

# AMBER +









## All Essentials Covered









### 2023 BENEFIT GUIDE








OVERALL ANNUAL BENEFIT (OVERALL ANNUAL LIMIT)		Unlimited Benefit	
CATEGORY A: Benefits For Major Medical Expenses		% NMAF Tariff	Pre-authorisation: 100% of the tariff will be paid out. Without Pre-authorisation: No benefit will be paid out except in the case of emergency hospital admissions and emergencies after-hours, weekends and public holidays. <b>OVERALL LIMIT</b>
Additional Hospital Benefit Cover: GPs and Specialists In-Hospital services are paid up to a maximum of 200% of the NMAF Tariff. <b>OVERALL LIMIT</b>			
		COVER	
	<b>1. Hospitalisation</b>	100%	Overall Annual Limit
	1.1. Accommodation and Theatre		N\$10 900 per Beneficiary N\$23 900 per Family
	1.2. Accommodation in private wards (Difference between general ward and private ward tariffs)		
	1.3. Intensive and high care (Maximum 3 days, then motivation)		Overall Annual Limit
	1.4. Blood transfusions		
	1.5. Radiology and Pathology (in-hospital) - Additional Hospital Benefit Cover excluded		
	1.6. Physiotherapy and Biokinetics - Additional Hospital Benefit Cover excluded		
	1.6.1. Physiotherapy and Biokinetics (in-hospital)		
	1.6.2. Physiotherapy and Biokinetics (post-rehabilitation) - Additional benefit once the patient is out-of-hospital - <b>12 sessions/visits per Beneficiary (Benefit available within 3 months from hospital discharge)</b> (Subject to prior approval)		
	1.7. Medicine, fixed tariff procedures, hospital apparatus, and to take out medicine (7 days supply only)		
	1.8. Dialysis (Subject to Case Management and MHC Guidelines)		
	1.9. Organ Transplant (Subject to Case Management and MHC Guidelines) - Including medical expenses incurred by the donor if the recipient is a Fund member		
	1.10. Internal Appliances and Materials (As per NMC protocol)	100% of Cost	Payable from the Day-to-Day Back-Up Benefit
	1.11. Medical and Surgical Appliances (External)		
<b>2. General Practitioners and Specialists (In-Hospital Services)</b> - Additional Hospital Benefit Cover included		200%	Overall Annual Limit



	<b>3. Specialised Radiology Procedures (In and Out-of-Hospital)</b> Additional Hospital Benefit Cover excluded - Referral from a medical specialist only (referral from a 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\$39 500 per Family
	3.2. Nuclear Medicine		Overall Annual Limit
	<b>4. Maternity</b> (Groups have cover from the date of joining. Individuals have a 9 months waiting period)	100%	Overall Annual Limit
	4.1. Confinement – full procedure		Payable from Maternity Benefit
	4.2. Antenatal Consultation <b>12 consultations per Beneficiary (Pro-rated from the date of joining)</b> - Additional Hospital Benefit cover excluded		
	4.3. Ante/Postnatal Classes and Education <b>6 sessions per Beneficiary (Pro-rated from the date of joining)</b> - Additional Hospital Benefit cover excluded		
	4.4. Sonar Scans <b>3 scans per Beneficiary per Pregnancy</b> - 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		
	<b>5. Insertion of Intrauterine Device w/Hormone (All-inclusive)</b> (Subject to prior approval) (Benefit is pro-rated from the date of joining)	100%	N\$6 500 per Beneficiary Overall Annual Limit
	<b>6. Oncology</b> (Subject to Case Management and MHC Guidelines)	100%	N\$750 000 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
	<b>7. Refractive Surgery – All-inclusive</b> (Subject to prior approval and MHC Guidelines) Groups have cover from the date of joining Individuals have a one-year waiting period	100%	N\$23 100 per Beneficiary once-off N\$29 600 per Family Overall Annual Limit
	<b>8. Reconstructive Surgery (Medical necessity only)</b> (Subject to prior approval and subject to strict MHC guidelines)	100%	Overall Annual Limit
	8.1. Consultation and Procedures		N\$14 500 per Family
	8.2. Hospitalisation		Overall Annual Limit
	<b>9. Private Nursing/Frail Care/Hospice</b> (Subject to Case Management)	100%	N\$38 700 per Family Overall Annual Limit
	<b>10. Psychiatric Treatment – Hospitalisation</b> (Subject to prior approval)	100%	N\$32 750 per Family Overall Annual Limit
	<b>11. Alcoholism/Drug Addiction</b> (Subject to prior approval and MHC Guidelines)		

	<b>12. Specialised Dental Surgery</b> - Additional Hospital Benefit cover excluded (Subject to Pre-Authorisation)	100%	Overall Annual Limit
	12.1. Maxillo-Facial and Oral Surgery - All-inclusive (trauma/non-elective) (Including dental extractions for children less than 10 years old and wisdom teeth extractions)		N\$132 000 per Family
	12.2. Maxillo-Facial and Oral Surgery - Hospitalisation Only (other/elective)		N\$20 500 per Family
	12.3. Dental Implant – hospitalisation		Payable from Internal appliances under Hospital Benefit
	12.4. Maxillo-Facial and Oral Surgery – internal prosthesis (Excluding dental implant component)		
	<b>13. Stomal Therapy (All-inclusive)</b> (Subject to prior approval)	100%	N\$28 750 per Family Overall Annual Limit
	<b>14. Ambulance and Evacuation Services</b>	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)		Overall Annual Limit
	<b>15. Medical Referral</b> Subject to accommodation and travelling reimbursement protocols (Subject to prior approval)		Overall Annual Limit
	15.1. Transport	80% of Cost	N\$10 150 per Family
	15.2. Accommodation other than a Recognised Hospital/Medical Institution (Maximum of 2 days)	100%	N\$620 per day per Family
	<b>16. International Medical Travel Insurance</b> - 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
<b>CATEGORY B: DAY-TO-DAY BENEFIT</b>		100% Tariff	<b>N\$9 500 member only</b> <b>N\$15 800 Member + Adult</b> <b>N\$12 000 Member + Child</b> <b>N\$18 300 Member + Adult+ Child</b> <b>Additional N\$ 2 500 for each additional Child</b> <b>OVERALL ANNUAL LIMIT</b> <b>Benefits are prorated from the date of joining. Ex Gratia not Applicable</b>
<p>Rules on Day-to-Day Back-up Benefit:</p> <p>Ninety-five per cent (95%) of unused Day-to-Day Back-Up benefit will be carried over to the following financial year. If a member uses less than the full benefit, 95% of the unused benefit will be accumulated over to the next year.</p> <p>The unused benefit will be forfeited and cannot be paid back to the member upon the principal member's resignation from the fund, or the principal member's death or the principal member's migration to a traditional option.</p> <p>The total amount is available for the family and is not limited per beneficiary.</p>			
	<b>17. General Practitioners and Specialists (Out-of-hospital, including casualties)</b> 17.1. Consultations/Visits 17.2. Procedures/Services 17.3. Materials and Disposable Items 17.4. Radiology and Pathology (including radiography, sonography, medical laboratory technology and chemical biochemistry) (Referral from a medical practitioner)	100%	Paid from the Day-to-Day Back-Up Benefit
	<b>18. Medicine and Injections</b> (Paid at Maximum Namibia Medicine Price List on generics) 18.1. Acute Medicine and Injections 18.2. Chronic Medicine and Injections 18.3. Essential Vaccination/Immunisation (as per WHO guidelines) 18.4. Self-Medication	100%	Paid from the Day-to-Day Back-Up Benefit
	<b>19. Primary Health Care Services</b> (Paid at Maximum Namibia Medicine Price List on generics) 19.1. Consultations and Procedures 19.2. Medicine and Injections	100%	Paid from the Day-to-Day Back-Up Benefit

	<b>20. Dentistry</b> 20.1. Conservative and specialised dentistry (including dental therapy) 20.2. Dental Implantws (in-hospital and in-practice) (Pre-authorisation required) 20.3. Orthodontics (Prior approval required) 20.4. Maxillo-Facial and Oral Surgery (in-hospital and in-practice) (Elective)	100%	Paid from the Day-to-Day Back-Up Benefit
	<b>21. Optical</b> 21.1. Optical Tests 21.2. Spectacles and Lenses 21.3. Frame 21.4. Reader Spectacles	100%	Paid from the Day-to-Day Back-Up Benefit
	<b>22. Auxiliary Services (Supplementary Services)</b> 22.1. Art Therapy 22.2. Audiology/Speech Therapy 22.3. Biokineticist 22.4. Chinese Medicine 22.5. Chiropractor 22.5.1. Consultation and Procedure 22.5.2. Medicine 22.6. Clinical Psychology/Psychological Counsellor 22.7. Clinical Technology 22.8. Dietician 22.9. Hearing Aid Acousticia 22.10. Homeopathy/Naturopathy/Phytotherapy 22.10.1. Consultation and Procedure 22.10.2. Medicine 22.11. Occupational Therapy 22.12. Orthotist/Prosthetist 22.13. Physiotherapy 22.14. Podiatry/Chiropody 22.15. Social Worker	100%	Paid from the Day-to-Day Back-Up Benefit
	<b>23. Medical and Surgical Appliances (External)</b>	100% of Cost	Paid from the Day-to-Day Back-Up Benefit
	<b>24. Specified Illness Conditions</b> As per National Guidelines (Sub-limits are pro-rated from the date of joining) 24.1. HIV/AIDS (As per National Guidelines for Antiretroviral Therapy) 24.1.1. Medicine (Paid at Maximum Namibia Medicine Price List on generics) 24.1.2. First Full HIV Consultation/Assessment <b>Once-off benefit</b> 24.1.3. Consultation (after the first full HIV consultation/assessment) <b>6 consultations per Beneficiary</b> 24.1.4. HIV Counselling 24.1.5. Pathology Tests (Subject to prior approval) 24.1.6. HIV Resistance Test (Subject to prior approval) 24.2. Prevention of Mother-to-Child Transmission (PMTCT) 24.3. Post-Exposure Prophylaxis (PEP) 24.4. Pre-Exposure Prophylaxis (PrEP)	100%	Paid from the Day-to-Day Back-Up Benefit

## Contribution Tables

Amber Plus Individual Contributions				
Age Band		Main	Adult	Child
0	25	2,375	1,529	570
26	30	2,540	1,650	570
31	35	2,710	1,764	570
36	40	2,888	1,882	570
41	45	3,083	2,028	570
46	50	3,260	2,155	570
51	55	3,479	2,315	570
56	60	3,659	2,452	570
61	65	3,846	2,587	570
66+		4,040	2,717	570

Amber Plus Group Contributions				
Age Band		Main	Adult	Child
0	25	2,375	1,529	570
26	30	2,540	1,650	570
31	35	2,689	1,700	570
36	40	2,822	1,776	570
41	45	2,958	1,894	570
46	50	3,138	2,019	570
51	55	3,210	2,083	570
56	60	3,342	2,190	570
61	65	3,547	2,323	570
66+		3,607	2,372	570