





www.nmcfund.com



## **OPAL**

**All Essentials Covered** 

2023 RENEFIT GUIDE







	OVERALL ANNUAL BENEFIT (OVERALL ANNUAL LIMIT)		N\$474 750 per Beneficiary N\$712 400 per Family
	CATEGORY A: Benefits For Major Medical Expenses	% NAMAF Tariff	Pre-authorisation: 100% of the tariff will be paid out. Without Pre-authorisation: No benefit will be paid out except in the case of emergen hospital admissions and emergencies after hours, weekends and public holidays.  OVERALL LIMIT
Addit	ional Hospital Benefit Cover: GPs and Specialists In-Hospital services are p OVERALL LIMIT	paid up to a maxi	mum of 200% of the NAMAF Tariff.
		COVER	
	1. Hospitalisation		
	1.1. Accommodation and Theatre		
	1.2. Intensive and high care		
	(Maximum 3 days, then motivation)		
	1.3. Blood transfusions		
	1.4. Radiology and Pathology (in-hospital)     - Additional Hospital Benefit Cover excluded		
	<ul><li>1.5. Physiotherapy and Biokinetics</li><li>Additional Hospital Benefit Cover excluded</li></ul>		
	1.5.1. Physiotherapy and Biokinetics (in-hospital)		
	<ul> <li>1.5.2. Physiotherapy and Biokinetics (post-rehabilitation)</li> <li>Additional benefit once the patient is out-of-hospital</li> <li>9 sessions/visits per Beneficiary (Benefit available within 3 months from hospital discharge) (Subject to prior approval)</li> </ul>	100%	Overall Annual Limit
	1.6. Medicine, fixed tariff procedures, hospital apparatus, and to take out medicine (7 days supply only)		
	1.7. Dialysis (Subject to Case Management and MHC guidelines)		
	Organ Transplant     (Subject to Case Management and MHC guidelines)     Including medical expenses incurred by the donor if the recipient is a Fund member		
	1.9. Internal Appliances and Materials (As per NMC protocol)	100% of Cost	
(+)	General Practitioners and Specialists (In-Hospital Services)     Additional Hospital Benefit Cover included	200%	N\$36 100 per Family Overall Annual Limit

www.nmcfund.com



	3. Specialised Radiology Procedures (In- and Out-Of-Hospital) Additional Hospital Benefit Cover excluded  - Referral from a medical specialist only (referral from GP acceptable in places where there is no medical specialist) (Subject to prior approval)	100%	Overall Annual Limit	
	3.1. MRI and CT Scans		N\$16 600 per Family	
	3.2. Nuclear Medicine		Overall Annual Limit	
	4. Maternity (Groups have cover from the date of joining. Individuals have a 9 months waiting period)		Overall Annual Limit	
	4.1. Confinement – full procedure			
	4.2. Antenatal Consultation  12 consultations per Beneficiary (Pro-rated from the date of joining)  - Additional Hospital Benefit cover excluded		Payable from Maternity Benefit	
	4.3. Ante/Postnatal Classes and Education 6 sessions per Beneficiary (Pro-rated from the date of joining) - Additional Hospital Benefit cover excluded	100%		
	4.4. Sonar Scans 3 scans per Beneficiary per Pregnancy - Additional Hospital Benefit cover excluded			
	<ul> <li>4.5. Tests for Chromosomal and Foetal Abnormalities</li> <li>Additional Hospital Benefit cover excluded</li> </ul>			
	4.6. Midwifery Service - Additional Hospital Benefit cover excluded			
	5. Insertion of Intrauterine Device w/Hormone (All-inclusive) (Subject to prior approval) (Pro-rated from the date of joining)	100%	N\$6 500 per Beneficiary Overall Annual Limit	
	6. Oncology (Subject to Case Management and MHC guidelines)			
	6.1. Consultations and procedures Out-of-Hospital			
0	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	100%	N\$350 000 per Beneficiary Overall Annual Limit	
0	6.3. Radiation Oncology (Referral from a medical specialist only)			
	6.4. Oncology Medication (chemotherapy, radiotherapy, and hormone therapy)			
	6.5. Hospitalisation and Related Procedures In-Hospital		Overall Annual Limit	
<b>E</b>	7. Refractive Surgery	100%	No Benefit	
	8. Reconstructive Surgery (Medical necessity only) (Subject to prior approval and subject to strict MHC guidelines)	100%	No Benefit	
	9. Private Nursing/Frail Care/Hospice (Subject to Case Management)	100%	N\$8 300 per Family Overall Annual Limit	
	10. Psychiatric Treatment – Hospitalisation (Subject to prior approval)	100%	N\$32 750 per Family Overall Annual Limit	
	11. Alcoholism/Drug Addiction (Subject to prior approval and MHC guidelines)			
2	Specialised Dental Surgery     Additional Hospital Benefit cover excluded     (Subject to Pre-Authorisation)			
	12.1. Maxillo-Facial and Oral Surgery - All-inclusive (trauma/non-elective)	100%		
	<ul><li>12.2. Maxillo-Facial and Oral Surgery</li><li>Hospitalisation Only (other/elective)</li></ul>		No Benefit	
	12.3. Dental Implant – hospitalisation			
	12.4. Maxillo-Facial and Oral Surgery – internal prosthesis - (Excluding dental implant component)			
	13. Stomal Therapy (All-inclusive) (Subject to prior approval)	100%	N\$17 000 per Family Overall Annual Limit	

Namibia Medical Care | 2023 Benefits www.nmcfund.com

	14. Ambulance and Evacuation Services		Overall Annual Limit	
	14.1. Emergency Ambulance and Flights (Territory: SADC countries)(Subject to prior approval)	100%	Unlimited Benefit	
	14.2. Ambulance/Inter-Hospital Transfer (Subject to prior approval)		N\$2 480 per Family	
	15. Medical Referral Subject to accommodation and travelling reimbursement protocols (Subject to prior approval)		Overall Annual Limit	
	15.1. Transport	80% of Cost	N\$10 150 per Family	
	15.2. Accommodation Other than a Recognised Hospital/Medical Institution (Maximum of 2 days)	100%	N\$620 per day per Family	
	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	
	17. Specified Illness Conditions As per National Guidelines (Sub-limits are pro-rated from the date of joining)		N\$42 600 per Family Overall Annual Limit	
	17.1. HIV/AIDS (As per national guidelines for antiretroviral therapy)	100%	N\$25 100 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\$480	Payable from Specified Illness Conditions	
	17.1.3. Consultation (after the first full HIV consultation/ assessment)  6 consultations per Beneficiary	N\$440		
	17.1.4. HIV Counselling		N\$1 300 per Beneficiary	
	17.1.5. Pathology Tests (Subject to prior approval)		N\$5 650 per Beneficiary	
	17.1.6. HIV Resistance Test (Subject to prior approval)		Payable from Specified Illness Condition	
	17.2. Prevention of Mother-to-Child Transmission (PMTCT)	100%		
	17.3. Post-Exposure Prophylaxis (PEP)			
	17.4. Pre-Exposure Prophylaxis (PrEP)			
	CATEGORY B: DAY-TO-DAY BENEFIT	100% Tariff	Overall Sub-benefit limit N\$18 550 per Beneficiary N\$25 100 per Family Sub-limits are pro-rated from the date of joining except for the optical benefit. OVERALL ANNUAL LIMIT	
	18. General Practitioners and Specialists (Out-of-hospital including casualties)		N\$6 500 per Family	
	18.1. Consultations/Visits			
	18.2. Procedures/Services (out-of-hospital, including casualties)		Payable from General Practitioners and Specialists Benefit	
<100 × 100 ×	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)	100%		
	18.5. MRI and CT Scan		Payable from the MRI & CT Scan Benefit	
	Benefit Booster applicable (Additional benefit once limit is exceed	led)		
	19. Medicine and Injections		N\$13 000 per Family	
Å	19.1. Medicine and Injections (Acute and Chronic) (Paid at maximum Namibia medicine price list on generics)		N\$6 500 per Beneficiary	
/ Wh	19.2. Essential Vaccination/Immunisation (Paid at maximum Namibia medicine price list on generics)	100%	Payable from Medicine and Injections	
	19.3. Self-Medication (Paid at maximum Namibia medicine price list on generics)		N\$860 per Family N\$125 per claim per Beneficiary	
	20. Primary Health Care Services		N\$1 000 per Family	
	20.1. Consultations and Procedures	100%	Payable from Primary Health Care Services	
A.D.	20.2. Medicine and Injections (Paid at maximum Namibia medicine price list on generics)		Payable from Medicine (Acute and Chronic)	
	Benefit Booster applicable (Additional benefit once limit is exceed	led)		

www.nmcfund.com Namibia Medical Care | 2023 Benefits 3

	21. Dentistry				
	21.1. Conservative and specialised dentistry (including dental therapy)  Benefit Booster applicable (Additional benefit once limit is exceeded)		N\$4 500 per Family		
	21.2. Dental Implants (in-hospital and in-practice) (Pre-authorisation required)				
	21.3. Orthodontics (Prior approval required)		No Benefit		
	21.4. Maxillo-Facial and Oral Surgery (In-Hospital and In-Practice) (Elective)				
	22. Optical Every 2 years (Including frame) (2022-2023)		N\$3 670 per Family		
	22.1. Eye Tests, Spectacles and Contact Lenses	100%	N\$1 300 per Beneficiary every 2 years		
	22.2. Frame		N\$520 per Beneficiary		
	23. Auxiliary Services (Supplementary Services)		N\$2 370 per Family		
alam .*	23.1. Consultation and procedure	100%	Payable from Auxiliary Services		
<u>T</u>	23.2. Medicine		Payable from Medicine (Acute and Chronic)		
	Benefit Booster applicable (Additional benefit once limit is exceeded)				
	24. External Appliances (Subject to MHC guidelines)	80% of Cost	N\$ 2 600 per Family		
	25. Wheelchair, Artificial Limbs, Artificial Eyes, Hearing Aid Apparatus, Devices for Diabetes Management		No Benefit		
	26. Benefit Booster  Applicable if medicine and injections, dentistry, GPs' and Specialists, primary health care and auxiliary services benefits are depleted		N\$1 200 per Family		
	26.1. Medicine and Injections (Acute and Chronic)     Excluding self-medication	70%	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%			

## **Contribution Tables**

Opal Individual Contributions						
				Child		
66+				532		

Opal Group Contributions						
Income Band		Main	Adult	Child		
	4,150	1,693	1,096	313		
4,151	5,490	1,950	1,244	359		
5,491	8,390	2,088	1,291			
8,391	12,330	2,146	1,384	395		
12,331	13,860	2,401	1,538	443		
13,861	15,710	2,659	1,692	491		