



Sapphire

2026 BENEFIT GUIDE

OVERALL ANNUAL BENEFIT (OVERALL ANNUAL LIMIT)		Unlimited Benefit
CATEGORY A: HOSPITALISATION BENEFIT	% NAMA Tariff	Pre-authorisation: 100% of the tariff will be paid out. 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: General Practitioners (GPs) and specialists in-hospital services are paid up to a maximum of 150% of the NAMA tariff. OVERALL ANNUAL LIMIT		
	COVER	
1. Hospitalisation		Overall Annual Limit
1.1. Accommodation and Theatre		
1.2. Accommodation in Private Wards (Difference between general ward and private ward tariffs)		N\$11 285 per Beneficiary N\$24 750 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)	100%	N\$5 435 per Beneficiary Overall Annual Limit
1.8. Medicine, Fixed Tariff Procedures, Hospital Apparatus, and To Take Out Medicine (Seven days supply only)		
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		Overall Annual Limit
1.11. Internal Appliances and Materials (As per NMC protocol)	100% of Cost	
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\$42 960 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)		Overall Annual Limit
4.1. Confinement – full procedure		
4.2. Antenatal Consultation 12 consultations per Beneficiary (prorated from the date of joining) - Additional Hospital Benefit cover excluded	100%	
4.3. Ante/Postnatal Classes and Education Six sessions per Beneficiary (prorated from the date of joining) - Additional Hospital Benefit cover excluded		Payable from the Maternity Benefit
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 (All-inclusive) (Subject to prior approval) (Prorated from the date of joining)	100%	N\$7 040 per Beneficiary Overall Annual Limit
6. Infertility Treatment (All-inclusive) (Subject to prior approval and MHC Guidelines)	100%	N\$45 000 per Family Overall Annual Limit
7. Oncology (Subject to Case Management and MHC guidelines)		
- Consultations and Procedures Out-of-Hospital (Excluding Allied and Complimentary Health Professionals)		
7.1. MRI/CT Scans and Other Specialised Radiology Procedures In and Out-of-Hospital - Additional Hospital Benefit cover excluded - Referral from a medical specialist only	100%	N\$815 100 per Beneficiary Overall Annual Limit
7.2. Radiation Oncology (Referral from a medical specialist only)		
7.3. Oncology Medication In and Out-of-Hospital (Chemotherapy, Radiotherapy, Hormone Therapy, Immunotherapy and Targeted Therapy)		
7.4. Hospitalisation and Related Procedures In-Hospital		Overall Annual Limit
8. 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
8.1. Refractive Surgery		N\$25 100 For both eyes per Beneficiary once-off N\$32 200 per Family
8.2. Cataract Surgery and Lens Implants		N\$27 200 per eye per Beneficiary once-off
9. Reconstructive Surgery (Medical necessity only) (Subject to prior approval and subject to strict MHC guidelines)	100%	Overall Annual Limit
9.1. Consultation and procedure		N\$15 800 per Family
9.2. Hospitalisation		Overall Annual Limit
10. Private Nursing/Frail Care/Hospice (Subject to Case Management)		N\$42 050 per Family Overall Annual Limit

11. Psychiatric Treatment (Subject to prior approval)	100%	Overall Annual Limit					
11.1. Consultations and Procedures		Sub-limit 11					
11.2. Hospitalisation		N\$35 710 per Family Sub-limit 11					
12. Alcoholism / Drug Addiction (Subject to prior approval and MHC guidelines)		Sub-limit 11.2					
13. Specialised Dental Surgery - Additional Hospital Benefit cover excluded (Subject to pre-authorisation)	100%	Overall Annual Limit					
13.1. Maxillo-Facial and Oral Surgery (trauma/non-elective) - All-inclusive		N\$143 450 per Family					
13.2. Maxillo-Facial, Oral Surgery and Dental Implants (other/elective) - All-inclusive		N\$42 450 per Beneficiary N\$52 800 per Family N\$5 175 for all dental implant component per tooth					
13.3. Maxillo-Facial and Oral Surgery (Including Dental Implants) (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)					
13.4. Maxillo-Facial and Oral Surgery - Internal Prosthesis (excluding dental Implant component)	100% of Cost	Payable from internal appliances under the Hospital Benefit					
14. Stomal Therapy (All-inclusive) (Subject to prior approval)	100%	N\$29 800 per Family Overall Annual Limit					
15. Ambulance and Evacuation Services	100%	Overall Annual Limit					
15.1. Emergency Ambulance and Flights (Territory: SADC Countries) (Subject to prior approval)		Unlimited Benefit					
15.2. Ambulance/Inter-Hospital Transfer (Subject to prior approval)		N\$5 985 per Beneficiary					
16. Medical Referral (Subject to prior approval and accommodation and travelling reimbursement protocols)		Overall Annual Limit					
16.1. Transport	70% of Cost	N\$10 510 per Family					
16.2. Accommodation Other than a Recognised Hospital/ Medical Institution (Maximum of two days)	100% of Cost	N\$642 per day per Family					
17. 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					
18. Lifestyle Management Tests (Subject to Clinical Guidelines and Protocols)	100%	N\$15 000 per Family					
18.1. Screening Tests:		Sub-limit 18					
18.2. Rapid Tests		N\$1 500 per Family Sub-limit 18					
CATEGORY B: DAY-TO-DAY BENEFIT	COVER	Sub-limits are prorated from the date of joining, except the Optical Benefit. OVERALL LIMIT					
		M	M1	M2	M3	M4	M5+
19. General Practitioners and Specialists		N\$17 650	N\$22 700	N\$24 900	N\$25 900	N\$26 850	N\$27 800

19.1. 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					
19.2. Procedures (out-of-hospital services, including casualties)							
19.3. Materials and Disposable Items							
19.4. Radiology and Pathology (out-of-hospital, including radiography, sonography, medical laboratory technology and chemical biochemistry) (Referral from a medical practitioner)							
19.5. MRI and CT Scan		Payable from the MRI and CT Scan Benefit					
Benefit Booster Applicable (additional benefit once limit is exceeded)							
20. Medicine and Injections	SEP + 40%	N\$33 950	N\$53 030	N\$57 390	N\$59 600	N\$61 830	N\$64 000
20.1. Acute – Paid at maximum Namibia medicine price list on generics	85%	N\$9 350	N\$14 200	N\$17 300	N\$18 250	N\$19 250	N\$20 200
N\$9 350 per Beneficiary							
20.2. Chronic – Paid at maximum Namibia medicine price list on generics		N\$22 500	N\$36 500	N\$37 550	N\$38 600	N\$39 600	N\$40 600
20.2.1. Members aged 65 and below	85%	No Limit per Beneficiary Payable from Medicine and Injections					
20.2.2. Members aged 66 and above	100%						
20.3. Essential Vaccination/Immunisation (As per WHO guidelines) - Paid at maximum Namibia medicine price list on generics	100%	Payable from Medicine and Injections					
Benefit Booster Applicable (additional benefit once limit is exceeded)							
20.4. Self-medication - Paid at maximum Namibia medicine price list on generics	100%	N\$2 100	N\$2 330	N\$2 540	N\$2 750	N\$2 980	N\$3 200
N\$250 per claim per Beneficiary per day							
21. Primary Health Care Services		N\$1 360	N\$1 625	N\$1 845	N\$2 060	N\$2 280	N\$2 500
N\$1 360 per Beneficiary							
21.1. Consultations and Procedures	100%	Payable from Primary Health Care Services					
21.2. Medicine and Injections - Paid at maximum Namibia medicine price list on generics	100%	Payable from Acute Medication					
Benefit Booster Applicable (additional benefit once limit is exceeded)							
22. Dentistry	100%	N\$17 200 per Beneficiary N\$24 350 per Family					
22.1. Conservative and Specialised Dentistry (Including Dental Therapy)		Payable from Dentistry Benefits					
22.2. Maxillo-Facial, Oral Surgery and Dental Implants - In-practice consultation and non-surgical procedures							
Benefit Booster Applicable (additional benefit once limit is exceeded)							
22.3. Orthodontics (Subject to prior approval and MHC guidelines)	100%	N\$32 100 per Beneficiary once-off					
23. Optical Benefits		N\$5 330 per Beneficiary N\$12 000 per Family					
23.1. Optical tests (per annum)	100%	Payable from Optical Benefits					
23.2. Spectacles and Lenses (per annum)	100%						
23.3. Frame (every 2 years)	100% of Cost	N\$2 040 per Beneficiary					
23.4. Readers Spectacles	100% of Cost	N\$114 per Family					
24. Auxiliary Services		N\$16 665	N\$26 655	N\$28 850	N\$30 150	N\$30 700	N\$31 250
N\$16 665 per Beneficiary							
24.1. Art Therapy	100%	Payable from Auxiliary Services					
24.2. Audiology/Speech Therapy	100%						

24.3. Biokinetics	100%	N\$8 220 per Beneficiary					
24.4. Chinese Medicine		N\$8 220 per Beneficiary					
24.5. Chiropractor		Payable from Auxiliary Services					
24.5.1. Consultation and Procedure	100%						
24.5.2. Medicine	85%	Payable from Acute Medicine and Injections					
24.6. Clinical Psychology/Psychological Counsellor	100%	N\$8 220 per Beneficiary					
24.7. Clinical Technology	100%	Payable from Auxiliary Services					
24.8. Dietician	100%						
24.9. Hearing Aid Acoustician	100%						
24.10. Homeopathy/Naturopathy/Phytotherapy							
24.10.1. Consultation and Procedure	100%	Payable from Acute Medicine and Injections					
24.10.2. Medicine	85%						
24.11. Occupational Therapy	100%	Payable from Auxiliary Services					
24.12. Orthotist/Prosthetist	100%						
24.13. Physiotherapy	100%	N\$8 220 per Beneficiary					
24.14. Podiatry/Chiropody	100%	Payable from Auxiliary Services					
24.15. Social Worker	100%	N\$8 220 per Beneficiary					
Benefit Booster Applicable (additional benefit once limit is exceeded)							
25. Wheelchair (Subject to prior approval) - Inclusive of repair and maintenance	100% of Cost	N\$19 350 per Beneficiary every four years (2024-2027)					
26. Artificial Limbs (Subject to prior approval)	100% of Cost	N\$39 950 per Beneficiary every two years(2026-2027)					
27. Artificial Eyes (Subject to prior approval)	100% of Cost	N\$18 750 per Beneficiary every four years (2024-2027)					
28. Hearing Aid Apparatus (Subject to prior approval) - Inclusive of repair and maintenance	100% of Cost	N\$38 050 per Family every three years for both ears (2026-2028)					
29. Appliances (External) (Subject to MHC guidelines)	80% of Cost	N\$5 600 per Family					
30. Medical Devices for Diabetes Management (Subject to prior approval and MHC guidelines)							
30.1. Insulin Pumps	80%	N\$43 470 per Beneficiary every four years (2023 – 2026)					
30.2. Other Diabetes Devices and Related Consumables		N\$60 900 per Beneficiary					
31. Specified Illness Conditions - As per national guidelines (Sub-limits are prorated from the date of joining)		N\$39 250	N\$78 500	N\$78 500	N\$75 800	N\$78 500	N\$78 500
31.1. HIV/AIDS (As per national guidelines for antiretroviral therapy)		N\$39 250 per Beneficiary					
31.1.1. Medicine - Paid at maximum Namibia medicine price list on generics	100%	Payable from Specified Illness Conditions					
31.1.2. First Full HIV Consultation/Assessment Once-off benefit	N\$530						
31.1.3. Consultation (after the first full HIV consultation/assessment) Six consultations per Beneficiary	N\$482						
31.1.4. HIV Counselling	100%	N\$1 420 per Beneficiary					
31.1.5. Pathology Tests (Subject to prior approval)	100%	N\$8 500 per Beneficiary					

31.1.6. HIV Resistance Test (Subject to prior approval)	100%	Payable from Specified Illness Conditions	
31.2. Prevention of Mother-to-Child Transmission (PMTCT) - As per national guidelines	100%		
31.3. Post-Exposure Prophylaxis (PEP) - As per national guidelines	100%		
31.4. Pre-Exposure Prophylaxis (PrEP) - As per national guidelines	100%		
32. Benefit Booster Applicable if Medicine and Injections, Dentistry, GPs and Specialists, Primary Health Care and Auxiliary Services benefits are depleted		N\$2 780 per Beneficiary N\$5 130 per Family	
32.1. Medicine and Injections (Acute and Chronic) - Excluding self-medication	70%	Payable from Benefit Booster	
32.2. Dentistry (Excluding orthodontics)	70%		
32.3. General Practitioners and Specialists (Consultations/visits and procedures/services out-of-hospital, including casualties)	80%		
32.4. Primary Health Care	80%		
32.5. Auxiliary Services	70%		
33. Benefit Booster "Up" (Voluntary Buy-up Benefit) - 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. - Lifestyle management screening test	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

Contribution Tables

Sapphire Individual Contributions				
Age Band		Main	Adult	Child
0	25	3,914	3,133	1,393
26	30	4,436	3,545	1,393
31	35	4,954	3,933	1,393
36	40	5,639	4,475	1,393
41	45	6,273	4,952	1,393
46	50	6,833	5,377	1,415
51	55	7,525	5,895	1,415
56	60	8,103	6,341	1,415
61	65	8,705	6,807	1,415
66	100	9,327	7,258	1,415

Sapphire Group Contributions				
Age Band		Main	Adult	Child
0	25	3,591	2,736	1,192
26	30	3,946	3,016	1,192
31	35	4,249	3,255	1,192
36	40	4,785	3,688	1,192
41	45	5,354	4,104	1,192
46	50	5,756	4,435	1,205
51	55	6,278	4,833	1,205
56	60	6,940	5,338	1,205
61	65	7,363	5,647	1,205
66	100	7,372	5,659	1,205