

Topaz Plus

2025 BENEFIT GUIDE

OVERALL ANNUAL BENEFIT (Overall Annual Limit)		Unlimited According to Defined Primary Healthcare Protocols Ex Gratia not Applicable
CATEGORY A: PRIMARY HEALTHCARE BENEFITS	% Tariff	Benefits available only at Network Health Professionals
1. Nurse		Registered Nurse
1.1. Consultations/Visits	100%	Unlimited – N\$270 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		According to defined protocols
2.1. Consultations/Visits (Out-Of-Hospital)	100%	Unlimited. N\$385 per visit (First consultation) (Maximum tariff regardless of type of first consultation) N\$310 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/Visits (Requires prior approval)	100%	Five consultations/visits per Family per annum (0101 and 0108 only) (Code 0129 - extended consultation every 15 minutes of part thereof, not payable)
4. Pharmacy	SEP + 40%	
4.1. Acute Medication/Injections – Paid at Maximum Namibia Medicine Price on generics	100%	Prorated from date of joining N\$3 150 per Beneficiary N\$5 250 per Family N\$252 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\$3 880 per Family
4.3. Self-Medication		N\$735 per Family N\$126 per claim per Beneficiary per day
5. Pathology	100%	Specified tests
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\$1 985 per Beneficiary N\$3 830 per Family (One plastic denture per Family every two years)
8. Optical		N\$1 050 per Beneficiary every two years (2025/2026) (Six-month waiting period, complete test, specified frames and lenses)
8.1. Single Vision (inclusive of test, frame and lenses)	100%	Payable from Optical Benefit
8.2. Bifocal (inclusive of test, frame and lenses) (Paid at maximum Namibia medicine price on generics)		Payable from Optical Benefit
9. Sonar Scans (Pregnancy)	100%	Three scans per Beneficiary per pregnancy. Groups have cover from date of joining. Individuals have a nine-month waiting period.
10. Antenatal Consultation (General Practitioner)	100%	Nine consultations per Beneficiary (2601 and 2602). Groups have cover from date of joining. Individuals have a nine-month waiting period.
11. Paramedical/Allied Health Professionals (Psychologists, Physiotherapists, Occupational Therapists)	100%	Three consultations/sessions per Family per annum
Category B: HIV/AIDS Treatment and Other Specified Conditions		Unlimited According to Defined Protocols Benefits available only at Network Health Professionals
12. HIV/AIDS Treatment		As per national guidelines for antiretroviral therapy
12.1. Consultations (General Practitioners)	100%	Unlimited
12.2. Medication (including vitamins and supplements)		(According to Topaz and Topaz Plus HIV medicine formulary) (Vitamins and supplements maximum of N\$150)
12.3. Pathology (Subject to prior approval)		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 Hospitalisation Benefits available at Network Health Professionals
Planned procedures: Groups have cover from the date of joining. Individuals have a six-month waiting period after joining. Emergency Cases: Immediate Cover		
Overall Annual Limit	% Tariff	
13. State Hospitalisation	100%	Unlimited. Private Wing of State Hospital
13.1. Accommodation and Theatre		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)
14. Private Hospitalisation	100%	NS120 750 per family. Pre-authorisation: 100% of 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.
14.1. Accommodation and Theatre		Overall Annual Limit. (15 days per Beneficiary)
14.2. Blood Transfusions		Overall Annual Limit
14.3. Intensive and High Care (Three days, then referral to State Hospitals)		
14.4. Medicine, Fixed Tariff Procedures, Hospital Apparatus, and To Take Out Medicine		Overall Annual Limit. (Seven days' supply only)
14.5. Radiology and Pathology (In-Hospital)		Payable from General Practitioners and Medical Specialists (In-Hospital Services)
15. General Practitioners and Medical Specialists (In-Hospital services) - Additional Hospital Benefit cover excluded (Requires prior approval)	100%	N\$26 250 per Family (Including Radiology and Pathology) Overall Annual Limit
16. Other Healthcare Providers	100%	No Benefit
17. Maternity (Requires prior approval)	100%	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.
18. Ambulance Services	100%	Unlimited
18.1. Emergency Road Ambulance (Territory: SADC Countries) (Subject to pre-approval)		N\$580 per Family
18.2. Ambulance/Inter-hospital Transfer (Subject to pre-approval)		
19. Lifestyle Management Screening Tests (Subject to Clinical Guidelines and Protocols)	100%	N\$15 000 per Family

Contribution Tables

Topaz Plus Individual Contributions				
Age Band		Main	Adult	Child
0	25	723	615	289
26	30	764	648	289
31	35	805	685	289
36	40	837	712	289
41	45	871	739	289
46	50	906	769	304
51	55	953	812	304
56	60	1,006	856	304
61	65	1,082	921	304
66	100	1,164	987	304

Topaz Plus Group Contributions				
Age Band		Main	Adult	Child
0	25	634	540	254
26	30	671	570	254
31	35	707	600	254
36	40	735	626	254
41	45	764	649	254
46	50	794	675	266
51	55	837	711	266
56	60	884	752	266
61	65	950	808	266
66	100	1,021	868	266

Topaz Plus Students Contribution	
Main	
612	

Detailed Benefits:

These rules apply for Topaz Plus.

Service Availability

Please note that all benefits on Topaz Plus are only available through registered Network Health Professionals. Visit our website, www.nmcfund.com for the updated Topaz Plus 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	4188	54188	Urine dipstick, per stick (irrespective of the number of tests on stick)
3999	53999	Albumin	443908	544391	Quantitative PCR - viral load: HIV
4001	54001	Alkaline phosphatase	4450	54450	HCG: Monoclonal immunological: Qualitative
4006	54006	Amylase	4519	54519	Prostate specific antigen
4009	54009	Bilirubin: Total	453101 - 453109	54531 - 545320	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 Plus 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
00090	Consumables in radiology procedures	56110	X-ray of the right hip
10100	X-ray of the skull	56120	X-ray pelvis and hips
11120	X-ray of the nasal bones	61100	X-ray of the left clavicle
14100	X-ray of the mandible	61105	X-ray of the right clavicle
20100	X-ray of soft tissue of the neck	61110	X-ray of the left scapula
30100	X-ray of the chest, single view	61115	X-ray of the right scapula
30110	X-ray of the chest two views, PA and lateral	61120	X-ray of the left acromio-clavicular joint
30120	X-ray of the chest complete with additional views	61125	X-ray of the right acromio-clavicular joint
30150	X-ray of the ribs	61130	X-ray of the left shoulder
30155	X-ray of the chest and ribs	61135	X-ray of the right shoulder
34200	Ultrasound study of the breast	62100	X-ray of the left humerus
40100	X-ray of the abdomen	62105	X-ray of the right humerus
40105	X-ray of the abdomen supine and erect, or decubitus	63100	X-ray of the left elbow
40110	X-ray of the abdomen multiple views including chest	63105	X-ray of the right elbow
40210	Ultrasound study of the whole abdomen including the pelvis	64100	X-ray of the left forearm
51110	X-ray of the cervical spine, one or two views	64105	X-ray of the right forearm
51120	X-ray of the cervical spine, more than two views	65100	X-ray of the left hand
53110	X-ray of the lumbar spine, one or two views	65105	X-ray of the right hand
53120	X-ray of the lumbar spine, more than two views	65120	X-ray of a finger
55100	X-ray of the pelvis	65130	X-ray of the left wrist
56100	X-ray of the left hip	65135	X-ray of the right wrist
		65140	X-ray of the left scaphoid

TARIFF CODE (038)	TARIFF DESCRIPTION
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

TARIFF CODE (038)	TARIFF DESCRIPTION
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
390016	Ultrasound after 24 weeks - motivation required (Including Doppler and colour Doppler)

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)
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)

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.
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

Dentistry

Basic dentistry. No benefit for specialised dentistry.

HIV/AIDS

- A. Treatment** – 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.

Optical

Six months waiting period with a pair of glasses every two years per beneficiary. A pair of glasses will consist of an eye test, specified frames, non-glass lenses or non-glass bifocal lenses.

Paramedical/Allied Health Professionals

Limited to three consultations/sessions per family, per annum. Paramedical includes services by a Psychologist (086), Physiotherapist (072) and Occupational Therapist (066).

Medical Specialist Consultations

Limited to five consultations per family, per annum. Benefit is applicable only to first consultation (0101) and follow-up consultation (0108) in the doctor's room.

Medicine Formulary

Topaz Plus only covers medication as specified in the Topaz and Topaz Plus HIV medicine formulary available on our website, www.nmcfund.com.

