












# Topaz





## 2026 BENEFIT GUIDE

OVERALL ANNUAL BENEFIT (Overall Annual Limit)		% Tariff	Unlimited According to Defined Primary Healthcare Protocols Ex Gratia not Applicable
CATEGORY A: PRIMARY HEALTHCARE BENEFITS			Benefits Available Only at Network Health Professionals
	1. Nurse	100%	Registered Nurse
	1.1. Consultations/Visits		Unlimited – N\$280 per visit (Maximum tariff regardless of time spent on consultation)
	1.2. Medication/Injections		Payable from Acute Medication/Injections
	1.3. Procedures		Unlimited
	2. General Practitioner	100%	According to defined protocols
	2.1. Consultations/Visits (Out-Of-Hospital)		Unlimited. N\$475 per visit (First consultation) (Maximum tariff regardless of type of first consultation) N\$360 per visit (Follow-up consultation) (Maximum tariff regardless of type of Follow-up consultation) (Code 0125 - extended consultation every 15 minutes or part thereof, not payable)
	2.2. GP Virtual/Telephonic Consultations (Telephonic/virtual writing of prescriptions not payable)		Prorated from date of joining Seven virtual/telephonic consultations per Beneficiary
	2.3. Acute Medication/Injections (Paid at maximum Namibia medicine price on generics)		Payable from Acute Medication/Injections
	2.4. Chronic Medication/Injections - Subject to chronic medication registration (Paid at maximum Namibia medicine price on generics)		Payable from Chronic Medication/Injections
	2.5. Procedures (Out-Of-Hospital)		Specified minor procedures in room only (Requires prior approval)
	3. Medical Specialists (Consultations Only)	100%	No Benefit
	4. Pharmacy	SEP + 40%	
	4.1. Acute Medication/Injections Paid at maximum Namibia medicine price on generics	100%	Prorated from date of joining N\$2 760 per Beneficiary N\$5 520 per Family N\$265 per claim per Beneficiary per day
	4.2. Chronic Medication/Injections Subject to chronic medication registration - Paid at maximum Namibia medicine price on generics		Prorated from date of joining N\$4 400 per Family
	4.3. Self-Medication		No Benefit



	<b>5. Pathology</b>	100%	Specified tests only
	<b>6. Radiology</b>	100%	Long bones, chest and trauma and basic radiology as per defined list. (Excluding MRI and CT Scan)
	<b>7. Basic Dentistry</b>	100%	N\$1 980 per Beneficiary N\$3 960 per Family (One plastic denture per Family every two years)
	<b>8. Optical</b>	100%	No Benefit
	8.1. Single vision (inclusive of test, frame and lenses)		
	8.2. Bifocal (inclusive of test, frame and lenses)		
	<b>9. Sonar Scans (Pregnancy)</b>	100%	Three scans per Beneficiary per pregnancy. Groups have cover from date of joining. Individuals have a nine-month waiting period.
	<b>10. Antenatal Consultation (General Practitioner)</b>	100%	Six consultations per Beneficiary (2601 and 2602 only). Groups have cover from date of joining. Individuals have a nine-month waiting period.
	<b>11. Paramedical (Psychologists, Physiotherapists, Occupational Therapists)</b>	100%	3 consultations / sessions per Family per annum
Category B: HIV/AIDS Treatment		% Tariff	Unlimited According to Defined Protocols Benefits Available Only at Network Health Professionals
	<b>12. HIV/AIDS Treatment</b>	100%	As per national guidelines for antiretroviral therapy
	12.1. Consultations (General Practitioners)		Unlimited
	12.2. Medication (including vitamins and supplements)		(According to Topaz and Topaz Plus HIV Medicine Formulary) 1st & 2nd line ARV Medication (Vitamins & supplements maximum of SEP N\$156)
	12.3. Pathology		Unlimited
	12.4. Counselling (pre-, post- and adherence)		Three sessions
	12.5. Post-Exposure Prophylaxis (PEP) (Rape cover and occupational injuries only)		As per national guidelines for antiretroviral therapy
	12.6. Pre-Exposure Prophylaxis (PrEP)		No Benefit
	12.7. Prevention of Mother-to-Child Transmission (PMTCT) (excluding milk formula)		As per national guidelines for antiretroviral therapy
Category C: Hospitalisation Benefit		% Tariff	Private Wing of State Hospital
Planned procedures: Groups have cover from the date of joining Individuals have a three (3) month waiting period after joining Emergency Cases: Immediate Cover			
Overall Annual Limit		% Tariff	
	<b>13. State Hospitalisation</b>		Unlimited. Private Wing of State Hospital
	13.1. Accommodation and Theatre	100% of State Tariffs for Private Patients	Overall Annual Limit
	13.2. Blood Transfusions		
	13.3. Intensive and High Care (Three days)		
	13.4. Medicine, Fixed Tariff Procedures, Hospital Apparatus, and To Take Out Medicine		
	13.5. Radiology and Pathology (In-Hospital)		Payable from General Practitioners and Medical Specialists (In-Hospital Services)
	<b>14. Private Hospitalisation</b>		No Benefit



	<b>15. General Practitioners and Medical Specialists</b> (In-Hospital services) - Additional Hospital Benefit cover excluded (Requires prior approval)	100%	N\$27 170 per Family (Including radiology and pathology) Overall Annual Limit
	<b>16. Other Healthcare Providers</b>	100%	No Benefit
	<b>17. Maternity</b> (Requires prior approval)		Unlimited hospitalisation in a state hospital (GPs and Specialists limited to benefits available under General Practitioners and Medical Specialists (In-Hospital Services) Groups have cover from the date of joining Individuals have a nine-month waiting period.
	<b>18. Ambulance Services</b>	100%	Unlimited
	18.1. Emergency Road Ambulance (Territory: SADC Countries) (Subject to pre-approval)		
	18.2. Ambulance/Inter-hospital Transfer (Subject to pre-approval)		N\$600 per Family
	<b>19. Lifestyle Management Tests</b> (Subject to Clinical Guidelines and Protocols)	100%	N\$15 000 per Family
	19.1. Screening Tests		Sub-limit 19
	19.2. Rapid Tests		N\$1 500 per Family Sub-limit 19

### Contribution Tables

Topaz Individual Contributions				
Age Band		Main	Adult	Child
0	25	401	341	161
26	30	425	362	161
31	35	446	380	161
36	40	471	400	161
41	45	497	422	161
46	50	527	445	175
51	55	544	465	175
56	60	567	481	175
61	65	609	518	175
61	100	656	556	175

Topaz Group Contributions				
Age Band		Main	Adult	Child
0	25	362	306	144
26	30	384	326	144
31	35	404	343	144
36	40	425	361	144
41	45	447	382	144
46	50	472	401	159
51	55	492	419	159
56	60	512	435	159
61	65	551	467	159
61	100	591	502	159



**Detailed Benefits:**

These rules apply for Topaz.

**Service Availability**

Please note that all benefits on Topaz are only available through registered Network Health Professionals. Visit our website, [www.nmcfund.com](http://www.nmcfund.com) for the updated Topaz Network Health Professionals list.

**Pathology**

The following tests are pre-approved and can be done at the discretion of the treating General Practitioner:

TARIFF CODE (052)	TARIFF CODE (037)	TARIFF DESCRIPTION
3755	53755	Full blood count
3792	53792	Plasmodium falciparum: Monoclonal immunological identification
3797	53797	Platelet count
3816	53816	T and B-cells markers (per marker)
3865	53865	Parasites in blood smear
3869	53869	Faeces: including parasites
3883	53883	Concentration techniques for parasites
3885	53885	Cytochemical stain
3932	53932	Antibodies to HIV: Elisa (Note: HIV-DNA PCR is excluded)
3951	53951	Quantitative Kahn, VDRL or other Flocculation
3999	53999	Albumin
4001	54001	Alkaline phosphatase
4006	54006	Amylase
4009	54009	Bilirubin: Total
4027	54027	Cholesterol: Total
4032	54032	Creatinine
4057	54057	Glucose: Quantitative
4064	54064	Glycosylated Haemoglobin: Chromatography

TARIFF CODE (052)	TARIFF CODE (037)	TARIFF DESCRIPTION
4113	54113	Potassium
4117	54117	Protein: Total
4131	54131	Alanine aminotransferase (ALT)
4134	54134	Gamma glutamyl transferase (GGT)
4147	54147	Triglyceride
4155	54155	Urine acid
4161	54161	Troponin isoforms: each
4182	54182	Quantitative protein estimation: nephelometer or Turbidometric method
4188	54188	Urine dipstick, per stick (irrespective of the number of tests on stick)
443908	544391	Quantitative PCR - viral load: HIV
4450	54450	HCG: Monoclonal immunological: Qualitative
4519	54519	Prostate specific antigen
453101 - 453109	54531 - 545320	Hepatitis: per antigen or antibody (Maximum of three Antigens)
4566	54566	Pap Smear: vaginal or cervical smear
4610	54610	Helicobacter pylori stool antigen test

Other Pathology tests are excluded.



## Radiology

Topaz and Topaz Plus are limited to basic radiology: Essentially long bones; CXR; trauma excluding MRI and CT Scans. Referral from treating General practitioner only. The following procedures are covered:

TARIFF CODE (038)	TARIFF DESCRIPTION
00090	Consumables in radiology procedures
10100	X-ray of the skull
11120	X-ray of the nasal bones
14100	X-ray of the mandible
20100	X-ray of soft tissue of the neck
30100	X-ray of the chest, single view
30110	X-ray of the chest two views, PA and lateral
30120	X-ray of the chest complete with additional views
30150	X-ray of the ribs
30155	X-ray of the chest and ribs
34200	Ultrasound study of the breast
40100	X-ray of the abdomen
40105	X-ray of the abdomen supine and erect, or decubitus
40110	X-ray of the abdomen multiple views including chest
40210	Ultrasound study of the whole abdomen including the pelvis
51110	X-ray of the cervical spine, one or two views
51120	X-ray of the cervical spine, more than two views
53110	X-ray of the lumbar spine, one or two views
53120	X-ray of the lumbar spine, more than two views
55100	X-ray of the pelvis
56100	X-ray of the left hip
56110	X-ray of the right hip
56120	X-ray pelvis and hips
61100	X-ray of the left clavicle
61105	X-ray of the right clavicle
61110	X-ray of the left scapula
61115	X-ray of the right scapula
61120	X-ray of the left acromio-clavicular joint
61125	X-ray of the right acromio-clavicular joint
61130	X-ray of the left shoulder
61135	X-ray of the right shoulder

TARIFF CODE (038)	TARIFF DESCRIPTION
62100	X-ray of the left humerus
62105	X-ray of the right humerus
63100	X-ray of the left elbow
63105	X-ray of the right elbow
64100	X-ray of the left forearm
64105	X-ray of the right forearm
65100	X-ray of the left hand
65105	X-ray of the right hand
65120	X-ray of a finger
65130	X-ray of the left wrist
65135	X-ray of the right wrist
65140	X-ray of the left scaphoid
65145	X-ray of the right scaphoid
71100	X-ray of the left femur
71105	X-ray of the right femur
72100	X-ray of the left knee one or two views
72105	X-ray of the right knee one or two views
72110	X-ray of the left knee, more than two views
72115	X-ray of the right knee, more than two views
72120	X-ray of the left knee including patella
72125	X-ray of the right knee including patella
72150	X-ray both knees standing - single view
73100	X-ray of the left lower leg
73105	X-ray of the right lower leg
74100	X-ray of the left ankle
74105	X-ray of the right ankle
74120	X-ray of the left foot
74125	X-ray of the right foot
74130	X-ray of the left calcaneus
74135	X-ray of the right calcaneus
74140	X-ray of both feet - standing - single view
74145	X-ray of a toe

## Pregnancy Sonar Scans:

Pregnancy ultrasounds are limited to three sonars per beneficiary per pregnancy. The following procedures are covered:

TARIFF CODE (038)	TARIFF DESCRIPTION
43250	Ultrasound study of the pregnant uterus, first trimester
43260	Ultrasound study of the pregnant uterus, second trimester
43270	Ultrasound study of the pregnant uterus, third trimester, first visit
43273	Ultrasound study of the pregnant uterus, third trimester, follow-up visit

TARIFF CODE (039 004)	TARIFF DESCRIPTION
390001	Routine obstetric ultrasound at 10 to 20 weeks gestational age preferable at 10 to 14 weeks gestational age to include nuchal translucency assessment (Including Doppler and colour Doppler)
390002	Routine obstetric ultrasound at 20 to 24 weeks to include detailed anatomical assessment, including the foetal heart (Including Doppler and colour Doppler)



TARIFF CODE (039 004)	TARIFF DESCRIPTION
390015	Obstetric ultrasound before 10 weeks gestational age for complicated pregnancy, i.e. suspected ectopic pregnancy abortion or discrepancy between gestational age and dates. Not to be used for routine diagnosis of pregnancy (Including Doppler and colour Doppler)
390016	Ultrasound after 24 weeks - motivation required (Including Doppler and colour Doppler)

TARIFF CODE (014)	TARIFF DESCRIPTION
5106	Obstetric ultrasound before 10 weeks gestational age for complicated pregnancy, i.e. suspected ectopic pregnancy abortion or discrepancy between gestational age and dates. Not to be used for routine diagnosis of pregnancy.

TARIFF CODE (014)	TARIFF DESCRIPTION
3615	Routine obstetric ultrasound at 10 to 20 weeks gestational age, preferably at 10 to 14 weeks gestational age, to include nuchal translucency assessment. (Note: This code is also referred to as a first-trimester scan and is a stand-alone code that may not be combined with any other codes. The code specifically includes Doppler studies)
3617	Routine obstetric ultrasound at 20 to 24 weeks to include detailed anatomical assessment. (Note: This code is also referred to as a second trimester scan and is a stand-alone code that may not be combined with any other codes. The code specifically includes Doppler studies)
5107	Ultrasound after 24 weeks. (Note: This code is also referred to as a second trimester scan and is a stand-alone code that may not be combined with any other codes. The code specifically includes Doppler studies)

#### Dentistry

Basic dentistry only. No benefit for specialised dentistry.

#### HIV/AIDS

- A. Treatment – First and second line ARV medication according to the national guidelines for antiretroviral therapy. Medicine according to HIV/AIDS medicine formulary.
- B. Counselling – Three sessions, pre-, post- and adherence.
- C. Pathology – Baseline and monitoring laboratory tests as detailed in the national guidelines for antiretroviral therapy excluding HIV resistance testing.
- D. Rape and Occupational Injuries Cover – Covered according to the defined protocol in the national guidelines for antiretroviral therapy.

#### Medicine Formulary:

Topaz only covers medication as specified in the Topaz and Topaz Plus HIV Medicine Formulary available on our website, [www.nmcfund.com](http://www.nmcfund.com).