

Benefit Guide 2026



Administered by

METHEALTH NAMIBIA
ADMINISTRATORS 

Dear Valued Member,

As we approach the end of 2025, we are pleased to share with you a reflection on our collective achievements—a year defined by momentum, resilience, and optimism. This year has marked a turning point for NMC, not just in numbers, but in spirit.

We have made remarkable strides. Our reserve level has recovered from below regulatory requirements to a robust 37.3%, demonstrating our commitment to sound financial stewardship and sustainable management practices. Additionally, we experienced a 4% increase in membership between January and September, signaling restored confidence and our continued relevance in the lives of Namibians.

NMC was honored to receive the Diamond PMR Africa Award—our first such recognition since 2010. This achievement reflects the dedication and trust of every member, partner, and team member who continues to believe in our mission. We have prioritized improvements to your healthcare experience. The launch of the NMC mobile app has made member services more accessible and convenient. Furthermore, we are pleased to announce enhanced benefits for 2026, including improved GP and Specialist Day-to-Day benefits, and medication benefits—because your health and wellbeing remain our highest priority.

Looking ahead, our vision is unequivocal: we aim to empower every member to take ownership of their health journey. We are committed to building a future where accessibility, accountability, and innovation are seamlessly integrated into everything we do.

Thank you for your continued trust and partnership. Together, we are building a healthier Namibia—one decision, one member, and one milestone at a time.

The PO & Trustees
Namibia Medical Care



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Important Information You Need to Know



Option Change

Members can only change options or opt-in for the voluntary buy-up option during the month of January (unless a member changes employment or marital status) by completing and submitting the option change form online. The completed form must be submitted to the fund on or before 31 January 2026.



Update of Bank Account and Personal Details

To ensure speedy settlement of claims or debit order deductions for monthly premiums, the fund requests all members to provide their most up-to-date banking details for Electronic Fund Transfers (EFT). Also, please provide the updated postal address, physical address, cell phone number, e-mail address and contact number.



Opal Members

All members of the Opal option of employer groups who have reached the maximum monthly gross income of N\$ 17,840 are required to select any of our other options. Should you be on the Opal option, kindly ensure that you provide NMC with your gross salary details as of 1 January 2026.



Fraud, Waste and Abuse

We urge members to review their remittance statements regularly to see if claims submitted on their member numbers are valid. If there is any uncertainty, we request that the fund be contacted for more clarity or call the Methealth Fraud tip-offline at 0800 000 001 / visit the Methealth Website using this link http://www.methealth.com.na/contact_us and click Report Fraud / Irregularities. Alternatively, you may contact us at 081 140 8457 during working hours.



Online application and amendment forms

Paper-based applications and amendment forms have been phased out, and all amendments and applications should be submitted online.

Additional Benefits and Services offered by NMC at no additional cost



International Medical Travel Insurance

This benefit covers emergency medical expenses while NMC members and/or their dependents travel. It does not apply to Topaz members.



Premium Waiver

This benefit covers a member's premiums for 3 (three) months in the event that the principal member passes away, provided the member is fully paid up on their monthly premium. This benefit does not apply to Topaz and Topaz Plus members.



Hospital Bedside Support Services

The Fund offers supportive bedside assistance when members are hospitalised by a visit from our Patient Care Manager, who shares information (when necessary) with the member and their family.



HIV/AIDS Management

The fund provides HIV/AIDS benefits on ALL options to members. The HIV/AIDS Management Programme is administered by MyHealth Administrators and managed by qualified HIV/AIDS Case Managers, HIV Counsellors and a Medical Advisor who pride themselves on confidentiality. Dial 061 375 952 for the MyHealth Administrators.



Lifestyle Management Programme

Methealth Namibia Administrators offers members of NMC various preventative and lifestyle management initiatives, programmes and activities. NMC members can now enjoy the following benefits:

- 10% reduction in a 1-year membership with Virgin Active
- 10% reduction in the membership fees at CrossFit Sold out (Windhoek)
- 20% reduction on services provided by Wellness Day Spa & Aesthetics
- 20% reduction on services provided by Urban Massage
- 10% reduction in the membership fees at FitCity
- 10% reduction in the membership fees at Genesis Fitness
- 10% reduction on services provided by SkinSoft Health & Beauty
- 10% reduction on services provided by Rudi Louw's Bootcamp
- 10% reduction in the membership fees at 247 Fitness
- 10% reduction on services provided by Tura Bootcamp & Wellness CC
- 10% reduction in the membership fees at Nucleus Health & Fitness Club
- 15% reduction on services provided by Mekenificent Wellness CC
- 10% reduction on services provided by Divas & Gents Sports & Fitness Center CC
- 15% reduction on services provided by BODY20
- 10% reduction on services provided by Vicki-K Aesthetics CC
- 20% reduction on services provided by Erongo Wellness Centre
- 15% reduction on services provided by TJ Beauty Clinic
- 20% reduction on services provided by Luis Heavenly Spa
- 20% reduction on services provided by Breeze Spa CC

Premium Contributions and Benefit Adjustments For 2026

The Fund has regained its stable financial position with the reserve level projected at 41.3% of annual contributions at the end of 2025. This is a significant increase over a short period, from 23.6% at the end of 2023.

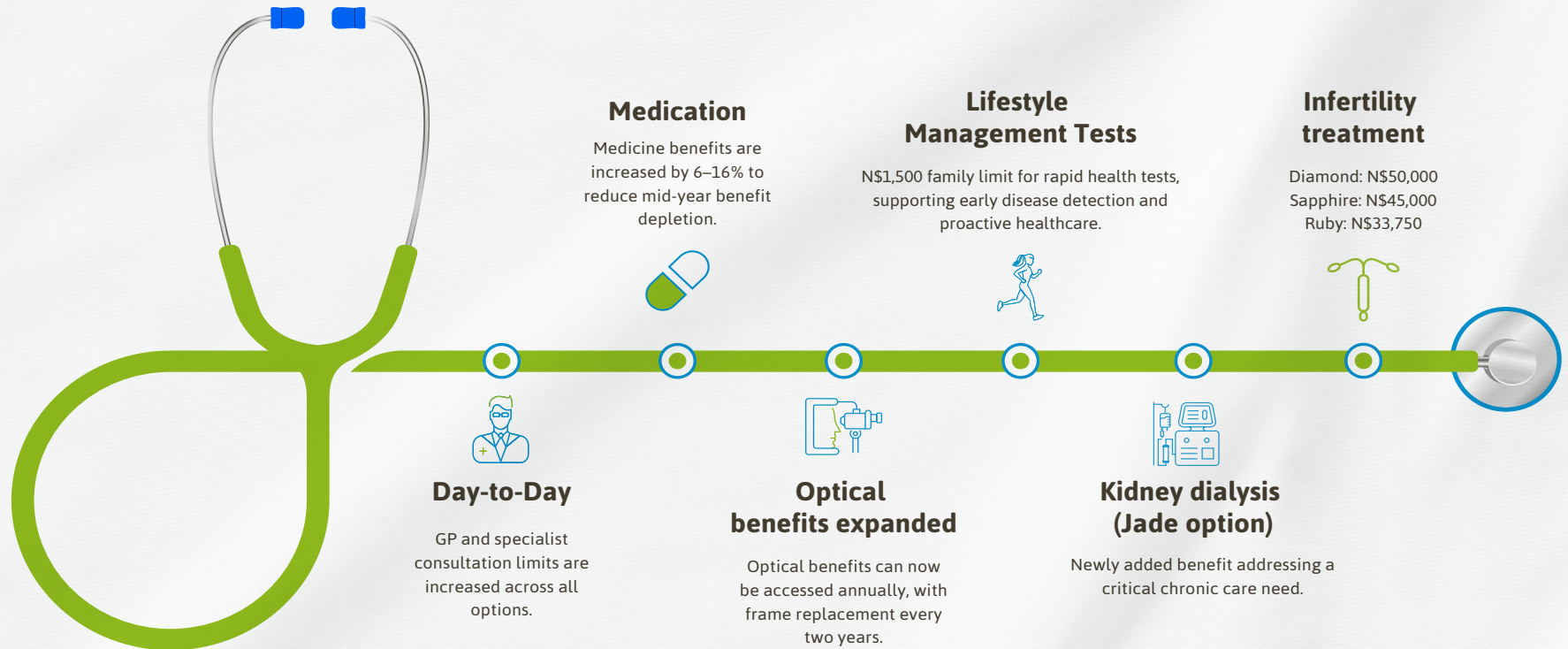
Hence it is important to reduce the reserve level cautiously over time in order to maintain a healthy financial position. A drastic reduction in reserves over a short period threatens the sustainability of the Fund.

The 2-3 year objective is therefore to reduce the surplus accumulation by gradually enhancing benefits (including some of the previously reduced high-cost benefits), while granting reasonable contribution increases. The 2026 contributions and benefit changes are geared toward this objective, with further improvements expected for the following years.

The Fund grants a contribution increase of 4.5% for all the options. The increase is 2.2% below the expected increase in claims, balancing affordability, benefits and sustainability across all options, for both individuals and groups.



Key benefit adjustments for 2026



Entry-Level Options














TOPAZ













TOPAZ
PLUS



			 TOPAZ	 TOPAZ PLUS
	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	Registered Nurse
	1.1. Consultations/Visits		Unlimited – N\$280 per visit (Maximum tariff regardless of time spent on consultation)	Unlimited – N\$280 per visit (Maximum tariff regardless of time spent on consultation)
	1.2. Medication/Injections		Payable from Acute Medication/Injections	Payable from Acute Medication/Injections
	1.3. Procedures		Unlimited	Unlimited
	2. General Practitioner	100%	According to defined protocols	According to defined protocols
	2.1. Consultations/Visits (Out-Of-Hospital)		Unlimited. N\$475 per visit (First consultation) (Maximum tariff regardless of type of first consultation) N\$360 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)	Unlimited. N\$475 per visit (First consultation) (Maximum tariff regardless of type of first consultation) N\$360 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	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	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	Payable from Chronic Medication/Injections
	2.5. Procedures (Out-Of-Hospital)		Specified minor procedures in room only (Requires prior approval)	Specified minor procedures in room only (Requires prior approval)
	3. Medical Specialists Consultations/Visits	100%	No Benefit	Five consultations/visits per Family per annum (0101 and 0108 only) (Code 0129 - extended consultation every 15 minutes of part thereof, not payable)

			 TOPAZ	 TOPAZ PLUS
	4. Pharmacy	SEP + 40%		
	4.1. Acute Medication/Injections Paid at maximum Namibia medicine price on generics	100%	Prorated from date of joining N\$2 760 per Beneficiary N\$5 520 per Family N\$265 per claim per Beneficiary per day	Prorated from date of joining N\$3 310 per Beneficiary N\$6 620 per Family N\$265 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\$4 400 per Family	Prorated from date of joining N\$6 400 per Family
	4.3. Self-Medication		No Benefit	N\$950 per Family N\$150 per claim per Beneficiary per day
	5. Pathology	100%	Specified tests only	Specified tests only
	6. Radiology	100%	Long bones, chest and trauma and basic radiology as per defined list. (Excluding MRI and CT Scan)	Long bones, chest and trauma and basic radiology as per defined list. (Excluding MRI and CT Scan)
	7. Basic Dentistry	100%	N\$1 980 per Beneficiary N\$3 960 per Family (One plastic denture per Family every two years)	N\$2 090 per Beneficiary N\$4 030 per Family (One plastic denture per Family every two years)
	8. Optical	100%	No Benefit	N\$1 500 with a pair of glasses per annum Frame limited to every 2 years (2025/2026) (Six-month waiting period, complete test, specified frames and lenses)
	8.1. Single vision (inclusive of test, frame and lenses)			Payable from Optical Benefit
	8.2. Bifocal (inclusive of test, frame and lenses)			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.	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%	Six consultations per beneficiary (2601 and 2602 only). Groups have cover from date of joining. Individuals have a nine-month waiting period.	Nine consultations per beneficiary (2601 and 2602 only). 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	Five consultations/sessions per Family per annum

				
Category B: HIV/AIDS Treatment and Other Specified Conditions		% 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	As per national guidelines for antiretroviral therapy
	12.1. Consultations (General Practitioners)		Unlimited	Unlimited
	12.2. Medication (including vitamins and supplements)		(According to Topaz and Topaz Plus HIV Medicine Formulary) 1st & 2nd line ARV Medication (Vitamins & supplements maximum of SEP N\$156)	(According to Topaz and Topaz Plus HIV Medicine Formulary) 1st & 2nd line ARV Medication (Vitamins & supplements maximum of SEP N\$156)
	12.3. Pathology (Subject to prior approval)		Unlimited	Unlimited
	12.4. Counselling (pre-, post- and adherence)		Three sessions	Three sessions
	12.5. Post-Exposure Prophylaxis (PEP) (Rape cover and occupational injuries only)		As per national guidelines for antiretroviral therapy	As per national guidelines for antiretroviral therapy
	12.6. Pre-Exposure Prophylaxis (PrEP)		No Benefit	No Benefit
	12.7. Prevention of Mother-to-Child Transmission (PMTCT) (excluding milk formula)		As per national guidelines for antiretroviral therapy	As per national guidelines for antiretroviral therapy
Category C: Hospitalisation Benefit			Private Wing of State Hospital	Private Hospitalisation Benefits available at Network Health Professionals
Planned procedures: Groups have cover from the date of joining, individuals have a three-month waiting period after joining and emergency cases have immediate cover				
Overall Annual Limit		% Tariff	Unlimited	
	13. State Hospitalisation		Unlimited. Private Wing of State Hospital	Unlimited. Private Wing of State Hospital
	13.1. Accommodation and Theatre	100% of State Tariffs for Private Patients	Overall Annual Limit	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)	Payable from General Practitioners and Medical Specialists (In-Hospital Services)

			 TOPAZ	 TOPAZ PLUS
	14. Private Hospitalisation		No Benefit	N\$124 977 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)		N\$27 170 per Family (Including radiology and pathology) Overall Annual Limit	N\$27 170 per Family (Including Radiology and Pathology) Overall Annual Limit
	16. Other Healthcare Providers	100%	No Benefit	No Benefit
	17. Maternity (Requires prior approval)		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. Specialists (In-Hospital Services). Groups have cover from date of joining. Individuals have a nine-month waiting period.	Unlimited hospitalisation in state hospital (GPs and Specialists limited to benefits available under General Practitioners and Medical Specialists) (In-Hospital Services) Groups have cover from date of joining Individuals have a nine-month waiting period.
	18. Ambulance Services			
	18.1. Emergency Road Ambulance (Territory: SADC Countries) (Subject to pre-approval)	100%	Unlimited	Unlimited
	18.2. Ambulance/Inter-hospital Transfer (Subject to pre-approval)		N\$600 per Family	N\$600 per Family
	18.3. Other transport (Subject to pre-approval, MHC guideliness and Travel Expense Re-imbursement Protocol)	70% of cost	No Benefit	N\$870 per family
	19. International Medical Travel Insurance Medical cover when travelling to foreign countries (For emergency cases only (not for elective surgery or procedure)	100%	No Benefit	N\$10 000 000 per incident
	20. Lifestyle Management Tests (Subject to Clinical Guidelines and Protocols)		N\$15 000 per Family	N\$15 000 per Family
	20.1. Screening Tests	100%	Sub-limit 20	Sub-limit 20
	20.2. Rapid Tests		N\$1 500 per Family Sub-limit 20	N\$1 500 per Family Sub-limit 20

Contribution Tables

Topaz Individual Contributions				
Age Band		Main	Adult	Child
0	25	401	341	161
26	30	425	362	161
31	35	446	380	161
36	40	471	400	161
41	45	497	422	161
46	50	527	445	175
51	55	544	465	175
56	60	567	481	175
61	65	609	518	175
66	100	656	556	175

Topaz Group Contributions				
Age Band		Main	Adult	Child
0	25	362	306	144
26	30	384	326	144
31	35	404	343	144
36	40	425	361	144
41	45	447	382	144
46	50	472	401	159
51	55	492	419	159
56	60	512	435	159
61	65	551	467	159
66	100	591	502	159

Topaz Plus Individual Contributions				
Age Band		Main	Adult	Child
0	25	756	643	302
26	30	798	677	302
31	35	841	716	302
36	40	875	744	302
41	45	910	772	302
46	50	947	804	318
51	55	996	849	318
56	60	1,051	895	318
61	65	1,131	962	318
66	100	1,216	1,031	318

Topaz Plus Group Contributions				
Age Band		Main	Adult	Child
0	25	663	564	265
26	30	701	596	265
31	35	739	627	265
36	40	768	654	265
41	45	798	678	265
46	50	830	705	278
51	55	875	743	278
56	60	924	786	278
61	65	993	844	278
66	100	1,067	907	278

Topaz Plus Students Contribution	
Main	
640	

Detailed Benefits:
These rules apply for Topaz and Topaz Plus
Service Availability
Please note that all benefits on Topaz and Topaz Plus are only available through registered Topaz Network Health Professionals.
Please visit our website at 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
3755	53755	Full blood count
3792	53792	Plasmodium falciparum: Monoclonal immunological identification
3797	53797	Platelet count
3816	53816	T and B-cells markers (per marker)
3865	53865	Parasites in blood smear

TARIFF CODE (052)	TARIFF CODE (037)	TARIFF DESCRIPTION
3869	53869	Faeces: including parasites
3883	53883	Concentration techniques for parasites
3885	53885	Cytochemical stain
3932	53932	Antibodies to HIV: Elisa (Note: HIV-DNA PCR is excluded)
3951	53951	Quantitative Kahn, VDRL or other Flocculation

TARIFF CODE (052)	TARIFF CODE (037)	TARIFF DESCRIPTION
3999	53999	Albumin
4001	54001	Alkaline phosphatase
4006	54006	Amylase
4009	54009	Bilirubin: Total
4027	54027	Cholesterol: Total

TARIFF CODE (052)	TARIFF CODE (037)	TARIFF DESCRIPTION
4032	54032	Creatinine
4057	54057	Glucose: Quantitative
4064	54064	Glycosylated Haemoglobin: Chromatography
4113	54113	Potassium
4117	54117	Protein: Total
4131	54131	Alanine aminotransferase (ALT)
4134	54134	Gamma glutamyl transferase (GGT)

TARIFF CODE (052)	TARIFF CODE (037)	TARIFF DESCRIPTION
4147	54147	Triglyceride
4155	54155	Urine acid
4161	54161	Troponin isoforms: each
4182	54182	Quantitative protein estimation: nephelometer or Turbidometric method
4188	54188	Urine dipstick, per stick (irrespective of the number of tests on stick)
443908	544391	Quantitative PCR - viral load: HIV

TARIFF CODE (052)	TARIFF CODE (037)	TARIFF DESCRIPTION
4450	54450	HCG: Monoclonal immunological: Qualitative
4519	54519	Prostate specific antigen
453101 - 453109	54531 - 545320	Hepatitis: per antigen or antibody (Maximum of three Antigens)
4566	54566	Pap Smear: vaginal or cervical smear
4610	54610	Helicobacter pylori stool antigen test

Other Pathology tests are excluded. Radiology

Topaz and Topaz Plus radiology benefits are 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
00090	Consumables in radiology procedures
10100	X-ray of the skull
11120	X-ray of the nasal bones
14100	X-ray of the mandible
20100	X-ray of soft tissue of the neck
30100	X-ray of the chest, single view
30110	X-ray of the chest two views, PA and lateral
30120	X-ray of the chest complete with additional views
30150	X-ray of the ribs
30155	X-ray of the chest and ribs
34200	Ultrasound study of the breast
40100	X-ray of the abdomen
40105	X-ray of the abdomen supine and erect, or decubitus
40110	X-ray of the abdomen multiple views including chest
40210	Ultrasound study of the whole abdomen including the pelvis
51110	X-ray of the cervical spine, one or two views

TARIFF CODE (038)	TARIFF DESCRIPTION
51120	X-ray of the cervical spine, more than two views
53110	X-ray of the lumbar spine, one or two views
53120	X-ray of the lumbar spine, more than two views
55100	X-ray of the pelvis
56100	X-ray of the left hip
56110	X-ray of the right hip
56120	X-ray pelvis and hips
61100	X-ray of the left clavicle
61105	X-ray of the right clavicle
61110	X-ray of the left scapula
61115	X-ray of the right scapula
61120	X-ray of the left acromio-clavicular joint
61125	X-ray of the right acromio-clavicular joint
61130	X-ray of the left shoulder
61135	X-ray of the right shoulder
62100	X-ray of the left humerus
62105	X-ray of the right humerus

TARIFF CODE (038)	TARIFF DESCRIPTION
63100	X-ray of the left elbow
63105	X-ray of the right elbow
64100	X-ray of the left forearm
64105	X-ray of the right forearm
65100	X-ray of the left hand
65105	X-ray of the right hand
65120	X-ray of a finger
65130	X-ray of the left wrist
65135	X-ray of the right wrist
65140	X-ray of the left scaphoid
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

TARIFF CODE (038)	TARIFF DESCRIPTION
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
73100	X-ray of the left lower leg
73105	X-ray of the right lower leg

TARIFF CODE (038)	TARIFF DESCRIPTION
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

TARIFF CODE (038)	TARIFF DESCRIPTION
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
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)

Dentistry

Basic dentistry only. No benefit for specialised dentistry.

HIV/AIDS

Treatment – First and second line ARV medications according to the national guidelines for antiretroviral therapy. Medicine according to HIV/AIDS medicine formulary.

Counselling – Three 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 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 per annum Frame limited to every 2 years (2025/2026) per beneficiary.

A pair of glasses will consist of an eye test,

TARIFF CODE (039 004)	TARIFF DESCRIPTION
390016	Ultrasound after 24 weeks - motivation required (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 standalone code that may not be combined with any other codes. The code specifically includes Doppler studies)

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

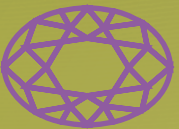
Topaz and Topaz Plus only covers medication as specified in the HIV Medicine Formulary available on our website, www.nmcfund.com.

*Applies to Topaz Plus only

Mid-Level Options



OPAL



JADE












EMERALD










AMBER






		<div> OPAL</div>		<div> JADE</div>	
OVERALL ANNUAL BENEFIT (OVERALL ANNUAL LIMIT)		N\$515 950 per Beneficiary N\$774 250 per Family		N\$733 200 per Beneficiary N\$1 133 600 per Family	
CATEGORY A: Benefits For Major Medical Expenses		% NAMAF Tariff		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. OVERALL LIMIT	
Additional Hospital Benefit Cover: GPs and specialists in-hospital services are paid up to a maximum of 150% of the NAMAF tariff. OVERALL LIMIT					
COVER					
	1. Hospitalisation		100%	Overall Annual Limit	Overall Annual Limit
	1.1. Accommodation and Theatre			No Benefit	N\$5 390 per Beneficiary N\$10 765 per Family
	1.2. Accommodation in Private Wards (Difference between general ward and private ward tariffs)			Overall Annual Limit	Overall Annual Limit
	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			N\$3 830 per Beneficiary Overall Annual Limit	N\$3 830 per Beneficiary 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 - Benefit available within three months from hospital discharge (Subject to prior approval)			Overall Annual Limit	Overall Annual Limit
	1.8. Medicine, fixed tariff procedures, hospital apparatus, and to take out medicine (seven days supply only)				Overall Annual Limit
	1.9. Dialysis (Subject to Case Management and MHC guidelines)				No Benefit
	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		Overall Annual Limit








			 OPAL	 JADE
	2. General Practitioners and Specialists (In-Hospital Services) - Additional Hospital Benefit cover included except the use of equipment and equipment hire fees	100%	N\$37 364 per Family Overall Annual Limit	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	Overall Annual Limit
	3.1. MRI and CT Scans		N\$18 040 per Family	N\$22 565 per Family
	3.2. Nuclear Medicine		Overall Annual Limit	Overall Annual Limit
	4. Maternity (Groups have cover from the date of joining. Individuals have a nine-month waiting period)	100%	Overall Annual Limit	Overall Annual Limit
	4.1. Confinement – full procedure		Payable from Maternity Benefit	Payable from Maternity Benefit
	4.2. Antenatal Consultation 12 consultations per Beneficiary (prorated from the date of joining) - Additional Hospital Benefit cover excluded			
	4.3. Ante/Postnatal Classes and Education Six sessions per Beneficiary (prorated from the date of joining) - Additional Hospital Benefit cover excluded			
	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	N\$7 040 per Beneficiary Overall Annual Limit




			 OPAL	 JADE
	6. Oncology (Subject to Case Management and MHC guidelines)	100%	N\$380 360 per Beneficiary Overall Annual Limit	N\$489 040 per Beneficiary Overall Annual Limit
	6.1. Consultations and Procedures Out-of-Hospital (Excluding Allied and Complimentary Health Protocols)			
	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 In and Out of Hospital (Chemotherapy, Radiotherapy, Hormone Therapy, Immunotherapy and Targeted Therapy)			
	6.5. Hospitalisation and Related Procedures In-Hospital		Overall Annual Limit	Overall Annual Limit
	7. 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%	No Benefit	Overall Annual Limit
	7.1. Refractive Surgery			N\$6 690 for both eyes per Beneficiary once off N\$7 920 per Family
	7.2. Cataract Surgery and Lens Implants			N\$15 215 per eye per Beneficiary once off
	8. Reconstructive Surgery (Medical necessity only)	100%	No Benefit	No Benefit
	9. Private Nursing/Frail Care/Hospice (Subject to Case Management)	100%	N\$9 000 per Family Overall Annual Limit	N\$ 11 860 per Family Overall Annual Limit
	10. Psychiatric Treatment (Subject to prior approval)	100%	Overall Annual Limit	Overall Annual Limit
	10.1. Consultations and Procedures		Sub limit 10	Sub-limit 10
	10.2. Hospitalisation		N\$35 710 per Family Sub limit 10	N\$35 710 per Family Sub limit 10
	11. Alcoholism/Drug Addiction (Subject to prior approval and MHC guidelines)		Sub-limit 10.2	Sub-limit 10.2

			 OPAL	 JADE
	12. Specialised Dental Surgery - Additional Hospital Benefit cover excluded (Subject to pre-authorisation)	100%	No Benefit	Overall Annual Limit
	12.1. Maxillo-Facial and Oral Surgery (trauma/non-elective) - All-inclusive			N\$61 945 per Family Sub-limit 12
	12.2. Maxillo-Facial, Oral Surgery and Dental Implants - All-inclusive			N\$23 910 per Beneficiary N\$29 350 per Family Sub-limit 22
	13. Stomal Therapy (All-inclusive) (Subject to prior approval)	100%	N\$17 600 per Family Overall Annual Limit	N\$22 875 per Family Overall Annual Limit
	14. Ambulance and Evacuation Services	100%	Overall Annual Limit	Overall Annual Limit
	14.1. Emergency Ambulance and Flights (Territory: SADC countries) (Subject to prior approval)		Unlimited Benefit	Unlimited Benefit
	14.2. Ambulance/Inter-Hospital Transfer (Subject to prior approval)		N\$2 690 per Family	N\$4 785 per Family
	15. Medical Referral Subject to accommodation and travelling reimbursement protocols (Subject to prior approval)		Overall Annual Limit	Overall Annual Limit
	15.1. Transport	70% of Cost	N\$10 510 per Family	N\$10 510 per Family
	15.2. Accommodation Other than a Recognised Hospital/Medical Institution (Maximum of two days)	100%	N\$642 per day per Family	N\$642 per day per Family
	16. 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	N\$10 000 000 per incident

			 OPAL	 JADE
	17. Specified Illness Conditions As per national guidelines for antiretroviral therapy (Sub-limits are prorated from the date of joining)		N\$46 320 per Family Overall Annual Limit	N\$46 315 per Family Overall Annual Limit
	17.1. HIV/AIDS (As per national guidelines for antiretroviral therapy)	100%	N\$27 275 per Beneficiary	N\$27 275 per Beneficiary
	17.1.1. Medicine (Paid at maximum Namibia medicine price list on generics)			
	17.1.2. First Full HIV Consultation/Assessment Once-off benefit	N\$530	Payable from Specified Illness Conditions	Payable from Specified Illness Conditions
	17.1.3. Consultation (after the first full HIV consultation/assessment) Six consultations per Beneficiary	N\$482		
	17.1.4. HIV Counselling		N\$1 410 per Beneficiary	N\$1 410 per Beneficiary
	17.1.5. Pathology Tests (Subject to prior approval)		N\$6 150 per Beneficiary	N\$6 150 per Beneficiary
	17.1.6. HIV Resistance Test (Subject to prior approval)			
	17.2. Prevention of Mother-to-Child Transmission (PMTCT) As per national guidelines	100%	Payable from Specified Illness Conditions	Payable from Specified Illness Conditions
	17.3. Post-Exposure Prophylaxis (PEP) As per national guidelines			
	17.4. Pre-Exposure Prophylaxis (PrEP) As per national guidelines			
CATEGORY B: DAY-TO-DAY BENEFIT		100% Tariff	Overall Sub-benefit limit N\$20 200 per Beneficiary N\$27 275 per Family Sub-limits are pro-rated from date of joining except optical benefit. OVERALL ANNUAL LIMIT	Sub-limits are prorated from date of joining except the optical benefit. OVERALL ANNUAL LIMIT

			 OPAL	 JADE
	18. General Practitioners and Specialists (out-of-hospital including casualties)		N\$7 650 per Family	N\$7 650 per Beneficiary N\$13 350 per Family
	18.1. 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	Payable from General Practitioners and Specialists Benefit
	18.2. Procedures/Services (out-of-hospital, including casualties)			
	18.3. Materials and Disposable Items (Out-of-Hospital)			
	18.4. Radiology and Pathology (out-of-hospital, including radiography, sonography, medical laboratory technology and chemical biochemistry) (Referral from a Medical Practitioner)			
	18.5. MRI and CT Scan		Payable from the MRI and CT Scan Benefit	Payable from the MRI and CT Scan Benefit
	Benefit Booster Applicable (additional benefit once limit is exceeded)			
	19. Medicine and Injections	SEP + 40%	N\$14 350 per Family	N\$16 200 per Family
	19.1. Medicine and Injections (Acute and Chronic) - (Paid at maximum Namibia medicine price list on generics)	100%	N\$7 350 per Beneficiary	N\$8 450 per Beneficiary
	19.2. Essential Vaccination/Immunisation - (Paid at maximum Namibia medicine price list on generics)		Payable from Medicine and Injections	Payable from Medicine and Injections
	19.3. Self-Medication - (Paid at maximum Namibia medicine price list on generics)		N\$950 per Family N\$140 per day per Beneficiary	N\$1 060 per Family N\$164 per claim per Beneficiary
	20. Primary Health Care Services	100%	N\$1 090 per Family	N\$820 per Beneficiary N\$1 630 per Family
	20.1. Consultations and Procedures		Payable from Primary Health Care Services	Payable from Primary Health Care Services
	20.2. Medicine and Injections (Paid at maximum Namibia medicine price list on generics)		Payable from Medicine (Acute and Chronic)	Payable from Medicine (Acute and Chronic)
	Benefit Booster Applicable (additional benefit once limit is exceeded)			
	21. Dentistry	100%	N\$4 896 per Family	N\$8 595 per Family
	21.1. Conservative and specialised dentistry (Including Dental Therapy) Benefit Booster Applicable (additional benefit once limit is exceeded)		Payable from Dentistry benefit	Payable from Dentistry benefit
	21.2. Dental Implants		No Benefit	No Benefit
	21.3. Orthodontics			N\$12 730 per Beneficiary once-off
	21.4. Maxillo-Facial and Oral Surgery (Other/Elective)			Payable from Dentistry benefit. The available benefits are for either in-hospital or in-practice

			 OPAL	 JADE
	22. Optical	100%	N\$3 985 per Family	N\$4 745 per Family
	22.1. Eye tests, spectacles & contact lenses (per annum)		N\$1 415 per Beneficiary per annum including frame	N\$2 550 per Beneficiary per annum including frame
	22.2. Frame (every 2 years)	100% of Cost	N\$ 565 per Beneficiary every 2 years (2025-2026)	Limited to N\$1 130 per Beneficiary every 2 years (2025-2026)
	23. Auxiliary Services (Supplementary Services)	100%	N\$2 578 per Family	N\$6 365 per Family
	23.1. Consultation and procedure		Payable from Auxiliary Services	Payable from Auxiliary Services
	23.2. Medicine		Payable from Medicine (Acute and Chronic)	Payable from Medicine (Acute and Chronic)
	Benefit Booster Applicable (additional benefit once limit is exceeded)			
	24. External Appliances 24.1. (Subject to MHC guidelines)	80% of Cost	N\$2 826 per Family	N\$2 930 per Family
	25. Wheelchair, Artificial Limbs, Artificial Eyes, Hearing Aid Apparatus, Devices for Diabetes Management		No Benefit	No Benefit
	26. Benefit Booster Applicable if Medicine and Injections, Dentistry, GPs and Specialists, Primary Health Care and Auxiliary Services benefits are depleted		N\$1 305 per Family	N\$2 445 per Family
	26.1. Medicine and Injections (Acute and Chronic) - Excluding self-medication	70%	Payable from Benefit Booster	Payable from Benefit Booster
	26.2. Dentistry	70%		
	26.3. General Practitioners and Specialists (Consultations/visits and procedures/services out-of-hospital, including casualties)	80%		
	26.4. Primary Health Care	80%		
	26.5. Auxiliary Services	70%		

			 OPAL		 JADE	
			Monthly Voluntary Contribution	Extended Benefit per Annum	Monthly Voluntary Contribution	Extended Benefit per Annum
	27. Benefit Booster “Up” (Voluntary Buy-up Benefit) <ul style="list-style-type: none"> - 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. 	100% of Cost	N\$300	N\$3 600	N\$300	N\$3 600
			N\$600	N\$7 200	N\$600	N\$7 200
			N\$900	N\$10 800	N\$900	N\$10 800
			N\$1 200	N\$14 400	N\$1 200	N\$14 400
			N\$1 500	N\$18 000	N\$1 500	N\$18 000
	28. Lifestyle Management Tests (Subject to Clinical Guidelines and Protocols)		N\$15 000 per Family		N\$15 000 per Family	
	28.1. Screening Tests		Sub-limit 28		Sub-limit 28	
	28.2. Rapid Tests		N\$1 500 per Family Sub-limit 28		N\$1 500 per Family Sub-limit 28	




CATEGORY C: BACK-UP BENEFIT	COVER	OPAL						JADE					
		M	M1	M2	M3	M4	M5+	M	M1	M2	M3	M4	M5+
Threshold Limit		N\$5 115	N\$5 775	N\$5 995	N\$6 200	N\$6 420	N\$6 625	N\$6 680	N\$7 560	N\$7 835	N\$8 125	N\$8 415	N\$8 675







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 2027 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 2027 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 2027.
- 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+	M	M1	M2	M3	M4	M5+
A. The total amount paid by NMC (at the end of April 2025 for 2024 claims) for the following family limits:													
<ul style="list-style-type: none"> Medicine and Injections Optical Auxiliary Services 		N\$3 800	N\$4 250	N\$9 850	N\$15 200	N\$18 700	N\$4 700	N\$2 500	N\$4 250	\$18 250	\$12 600	N\$7 950	N\$6 000
B. Threshold Limit		N\$5 115	N\$5 775	N\$5 995	N\$6 200	N\$6 420	N\$6 625	N\$6 680	N\$7 560	N\$7 835	N\$8 125	N\$8 415	N\$8 675
C. Difference: Threshold Limit (B) – Total Paid Amount (A)		N\$1 315	N\$1 525	N\$0	N\$0	N\$0	N\$1 925	N\$4 180	N\$3 310	N\$0	N\$0	N\$0	N\$2 675
D. Back-Up Benefit = 15% of C (Available from 01 May 2025)		N\$197	N\$229	Does not qualify because The Total Benefit Amt (A) is more than the Threshold Limit (B)			N\$289	N\$627	N\$497	Does not qualify because The Total Benefit Amt (A) is more than the Threshold Limit (B)			N\$401

		 Emerald		 Amber	
OVERALL ANNUAL BENEFIT (OVERALL ANNUAL LIMIT)		% NAMAF Tariff	N\$1 630 125 per Beneficiary N\$1 956 150 per Family		Unlimited Benefit
CATEGORY A: Benefits For Major Medical Expenses			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. OVERALL LIMIT		
Additional Hospital Benefit Cover: GPs and specialists in-hospital services are paid up to a maximum of 150% of the NAMAF tariff. OVERALL LIMIT					
COVER					
	1. Hospitalisation		100%	Overall Annual Limit	Overall Annual Limit Accommodation & Theatre: Sub-limit 1
	1.1. Accommodation and Theatre				
	1.2. Accommodation in private wards (Difference between general ward and private ward tariffs)			N\$7 770 per Beneficiary N\$17 080 per Family	N\$11 285 per Beneficiary N\$24 750 per Family
	1.3. Intensive and high care (Maximum three days, then motivation)			Overall Annual Limit	Overall Annual Limit
	1.4. Blood transfusions				
	1.5. Radiology and Pathology (in-hospital) - Additional Hospital Benefit Cover excluded				
	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 rehabilitation facility Benefit available within three months from hospital discharge (Subject to prior approval)			N\$5 435 per Beneficiary Overall Annual Limit	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)			Overall Annual Limit	Overall Annual Limit
	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				
	1.11. Internal Appliances and Materials (As per NMC protocol)		100% of Cost	No Benefit	No Benefit
	1.12. Medical and Surgical Appliances (External)				

			 Emerald	 Amber
	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	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 a GP acceptable in places where there is no medical specialist) (Subject to prior approval)	100%	Overall Annual Limit	Overall Annual Limit
	3.1. MRI and CT Scans		N\$32 600 per Family	N\$42 960 per Family
	3.2. Nuclear Medicine		Overall Annual Limit	Overall Annual Limit
	4. Maternity (Groups have cover from the date of joining. Individuals have a nine-month waiting period)	100%	Overall Annual Limit	Overall Annual Limit
	4.1. Confinement – full procedure		Payable from Maternity Benefit	Payable from Maternity Benefit
	4.2. Antenatal Consultation 12 consultations per Beneficiary (Prorated from the date of joining) - Additional Hospital Benefit cover excluded			
	4.3. Ante/Postnatal Classes and Education Six sessions per Beneficiary (Prorated from the date of joining) - Additional Hospital Benefit cover excluded			
	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) (Benefit is prorated from the date of joining)	100%	N\$7 040 per Beneficiary Overall Annual Limit	N\$7 040 per Beneficiary Overall Annual Limit

			 Emerald	 Amber
	6. Oncology (Subject to Case Management and MHC Guidelines)	100%	N\$652 050 per Beneficiary Overall Annual Limit	Limited to N\$815 100 per Beneficiary Overall Annual Limit
	6.1. Consultations and procedures Out-of-Hospital (Excluding Allied and Complimentary Health Professionals)			
	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 In and Out of Hospital (Chemotherapy, Radiotherapy, Hormone Therapy, Immunotherapy and Targeted Therapy)			
	6.5. Hospitalisation and Related Procedures In-Hospital		Overall Annual Limit	Overall Annual Limit
	7. 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	Overall Annual Limit
	7.1. Refractive Surgery		N\$15 100 for both eyes per Beneficiary once off N\$19 350 per Family	N\$25 100 for both eyes per Beneficiary once-off N\$32 200 per Family
	7.2. Cataract Surgery and Lens Implants		N\$ 20 390 per eye per Beneficiary once off	N\$27 200 per eye per Beneficiary once-off
	8. Reconstructive Surgery (Medical necessity only) (Subject to prior approval and subject to strict MHC guidelines)	100%	Overall Annual Limit	Overall Annual Limit
	8.1. Consultation and Procedures		N\$7 350 per Family	N\$15 800 per Family
	8.2. Hospitalisation		Overall Annual Limit	Overall Annual Limit
	9. Private Nursing/Frail Care/Hospice (Subject to Case Management)	100%	N\$23 650 per Family Overall Annual Limit	N\$42 050 per Family Overall Annual Limit
	10. Psychiatric Treatment (Subject to prior approval)	100%	Overall Annual Limit	Overall Annual Limit
	10.1. Consultations and Procedures		Sub-Limit 10	Sub-Limit 10
	10.2. Hospitalisation		N\$35 710 per Family Sub-Limit 10	N\$35 710 per Family Sub-Limit 10
	11. Alcoholism/Drug Addiction (Subject to prior approval and MHC Guidelines)		Sub-Limit 10.2	Sub-Limit 10.2

			 Emerald	 Amber
	12. Specialised Dental Surgery - Additional Hospital Benefit cover excluded (Subject to Pre-Authorisation)	100%	Overall Annual Limit	Overall Annual Limit
	12.1. Maxillo-Facial and Oral Surgery (trauma/non-elective) - All-inclusive		N\$100 600 per Family	N\$143 450 per Family
	12.2. Maxillo-Facial and Oral Surgery - (Including Dental Implants) (other/elective) - All-inclusive		N\$31 850 per Beneficiary N\$39 435 per Family N\$5 175 for all dental implant component per tooth	N\$42 450 per Beneficiary N\$52 800 per Family N\$5 175 for all dental implant component per tooth
	12.3. Maxillo-Facial and Oral Surgery (Including Dental Implants) - In-practice (performed in a doctor's room) - Procedures only	150%	Payable from maxillo-facial, oral surgery and dental implants (other/elective)	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%	Payable from Internal appliances under Hospital Benefit	Payable from internal appliance under hospital benefit
	13. Stomal Therapy (All-inclusive) (Subject to prior approval)	100%	N\$29 800 per Family Overall Annual Limit	N\$29 800 per Family Overall Annual Limit
	14. Ambulance and Evacuation Services	100%	Overall Annual Limit	Overall Annual Limit
	14.1. Emergency Ambulance and Flights (Territory: SADC countries) (Subject to prior approval)		Unlimited Benefit	Unlimited Benefit
	14.2. Ambulance/Inter-Hospital Transfer (Subject to prior approval)		N\$5 985 per Beneficiary	N\$5 985per Beneficiary
	15. Medical Referral Subject to accommodation and travelling reimbursement protocols (Subject to prior approval)		Overall Annual Limit	Overall Annual Limit
	15.1. Transport	70% of Cost	N\$10 510 per Family	N\$10 510 per Family
	15.2. Accommodation other than a Recognised Hospital/Medical Institution (Maximum of two days)	100%	N\$642 per day per Family	N\$642 per day per Family
	16. 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	N\$10 000 000 per incident
	17. Lifestyle Management Tests (Subject to Clinical Guidelines and Protocols)		N\$15 000 per Family	N\$15 000 per Family
	17.1. Screening Tests		Sub-limit 17	Sub-limit 17
	17.2. Rapid Tests		N\$ 1 500 per Family Sub-limit 17	N\$ 1 500 per Family Sub-limit 17

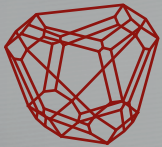
Contribution Tables

Opal Individual Contributions					Jade Individual Contributions					Emerald Individual Contributions					Amber Individual Contributions				
Age Band		Main	Adult	Child	Age Band		Main	Adult	Child	Age Band		Main	Adult	Child	Age Band		Main	Adult	Child
0	25	2,231	1,389	619	0	25	2,331	1,550	691	0	25	1,313	830	327	0	25	1,752	1,102	394
26	30	2,468	1,561	619	26	30	2,596	1,752	691	26	30	1,459	934	327	26	30	1,949	1,247	394
31	35	2,689	1,755	619	31	35	2,858	1,960	691	31	35	1,612	1,042	327	31	35	2,149	1,384	394
36	40	3,014	1,984	631	36	40	3,224	2,237	691	36	40	1,788	1,154	329	36	40	2,382	1,535	396
41	45	3,299	2,176	631	41	45	3,537	2,488	691	41	45	1,958	1,282	329	41	45	2,613	1,708	396
46	50	3,536	2,378	631	46	50	3,823	2,704	735	46	50	2,117	1,395	329	46	50	2,823	1,861	396
51	55	3,848	2,622	631	51	55	4,182	2,986	735	51	55	2,312	1,538	329	51	55	3,083	2,049	396
56	60	4,104	2,814	631	56	60	4,473	3,208	735	56	60	2,478	1,655	329	56	60	3,296	2,212	396
61	65	4,368	3,009	631	61	65	4,779	3,449	735	61	65	2,639	1,775	329	61	65	3,519	2,371	396
66	100	4,636	3,226	631	66	100	5,078	3,682	735	66	100	2,816	1,892	329	66	100	3,749	2,527	396

Opal Group Contributions					Jade Group Contributions					Emerald Group Contributions					Amber Group Contributions				
Income Band		Main	Adult	Child	Age Band		Main	Adult	Child	Age Band		Main	Adult	Child	Age Band		Main	Adult	Child
0	4,720	2,010	1,300	371	0	25	2,129	1,389	612	0	25	1,313	830	327	0	25	1,752	1,102	394
4,721	6,230	2,314	1,476	425	26	30	2,355	1,552	612	26	30	1,459	934	327	26	30	1,949	1,247	394
6,231	9,530	2,478	1,531	458	31	35	2,517	1,696	612	31	35	1,584	977	327	31	35	2,113	1,298	394
9,531	14,000	2,547	1,642	468	36	40	2,751	1,878	612	36	40	1,705	1,042	329	36	40	2,273	1,389	396
14,001	15,730	2,849	1,825	526	41	45	3,032	2,100	612	41	45	1,826	1,146	329	41	45	2,433	1,529	396
15,731	17,840	3,155	2,007	583	46	50	3,228	2,250	626	46	50	1,981	1,257	329	46	50	2,647	1,677	396
					51	55	3,484	2,462	626	51	55	2,048	1,315	329	51	55	2,731	1,755	396
					56	60	3,732	2,647	626	56	60	2,166	1,410	329	56	60	2,889	1,881	396
					61	65	3,957	2,824	626	61	65	2,348	1,531	329	61	65	3,131	2,039	396
					66	100	3,975	2,844	626	66	100	2,405	1,571	329	66	100	3,203	2,096	396



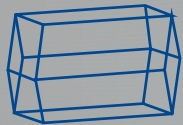
Top-Level Options



RUBY



EMERALD +







SAPPHIRE







AMBER +







		 Ruby	 Sapphire
OVERALL ANNUAL BENEFIT (OVERALL ANNUAL LIMIT)	% NAMA F Tariff	N\$1 630 125 per Beneficiary N\$1 956 150 per Family	Unlimited Benefit
CATEGORY A: Hospitalisation Benefit		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.	
Additional Hospital Benefit Cover: GPs and specialists in-hospital services are paid up to a maximum of 150% of the NAMA tariff. OVERALL LIMIT			
	COVER		
1. Hospitalisation	100%	Overall Annual Limit	Overall Annual Limit
1.1. Accommodation and Theatre			
1.2. Accommodation in Private Wards (Difference between general ward and private ward tariffs)		N\$7 770 per Beneficiary N\$17 080 per Family	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	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)		N\$5 435 per Beneficiary Overall Annual Limit	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	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	Overall Annual Limit



		 Ruby	 Sapphire
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	Overall Annual Limit
3.1. MRI and CT Scans		N\$29 395 per Family	N\$42 960 per Family
3.2. Nuclear Medicine		Overall Annual Limit	Overall Annual Limit
4. Maternity (Groups have cover from the date of joining. Individuals have a nine-month waiting period)		Overall Annual Limit	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%	Payable from the Maternity Benefit	Payable from the Maternity Benefit
4.3. Ante/Postnatal Classes and Education Six sessions per Beneficiary per Pregnancy (Prorated from the date of joining) - Additional Hospital Benefit cover excluded			
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 date of joining)	100%	N\$7 040 per Beneficiary Overall Annual Limit	N\$7 040 per Beneficiary Overall Annual Limit
6. Infertility Treatment (All-inclusive) (Subject to prior approval and MHC Guidelines)	100%	N\$33 750 per Family Overall Annual Limit	N\$45 000 per Family Overall Annual Limit
7. Oncology (Subject to Case Management and MHC guidelines)			
7.1. Consultations and Procedures Out-of-Hospital (Excluding Allied and Complimentary Health Professionals)			
7.2. MRI/CT Scans and Other Specialised Radiology Procedures In and Out-of-Hospital - Additional Hospital Benefit Cover excluded - Referral from a medical specialist only	100%	N\$652 050 per Beneficiary Overall Annual Limit	N\$815 100 per Beneficiary Overall Annual Limit
7.3. Radiation Oncology (Referral from a medical specialist only)			
7.4. Oncology Medication In and Out of Hospital (Chemotherapy, Radiotherapy, Hormone Therapy, Immunotherapy and Targeted Therapy)			
7.5. Hospitalisation and Related Procedures In-Hospital		Overall Annual Limit	Overall Annual Limit



		 Ruby	 Sapphire
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	Overall Annual Limit
8.1. Refractive Surgery		N\$15 100 for both eyes per Beneficiary once-off N\$19 350 per Family	N\$25 100 For both eyes per Beneficiary once-off N\$32 200 per Family
8.2. Cataract Surgery and Lens Implants		N\$20 390 per eye per Beneficiary once-off	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	Overall Annual Limit
9.1. Consultation and procedure		N\$7 350 per Family	N\$15 800 per Family
9.2. Hospitalisation		Overall Annual Limit	Overall Annual Limit
10. Private Nursing/Frail Care/Hospice (Subject to Case Management)		N\$23 650 per Family Overall Annual Limit	N\$42 050 per Family Overall Annual Limit
11. Psychiatric Treatment (Subject to prior approval)	100%	Overall Annual Limit	Overall Annual Limit
11.1. Consultations and Procedures		Sub-limit 11	Sub-limit 11
11.2. Hospitalisation		N\$35 710 per Family Sub-limit 11	N\$35 710 per Family Sub-limit 11
12. Alcoholism/Drug Addiction (Subject to prior approval and MHC guidelines)		Sub-limit 11	Sub-limit 11
13. Specialised Dental Surgery Additional Hospital Benefit cover excluded (Subject to pre-authorisation)	100%	Overall Annual Limit	Overall Annual Limit
13.1. Maxillo-Facial and Oral Surgery (trauma/non-elective) - All-inclusive (Hospital Accommodation and Dentist/Surgeon)		N\$100 600 per Family	N\$143 450 per Family
13.2. Maxillo-Facial, Oral Surgery and Dental Implants (other/elective) - All-inclusive		N\$31 850 per Beneficiary N\$39 435 per Family N\$5 175 for all dental implant component per tooth	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)	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	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	N\$29 800 per Family Overall Annual Limit
15. Ambulance and Evacuation Services	100%	Overall Annual Limit	Overall Annual Limit
15.1. Emergency Ambulance and Flights (Territory: SADC Countries) (Subject to prior approval)		Unlimited Benefit	Unlimited Benefit
15.2. Ambulance/Inter-Hospital Transfer (Subject to prior approval)		N\$5 985 per Beneficiary	N\$5 985 per Beneficiary


		 Ruby						 Sapphire					
16. Medical Referral Subject to accommodation and travelling reimbursement protocols (Subject to prior approval)		Overall Annual Limit						Overall Annual Limit					
16.1. Transport	70% of Cost	N\$10 510 per Family						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						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						N\$10 000 000 per incident					
18. Lifestyle Management Tests (Subject to Clinical Guidelines and Protocols)	100%	N\$15 000 per Family						N\$15 000 per Family					
18.1. Screening Tests:		Sub-limit 18						Sub-limit 18					
18.2. Rapid Tests		N\$1 500 per Family Sub-limit 18						N\$1 500 per Family Sub-limit 18					
CATEGORY B: DAY-TO-DAY BENEFIT	COVER	Sub-limits are prorated from date of joining, except the optical benefit. OVERALL LIMIT											
		M	M1	M2	M3	M4	M5+	M	M1	M2	M3	M4	M5+
19. General Practitioners and Specialists	100%	N\$10 600	N\$13 900	N\$14 450	N\$15 150	N\$15 850	N\$16 500	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		Payable from General Practitioners and Specialists Benefit						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						Payable from the MRI and CT Scan Benefit					
Benefit Booster Applicable (additional benefit once limit is exceeded)													
20. Medicine and Injections	SEP + 40%	N\$16 350	N\$18 150	N\$18 700	N\$19 800	N\$21 010	N\$22 160	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\$6 050	N\$6 400	N\$6 600	N\$7 000	N\$7 550	N\$8 100	N\$9 350	N\$14 200	N\$17 300	N\$18 250	N\$19 250	N\$20 200
		N\$6 050 per Beneficiary						N\$9 350 per Beneficiary					
20.2. Chronic – Paid at maximum Namibia medicine price list on generics		N\$9 050	N\$10 350	N\$10 500	N\$11 000	N\$11 450	N\$11 950	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						No Limit per Beneficiary Payable from Medicine and Injections					

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20.2.2. Members aged 66 and above	100%	Payable from Medicine and Injections						Payable from Medicine and Injections					
20.3. Essential Vaccination/Immunisation (As per WHO guidelines) Paid at maximum Namibia medicine price list on generics	100%												
Benefit Booster Applicable (additional benefit once limit is exceeded)													
20.4. Self-medication Paid at maximum Namibia medicine price list on generics	100%	N\$1 250	N\$1 400	N\$1 600	N\$1 800	N\$2 010	N\$2 110	N\$2 100	N\$2 330	N\$2 540	N\$2 750	N\$2 980	N\$3 200
		N\$183 per claim per Beneficiary per day						N\$250 per claim per Beneficiary per day					
21. Primary Health Care Services		N\$1 090	N\$1 305	N\$1 470	N\$1 635	N\$1 795	N\$1 955	N\$1 360	N\$1 625	N\$1 845	N\$2 060	N\$2 280	N\$2 500
		N\$1 090 per Beneficiary						N\$1 360 per Beneficiary					
21.1. Consultations and Procedures	100%	Payable from Primary Health Care Services						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						Payable from Acute Medication					
Benefit Booster Applicable (additional benefit once limit is exceeded)													
22. Dentistry													
22.1. Conservative and Specialised Dentistry (Including Dental Therapy)	100%	N\$11 440 per Beneficiary N\$15 800 per Family						N\$17 200 per Beneficiary N\$24 350 per Family					
22.2. Maxillo-Facial, Oral Surgery and Dental Implants - In-practice consultation and non-surgical procedures		Payable from Dentistry Benefits						Payable from Dentistry Benefits					
Benefit Booster Applicable (additional benefit once limit is exceeded)													
22.3. Orthodontics (Subject to prior approval and MHC guidelines)	100%	N\$18 475 per Beneficiary once-off						N\$32 100 per Beneficiary once-off					
23. Optical Benefits Every two years (Including frame) (2025-2026)		N\$3 630 per Beneficiary per annum including frame N\$8 160 per Family						N\$5 330 per Beneficiary per annum including frame N\$12 000 per Family					
23.1. Optical tests (per annum)	100%	Payable from Optical Benefits						Payable from Optical Benefits					
23.2. Spectacles and Lenses (per annum)	100%												
23.3. Frame (every 2 years)	100% of Cost	N\$1 245 per Beneficiary						N\$2 040 per Beneficiary					
23.4. Readers Spectacles	100% of Cost	N\$114 per Family						N\$114 per Family					
24. Auxiliary Services		N\$12 890	N\$14 130	N\$14 285	N\$14 545	N\$14 810	N\$15 100	N\$16 665	N\$26 655	N\$28 850	N\$30 150	N\$30 700	N\$31 250
		N\$12 890 per Beneficiary						N\$16 665 per Beneficiary					
24.1. Art Therapy	100%	Payable from Auxiliary Services						Payable from Auxiliary Services					
24.2. Audiology/Speech Therapy	100%												
24.3. Biokinetics	100%	N\$4 400 per Beneficiary						N\$8 220 per Beneficiary					

		 Ruby	 Sapphire
24.4. Chinese Medicine	100%	N\$4 400 per Beneficiary	N\$8 220 per Beneficiary
24.5. Chiropractor			
24.5.1. Consultation and Procedure	100%	Payable from Auxiliary Services	Payable from Auxiliary Services
24.5.2. Medicine	80%	Payable from Acute Medicine and Injections	Payable from Acute Medicine and Injections
24.6. Clinical Psychology/Psychological Counsellor	100%	N\$4 400 per Beneficiary	N\$8 220 per Beneficiary
24.7. Clinical Technology	100%	Payable from Auxiliary Services	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%		
24.10.2. Medicine	80%	Payable from Acute Medicine and Injections	Payable from Acute Medicine and Injections
24.11.Occupational Therapy	100%	Payable from Auxiliary Services	Payable from Auxiliary Services
24.12.Orthotist/Prosthetist	100%		
24.13.Physiotherapy	100%	N\$4 400 per Beneficiary	N\$8 220 per Beneficiary
24.14.Podiatry/Chiropody	100%	Payable from Auxiliary Services	Payable from Auxiliary Services
24.15.Social Worker	100%	N\$4 400 per Beneficiary	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\$9 650 per Beneficiary every four years (2024-2027)	N\$19 350 per Beneficiary every four years (2024-2027)
26. Artificial Limbs (Subject to prior approval)	100% of Cost	N\$20 000 per Beneficiary every two years (2026 - 2027)	N\$39 950 per Beneficiary every two years(2026-2027)
27. Artificial Eyes (Subject to prior approval)	100% of Cost	N\$6 210 per Beneficiary every four years (2024-2027)	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\$30 430 per Family every three years for both ears (N\$14 000 per ear) (2026-2028)	N\$38 050 per Family every three years for both ears (2026-2028)
29. Appliances (External) (Subject to MHC guidelines)	80% of Cost	N\$4 950 per Family	N\$5 600 per Family
30. Medical Devices for Diabetes Management (Subject to prior approval and MHC guidelines)			
30.1. Insulin Pumps	80% of Cost	N\$38 050 per Beneficiary every four years (2023-2026)	N\$43 470 per Beneficiary every four years (2023 – 2026)
30.2. Other Diabetes Devices and Related Consumables		N\$55 450 per Beneficiary	N\$60 900 per Beneficiary

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31. Specified Illness Conditions (As per national guidelines) (Sub-limits are prorated from the date of joining)		N\$33 700	N\$48 650	N\$48 650	N\$48 650	N\$48 650	N\$48 650	N\$39 250	N\$78 500	N\$78 500	N\$78 500	N\$78 500	N\$78 500
31.1. HIV/AIDS (As per national guidelines for antiretroviral therapy)		N\$33 700 per Beneficiary						N\$39 250 per Beneficiary					
31.1.1. Medicine Paid at maximum Namibia medicine price list on generics	100%	Payable from Specified Illness Conditions						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						N\$1 420 per Beneficiary					
31.1.5. Pathology Tests (Subject to prior approval)	100%	N\$6 470 per Beneficiary						N\$8 500 per Beneficiary					
31.1.6. HIV Resistance Test (Subject to prior approval)	100%	Payable from Specified Illness Conditions						Payable from Specified Illness Conditions					
31.2. Prevention of Mother-to-Child Transmission (PMTCT)	100%												
31.3. Post-Exposure Prophylaxis (PEP)	100%												
31.4. Pre-Exposure Prophylaxis (PrEP)	100%												
32. Benefit Booster Applicable if Medicine and Injections, Dentistry, GPs and Specialists, Primary Health Care and Auxiliary Services benefits are depleted		N\$2 110 per Beneficiary N\$3 270 per Family						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						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%												

		 Ruby		 Sapphire	
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.		Monthly Voluntary Contribution	Extended Benefit per Annum	Monthly Voluntary Contribution	Extended Benefit per Annum
		N\$300	N\$3 600	N\$300	N\$3 600
		N\$600	N\$7 200	N\$600	N\$7 200
		N\$900	N\$10 800	N\$900	N\$10 800
		N\$1 200	N\$14 400	N\$1 200	N\$14 400
		N\$1 500	N\$18 000	N\$1 500	N\$18 000
34. Lifestyle Management Screening Tests (Subject to Clinical Guidelines and Protocols)	100%	N\$15 000 per Family			
34.1. Screening Tests		Sub-limit 34			
34.2. Rapid Tests		N\$1 500 per Family Sub-limit 34			





		 RUBY					
CATEGORY C: BACK-UP BENEFIT	COVER	M	M1	M2	M3	M4	M5+
Threshold Limit		N\$5 715	N\$6 470	N\$6 710	N\$6 960	N\$7 195	N\$7 435






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:
 - Acute Medicine per family limit
 - Self-Medication per family limit
 - Optical per family limit
 - Auxiliary Services per family limit
- If 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, then the member qualifies for Back-Up Benefit the following year such as on 2027 benefit year.
- The Back-up Benefit is calculated as 25% 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 2027 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 2027.
- The unused Back-Up Benefit can be accumulated and carried over to the following benefit year.
- If the member resigns from NMC, any balance of the Back-Up Benefit will go to the Fund reserves.
- If the member passes away and his/her dependants remain with NMC, the Back-Up Benefit will be transferred to the remaining dependants.
- The Back-up Benefit can be used to pay excess of 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 to the NAMAf billing rules and guidelines.









EXAMPLE OF HOW THE BACK-UP BENEFIT WILL BE CALCULATED





	M	M1	M2	M3	M4	M5+
A. The total amount paid by NMC (at the end of April 2026 for 2025 claims) for the following family limits: <ul style="list-style-type: none"> Acute Medicine Self-Medication Optical Auxiliary Services 	N\$2 500	N\$4 250	N\$25 500	N\$7 250	N\$8 500	N\$6 000
B. Threshold Limit	N\$5 715	N\$6 470	N\$6 710	N\$6 960	N\$7 195	N\$7 435
C. Difference: Threshold Limit (B) – Total Paid Amount (A)	N\$3 215	N\$2 220	N\$0	N\$0	N\$0	N\$1 435
D. Back-Up Benefit = 25% of C (Available from 01 May 2025)	N\$804	N\$555	Does not qualify because The Total Benefit Amount (A) is more than the Threshold Limit (B)			N\$359





		 Emerald +		 Amber +		
OVERALL ANNUAL BENEFIT (OVERALL ANNUAL LIMIT)		% NAMAF Tariff	N\$1 630 125 per Beneficiary N\$1 956 150 per Family		Unlimited Benefit	
CATEGORY A: Benefits For Major Medical Expenses			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. OVERALL LIMIT			
Additional Hospital Benefit Cover: GPs and specialists in-hospital services are paid up to a maximum of 150% of the NAMAF tariff. OVERALL LIMIT						
COVER						
	1. Hospitalisation		100%	Overall Annual Limit	Overall Annual Limit	
	1.1. Accommodation and Theatre					
	1.2. Accommodation in private wards (Difference between general ward and private ward tariffs)			N\$7 770 per Beneficiary N\$17 080 per Family	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	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 rehabilitation facility Benefit available within three months from hospital discharge (Subject to prior approval)			N\$5 435 per Beneficiary Overall Annual Limit	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	Overall Annual Limit	
	1.11. Internal Appliances and Materials (As per NMC protocol)		100% of Cost			
1.12. Medical and Surgical Appliances (External)			Payable from the Day-to-Day Back-Up Benefit	Payable from the Day-to-Day Back-Up Benefit		
	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	Overall Annual Limit	

			 Emerald +	 Amber +
	3. Specialised Radiology Procedures (In and Out-of-Hospital) 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	Overall Annual Limit
	3.1. MRI and CT Scans		N\$32 600 per Family	N\$42 960 per Family
	3.2. Nuclear Medicine		Overall Annual Limit	Overall Annual Limit
	4. Maternity (Groups have cover from the date of joining. Individuals have a nine-month waiting period)	100%	Overall Annual Limit	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		Payable from Maternity Benefit	Payable from Maternity Benefit
	4.3. Ante/Postnatal Classes and Education Six sessions per Beneficiary (Prorated from the date of joining) - Additional Hospital Benefit cover excluded			
	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) (Benefit is prorated from the date of joining)	100%	N\$7 040 per Beneficiary Overall Annual Limit	N\$7 040 per Beneficiary Overall Annual Limit

			 Emerald +	 Amber +
	6. Oncology (Subject to Case Management and MHC Guidelines)	100%	N\$652 050 per Beneficiary Overall Annual Limit	N\$815 100 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	Overall Annual Limit
	7. 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	Overall Annual Limit
	7.1. Refractive Surgery		N\$15 100 for both eyes per Beneficiary once-off N\$19 350 per Family	N\$25 100 for both eyes per Beneficiary once-off N\$32 200 per Family
	7.2. Cataract Surgery and Lens Implants		N\$20 390 per eye per Beneficiary once-off	N\$27 200 per eye per Beneficiary once-off
	8. Reconstructive Surgery (Medical necessity only) (Subject to prior approval and subject to strict MHC guidelines)	100%	Overall Annual Limit	Overall Annual Limit
	8.1. Consultation and Procedures		N\$7 350 per Family	N\$15 800 per Family
	8.2. Hospitalisation		Overall Annual Limit	Overall Annual Limit
	9. Private Nursing/Frail Care/Hospice (Subject to Case Management)	100%	N\$23 650 per Family Overall Annual Limit	N\$42 050 per Family Overall Annual Limit
	10. Psychiatric Treatment (Subject to prior approval)	100%	Overall Annual Limit	Overall Annual Limit
	10.1. Consultation and Procedures		Sub-limit 10	Sub-limit 10
	10.2. Hospitalisation		N\$35 710 per Family Sub-limit 10	N\$35 710 per Family Sub-limit 10
	11. Alcoholism/Drug Addiction (Subject to prior approval and MHC Guidelines)		Sub-limit 10.2	Sub-limit 10.2

			 Emerald +	 Amber +
	12. Specialised Dental Surgery - Additional Hospital Benefit cover excluded (Subject to Pre-Authorisation)		Overall Annual Limit	Overall Annual Limit
	12.1. Maxillo-Facial and Oral Surgery (trauma/non-elective) - All-inclusive	100%	N\$100 600 per Family	N\$143 450 per Family
	12.2. Maxillo-Facial and Oral Surgery - (Including Dental Implants) (other/elective) - All-inclusive		N\$31 850 per Beneficiary N\$39 435 per Family N\$5 175 for all dental implant component per tooth	N\$42 450 per Beneficiary N\$52 800 per Family N\$5 175 for all dental implant component per tooth
	12.3. Maxillo-Facial and Oral Surgery (Including Dental Implants) - In-practice (performed in a doctor's room) - Procedures only	150%	Payable from maxillo-facial, oral surgery and dental implants (other/elective)	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%	Payable from Internal appliances under Hospital Benefit	Payable from Internal appliances under Hospital Benefit
	13. Stomal Therapy (All-inclusive) (Subject to prior approval)	100%	N\$29 800 per Family Overall Annual Limit	N\$29 800 per Family Overall Annual Limit
	14. Ambulance and Evacuation Services		Overall Annual Limit	Overall Annual Limit
	14.1. Emergency Ambulance and Flights (Territory: SADC countries) (Subject to prior approval)	100%	Unlimited Benefit	Unlimited Benefit
	14.2. Ambulance/Inter-Hospital Transfer (Subject to prior approval)		N\$5 985 per Beneficiary	N\$5 985 per Beneficiary
	15. Medical Referral Subject to accommodation and travelling reimbursement protocols (Subject to prior approval)		Overall Annual Limit	Overall Annual Limit
	15.1. Transport	70% of Cost	N\$10 510 per Family	N\$10 510 per Family
	15.2. Accommodation other than a Recognised Hospital/Medical Institution (Maximum of two days)	100%	N\$642 per day per Family	N\$642 per day per Family
	16. 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	N\$10 000 000 per incident
	17. Lifestyle Management Tests (Subject to Clinical Guidelines and Protocols)		N\$15 000 per Family	N\$15 000 per Family
	17.1. Screening Tests	100%	Sub-limit 17	Sub-limit 17
	17.2. Rapid Tests:		N\$1 500 per Family Sub-limit 17	N\$1 500 per Family Sub-limit 17

		Emerald +		Amber +	
CATEGORY B: DAY-TO-DAY BENEFIT		100% Tariff	Limited to: N\$8 600 Member only N\$14 600 Member + Adult N\$10 250 Member + Child N\$16 300 Member + Adult+ Child Additional N\$1 650 benefit for each additional Child OVERALL ANNUAL LIMIT Benefits are accrued monthly Ex Gratia not Applicable	Limited to: N\$12 900 member only N\$21 500 Member + Adult N\$16 250 Member + Child N\$24 850 Member + Adult+ Child Additional N\$3 350 for each additional Child OVERALL ANNUAL LIMIT Benefits are accrued monthly Ex Gratia not Applicable	
			OVERALL ANNUAL LIMIT Benefits are prorated from date of joining. Ex Gratia not Applicable.		
Rules on Day-to-Day Back-up Benefit: 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. 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. The total amount is available for the Family and is not limited per Beneficiary.					
	18. General Practitioners and Specialists (Out-of-hospital, including casualties) 18.1. Consultations/Visits (Including General Practitioner virtual / telephonic consultations) 18.2. Procedures/Services 18.3. Materials and Disposable Items 18.4. Radiology and Pathology (including radiography, sonography, medical laboratory technology and chemical biochemistry) (Referral from a medical practitioner)	100%	Paid from Day-to-day Back-Up Benefit	Paid from Day-to-day Back-Up Benefit	
	19. Medicine and Injections (Paid at Maximum Namibia Medicine Price List on generics) 19.1. Acute Medicine and Injections 19.2. Chronic Medicine and Injections 19.3. Essential Vaccination/Immunisation (as per WHO guidelines) 19.4. Self-Medication	100%	Paid from Day-to-day Back-Up Benefit	Paid from Day-to-day Back-Up Benefit	
	20. Primary Health Care Services (Paid at Maximum Namibia Medicine Price List on generics) 20.1. Consultations and Procedures 20.2. Medicine and Injections	100%	Paid from Day-to-day Back-Up Benefit	Paid from Day-to-day Back-Up Benefit	
	21. Dentistry 21.1. Conservative and specialised dentistry (including Dental Therapy) 21.2. Maxillo-Facial, Oral Surgery and Dental Implants In-Practice Consultations and Non-Surgical Procedures 21.3. Orthodontics (Subject to prior approval and MHC Guidelines)	100%	Paid from Day-to-day Back-Up Benefit	Paid from Day-to-day Back-Up Benefit	

			 Emerald +	 Amber +
	22. Optical 22.1. Optical Tests 22.2. Spectacles and Lenses 22.3. Frame 22.4. Reader Spectacles	100%	Paid from Day-to-day Back-Up Benefit	Paid from Day-to-day Back-Up Benefit
	23. Auxiliary Services (Supplementary Services) 23.1. Art Therapy 23.2. Audiology/Speech Therapy 23.3. Biokineticist 23.4. Chinese Medicine 23.5. Chiropractor 23.5.1. Consultation and Procedure 23.5.2. Medicine 23.6. Clinical Psychology/Psychological Counsellor 23.7. Clinical Technology 23.8. Dietician 23.9. Hearing Aid Acousticia 23.10.Homeopathy/Naturopathy/Phytotherapy 23.10.1. Consultation and Procedure 23.10.2. Medicine 23.11.Occupational Therapy 23.12.Orthotist/Prosthetist 23.13.Physiotherapy 23.14.Podiatry/Chiropody 23.15.Social Worker	100%	Paid from Day-to-day Back-Up Benefit	Paid from Day-to-day Back-Up Benefit
	24. Medical and Surgical Appliances (External)	100% of Cost	Paid from Day-to-day Back-Up Benefit	Paid from Day-to-day Back-Up Benefit

Contribution Tables

Ruby Individual Contributions				
Age Band		Main	Adult	Child
0	25	3,095	2,117	963
26	30	3,452	2,417	963
31	35	3,798	2,676	963
36	40	4,283	3,048	963
41	45	4,701	3,383	963
46	50	5,080	3,684	983
51	55	5,557	4,023	983
56	60	5,942	4,335	983
61	65	6,350	4,647	983
66	100	6,749	4,980	983

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

Emerald Plus Individual Contributions				
Age Band		Main	Adult	Child
0	25	2,023	1,327	468
26	30	2,169	1,431	468
31	35	2,323	1,538	468
36	40	2,485	1,641	467
41	45	2,655	1,770	467
46	50	2,814	1,884	467
51	55	3,009	2,027	467
56	60	3,176	2,143	467
61	65	3,335	2,265	467
66	100	3,512	2,381	467

Amber Plus Individual Contributions				
Age Band		Main	Adult	Child
0	25	2,818	1,814	675
26	30	3,014	1,957	675
31	35	3,215	2,093	675
36	40	3,427	2,233	675
41	45	3,658	2,406	675
46	50	3,869	2,557	675
51	55	4,128	2,747	675
56	60	4,342	2,909	675
61	65	4,564	3,069	675
66	100	4,793	3,224	675

Ruby Group Contributions				
Age Band		Main	Adult	Child
0	25	2,826	1,850	816
26	30	3,131	2,062	816
31	35	3,346	2,254	816
36	40	3,655	2,492	816
41	45	4,031	2,790	816
46	50	4,291	2,988	863
51	55	4,629	3,274	863
56	60	4,960	3,519	863
61	65	5,257	3,755	863
66	100	5,282	3,777	863

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

Emerald Plus Group Contributions				
Age Band		Main	Adult	Child
0	25	2,023	1,327	468
26	30	2,169	1,431	468
31	35	2,301	1,481	468
36	40	2,425	1,546	467
41	45	2,545	1,648	467
46	50	2,699	1,760	467
51	55	2,764	1,816	467
56	60	2,883	1,911	467
61	65	3,067	2,034	467
66	100	3,122	2,073	467

Amber Plus Group Contributions				
Age Band		Main	Adult	Child
0	25	2,818	1,814	675
26	30	3,014	1,957	675
31	35	3,190	2,017	675
36	40	3,348	2,107	675
41	45	3,510	2,248	675
46	50	3,723	2,395	675
51	55	3,809	2,471	675
56	60	3,965	2,598	675
61	65	4,209	2,757	675
66	100	4,280	2,814	675



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Member details:

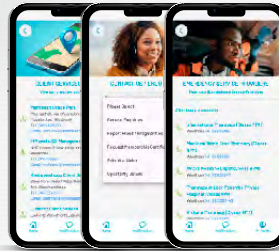
Helps you ensure your details are correct.

Benefits:

View all your available benefits, how much has been used and what is still available.

Claims:

View your settled and rejected claims and why they were rejected.



Client service:

Shows you all Methealth offices across the country and their contact details.

Contact us/ enquiries:

Submit your general enquiries, report fraud, request your membership certificate, submit a claim or update your details.

Emergency providers:

View after-hours pharmacies, evacuation, and ambulance services.



Hospital locator:

Allows you to view hospitals closest to you.

Hospital pre-authorisation:

Apply for pre-authorisation

Premiums:

View your premiums, invoices and payments.

Travel insurance:

Apply for travel insurance before jetting off.

We encourage you to **download the app from your app store and start managing your benefits and medical aid from your phone.**



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