



# Ruby

## All Essentials Covered

### 2024 BENEFIT GUIDE



OVERALL ANNUAL BENEFIT (OVERALL ANNUAL LIMIT)		<b>NS\$1 500 000 per Beneficiary</b> <b>NS\$1 800 000 per Family</b>	
CATEGORY A: Hospitalisation Benefit		% NAMAF Tariff	Pre-authorisation: 100% of the 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.
<b>Additional Hospital Benefit Cover: GPs and specialists in-hospital services are paid up to a maximum of 150% of the NAMAF tariff.</b> <b>OVERALL LIMIT</b>			
	COVER		
<b>1. Hospitalisation</b>			Overall Annual Limit
1.1. Accommodation and Theatre			
1.2. Accommodation in Private Wards (Difference between general ward and private ward tariffs)			NS\$7 500 per Beneficiary NS\$16 500 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 - <b>Benefit available within three months from hospital discharge</b> (Subject to prior approval)	100%		NS\$5 000 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		
<b>2. General Practitioners and Specialists (in-hospital services)</b> - Additional Hospital Benefit cover included except the use of equipment and equipment hire fees	100%		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			NS\$27 000 per Family
3.2. Nuclear Medicine			Overall Annual Limit
<b>4. Maternity</b> (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 <b>12 consultations per Beneficiary (prorated from the date of joining)</b> – Additional Hospital Benefit cover excluded	100%		
4.3. Ante/Postnatal Classes and Education <b>Six Sessions per Beneficiary per pregnancy (prorated from the date of joining)</b> – Additional Hospital Benefit cover excluded			Payable from the Maternity Benefit
4.4. Sonar Scans – <b>Three 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) (Prorated from 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\$600 000 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. Corrective Eye 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%	Overall Annual Limit					
7.1. Refractive Surgery		N\$13 850 per Beneficiary once-off N\$17 750 per Family					
7.2. Cataract Surgery and Lens Implants		N\$18 750 per eye per Beneficiary once-off					
<b>8. Reconstructive Surgery (Medical necessity only)</b> (Subject to prior approval and subject to strict MHC guidelines)	100%	Overall Annual Limit					
8.1. Consultations and Procedures		N\$6 750 per Family					
8.2. Hospitalisation		Overall Annual Limit					
<b>9. Private Nursing/Frail Care/Hospice</b> (Subject to Case Management)	100%	N\$21 750 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 (trauma/non-elective) - All-inclusive		N\$92 500 per Family					
12.2. Maxillo-Facial, Oral Surgery and Dental Implants (other/elective) - All-inclusive		N\$29 250 per Beneficiary N\$36 250 per Family N\$3 800 per dental implant component					
12.3. 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)					
12.4. Maxillo-Facial and Oral Surgery - Internal Prosthesis (excluding dental Implant component)	100% of Cost	Payable from internal appliances under the Hospital Benefit					
<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)		N\$5 500 per Beneficiary					
<b>15. Medical Referral</b> (Subject to prior approval and accommodation and travelling reimbursement protocols)		Overall Annual Limit					
15.1. Transport	70% of Cost	N\$10 150 per Family					
15.2. Accommodation Other than a Recognised Hospital/Medical Institution (Maximum of two days)	100% of Cost	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>	<b>COVER</b>	<b>Sub-limits are prorated from the date of joining, except the Optical Benefit.</b>					
		<b>OVERALL LIMIT</b>					
<b>17. General Practitioners and Specialists</b>	100%	<b>M</b>	<b>M1</b>	<b>M2</b>	<b>M3</b>	<b>M4</b>	<b>M5+</b>
17.1. Consultations/Visits (out-of-hospital, including casualties) - GP Telephonic/Virtual Consultations (telephonic/virtual writing of prescriptions not payable) <b>Seven virtual/telephonic consultations per Beneficiary</b>		N\$9 000	N\$11 800	N\$12 300	N\$12 550	N\$12 800	N\$13 050
17.2. Procedures (out-of-hospital services, including casualties)		Payable from the General Practitioners and Specialists Benefit					
17.3. Materials and Disposable Items							
17.4. Radiology and Pathology (out-of-hospital, including radiography, sonography, medical laboratory technology and chemical biochemistry) (Referral from a medical practitioner)							
17.5. MRI and CT Scan		Payable from the MRI and CT Scan Benefit					
Benefit Booster Applicable (additional benefit once limit is exceeded)							

18. Medicine and Injections		SEP + 40%	N\$14 630	N\$16 180	N\$16 740	N\$17 390	N\$18 050	N\$18 650
18.1. Acute - Paid at maximum Namibia medicine price list on generics		85%	N\$5 400	N\$5 700	N\$5 900	N\$6 150	N\$6 400	N\$6 650
N\$5 400 per Beneficiary								
18.2. Chronic - Paid at maximum Namibia medicine price list on generics			N\$8 100	N\$9 250	N\$9 450	N\$9 700	N\$9 950	N\$10 200
18.2.1. Members aged 65 and below		85%	No Limit per Beneficiary Payable from Medicine and Injections					
18.2.2. Members aged 66 and above		100%						
18.3. 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)								
18.4. Self-medication - Paid at maximum Namibia medicine price list on generics		100%	N\$1 130	N\$1 230	N\$1 390	N\$1 540	N\$1 700	N\$1 800
N\$183 per claim per Beneficiary per day								
19. Primary Health Care Services			N\$1 000	N\$1 200	N\$1 350	N\$1 500	N\$1 650	N\$1 800
N\$1 000 per Beneficiary								
19.1. Consultations and Procedures		100%	Payable from Primary Health Care Services					
19.2. 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)								
20. Dentistry								
20.1. Conservative and Specialised Dentistry (including dental therapy)		100%	N\$10 500	N\$12 250	N\$13 500	N\$14 000	N\$14 250	N\$14 500
N\$10 500 per Beneficiary								
20.2. Maxillo-Facial, Oral Surgery and Dental Implants - In-practice consultation and non-surgical procedures		100%	Payable from Dentistry Benefits					
Benefit Booster Applicable (additional benefit once limit is exceeded)								
20.3. Orthodontics (Subject to prior approval and MHC guidelines)		100%	N\$13 250 per Beneficiary once-off					
21. Optical Benefits - Every two years (Including frame) (2023-2024)			N\$3 350	N\$6 700	N\$6 900	N\$7 100	N\$7 300	N\$7 500
N\$3 350 per Beneficiary								
21.1. Optical tests		100%	Payable from Optical Benefits					
21.2. Spectacles and Lenses		100%						
21.3. Frame		100% of Cost	N\$1 140 per Beneficiary					
21.4. Readers Spectacles		100% of Cost	N\$105 per Beneficiary					
22. Auxiliary Services			N\$11 850	N\$13 000	N\$13 150	N\$13 400	N\$13 650	N\$13 900
N\$11 850 per Beneficiary								
22.1. Art Therapy		100%	Payable from Auxiliary Services					
22.2. Audiology/Speech Therapy		100%						
22.3. Biokinetics		100%	N\$4 050 per Beneficiary					
22.4. Chinese Medicine		100%	N\$4 050 per Beneficiary					
22.5. Chiropractor			Payable from Auxiliary Services					
22.5.1. Consultation and Procedure		100%						
22.5.2. Medicine		80%	Payable from Acute Medicine and Injections					
22.6. Clinical Psychology/Psychological Counsellor		100%	N\$4 050 per Beneficiary					
22.7. Clinical Technology		100%	Payable from Auxiliary Services					
22.8. Dietician		100%						
22.9. Hearing Aid Acoustician		100%						
22.10. Homeopathy/Naturopathy/Phytotherapy			Payable from Acute Medicine and Injections					
22.10.1. Consultation and Procedure		100%						
22.10.2. Medicine		80%						
22.11. Occupational Therapy		100%	Payable from Auxiliary Services					
22.12. Orthotist/Prosthetist		100%						
22.13. Physiotherapy		100%	N\$4 050 per Beneficiary					
22.14. Podiatry/Chiropody		100%	Payable from Auxiliary Services					
22.15. Social Worker		100%	N\$4 050 per Beneficiary					
Benefit Booster Applicable (additional benefit once limit is exceeded)								
23. Wheelchair (Subject to prior approval) - Inclusive of repair and maintenance		100% of Cost	N\$8 850 per Beneficiary every four years (2024-2027)					



<b>24. Artificial Limbs</b> (Subject to prior approval)	100% of Cost	N\$18 450 per Beneficiary every two years (2024-2025)					
<b>25. Artificial Eyes</b> (Subject to prior approval)	100% of Cost	N\$5 750 per Beneficiary every four years (2024-2027)					
<b>26. Hearing Aid Apparatus</b> (Subject to prior approval) - Inclusive of repair and maintenance	100% of Cost	N\$28 000 per Family every three years for both ears (N\$14 000 per ear) (2023-2025)					
<b>27. Appliances (External)</b> (Subject to MHC guidelines)	80% of Cost	N\$4 550 per Family					
<b>28. Medical Devices for Diabetes Management</b> (Subject to prior approval and MHC guidelines)							
28.1. Insulin Pumps	80% of Cost	N\$35 000 per Beneficiary every four years (2023-2026)					
28.2. Other Diabetes Devices and Related Consumables		N\$51 000 per Beneficiary					
<b>29. Specified Illness Conditions</b> - As per national guidelines (Sub-limits are prorated from the date of joining)		N\$31 000	N\$44 750	N\$44 750	N\$44 750	N\$44 750	N\$44 750
29.1. HIV/AIDS (As per national guidelines for antiretroviral therapy)		N\$31 000 per Beneficiary					
29.1.1. Medicine - Paid at maximum Namibia medicine price list on generics	100%	Payable from Specified Illness Conditions					
29.1.2. First Full HIV Consultation/Assessment <b>Once-off benefit</b>	N\$480						
29.1.3. Consultation (after the first full HIV consultation/assessment) <b>Six consultations per Beneficiary</b>	N\$440						
29.1.4. HIV Counselling	100%	N\$1 300 per Beneficiary					
29.1.5. Pathology Tests (Subject to prior approval)	100%	N\$5 950 per Beneficiary					
29.1.6. HIV Resistance Test (Subject to prior approval)	100%	Payable from Specified Illness Conditions					
29.2. Prevention of Mother-to-Child Transmission (PMTCT) - As per national guidelines	100%						
29.3. Post-Exposure Prophylaxis (PEP) - As per national guidelines	100%						
29.4. Pre-Exposure Prophylaxis (PrEP) - As per national guidelines	100%						
<b>30. Benefit Booster</b> Applicable if Medicine and Injections, Dentistry, GPs and Specialists, Primary Health Care and Auxiliary Services benefits are depleted		N\$1 935 per Beneficiary N\$2 990 per Family					
30.1. Medicine and Injections (Acute and Chronic) - Excluding self-medication	70%	Payable from Benefit Booster					
30.2. Dentistry and Dental Implant (excluding orthodontics)	70%						
30.3. General Practitioners and Specialists (Consultations/visits and procedures/services out-of-hospital, including casualties)	80%						
30.4. Primary Health Care	80%						
30.5. Auxiliary Services	70%						



CATEGORY C: BACK-UP BENEFIT	COVER	M	M1	M2	M3	M4	M5+
Threshold Limit		5 260	5 950	6 170	6 400	6 620	6 840

#### Back-Up Benefit:

- The Back-up benefit aims to reward members and their dependants with low claims on the following specified day-to-day benefits:
  - Medicine and Injections per family limit
  - Optical per family limit
  - Auxiliary Services per family limit
- Suppose the actual total amount paid by NMC per family on the day-to-day benefits stipulated above for the current benefit year is less than the threshold limit. In that case, the member qualifies for Back-up benefit the following year, such as on the 2025 benefit year.
- The Back-up benefit is calculated as 15% of the difference between the Threshold Limit and the actual total amount paid by NMC on the day-to-day benefits stipulated above.
- The Back-up benefit will only be calculated at the end of April 2025 to ensure that all day-to-day claims, as stipulated above for the current benefit year, are included.
- Claims against the Back-up benefit for the current benefit year will only be processed after the end of April 2025.
- The unused Back-up benefit can be accumulated and carried over to the following benefit year.
- If the member resigns from NMC, any Back-up benefit balance will go to the Fund reserves.
- If the member passes away and their dependants remain with NMC, the Back-up benefit will be transferred to the remaining dependants.
- The Back-up benefit can be used to pay the excess on the NAMAf tariffs, member co-payments and rejected claims in terms of NMC rules.
- The Back-up benefit cannot be used to pay for claims rejected due to non-compliance with the NAMAf billing rules and guidelines.

#### EXAMPLE OF HOW THE BACK-UP BENEFIT WILL BE CALCULATED

		M	M1	M2	M3	M4	M5+
<b>A. The total amount paid by NMC</b> (at the end of April 2025 for 2024 claims) for the following family limits: <ul style="list-style-type: none"> <li>Medicine and Injections</li> <li>Optical</li> <li>Auxiliary Services</li> </ul>		2 500	4 250	25 500	7 250	8 500	6 000
<b>B. Threshold Limit</b>		5 260	5 950	6 170	6 400	6 620	6 840
<b>C. Difference:</b> Threshold Limit (B) – Total Paid Amount (A)		2 760	1 700	0	0	0	840
<b>D. Back-Up Benefit = 15% of C</b> (Available from 01 May 2025)		690	425	Does not qualify because The Total Benefit Amount (A) is more than the Threshold Limit (B)			210

## Contribution Tables

Ruby Individual Contributions				
Age Band		Main	Adult	Child
0	25	2,869	1,962	893
26	30	3,199	2,240	893
31	35	3,520	2,480	893
36	40	3,970	2,825	893
41	45	4,357	3,135	893
46	50	4,708	3,414	911
51	55	5,151	3,729	911
56	60	5,507	4,017	911
61	65	5,886	4,307	911
66	100	6,255	4,616	911

Ruby Group Contributions				
Age Band		Main	Adult	Child
0	25	2,619	1,714	756
26	30	2,902	1,911	756
31	35	3,101	2,089	756
36	40	3,388	2,310	756
41	45	3,736	2,586	756
46	50	3,977	2,769	800
51	55	4,291	3,034	800
56	60	4,597	3,261	800
61	65	4,873	3,480	800
66	100	4,896	3,500	800