


















Opal

All Essentials Covered

2024 BENEFIT 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. 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 NAMAF tariff. OVERALL LIMIT			
		COVER	
	1. Hospitalisation		Overall Annual Limit
	1.1. Accommodation and Theatre		
	1.2. Accommodation in Private Wards (Difference between general ward and private ward tariffs)		No Benefit
	1.3. Intensive and High Care (Maximum three days, then motivation)		
	1.4. Blood Transfusions		
	1.5. Radiology and Pathology (in-hospital) - Additional Hospital Benefit cover excluded		Overall Annual Limit
	1.6. Physiotherapy and Biokinetics (in-hospital) - Additional Hospital Benefit cover excluded (Subject to prior approval)		
	1.7. Post-Rehabilitation Physiotherapy, Biokinetics and Occupational Therapy - Additional Hospital Benefit cover excluded - Additional benefit once the patient is out-of-hospital or transferred to a rehabilitation facility - Benefit available within three months from hospital discharge (Subject to prior approval)	100%	N\$3 500 per Beneficiary Overall Annual Limit
	1.8. Medicine, fixed tariff procedures, hospital apparatus, and to take out medicine (seven days supply only)		
	1.9. Dialysis (Subject to Case Management and MHC guidelines)		
	1.10. Organ Transplant (Subject to Case Management and MHC guidelines) - Including medical expenses incurred by the donor if the recipient is a Fund member		Overall Annual Limit
	1.11. Internal Appliances and Materials (As per NMC protocol)	100% of Cost	
	2. General Practitioners and Specialists (In-Hospital Services) - Additional Hospital Benefit cover included except the use of equipment and equipment hire fees	100%	N\$36 100 per Family Overall Annual Limit
	3. Specialised Radiology Procedures (In and Out-Of-Hospital) Additional Hospital Benefit cover excluded - Referral from a medical specialist only (referral from GP acceptable in places where there is no medical specialist)(Subject to prior approval)	100%	Overall Annual Limit
	3.1. MRI and CT Scans		N\$16 600 per Family
	3.2. Nuclear Medicine		Overall Annual Limit

	4. Maternity (Groups have cover from the date of joining. Individuals have a nine-month waiting period)	100%	Overall Annual Limit
	4.1. Confinement – full procedure		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 w/Hormone (All-inclusive) (Subject to prior approval) (Prorated from the date of joining)	100%	N\$6 500 per Beneficiary Overall Annual Limit
	6. Oncology (Subject to Case Management and MHC guidelines)	100%	N\$350 000 per Beneficiary Overall Annual Limit
	6.1. Consultations and Procedures Out-of-Hospital		
	6.2. MRI/CT Scans and Other Specialised Radiology Procedures In and Out-of-Hospital - Additional Hospital Benefit Cover excluded - Referral from a medical specialist only		
	6.3. Radiation Oncology (Referral from a medical specialist only)		
	6.4. Oncology Medication (Chemotherapy, radiotherapy, and hormone therapy)		
	6.5. Hospitalisation and Related Procedures In-Hospital		Overall Annual Limit
	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
	7.1. Refractive Surgery		
	7.2. Cataract Surgery and Lens Implants		
	8. Reconstructive Surgery (Medical necessity only)	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)		
	12. Specialised Dental Surgery - Additional Hospital Benefit cover excluded (Subject to pre-authorisation)	100%	No Benefit
	12.1. Maxillo-Facial and Oral Surgery (trauma/non-elective) - All-inclusive		
	12.2. Maxillo-Facial, Oral Surgery and Dental Implants - All-inclusive		
	13. Stomal Therapy (All-inclusive) (Subject to prior approval)	100%	N\$17 000 per Family Overall Annual Limit
	14. Ambulance and Evacuation Services	100%	Overall Annual Limit
	14.1. Emergency Ambulance and Flights (Territory: SADC countries) (Subject to prior approval)		Unlimited Benefit
	14.2. Ambulance/Inter-Hospital Transfer (Subject to prior approval)		N\$2 480 per Family
	15. Medical Referral Subject to accommodation and travelling reimbursement protocols (Subject to prior approval)		Overall Annual Limit
	15.1. Transport	70% of Cost	N\$10 150 per Family
	15.2. Accommodation Other than a Recognised Hospital/Medical Institution (Maximum of two days)	100%	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 for antiretroviral therapy
(Sub-limits are prorated from the date of joining)

17.1. HIV/AIDS
(As per national guidelines for antiretroviral therapy)

100%

N\$42 600 per Family
Overall Annual Limit

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)
Six consultations per Beneficiary

N\$440

17.1.4. HIV Counselling

N\$1 300 per Beneficiary

17.1.5. Pathology Tests
(Subject to wprior approval)

N\$5 650 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

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\$18 550 per Beneficiary
N\$25 100 per Family
Sub-limits are prorated from the date of
joining except for the Optical Benefit.
OVERALL ANNUAL LIMIT

**18. General Practitioners and Specialists (out-of-hospital including casualties)**

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%

N\$6 500 per Family

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)

Payable from General Practitioners and
Specialists Benefit

18.5. MRI and CT Scan

Payable from the MRI and CT Scan
Benefit

Benefit Booster Applicable (additional benefit once limit is exceeded)

**19. Medicine and Injections**

SEP + 40%

N\$13 000 per Family

19.1. Medicine and Injections (Acute and Chronic) (Paid at maximum
Namibia medicine price list on generics)

100%

N\$6 500 per Beneficiary

19.2. Essential Vaccination/Immunisation (Paid at maximum Namibia
medicine price list on generics)

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**

100%

N\$1 000 per Family

20.1. Consultations and Procedures

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)

Benefit Booster Applicable (additional benefit once limit is exceeded)

**21. Dentistry**

100%

N\$4 500 per Family






21.1. Conservative and specialised dentistry (Including Dental Therapy)
Benefit Booster Applicable (additional benefit once limit is
exceeded)

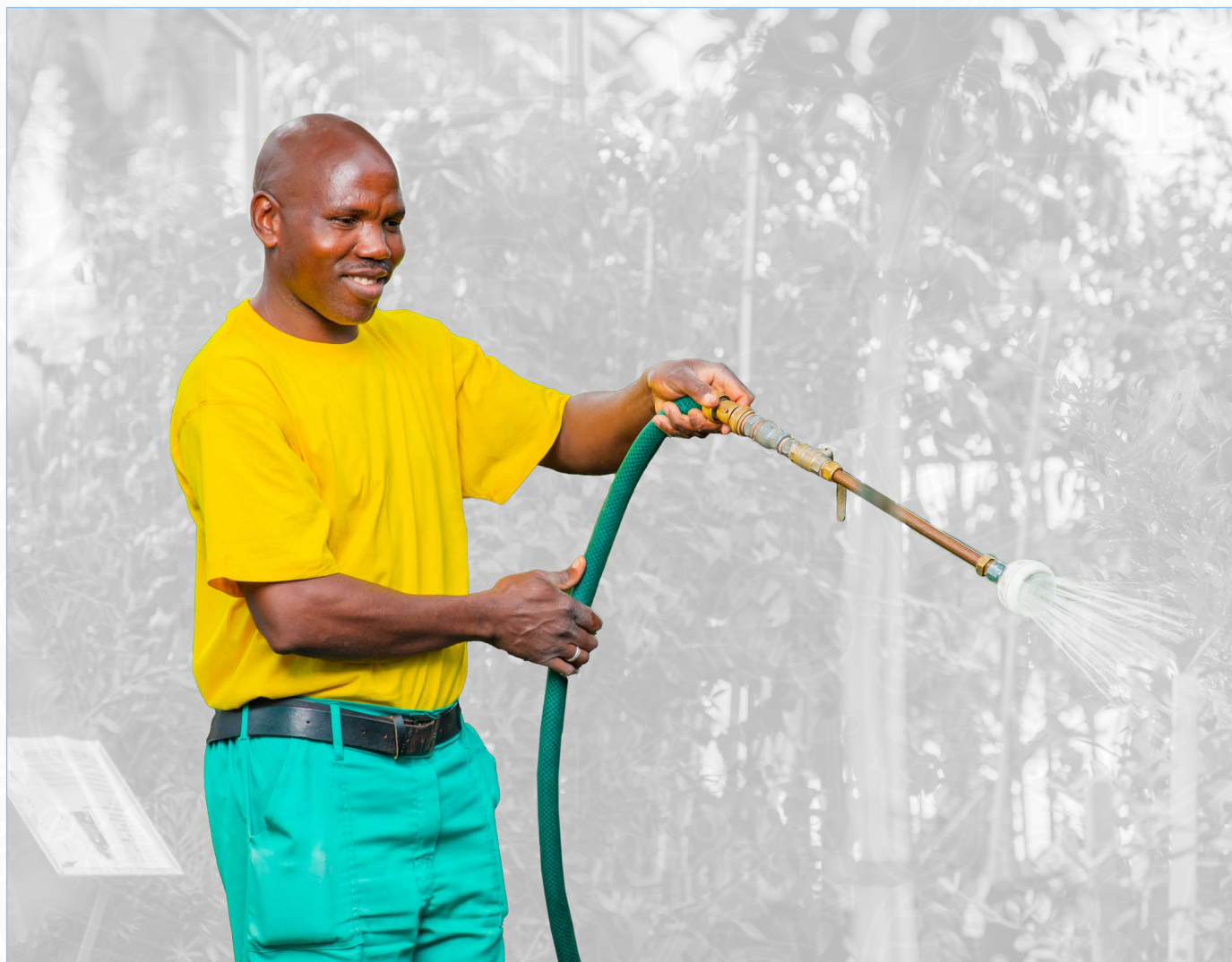
Payable from Dentistry benefit

21.2. Maxillo-Facial, Oral Surgery and Dental Implants

No Benefit

21.3. Orthodontics

	22. Optical Every two years (Including frame) (2023-2024)	100%	N\$3 670 per Family
	22.1. Eye Tests, Spectacles and Contact Lenses		N\$1 300 per Beneficiary every two years
	22.2. Frame		N\$520 per Beneficiary
	23. Auxiliary Services (Supplementary Services)	100%	N\$2 370 per Family
	23.1. Consultation and procedure		Payable from Auxiliary Services
	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%	



CATEGORY C: BACK-UP BENEFIT	COVER	M	M1	M2	M3	M4	M5+
Threshold Limit		4 700	5 310	5 510	5 710	5 910	6 100

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

EXAMPLE OF HOW THE BACK-UP BENEFIT WILL BE CALCULATED						
	M	M1	M2	M3	M4	M5+
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 	3 800	4 250	9 850	15 200	18 700	4 700
B. Threshold Limit	4 700	5 310	5 510	5 710	5 910	6 100
C. Difference: Threshold Limit (B) – Total Paid Amount (A)	900	1 060	0	0	0	1 400
D. Back-Up Benefit = 15% of C (Available from 01 May 2025)	135	159	Does not qualify because The Total Benefit Amount (A) is more than the Threshold Limit (B)			210

Contribution Tables

Opal Individual Contributions					Opal Group Contributions				
Age Band		Main	Adult	Child	Income Band		Main	Adult	Child
0	25	2,068	1,287	573	0	4,360	1,862	1,205	344
26	30	2,288	1,447	573	4,361	5,760	2,144	1,368	394
31	35	2,492	1,626	573	5,761	8,810	2,296	1,419	424
36	40	2,793	1,839	585	8,811	12,950	2,360	1,522	434
41	45	3,058	2,016	585	12,951	14,550	2,640	1,691	487
46	50	3,277	2,204	585	14,551	16,500	2,924	1,861	540
51	55	3,566	2,430	585					
56	60	3,803	2,608	585					
61	65	4,048	2,788	585					
66	100	4,296	2,990	585					