





























Jade

2025 BENEFIT GUIDE

OVERALL ANNUAL BENEFIT (OVERALL ANNUAL LIMIT)			NS769 900 per Beneficiary NS1 190 300 per Family
CATEGORY A: BENEFITS FOR MAJOR MEDICAL EXPENSES		% NAMAF 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 NAMAF 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)		NS\$ 200 per Beneficiary NS\$10 400 per Family
	1.3. Intensive and High Care (Maximum three days, then motivation)		Overall Annual Limit
	1.4. Blood Transfusions		
	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)		
	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)		NS\$3 700 per Beneficiary Overall Annual Limit
	1.8. Medicine, fixed tariff procedures, hospital apparatus, and to take out medicine (seven days supply only)		Overall Annual Limit
	1.9. Dialysis (Subject to Case Management and MHC guidelines)		No Benefit
	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		
	1.11. Internal Appliances and Materials (As per NMC protocol)	100% of Cost	Overall Annual Limit
	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 GP acceptable in places where there is no medical specialist) (Subject to prior approval)	100%	Overall Annual Limit
	3.1. MRI and CT Scans		NS\$21 800 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 w/ Hormone (All-inclusive) (Subject to prior approval) (Prorated from the date of joining)	100%	N\$6 800 per Beneficiary Overall Annual Limit
	6. Oncology (Subject to Case Management and MHC guidelines)	100%	N\$472 500 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
	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\$6 450 per Beneficiary once off N\$7 650 per Family
	7.2. Cataract Surgery and Lens Implants		N\$14 700 per eye per Beneficiary once off
	8. Reconstructive Surgery (Medical necessity only) (Subject to prior approval and subject to strict MHC guidelines)	100%	No Benefit
	9. Private Nursing/Frail Care/Hospice (Subject to Case Management)	100%	N\$11 450 per Family Overall Annual Limit
	10. Psychiatric Treatment – Hospitalisation (Subject to prior approval)	100%	N\$34 500 per Family Overall Annual Limit
	11. Alcoholism/Drug Addiction (Subject to prior approval and MHC guidelines)		
	12. Specialised Dental Surgery - 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\$59 850 per Family
	12.2. Maxillo-Facial and Oral Surgery (other/elective) - All-inclusive		N\$23 100 per Beneficiary N\$28 350 per Family
	12.3. Maxillo-Facial and Oral Surgery (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)
	12.4. Dental Implant - All-inclusive		No Benefit
	12.5. Maxillo-Facial and Oral Surgery – Internal Prosthesis	100%	Payable from Internal Appliances under Hospital Benefit
	13. Stomal Therapy (All-inclusive) (Subject to prior approval)	100%	N\$22 100 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\$4 620 per Family
	15. Medical Referral (Subject to prior approval and accommodation and travelling reimbursement protocols)		Overall Annual Limit
	15.1. Transport	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
	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. Specified Illness Conditions As per national guidelines for antiretroviral therapy (Sub-limits are prorated from the date of joining)		N\$44 750 per Family Overall Annual Limit
	17.1. HIV/AIDS (As per national guidelines for antiretroviral therapy)	100%	N\$26 350 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 Once-off benefit	N\$510	
	17.1.3. Consultation (after the first full HIV consultation/ assessment) Six consultations per Beneficiary	N\$465	
	17.1.4. HIV Counselling		N\$1 360 per Beneficiary
	17.1.5. Pathology Tests (Subject to prior approval)		N\$5 940 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) As per national guidelines	100%	
	17.3. Post-Exposure Prophylaxis (PEP) As per national guidelines		
	17.4. Pre-Exposure Prophylaxis (PrEP) As per national guidelines		
CATEGORY B: DAY-TO-DAY BENEFIT		100% Tariff	Sub-limits are prorated from the date of joining except the Optical Benefit. OVERALL ANNUAL LIMIT
	18. General Practitioners and Specialists (out-of-hospital including casualties)		N\$6 800 per Beneficiary N\$11 900 per Family
	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	100%	Payable from General Practitioners and Specialists Benefit
	18.2. Procedures/Services (out-of-hospital, 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\$15 400 per Family
	19.1. Medicine and Injections (Acute and Chronic) - Paid at maximum Namibia medicine price list on generics)	100%	N\$7 800 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\$1 020 per Family N\$158 per claim per Beneficiary
	20. Primary Health Care Services		N\$790 per Beneficiary N\$1 575 per Family
	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		Payable from Medicine (Acute and Chronic)
	Benefit Booster Applicable (additional benefit once limit is exceeded)		

	21. Dentistry	100%	N\$8 300 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		No Benefit	
	21.3. Orthodontics (Prior approval required)		N\$12 300 per Beneficiary once-off	
	21.4. Maxillo-Facial and Oral Surgery (other/elective)		Payable from Dentistry benefit The available benefits are for either in-hospital or in-practice	
	22. Optical	100%	N\$4 580 per Family	
	22.1. Every two years (Including frame) (2025/2026)		N\$2 460 per Beneficiary every two years	
	22.2. Eye Tests, Spectacles and Contact Lenses		N\$1 090 per Beneficiary	
	23. Auxiliary Services (Supplementary Services)	100%	N\$6 150 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)			
	24. External Appliances (Subject to MHC guidelines)	80% of Cost	N\$2 830 per Family	
	25. Wheelchair, Artificial Limbs, Artificial Eyes, Hearing Aid Apparatus, Devices for Diabetes Management		No Benefit	
	26. Benefit Booster Applicable if Medicine and Injections, Dentistry, GPs and Specialists, Primary Health Care and Auxiliary Services benefits are depleted		N\$2 360 per Family	
	26.1. Medicine and Injections (Acute and Chronic) - Excluding self-medication	70%	Payable from Benefit Booster	
	26.2. Dentistry	70%		
	26.3. General Practitioners and Specialists (Consultations/visits and procedures/services out-of-hospital, including casualties)	80%		
	26.4. Primary Health Care	80%		
	26.5. Auxiliary Services	70%		
	27. 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
	28. Lifestyle Management Screening Tests (Subject to Clinical Guidelines and Protocols)	100%	N\$15 000 per Family	

CATEGORY C: BACK-UP BENEFIT	COVER	M	M1	M2	M3	M4	M5+
Threshold Limit		6 450	7 300	7 570	7 850	8 130	8 380

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:
 - Medicine and Injections per family limit
 - Optical per family limit
 - Auxiliary Services per family limit
- Suppose 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. In that case, the member qualifies for Back-up benefit the following year, such as on the 2026 benefit year.
- The Back-up benefit is calculated as 15% 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 2026 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 2026.
- The unused Back-up benefit can be accumulated and carried over to the following benefit year.
- If the member resigns from NMC, any Back-up benefit balance will go to the Fund reserves.
- If the member passes away and their dependants remain with NMC, the Back-up benefit will be transferred to the remaining dependants.
- The Back-up benefit can be used to pay the excess on the NAMAFA 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 with the NAMAFA billing rules and guidelines.

EXAMPLE OF HOW THE BACK-UP BENEFIT WILL BE CALCULATED

		M	M1	M2	M3	M4	M5+
A. The total amount paid by NMC (at the end of April 2025 for 2024 claims) for the following family limits: <ul style="list-style-type: none"> Medicine and Injections Optical Auxiliary Services 		2 500	4 250	18 250	12 600	7 950	6 000
B. Threshold Limit		6 450	7 300	7 570	7 850	8 130	8 380
C. Difference: Threshold Limit (B) – Total Paid Amount (A)		3 950	3 050	0	0	0	2 380
D. Back-Up Benefit = 15% of C (Available from 01 May 2025)		593	458	Does not qualify because The Total Benefit Amount (A) is more than the Threshold Limit (B)			357

Contribution Tables

Jade Individual Contributions				
Age Band		Main	Adult	Child
0	25	2,231	1,483	661
26	30	2,484	1,677	661
31	35	2,735	1,876	661
36	40	3,085	2,141	661
41	45	3,385	2,381	661
46	50	3,658	2,588	703
51	55	4,002	2,857	703
56	60	4,280	3,070	703
61	65	4,573	3,300	703
66	100	4,859	3,523	703

Jade Group Contributions				
Age Band		Main	Adult	Child
0	25	2,037	1,329	586
26	30	2,254	1,485	586
31	35	2,409	1,623	586
36	40	2,633	1,797	586
41	45	2,901	2,010	586
46	50	3,089	2,153	599
51	55	3,334	2,356	599
56	60	3,571	2,533	599
61	65	3,787	2,702	599
66	100	3,804	2,722	599