per Family
	19.1. Medicine and Injections (Acute and Chronic) (Paid at maximum Namibia medicine price list on generics)		N\$7 450 per Beneficiary
	19.2. Essential Vaccination/Immunisation (Paid at maximum Namibia medicine price list on generics)		Payable from Medicine and Injections
	19.3. Self-Medication (Paid at maximum Namibia medicine price list on generics)		N\$970 per Family N\$150 per claim per Beneficiary
	<b>20. Primary Health Care Services</b>	100%	N\$750 per Beneficiary N\$1 500 per Family
	20.1. Consultations and Procedures		Payable from Primary Health Care Services
	20.2. Medicine and Injections (Paid at maximum Namibia medicine price list on generics)		Payable from Medicine (Acute and Chronic)
	Benefit Booster applicable (Additional benefit once limit is exceeded)		

	<b>21. Dentistry</b>	100%	N\$7 900 per Family
	21.1. Conservative and specialised dentistry (including dental therapy) Benefit Booster applicable (Additional benefit once limit is exceeded)		Payable from Dentistry Benefit
	21.2. Dental Implants (in-hospital and in-practice) (Pre-authorisation required)		No Benefit
	21.3. Orthodontics (Prior approval required)		N\$9 150 per Beneficiary once-off
	21.4. Maxillo-Facial and Oral Surgery (Elective)		Payable from Dentistry Benefit. The available benefits are for either in-hospital or in-practice
	<b>22. Optical</b>	100%	N\$4 360 per Family
	22.1. Every 2 years (Including frame) (2023/2024)		N\$2 340 per Beneficiary every 2 years
	22.2. Eye Tests, Spectacles and Contact Lenses		N\$1 040 per Beneficiary
	<b>23. Auxiliary Services (Supplementary Services)</b>	100%	N\$5 850 per Family
	23.1. Consultation and procedure		Payable from Auxiliary Services
	23.2. Medicine		Payable from Medicine (Acute and Chronic)
	Benefit Booster applicable (Additional benefit once limit is exceeded)		
	<b>24. External Appliances</b> 24.1. (Subject to MHC guidelines)	80% of Cost	N\$ 2 700 per Family
	<b>25. Wheelchair, Artificial Limbs, Artificial Eyes, Hearing Aid Apparatus, Devices for Diabetes Management</b>		No Benefit
	<b>26. Benefit Booster</b>		N\$2 250 per Family
	26.1. Applicable if medicine and injections, dentistry, GPs' and Specialists, primary health care and auxiliary services benefits are depleted		Payable from Benefit Booster
	26.2. Medicine and Injections (Acute and Chronic) - Excluding self-medication	70%	
	26.3. Dentistry	70%	
	26.4. General Practitioners and Specialists (Consultations/visits and procedures/services out-of-hospital, including casualties)	80%	
	26.5. Primary Health Care	80%	
26.6. Auxiliary Services	70%		

## Contribution Tables

Jade Individual Contributions				
Age Band		Main	Adult	Child
0	25	1,965	1,306	582
26	30	2,188	1,477	582
31	35	2,409	1,652	582
36	40	2,717	1,886	582
41	45	2,981	2,097	582
46	50	3,222	2,280	620
51	55	3,524	2,516	620
56	60	3,769	2,703	620
61	65	4,027	2,906	620
66+		4,279	3,103	620

Jade Group Contributions				
Age Band		Main	Adult	Child
0	25	1,794	1,171	517
26	30	1,985	1,308	517
31	35	2,122	1,430	517
36	40	2,319	1,582	517
41	45	2,555	1,771	517
46	50	2,721	1,896	528
51	55	2,936	2,075	528
56	60	3,145	2,231	528
61	65	3,335	2,380	528
66+		3,350	2,397	528