













TOPAZ

All Essentials Covered

2023 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\$255 per visit (Maximum tariff regardless of time spent on consultation) |
| | 1.2. Medication / Injections | | (According to Topaz and Topaz plus medicine formulary) – N\$240 per claim per Beneficiary per day |
| | 1.3. Procedures | | Unlimited |
|  | 2. General Practitioner | 100% | According to defined protocols |
| | 2.1. Consultations / Visits (Out-Of-Hospital) | | Unlimited. \$365 per visit (First consultation) (Maximum tariff regardless of type of first consultation) N\$295 per visit (Follow-up consultation) (Maximum tariff regardless of type of Follow-up consultation) (Code 0125 - extended consultation every 15 minutes or part therefore, not payable) |
| | 2.2. Virtual Consultations | | Limited to 3 virtual consultations per Family |
| | 2.3. Acute Medication / Injections (Paid at maximum Namibia medicine price on generics) | | (According to Topaz and Topaz Plus acute medicine formulary) N\$240 per claim per Beneficiary per day |
| | 2.4. Chronic Medication/Injections - Subject to chronic medication registration (Paid at maximum Namibia medicine price on generics) | | N\$3 500 per Family |
| | 2.5. Procedures (Out-Of-Hospital) | | Specified Minor Procedures in Room only (Requires prior approval) |
| | 3. Medical Specialists (Consultations Only) (Requires prior approval) | 100% | No Benefit |
|  | 4. Pharmacy | 100% | |
| | 4.1. Acute Medication / Injections Paid at maximum Namibia medicine price on generics | | (According to Topaz and Topaz Plus Acute Medicine Formulary) N\$240 per claim per Beneficiary per day |
| | 4.2. Chronic Medication / Injections Subject to chronic medication registration Paid at maximum Namibia medicine price on generics | | Payable from Chronic Medication/Injections |
| | 4.3. Self-Medication | | No Benefit |
| 5. Pathology | | 100% | Specified tests only |
| 6. Radiology | | 100% | Long bones, chest and trauma and basic radiology as per defined list. (Excluding MRI and CT Scan) |
|  | 7. Basic Dentistry | 100% | N\$1 790 per Beneficiary N\$3 550 per Family (1 plastic denture per Family every 2 years) |
|  | 8. Optical | 100% | No Benefit |
| | 8.1. Single vision (inclusive of test, frame and lenses) | | |
| | 8.2. Bifocal (inclusive of test, frame and lenses) | | |

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|--|--|--|---|
|  | 9. Sonar Scans (Pregnancy) | 100% | 3 scans per Beneficiary per pregnancy. Groups have cover from date of joining. Individuals have a 9 months waiting period. |
|  | 10. Antenatal Consultation (General Practitioner) | 100% | 6 consultations per Beneficiary (2601 and 2602 only). Groups have cover from date of joining. Individuals have a 9-month waiting period. |
| | 11. Paramedical (Psychologists, Physiotherapists, Occupational Therapists) | 100% | No Benefit |
| Category B: HIV/AIDS Treatment | | % Tariff | Unlimited According to Defined Protocols Benefits Available Only at Network Health Professionals |
|  | 12. HIV/AIDS Treatment | 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) (Vitamins and supplements maximum of N\$100) |
| | 12.3. Pathology (Subject to prior approval) | | Unlimited |
| | 12.4. Counselling (pre-, post and adherence) | | 3 Sessions |
| | 12.5. Post Exposure Prophylaxis (PEP) (Rape cover & 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 | | | Private Wing of State Hospital |
| Planned procedures: Groups have cover from the date of joining Individuals have a 6 months waiting period after joining Emergency Cases: Immediate Cover | | | |
| Overall Annual Limit | | % Tariff | Unlimited |
|  | 13. State Hospitalisation | | 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 (3 days) | | |
| | 13.4. Medicine, Fixed Tariff Procedures, Hospital Apparatus and To Take Out Medicine | | |
| | 13.5. Radiology and Pathology (In-Hospital) | | General Practitioners and Medical Specialists (In-Hospital Services) |
| 14. Private Hospitalisation | | | No Benefit |
|  | 15. General Practitioners and Medical Specialists (In-Hospital services) Additional Hospital Benefit Cover excluded | 100% | N\$25 000 per Family (Including radiology and pathology) Overall Annual Limit |
| 16. Other Healthcare Providers | | 100% | No Benefit |
|  | 17. Maternity (Requires prior approval) | | Unlimited hospitalisation in state hospital (GPs and Specialists limited to Sub-Limit 16). Groups have cover from date of joining. Individuals have a 9 months waiting period |
|  | 18. Ambulance Services | 100% | |
| | 18.1. Emergency Road Ambulance (Territory: SADC Countries) (Subject to pre-approval) | | Unlimited |
| | 18.2. Ambulance/Inter-hospital Transfer (Subject to pre-approval) | | N\$550 per Family |

Contribution Tables

| Topaz Individual Contributions | | | | |
|--------------------------------|----|------|-------|-------|
| Age Band | | Main | Adult | Child |
| 0 | 25 | 339 | 288 | 136 |
| 26 | 30 | 359 | 305 | 136 |
| 31 | 35 | 377 | 321 | 136 |
| 36 | 40 | 398 | 338 | 136 |
| 41 | 45 | 420 | 356 | 136 |
| 46 | 50 | 444 | 376 | 148 |
| 51 | 55 | 460 | 392 | 148 |
| 56 | 60 | 479 | 406 | 148 |
| 61 | 65 | 514 | 437 | 148 |
| 66+ | | 553 | 469 | 148 |

| Topaz Group Contributions | | | | |
|---------------------------|----|------|-------|-------|
| Age Band | | Main | Adult | Child |
| 0 | 25 | 305 | 259 | 122 |
| 26 | 30 | 323 | 275 | 122 |
| 31 | 35 | 341 | 290 | 122 |
| 36 | 40 | 359 | 304 | 122 |
| 41 | 45 | 378 | 322 | 122 |
| 46 | 50 | 399 | 339 | 134 |
| 51 | 55 | 415 | 353 | 134 |
| 56 | 60 | 432 | 367 | 134 |
| 61 | 65 | 464 | 394 | 134 |
| 66+ | | 499 | 423 | 134 |

Detailed Benefits:

These rules apply for Topaz.

Service Availability

Please note that all benefits on Topaz are only available through registered Network Health Professionals. Please visit our website, 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 | TARIFF CODE (052) | TARIFF CODE (037) | TARIFF DESCRIPTION |
|-------------------|-------------------|---|-------------------|-------------------|--|
| 3755 | 53755 | Full blood count | 4064 | 54064 | Glycosylated Haemoglobin: Chromatography |
| 3792 | 53792 | Plasmodium falciparum: Monoclonal immunological identification | 4113 | 54113 | Potassium |
| 3797 | 53797 | Platelet count | 4117 | 54117 | Protein: Total |
| 3816 | 53816 | T and B-cells markers (per marker) | 4131 | 54131 | Alanine aminotransferase (ALT) |
| 3865 | 53865 | Parasites in blood smear | 4134 | 54134 | Gamma glutamyl transferase (GGT) |
| 3869 | 53869 | Faeces: including parasites | 4147 | 54147 | Triglyceride |
| 3883 | 53883 | Concentration techniques for parasites | 4155 | 54155 | Urine acid |
| 3885 | 53885 | Cytochemical stain | 4161 | 54161 | Troponin isoforms: each |
| 3932 | 53932 | Antibodies to HIV: Elisa (Note: HIV-DNA PCR is excluded) | 4182 | 54182 | Quantitative protein estimation: nephelometer or Turbidometric method |
| 3951 | 53951 | Quantitative Kahn, VDRL or other Flocculation | 4429 | 54429 | Quantitative PCR (DNA/RNA) (Note: only for HIV management and according to National Guidelines) |
| 3999 | 53999 | Albumin | 4450 | 54450 | HCG: Monoclonal immunological: Qualitative |
| 4001 | 54001 | Alkaline phosphatase | 4519 | 54519 | Prostate specific antigen |
| 4006 | 54006 | Amylase | 4610 | 54610 | Helicobacter pylori stool antigen test |
| 4009 | 54009 | Bilirubin: Total | 4531 | 54531 | Hepatitis: per antigen or antibody (Maximum of three Antigens) |
| 4027 | 54027 | Cholesterol: Total | 4566 | 54566 | Pap Smear: vaginal or cervical smear |
| 4032 | 54032 | Creatinine | 4610 | 54610 | Helicobacter pylori stool antigen test |
| 4057 | 54057 | Glucose: Quantitative | | | |

Other Pathology tests are excluded.

Radiology

Topaz is 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 | TARIFF CODE (038) | TARIFF DESCRIPTION |
|-------------------|--|-------------------|--|
| 10100 | X-ray of the skull | 62105 | X-ray of the right humerus |
| 11120 | X-ray of the nasal bones | 63100 | X-ray of the left elbow |
| 14100 | X-ray of the mandible | 63105 | X-ray of the right elbow |
| 20100 | X-ray of soft tissue of the neck | 64100 | X-ray of the left forearm |
| 30100 | X-ray of the chest, single view | 64105 | X-ray of the right forearm |
| 30110 | X-ray of the chest two views, PA and lateral | 65100 | X-ray of the left hand |
| 30120 | X-ray of the chest complete with additional views | 65105 | X-ray of the right hand |
| 30150 | X-ray of the ribs | 65120 | X-ray of a finger |
| 30155 | X-ray of the chest and ribs | 65130 | X-ray of the left wrist |
| 34200 | Ultrasound study of the breast | 65135 | X-ray of the right wrist |
| 40100 | X-ray of the abdomen | 65140 | X-ray of the left scaphoid |
| 40105 | X-ray of the abdomen supine and erect, or decubitus | 65145 | X-ray of the right scaphoid |
| 40110 | X-ray of the abdomen multiple views including chest | 71100 | X-ray of the left femur |
| 40210 | Ultrasound study of the whole abdomen including the pelvis | 71105 | X-ray of the right femur |
| 51110 | X-ray of the cervical spine, one or two views | 72100 | X-ray of the left knee one or two views |
| 51120 | X-ray of the cervical spine, more than two views | 72105 | X-ray of the right knee one or two views |
| 53110 | X-ray of the lumbar spine, one or two views | 72110 | X-ray of the left knee, more than two views |
| 53120 | X-ray of the lumbar spine, more than two views | 72115 | X-ray of the right knee, more than two views |
| 55100 | X-ray of the pelvis | 72120 | X-ray of the left knee including patella |
| 56100 | X-ray of the left hip | 72125 | X-ray of the right knee including patella |
| 56110 | X-ray of the right hip | 72150 | X-ray both knees standing - single view |
| 56120 | X-ray pelvis and hips | 73100 | X-ray of the left lower leg |
| 61100 | X-ray of the left clavicle | 73105 | X-ray of the right lower leg |
| 61105 | X-ray of the right clavicle | 74100 | X-ray of the left ankle |
| 61110 | X-ray of the left scapula | 74105 | X-ray of the right ankle |
| 61115 | X-ray of the right scapula | 74120 | X-ray of the left foot |
| 61120 | X-ray of the left acromio-clavicular joint | 74125 | X-ray of the right foot |
| 61125 | X-ray of the right acromio-clavicular joint | 74130 | X-ray of the left calcaneus |
| 61130 | X-ray of the left shoulder | 74135 | X-ray of the right calcaneus |
| 61135 | X-ray of the right shoulder | 74140 | X-ray of both feet - standing - single view |
| 62100 | X-ray of the left humerus | 74145 | X-ray of a toe |

Pregnancy Sonar Scans:

Pregnancy ultrasounds are limited to 3 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 |

Dentistry

Basic dentistry only. No benefit for specialised dentistry.

HIV/AIDS

- Treatment** – According to the National Guidelines for Antiretroviral Therapy. Medicine according to HIV/AIDS Medicine Formulary.
- Counselling** – 3 sessions Pre, Post and Adherence.
- Pathology** – Baseline and monitoring laboratory tests as detailed in the National Guidelines for Antiretroviral Therapy excluding HIV resistance testing.
- Rape 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 Acute, and HIV Medicine Formulary available on our website, www.nmcfund.com.