

Jade

All Essentials Covered 2024 BENEFIT GUIDE



OVERALL ANNUAL BENEFIT
(OVERALL ANNUAL LIMIT)

N\$733 200 per Beneficiary
N\$1 133 600 per Family



CATEGORY A: Benefits For Major Medical Expenses










% NAMAF
Tariff







Pre-authorization: 100% of the tariff will be paid out.
Without Pre-authorization: No benefit will be paid out
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

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\$5 200 per Beneficiary N\$10 400 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\$3 500 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)		
	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		No Benefit
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		N\$20 750 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\$6 500 per Beneficiary Overall Annual Limit
	6. Oncology (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	
	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\$6 150 per Beneficiary once-off N\$7 300 per Family	
	7.2. Cataract Surgery and Lens Implants		N\$14 000 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\$10 900 per Family Overall Annual Limit	
	10. Psychiatric Treatment – Hospitalisation (Subject to prior approval)	100%	N\$32 750 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)	100%	Overall Annual Limit	
	12.1. Maxillo-Facial and Oral Surgery (trauma/non-elective) - All-inclusive		N\$57 000 per Family	
	12.2. Maxillo-Facial and Oral Surgery (other/elective) - All-inclusive		N\$22 000 per Beneficiary N\$27 000 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\$4 400 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\$42 600 per Family Overall Annual Limit
	17.1. HIV/AIDS (As per national guidelines for antiretroviral therapy)	100%	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 Once-off benefit	N\$480	
	17.1.3. Consultation (after the first full HIV consultation/ assessment) Six consultations per Beneficiary	N\$440	
	17.1.4. HIV Counselling		
	17.1.5. Pathology Tests (Subject to prior approval)		N\$1 300 per Beneficiary
	17.1.6. HIV Resistance Test (Subject to prior approval)		N\$5 650 per Beneficiary
	17.2. Prevention of Mother-to-Child Transmission (PMTCT) As per national guidelines	100%	Payable from Specified Illness Conditions
	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\$6 500 per Beneficiary N\$11 350 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\$14 650 per Family
	19.1. Medicine and Injections (Acute and Chronic) - Paid at maximum Namibia medicine price list on generics)	100%	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
	20. Primary Health Care Services	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)		
	21. Dentistry	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		No Benefit
	21.3. Orthodontics (Prior approval required)		N\$9 150 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\$4 360 per Family
	22.1. Every two years (Including frame) (2023/2024)		N\$2 340 per Beneficiary every two years
	22.2. Eye Tests, Spectacles and Contact Lenses		N\$1 040 per Beneficiary
	22.3. Frame		
	23. Auxiliary Services (Supplementary Services)	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)		
	24. External Appliances (Subject to MHC guidelines)	80% of Cost	N\$ 2 700 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\$2 250 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%	

CATEGORY C: BACK-UP BENEFIT	COVER	M	M1	M2	M3	M4	M5+
Threshold Limit		6 140	6 950	7 210	7 470	7 740	7 980

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 2025 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 2025 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 2025.
- 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 NAMAF 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 NAMAF 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	6 140	6 950	7 210	7 470	7 740	7 980
C. Difference: Threshold Limit (B) – Total Paid Amount (A)	3 640	2 700	0	0	0	1 980
D. Back-Up Benefit = 15% of C (Available from 01 May 2025)	375	405	Does not qualify because The Total Benefit Amount (A) is more than the Threshold Limit (B)			297

Contribution Tables

Jade Individual Contributions				
Age Band		Main	Adult	Child
0	25	2,161	1,436	640
26	30	2,406	1,624	640
31	35	2,649	1,817	640
36	40	2,988	2,074	640
41	45	3,278	2,306	640
46	50	3,543	2,507	681
51	55	3,876	2,767	681
56	60	4,145	2,973	681
61	65	4,429	3,196	681
66	100	4,706	3,412	681

Jade Group Contributions				
Age Band		Main	Adult	Child
0	25	1,973	1,287	568
26	30	2,183	1,438	568
31	35	2,333	1,572	568
36	40	2,550	1,740	568
41	45	2,810	1,947	568
46	50	2,992	2,085	580
51	55	3,229	2,282	580
56	60	3,459	2,453	580
61	65	3,668	2,617	580
66	100	3,684	2,636	580