



Dear Member,

The medical aid fund industry in 2023 continued to experience a surge in healthcare costs. As a result, the industry suffered its first casualty when the country's largest closed Fund ceased operations. Industry solvencies fell below the regulatory 25% prudential guideline, a first at the scale being experienced in the country.

2024 will be "Business Unusual". The NMC Board of Trustees, guided by the Fund's new three-year strategic plan, approved initiatives to address challenges and ensure the Fund's sustainability for all its members' benefit.

Members are urged to use their benefits with care and consideration for the sustainability of the Fund.

Sincerely,

The PO and Trustees NMC

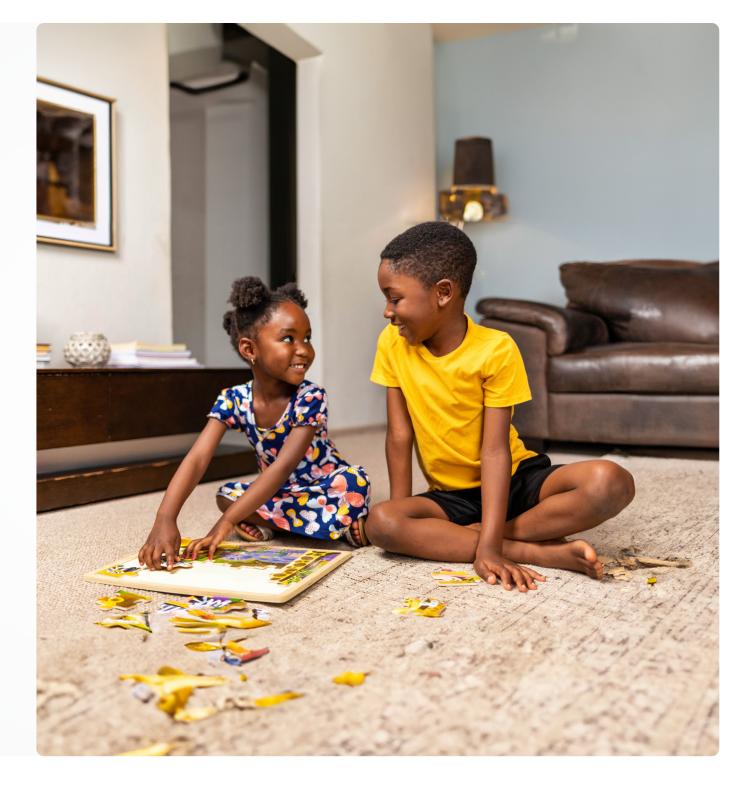




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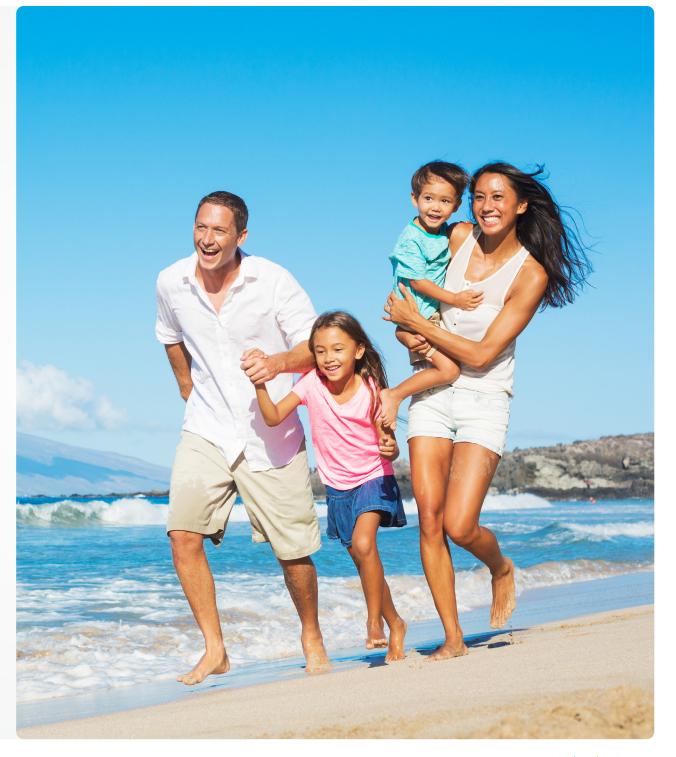
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You Need to Know



Option Change

Members can only change options once per year in January unless there is a change in employment or marital status. Please complete and submit the option change form online by **31 January 2024** to change your option.



Update of Bank Account and Personal Details

To ensure prompt settlement of claims or debit order deductions for monthly premiums, the Fund requests all members to provide their latest banking details for Electronic Fund Transfers (EFT). Additionally, update your postal address, physical address, cell phone number, email address, and contact number to ensure we can reach you.



Opal Members

If you are on the Opal option and your gross income has reached the **maximum** of **N\$16,500**, you must select another option. Please provide NMC with your gross salary details as of **1 January 2024** if you are currently on the Opal option.



Fraud, Waste and Abuse

It is essential that all members regularly review and verify their remittance statements to ensure that any claims made on their member numbers are legitimate. If there is any doubt or uncertainty, please contact the Fund directly for clarification. Alternatively, you can report any suspected fraud or irregularities by calling the Methealth Fraud tip-off line at 0800 000 001 or visiting the Methealth website at methealth.com.na/ct_us and clicking "Report Fraud/Irregularities".



Online application and amendment forms

All amendment and application forms must be submitted online since printed and interactive forms were phased out on 31 October 2023.

Additional Benefits and Services on Your Option



International Medical Travel Insurance

This benefit makes provision for emergency medical expenses whilst NMC members and/or their dependants are travelling. This benefit does not apply to Topaz Plus and Topaz members.



Premium Waiver

The benefit provides coverage for a member's premiums for three months in the event of the principal member's death. However, this benefit only applies if the members have paid their monthly premiums in full. This benefit does not apply to Topaz Plus and Topaz members.



Hospital Bedside Support Services

The Fund provides bedside assistance to members admitted to the hospital through a visit by the Patient Care Coordinator, who may share information with the member's family as needed.



HIV/AIDS Management

The Fund provides HIV/AIDS benefits on selected options. The HIV/AIDS Management Programme is run by MyHealth Administrators, who have a team of qualified HIV/AIDS Case Managers, HIV Counsellors and a Medical Advisor guaranteeing confidentiality. To contact MyHealth Administrators, dial 061 375 952.



Lifestyle Management Programme

The programme offers individuals and groups various preventative and lifestyle management initiatives, programmes, and activities. NMC members can now enjoy a 10% discount on a one year membership with Virgin Active.



IMPORTANT INFORMATION YOU NEED TO KNOW

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Emergency Service Providers

DISCIPLINE	EMERGENCY EVACUATION PROVIDER	EMERGENCY CONTACT NUMBER	MAIN AREA OF COVERAGE	% NAMAF TARIFF COVER
ALS	AEMS Ambulance Services	963	Windhoek and Surrounding Areas	100%
ALS	City of Windhoek Emergency Services	061 211 111	Windhoek and Surrounding Areas	100%
ALS	Code Red Medical Services	085 99 00/ 085 705 8940 (from cell)	Coast (Arandis, Walvis Bay, Swakopmund and Henties Bay) or as per request	100%
ALS	Crisis Response	061 303 395/ 083 3912	Countrywide (Road and Air Ambulance Evacuation)	100%
ALS	E-Med Rescue 24	924	All Major Cities and Air Ambulance Evacuation Countrywide	100%
ALS	Lifelink Emergency Services	999 (from any landline)	All Major Cities and Air Ambulance Evacuation Countrywide	100%
ALS	Mr 24/7	956/ (061) 255676	Rehoboth, Windhoek, Otjiwarongo, Tsumeb and Mercy Flights Countrywide	100%
ALS	Okahandja Paramedical Services	987	Okahandja and Surrounding Areas	100%
ALS + ILS	Namibia Private Ambulance Services	081 147 3387	Outapi, Ongwediva, Rundu, Ondangwa and Long-Distance Countrywide	100%
ECT	Intensive Therapy Unit Ambulance Services	081 444 7807	Eenhana and Long-Distance Countrywide	100%
ILS	Ohangwena Private Ambulance Services	081 647 1661	Grootfontein, Windhoek, Katima and Tsumeb	100%
ILS	Rosh Pinah Clinic Ambulance Service	063 274 911	Rosh Pinah and Oranjemund	100%
ILS	St. Gabriel Community Ambulance Trust	081 124 5999	Walvis Bay and Swakopmund	100%
ILS + ECT	Outapi Ambulance	065 251 021	Outapi, Oshakati and Surrounding Areas	100%

ALS - Advanced Life Support Service

ECT - Emergency Care Support Technician Service

ILS - Intermediate Life Support Service

EMERGENCY TIP!

In case of an emergency, do not panic. Stay calm and dial 112 on your mobile phone. As a precaution, download the Rescue Me Namibia App today for free. The App allows you to either directly phone the Emergency Call Centre or trigger an SOS Emergency alert.

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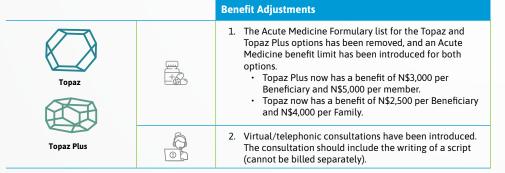
Premium Contributions and Benefit

Adjustments for 2024

After consulting extensively with the Regulator, Namibia Financial Institution Supervisory Authority (NAMFISA), the Fund will increase contributions by an average of 9.99% for all options in 2024.

The NMC Board of Trustees approved the following benefit changes to reduce claims utilisation, improve the current financial position of the Fund and increase the solvency ratio for 2024. At the same time, improvements were made to selected benefits to cater for your needs.







		Benefit Adjustments
	[%	 The Additional Hospital Benefit (AHB) for in-hospital procedures has been reduced from 200% to 150% of the NAMAF tariff.
		 A Post-Rehabilitation benefit including admission at rehabilitation facilities of N\$3,500 per Beneficiary has been introduced.
		3. A Cataract and Lens Implant benefit has been introduced on the Jade option with a once-off limit per Beneficiary.
nde	100 July 2	4. The benefit limit for Maxillo-Facial and Oral Surgery has been improved and includes dental implants, wisdom teeth extraction, dental extractions for children younger than 10, orthognathic surgery and procedures performed in the doctor's room.
pal		5. The Fund now pays 70% of Other Transport (previously 80%).

6. Virtual/telephonic consultations have been introduced.

7. Services for a Chinese Medicine Practitioner have been

(cannot be billed separately).

added to the Auxiliary benefit.

The consultation should include the writing of a script

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		Benefit Adjustments
	%	The Additional Hospital Benefit (AHB) for in-hospital procedures has been reduced from 200% to 150% of the NAMAF tariff.
	4	The overall annual limit of the Ruby option has been increased to N\$1.5m per Beneficiary and N\$1.8m per Family.
		 A Post-Rehabilitation benefit including admission at rehabilitation facilities of N\$5,000 per Beneficiary has been introduced.
Ruby		 There has been a significant increase in the Refractive Surgery benefit on the Ruby option.
	©	5. A Cataract and Lens Implant benefit has been introduced with a once-off limit per Beneficiary.
	2	 The benefit limit for Maxillo-Facial and Oral Surgery has been improved and includes dental implants, wisdom teeth extraction, dental extractions for children younger than 10, orthognathic surgery and procedures performed in the doctor's room.
		 Non-emergency ambulance and inter-hospital transfers is now limited to N\$5,500 per Beneficiary.
apphire	%	8. The Fund now pays 70% of Other Transport (previously 80%).
		 Virtual/telephonic consultations have been introduced. The consultation should include the writing of a script (cannot be billed separately).
	[%	10. The markup on medication has been reduced from Single Exit Pricing (SEP) + 50% to SEP+ 40%.
		11. Services for a Chinese Medicine Practitioner have been added to the Auxiliary benefit.
	105	12. The Medical Devices for Diabetes Management benefit has been improved.







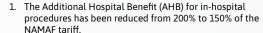


Emerald Plus











2. The overall annual limit of the Emerald and Emerald Plus options has been increased to N\$1.5m per Beneficiary and N\$1.8m per Family.



3. A Post-Rehabilitation benefit including admission at rehabilitation facilities of N\$5,000 per Beneficiary has been introduced.



4. There has been a significant increase in the Refractive Surgery benefit on the Emerald and Emerald Plus options.



5. A Cataract and Lens Implant benefit has been introduced with a once-off limit per Beneficiary.



6. The benefit limit for Maxillo-Facial and Oral Surgery has been improved and includes dental implants, wisdom teeth extraction, dental extractions for children younger than 10, orthognathic surgery and procedures performed in the doctor's room.



7. Non-emergency ambulance and inter-hospital transfers is now limited to N\$5,500 per Beneficiary.



8. The Fund now pays 70% of Other Transport (previously

*Refer to your option for the detailed benefits you have access to.

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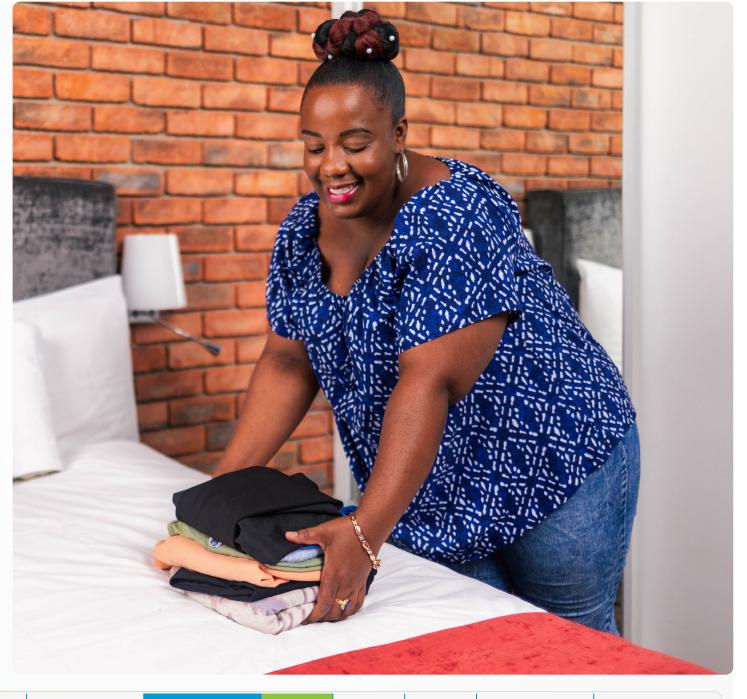
Entry-Level Options



TOPAZ



TOPAZ PLUS



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	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 Ne	etwork Health Professionals		
	1. Nurse		Registered Nurse	Registered Nurse		
	1.1. Consultations/Visits	100%	Unlimited – N\$255 per visit (Maximum tariff regardless of time spent on consultation)	Unlimited – N\$255 per visit (Maximum tariff regardless of time spent on consultation)		
(f_U)	1.2. Medication/Injections		Payable from Acute Medication/Injections	Payable from Acute Medication/Injections		
	1.3. Procedures		Unlimited	Unlimited		
	2. General Practitioner		According to defined protocols	According to defined protocols		
	2.1. Consultations/Visits (Out-Of-Hospital)	100%	Unlimited. N\$365 per visit (First consultation) (Maximum tariff regardless of type of first consultation) N\$295 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\$365 per visit (First consultation) (Maximum tari regardless of type of first consultation) N\$295 per visit (Follow-up consultation) (Maximum tariff regardless of type of the follow-up consultation) (Code 0125 - extended consultation every 15 minutes or part thereof, no 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		
+	Acute Medication/Injections (Paid at maximum Namibia medicine price on generics)		Payable from Acute Medication/Injections	Payable from Acute Medication/Injections		
V	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 (Requires prior approval)	100%	No Benefit	5 consultations/visits per Family per annum (0101 and 0108 only) (Code 0129 - extended consultation every 15 minutes of part thereof, not payable)		

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			TOPAZ	TOPAZ PLUS
	4. Pharmacy	SEP + 40%		
+&	4.1. Acute Medication/Injections Paid at maximum Namibia medicine price on generics		Prorated from date of joining N\$2 500 per Beneficiary N\$4 000 per Family N\$240 per claim per Beneficiary per day	Prorated from date of joining N\$3 000 per Beneficiary N\$5 000 per Family N\$240 per claim per Beneficiary per day
	4.2. Chronic Medication/Injections Subject to chronic medication registration - Paid at maximum Namibia medicine price on generics	100%	Prorated from date of joining N\$3 500 per Family	Prorated from date of joining N\$3 700 per Family
	4.3. Self-Medication		No Benefit	N\$700 per Family N\$120 per claim per Beneficiary per day
	5. Pathology	100%	Specified tests only	Specified tests
	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\$1 790 per Beneficiary N\$3 550 per Family (One plastic denture per Family every two years)	N\$1 890 per Beneficiary N\$3 650 per Family (One plastic denture per Family every two years)
	8. Optical	1000/	No Benefit	N\$1 000 per Beneficiary every two years (2023/2024) (Six-month waiting period, complete test, specified frames and lenses)
	8.1. Single vision (inclusive of test, frame and lenses)	100%		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 ninemonth waiting period.	Nine consultations per Beneficiary (2601 and 2602). Groups have cover from date of joining. Individuals have a ninemonth waiting period.
	11. Paramedical/Allied Health Professionals (Psychologists, Physiotherapists, Occupational Therapists)	100%	No Benefit	Three consultations/sessions per Family per annum

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Ca	ategory B: HIV/AIDS Treatment and	l Other Specified Conditions	% Tariff			Unlimited Accords available only a			
	12. HIV/AIDS Treatment			As per national gu	idelines for antiretro	oviral therapy	As pe	r national guidelines for anti	retroviral therapy
	12.1. Consultations (Gener	ral Practitioners)			Unlimited			Unlimited	
	12.2. Medication (includin	g vitamins and supplements)	(According to Topaz ar (Vitamins and su	nd Topaz Plus HIV m ipplements maximui			g to Topaz and Topaz Plus HI amins and supplements max	
$\langle \rangle \rangle$	12.3. Pathology (Subject to	prior approval)	100%		Unlimited			Unlimited	
$\langle \rangle$	12.4. Counselling (pre-, po	st- and adherence)	100%		Three sessions			Three sessions	
	12.5. Post-Exposure Proph occupational injuries	ylaxis (PEP) (Rape cover and s only)	ı	As per national gu	idelines for antiretro	oviral therapy	As pe	r national guidelines for anti	retroviral therapy
	12.6. Pre-Exposure Prophy	laxis (PrEP)			No Benefit			No Benefit	
	12.7. Prevention of Mother (excluding milk form	r-to-Child Transmission (PMT ula)	ГСТ)	As per national gu	As per national guidelines for antiretroviral therapy		As pe	r national guidelines for anti	retroviral therapy
	Category C: Hospitalisation Benefit				Private Wing of State Hospital			Private Hospitalisation Benefits available at Network Health Professionals	
	Planned	procedures: Groups have co	over from the date of joir	ing Individuals have a six-m	onth waiting period	after joining Eme	rgency Cases: In	nmediate Cover	
	Overall Annual Limit		% Tariff		Unlimited		Without F the case o	N\$115 000 per Fam e-authorisation: 100% of tari tre-authorisation: No benefit f emergency hospital admiss s, weekends and public holio Overall Annual Lin	ff will be paid. will be paid except in iions and emergencies lays. Payable from the
	13. State Hospitalisation			Unlimited. P	rivate Wing of State	Hospital		Unlimited. Private Wing of St	ate Hospital
	13.1. Accommodation and	Theatre							
	13.2. Blood Transfusions				Overall Annual Limit			Overall Annual Limit	
	13.3. Intensive and High C	are (Three days)	100% of Stat Tariffs for Priv	e					
A THE STATE OF THE		Medicine, Fixed Tariff Procedures, Hospital Apparatus, and To Take Out Medicine Radiology and Pathology (In-Hospital)		Patients					
	13.5. Radiology and Patho				Payable from General Practitioners and Medical Specialists (In-Hospital Services)		Payable f	rom General Practitioners ar (In-Hospital Servic	
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			TOPAZ	TOPAZ PLUS
	14. Private Hospitalisation			N\$115 000 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		No Benefit	
¥::::: @M	14.3. Intensive and High Care (Three days then referral to State Hospitals)			Overall Annual Limit
	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)
W See	15. General Practitioners and Medical Specialists (In-Hospital services) Additional Hospital Benefit Cover excluded (Requires prior approval)		N\$25 000 per Family (Including radiology and pathology) Overall Annual Limit	N\$25 000 per Family (Including Radiology and Pathology) Overall Annual Limit
¥	16. Other Healthcare Providers	100%	No Benefit	No Benefit
R	17. Maternity (Requires prior approval)		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.	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
<u>=00-</u>	18.2. Ambulance/Inter-hospital Transfer (Subject to pre-approval)		N\$550 per Family	N\$550 per Family



Contribution Tables

Topaz Individual Contributions								
Age	Band	Main	Adult	Child				
0	25	372	316	149				
26	30	394	335	149				
31	35	414	353	149				
36	40	437	371	149				
41	45	461	391	149				
46	50	488	413	162				
51	55	505	431	162				
56	60	526	446	162				
61	65	565	480	162				
66	100	608	515	162				

Topaz Group Contributions								
Age	Band	Main	Adult	Child				
0	25	335	284	134				
26	30	355	302	134				
31	35	375	318	134				
36	40	394	334	134				
41	45	415	354	134				
46	50	438	372	147				
51	55	456	388	147				
56	60	475	403	147				
61	65	510	433	147				
66	100	548	465	147				

Topaz Plus Individual Contributions						
Age	Band	Main	Adult	Child		
0	25	700	596	280		
26	30	740	628	280		
31	35	780	663	280		
36	40	811	690	280		
41	45	844	716	280		
46	50	877	745	294		
51	55	923	786	294		
56	60	974	829	294		
61	65	1,048	892	294		
66	100	1,127	956	294		

Topaz Plus Group Contributions						
Age	Band	Main	Adult	Child		
0	25	614	523	246		
26	30	650	552	246		
31	35	685	581	246		
36	40	712	606	246		
41	45	740	629	246		
46	50	769	654	258		
51	55	811	689	258		
56	60	856	728	258		
61	65	920	783	258		
66	100	989	841	258		

Topaz Plus Students Contribution
Main
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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
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
3999	53999	Albumin

TARIFF CODE (052)	TARIFF CODE (037)	TARIFF DESCRIPTION	
4001	54001	Alkaline phosphatase	
4006	54006	Amylase	
4009	54009	Bilirubin: Total	
4027	54027	Cholesterol: Total	
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)	
4147	54147	Triglyceride	

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

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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
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

TARIFF CODE (038)	TARIFF DESCRIPTION
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
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

TARIFF CODE (038)	TARIFF DESCRIPTION
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
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
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
74135	X-ray of the right calcaneus
74140	X-ray of both feet - standing - single view
74145	X-ray of a toe

IMPORTANT INFORMATION YOU NEED TO KNOW	ADDITIONAL BENEFITS AND SERVICES	EMERGENCY SERVICE PROVIDERS	PREMIUM CONTRIBUTIONS AND BENEFITS ADJUSTMENTS	BENEFITS AND CONTRIBUTIONS	Entry-Level	Mid-Level	Top-Level	ACCESSIBLE INFORMATION AND DOWNLOADS	CLIENT SERVICES CONTACT DETAILS



Pregnancy Sonar Scans:

Pregnancy ultrasounds are limited to three sonars per beneficiary per pregnancy. The following procedures are covered:

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)
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)

Dentistry

Basic dentistry only. No benefit for specialised dentistry.

HIV/AIDS

- Treatment 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 every two years per beneficiary. A pair of glasses will consist of an eye test, 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

	DITIONAL BENEFITS EMERGENCY AND SERVICES SERVICE PROVIDERS	PREMIUM CONTRIBUTIONS AND BENEFITS ADJUSTMENTS	BENEFITS AND CONTRIBUTIONS	Entry-Level	Mid-Level	Top-Level	ACCESSIBLE INFORMATION AND DOWNLOADS	CLIENT SERVICES CONTACT DETAILS
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Mid-Level Options



OPAL



JADE



EMERALD



AMBER



IMPORTANT INFORMATION YOU NEED TO KNOW

ADDITIONAL BENEFITS
AND SERVICES

EMERGENCY SERVICE PROVIDERS PREMIUM CONTRIBUTIONS AND BENEFITS ADJUSTMENTS

BENEFITS AND CONTRIBUTIONS

Entry-Level

id-Level

Top-Level ACCESSIBLE INFOI

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N\$733 200 per Beneficiary N\$1 133 600 per Family

% 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

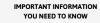
Additional Hospital Benefit Cover: GPs and specialists in-hospital services are paid up to a maximum of 150% of the NAMAF tariff. **OVERALL LIMIT**

OVERALL ANNUAL BENEFIT (OVERALL ANNUAL LIMIT)

CATEGORY A: Benefits For Major Medical Expenses

COVER

1. Ho	spitalisation						Overall Annual	Limit	Overall An	nual Limit		
1.1.	Accommodatio	n and Theatre					Overall Amiliat	Limit	Overall Al	maat Liillit		
1.2.		n in Private Wards ween general ward and priv	ate ward tariffs)				No Benefi	t	N\$5 200 per N\$10 400			
1.3.	Intensive and H (Maximum thre	ligh Care e days, then motivation)										
1.4.	Blood Transfusi	ons										
1.5.		Pathology (in-hospital) pital Benefit cover excluded					Overall Annual	Limit	Overall An	Overall Annual Limit		
		and Biokinetics (in-hospital) pital Benefit cover excluded r approval)			100%							
	 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\$3 500 per Beneficiary Overall Annual Limit			N\$3 500 per Beneficiary Overall Annual Limit			
1.8.	Medicine, fixed (seven days sup		apparatus, and to take out me	edicine					Overall An	Overall Annual Limit		
1.9.	Dialysis (Subjec	t to Case Management and	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 			und member		Overall Annual Limit		No Be	enefit			
1.11	1.11. Internal Appliances and Materials (As per NMC protocol)				100% of Cost				Overall An	nual Limit		
	ONAL BENEFITS D SERVICES	EMERGENCY SERVICE PROVIDERS	PREMIUM CONTRIBUTIONS AND BENEFITS ADJUSTMENTS	BENEFITS A		Entry-Level	Mid-Level	Top-Level	ACCESSIBLE INFORMATION AND DOWNLOADS	CLIENT SERVICES CONTACT DETAILS		





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+	 General Practitioners and Specialists (In-Hospital Services) Additional Hospital Benefit Cover included 	100%	N\$36 100 per Family Overall Annual Limit	Overall Annual Limit	
	 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\$16 600 per Family	N\$20 750 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	100%			
	 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 				
799	 4.4. Sonar Scans Three scans per Beneficiary per pregnancy Additional Hospital Benefit cover excluded 		Payable from Maternity Benefit	Payable from Maternity Benefit	
	4.5. Tests for Chromosomal and Foetal AbnormalitiesAdditional 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	N\$6 500 per Beneficiary Overall Annual Limit	

	IMPORTANT INFORMATION YOU NEED TO KNOW	ADDITIONAL BENEFITS AND SERVICES	EMERGENCY SERVICE PROVIDERS	PREMIUM CONTRIBUTIONS AND BENEFITS ADJUSTMENTS	BENEFITS AND CONTRIBUTIONS	Entry-Level	Mid-Level	Top-Level	ACCESSIBLE INFORMATION AND DOWNLOADS	CLIENT SERVICES CONTACT DETAILS	
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	6. Oncology (Subject to Case Management and MHC guidelines)				
	6.1. Consultations and procedures Out-of-Hospital				
م کر ہ % گر ہو	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	N\$450 000 per Beneficiary Overall Annual Limit	
<u> ఇ</u> క్తిని	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	
	 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 			N\$6 150 per Beneficiary once-off N\$7 300 per Family Overall Annual Limit	
	7.1. Refractive Surgery	100%	No Benefit	N\$6 150 per Beneficiary once-off N\$7 300 per Family	
	7.2. Cataract Surgery and Lens Implants			N\$14 000 per eye per Beneficiary once-off	
	8. Reconstructive Surgery (Medical necessity only) (Subject to prior approval and subject to strict MHC guidelines)	100%	No Benefit	No Benefit	
	9. Private Nursing/Frail Care/Hospice (Subject to Case Management)	100%	N\$8 300 per Family Overall Annual Limit	N\$10 900 per Family Overall Annual Limit	
_ <u>_</u> _	10. Psychiatric Treatment – Hospitalisation (Subject to prior approval)	100%	N\$32 750 per Family	N\$32 750 per Family	
	11. Alcoholism/Drug Addiction (Subject to prior approval and MHC guidelines)	100%	Overall Annual Limit	Overall Annual Limit	

	IMPORTANT INFORMATION YOU NEED TO KNOW	ADDITIONAL BENEFITS AND SERVICES	EMERGENCY SERVICE PROVIDERS	PREMIUM CONTRIBUTIONS AND BENEFITS ADJUSTMENTS	BENEFITS AND CONTRIBUTIONS	Entry-Level	Mid-Level	Top-Level	ACCESSIBLE INFORMATION AND DOWNLOADS	CLIENT SERVICES CONTACT DETAILS	
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	12. Specialised Dental SurgeryAdditional Hospital Benefit cover excluded (Subject to Pre-Authorisation)			Overall Annual Limit	
	12.1. Maxillo-Facial and Oral Surgery (trauma/non-elective)All-inclusive			N\$57 000 per Family	
% [2]	12.2. Maxillo-Facial and Oral Surgery (other/elective)All-inclusive	100%	No Benefit	N\$22 000 per Beneficiary N\$27 000 per Family	
	12.3. Maxillo-Facial and Oral Surgery (other/non-elective)In-practice (surgical procedures performed in a doctor's room)			Payable from maxillo-facial, oral surgery and dental implants (other/elective)	
	12.4. Dental Implant - All-inclusive			No Benefit	
	12.5. Maxillo-Facial and Oral Surgery – Internal Prosthesis			Payable from Internal appliances under Hospital Benefit	
F	13. Stomal Therapy (All-inclusive) (Subject to prior approval)	100%	N\$17 000 per Family Overall Annual Limit	N\$22 100 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\$2 480 per Family	N\$4 400 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\$10 150 per Family	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	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	N\$10 000 000 per incident	

	IMPORTANT INFORMATION YOU NEED TO KNOW	ADDITIONAL BENEFITS AND SERVICES	EMERGENCY SERVICE PROVIDERS	PREMIUM CONTRIBUTIONS AND BENEFITS ADJUSTMENTS	BENEFITS AND CONTRIBUTIONS	Entry-Level	Mid-Level	Top-Level	ACCESSIBLE INFORMATION AND DOWNLOADS	CLIENT SERVICES CONTACT DETAILS	
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	17. Specified Illness Cor As per National Guid (Sub-limits are Prora					N\$42 600 per Fa Overall Annual L		N\$42 600 Overall An		
	17.1. HIV/AIDS (As p	er national guidelines for ar	ntiretroviral therapy)	100%	NS	\$25 100 per Bene	eficiary	N\$25 100 per	r Beneficiary	
	17.1.1. Medicine (F	Paid at maximum Namibia m	nedicine price list on generics)							
	17.1.2. First Full HI Once-off be	V Consultation/Assessment enefit		N\$480	Payable from Specified Illness Conditions		Payable from Specific	ed Illness Conditior		
$\langle \nabla \rangle$		on (after the first full HIV cor ations per Beneficiary	nsultation/assessment)	N\$440						
$\langle \rangle$	17.1.4. HIV Counse	elling			N	I\$1 300 per Bene	ficiary	N\$1 300 per	Beneficiary	
	17.1.5. Pathology	Tests (Subject to prior appro	val)	100%	N	I\$5 650 per Bene	ficiary	N\$5 650 per	Beneficiary	
	17.1.6. HIV Resista	nce Test (Subject to prior ap	pproval)							
	17.2. Prevention of N	other-to-Child Transmission	n (PMTCT)		Payable from Specified Illness Conditions		Payable from Specified Illness Conditions			
	17.3. Post-Exposure	Prophylaxis (PEP)		100%						
	17.4. Pre-Exposure P	rophylaxis (PrEP)								
	CATEC	GORY B: DAY-TO-DAY BENEF	शंT	100% Tariff	Sub-limits joining e	verall sub-benefi \$18 550 per Bene N\$25 100 per Fa s are prorated fro except for the op VERALL ANNUAL	eficiary Imily In the date of Itical benefit.	Sub-limits are pror joining except th OVERALL AN	e optical benefit.	
	18. General Practitione			N\$6 500 per Far	nily	N\$6 500 per Beneficiary N\$11 350 per Family				
	- GP Telephonic, payable)	Visits (out-of-hospital, inclu Virtual Consultations (telep elephonic consultations per	s not							
	18.2. Procedures/Se	rvices (out-of-hospital, inclu	ding casualties)		Payable f	from General Pra		Payable from Gener		
	18.3. Materials and I	Disposable Items		100%		Specialists Ben	efit	Specialist	Specialists Benefit	
v	medical labora	Pathology (out-of-hospital, itory technology and chemica Medical Practitioner)								
	18.5. MRI and CT Scan				Payable fro	om the MRI and 0	CT Scan Benefit	Payable from the MRI	and CT Scan Bene	
	Benefit Booster Applicable (additional benefit once limit is exceeded)									
NT INFORMATION	ADDITIONAL BENEFITS	EMERGENCY	PREMIUM CONTRIBUTIONS	BENEFITS AND	Entry-Level	Mid-Level	Top-Level	ACCESSIBLE INFORMATION	CLIENT SERVICE	



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	19. Medicine and Injections	SEP + 40%	N\$13 000 per Family	N\$14 650 per Family	
ļ.	19.1. Medicine and Injections (Acute and Chronic)- (Paid at maximum Namibia medicine price list on generics)		N\$6 500 per Beneficiary	N\$7 450 per Beneficiary	
/ TUT	19.2. Essential Vaccination/Immunisation- (Paid at maximum Namibia medicine price list on generics)	100%	Payable from Medicine and Injections	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	N\$970 per Family N\$150 per claim per Beneficiary	
	20. Primary Health Care Services		N\$1 000 per Family	N\$750 per Beneficiary N\$1 500 per Family	
	20.1. Consultations and Procedures	100%	Payable from Primary Health Care Services	Payable from Primary Health Care Services	
Æ	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		N\$4 500 per Family	N\$7 900 per Family	
	21.1. Conservative and specialised dentistry (Including Dental Therapy) Benefit Booster Applicable (additional benefit once limit is exceeded)	100%	Payable from Dentistry benefit	Payable from Dentistry benefit	
	21.2. Maxillo-Facial, Oral Surgery and Dental Implants			No Benefit	
VV	21.3. Orthodontics		No Benefit	N\$9 150 per Beneficiary once-off	
	21.4. Maxillo-Facial and Oral Surgery (Elective)		no seiem	Payable from Dentistry benefit. The available benefits are for either in-hospital or in-practice	
	22. Optical 22.1. Every two years (Including frame) (2023/2024)		N\$3 670 per Family	N\$4 360 per Family	
	22.2. Eye Tests, Spectacles and Contact Lenses	100%	N\$1 300 per Beneficiary every two years	N\$2 340 per Beneficiary every two years	
	22.3. Frame		N\$520 per Beneficiary	N\$1 040 per Beneficiary	
	23. Auxiliary Services (Supplementary Services)		N\$2 370 per Family	N\$5 850 per Family	
°, المتالم	23.1. Consultation and procedure	100%	Payable from Auxiliary Services	Payable from Auxiliary Services	
(T.C.)	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\$ 2 600 per Family	N\$ 2 700 per Family	
IMPORTANT INFORMATION YOU NEED TO KNOW	ADDITIONAL BENEFITS EMERGENCY PREMIUM CONTRIBUTIONS BENEFIT AND SERVICES SERVICE PROVIDERS AND BENEFITS ADJUSTMENTS CONTRIBUTIONS		Entry-Level Mid-Level Top-Level	ACCESSIBLE INFORMATION CLIENT SERVICES AND DOWNLOADS CONTACT DETAILS	



			OPAL	JADE JADE	
	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\$1 200 per Family	N\$2 250 per Family	
	Medicine and Injections (Acute and Chronic) Excluding self-medication	70%			
19	26.2. Dentistry	70%			
<u> </u>	26.3. General Practitioners and Specialists (Consultations/visits and procedures/services out-of-hospital, including casualties)		Payable from Benefit Booster	Payable from Benefit Booster	
	26.4. Primary Health Care	80%			
	26.5. Auxiliary Services	70%			



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IMPORTANT INFORMATION YOU NEED TO KNOW

ADDITIONAL BENEFITS
AND SERVICES

EMERGENCY SERVICE PROVIDERS PREMIUM CONTRIBUTIONS AND BENEFITS ADJUSTMENTS

BENEFITS AND CONTRIBUTIONS

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ACCESSIBLE INFORMATION AND DOWNLOADS

CLIENT SERVICES
CONTACT DETAILS



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CATEGORY C: BACK-UP BENEFIT	COVER	М	M1	M2	М3	M4	M5+	М	M1	M2	М3	M4	M5+
Threshold Limit								6 140	6 950	7 210	7 470	7 740	7 980

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:
 - 1. Medicine and Injections per family limit
 - 2. Optical per family limit
 - 3. 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

	М	M1	M2	М3	M4	M5+	М	M1	M2	М3	M4	M5+
A. The total amount paid by NMC (at the end of April 2025 for 2024 claims) for the following family limits:					18 700		2 500	4 250	18 250	12 600	7 950	6 000
B. Threshold Limit		5 310					6 140	6 950	7 210	7 470	7 740	7 980
C. Difference: Threshold Limit (B) – Total Paid Amount (A)							3 640	2 700				1 980
D. Back-Up Benefit = 15% of C (Available from 01 May 2025)						210	375	405	becaus Amount	pes not qual se The Total (A) is more reshold Limit	Benefit than the	297

IMPORTANT INFORMATION YOU NEED TO KNOW	ADDITIONAL BENEFITS AND SERVICES	EMERGENCY SERVICE PROVIDERS	PREMIUM CONTRIBUTIONS AND BENEFITS ADJUSTMENTS	BENEFITS AND CONTRIBUTIONS	Entry-Level	Mid-Level	Top-Level	ACCESSIBLE INFORMATION AND DOWNLOADS	CLIENT SERVICES CONTACT DETAILS







OVERALL ANNUAL BENEFIT (OVERALL ANNUAL LIMIT)

N\$1 500 000 per Beneficiary N\$1 800 000 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

% NAMAF

Tariff

COVER

	1. Hospitalisation			Overall Annual Limit	Overall Annual Limit
	1.1. Accommodation a	and Theatre		Overall Affilial Limit	Overati Annual Limit
	1.2. Accommodation in (Difference betwe tariffs)	n private wards en general ward and private	e ward	N\$7 500 per Beneficiary N\$16 500 per Family	N\$10 900 per Beneficiary N\$23 900 per Family
	1.3. Intensive and high (Maximum three d	care lays, then motivation)			
	1.4. Blood transfusions	5			
	1.5. Radiology and Pat - Additional Hospita	hology (in-hospital) al Benefit Cover excluded		Overall Annual Limit	Overall Annual Limit
₽		I Biokinetics (In-hospital) al Benefit Cover excluded pproval)	100%		
	 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\$5 000 per Beneficiary Overall Annual Limit	N\$5 000 per Beneficiary Overall Annual Limit
		riff procedures, hospital app edicine (seven days supply o			
	1.9. Dialysis (Subject to Case M	lanagement and MHC Guid	elines)		
		lanagement and MHC Guido expenses incurred by the d fund member		Overall Annual Limit	Overall Annual Limit
	1.11. Internal Appliance (As per NMC proto		100% of Cost		
	1.12. Medical and Surgi	cal Appliances (External)		No Benefit	No Benefit
PORTANT INFORMATION YOU NEED TO KNOW	ADDITIONAL BENEFITS AND SERVICES	EMERGENCY SERVICE PROVIDERS	PREMIUM CONTRIBUTIONS AND BENEFITS ADJUSTMENTS	BENEFITS AND Entry-Level Mid-Leve	Top-Level ACCESSIBLE INFORMATION CLIENT SERVICES AND DOWNLOADS CONTACT DETAILS



			EMERALD	AMBER
+	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\$30 000 per Family	N\$39 500 per Family
	3.2. Nuclear Medicine		Overall Annual Limit	Overall Annual Limit
	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			
	4.3. Ante/Postnatal Classes and Education Six sessions per Beneficiary (Prorated from the date of joining) - Additional Hospital Benefit cover excluded	100%	Payable from Maternity Benefit	
	4.4. Sonar Scans Three scans per Beneficiary per Pregnancy - Additional Hospital Benefit cover excluded		Рауаліе пош матепіцу венент	Payable from Maternity Benefit
	4.5. Tests for Chromosomal and Foetal AbnormalitiesAdditional 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) (Benefit is prorated from the date of joining)	100%	N\$6 500 per Beneficiary Overall Annual Limit	N\$6 500 per Beneficiary Overall Annual Limit

IMPORTANT INFORMATION YOU NEED TO KNOW AND SERVICES SERVICE PROVIDERS AND BENEFITS AND BENEFITS ADJUSTMENTS BENEFITS AND CONTRIBUTIONS AND BENEFITS ADJUSTMENTS CONTRIBUTIONS BENEFITS AND CONTRIBUTIONS Entry-Level Mid-Level Top-Level ACCESSIBLE INFORMATION AND DOWNLOADS CONTACT DETAILS.
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			EMERALD	AMBER			
	6. Oncology (Subject to Case Management and MHC Guidelines)						
	6.1. Consultations and procedures Out-of-Hospital						
م چ سې پې سو پې پې	 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\$600 000 per Beneficiary Overall Annual Limit	N\$750 000 per Beneficiary Overall Annual Limit			
0 X D	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			
(E)	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		Overall Annual Limit	Overall Annual Limit			
	7.1. Refractive Surgery	100%	N\$13 850 per Beneficiary once-off N\$17 750 per Family	N\$23 100 per Beneficiary once-off N\$29 600 per Family			
	7.2. Cataract Surgery and Lens Implants		N\$18 750 per eye per Beneficiary once-off	N\$25 000 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			
<i>J</i>	8.1. Consultation and Procedures		N\$6 750 per Family	N\$14 500 per Family			
	8.2. Hospitalisation		Overall Annual Limit	Overall Annual Limit			
	9. Private Nursing/Frail Care/Hospice (Subject to Case Management)	100%	N\$21 750 per Family Overall Annual Limit	N\$38 700 per Family Overall Annual Limit			
	10. Psychiatric Treatment – Hospitalisation (Subject to prior approval)	100%	N\$32 750 per Family	N\$32 750 per Family			
	11. Alcoholism/Drug Addiction (Subject to prior approval and MHC Guidelines)	100%	Overall Annual Limit	Overall Annual Limit			

IMPORTANT INFORMATION ADDITIONAL BENEFITS EMERGENCY PREMIUM CONTRIBUTIONS YOU NEED TO KNOW AND SERVICES SERVICE PROVIDERS AND BENEFITS ADJUSTMENTS	BENEFITS AND CONTRIBUTIONS	Entry-Level	Mid-Level	Top-Level	ACCESSIBLE INFORMATION AND DOWNLOADS	CLIENT SERVICES CONTACT DETAILS
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			EMERALD	AMBER
	12. Specialised Dental SurgeryAdditional 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\$92 500 per Family	N\$132 000 per Family
2	12.2. Maxillo-Facial and Oral Surgery(Including Dental Implants) (other/elective)All-inclusive		N\$29 250 per Beneficiary N\$36 250 per Family N\$3 800 per dental implant component	N\$39 000 per Beneficiary N\$48 500 per Family N\$3 800 per dental implant component
	 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
F	13. Stomal Therapy (All-inclusive) (Subject to prior approval)	100%	N\$28 750 per Family Overall Annual Limit	N\$28 750 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\$5 500 per Beneficiary	N\$5 500 per Beneficiary
	15. Medical Referral Subject to accommodation and travelling reimbursement protocols (Subject to prior approval)		Overall Annual Limit	Overall Annual Limit
⊎ <u>[•</u> * *•	15.1. Transport	70% of Cost	N\$10 150 per Family	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	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	N\$10 000 000 per incident

	IMPORTANT INFORMATION YOU NEED TO KNOW	ADDITIONAL BENEFITS AND SERVICES	EMERGENCY SERVICE PROVIDERS	PREMIUM CONTRIBUTIONS AND BENEFITS ADJUSTMENTS	BENEFITS AND CONTRIBUTIONS	Entry-Level	Mid-Level	Top-Level	ACCESSIBLE INFORMATION AND DOWNLOADS	CLIENT SERVICES CONTACT DETAILS	
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Contribution Tables

			Jade	Individual	Contributior	15		Emeralo	l Individual C	ontributions			Amber I	ndividual Co	ontributions	
		Age	Band	Main	Adult	Child	Age l	Band	Main	Adult	Child	Age		Main	Adult	Child
		0	25	2,161	1,436	640	0	25	1,216	769	303	0	25	1,624	1,022	365
		26	30	2,406	1,624	640	26	30	1,352	866	303	26		1,806	1,155	365
		31	35	2,649	1,817	640	31	35	1,494	966	303	31		1,991	1,282	365
		36	40	2,988	2,074	640	36	40	1,657	1,069	305	36		2,207	1,423	367
		41	45	3,278	2,306	640	41	45	1,815	1,188	305	41		2,421	1,583	367
		46	50	3,543	2,507	681	46	50	1,962	1,293	305	46		2,616	1,725	367
		51	55	3,876	2,767	681	51	55	2,142	1,426	305	51		2,857	1,899	367
		56	60	4,145	2,973	681	56	60	2,296	1,534	305	56		3,055	2,050	367
		61	65	4,429	3,196	681	61	65	2,446	1,646	305	61	65	3,261	2,198	367
		66	100	4,706	3,412	681	66	100	2,610	1,754	305	66		3,475	2,342	367

Opal Group Contributions					Jad	e Group Co	ntributions		Emerald Group Contributions					Amber Group Contributions					
Income	e Band	Main	Adult	Child	Age	Band	Main	Adult	Child	Age I	Band	Main	Adult	Child	Age	Band	Main	Adult	Child
0	4,360	1,862	1,205	344	0	25	1,973	1,287	568	0	25	1,216	769	303	0	25	1,624	1,022	365
4,361	5,760	2,144	1,368	394	26	30	2,183	1,438	568	26	30	1,352	866	303	26	30	1,806	1,155	365
5,761	8,810	2,296	1,419	424	31	35	2,333	1,572	568	31	35	1,468	906	303	31	35	1,958	1,203	365
8,811	12,950	2,360	1,522	434	36	40	2,550	1,740	568	36	40	1,581	966	305	36	40	2,107	1,287	367
12,951	14,550	2,640	1,691	487	41	45	2,810	1,947	568	41	45	1,692	1,062	305	41	45	2,255	1,417	367
14,551	16,500	2,924	1,861	540	46	50	2,992	2,085	580	46	50	1,836	1,165	305	46	50	2,453	1,554	367
					51	55	3,229	2,282	580	51	55	1,898	1,218	305	51	55	2,531	1,626	367
					56	60	3,459	2,453	580	56	60	2,008	1,307	305	56	60	2,678	1,743	367
					61	65	3,668	2,617	580	61	65	2,176	1,419	305	61	65	2,902	1,890	367
					66	100	3,684	2,636	580	66	100	2,229	1,456	305	66	100	2,969	1,943	367

IMPORTANT INFORMATION YOU NEED TO KNOW AND SERVICES SERVICE PROVIDERS AND BENEFITS AD SERVICE PROVIDERS AND BENEFITS ADJUSTMENTS CONTRIBUTIONS BENEFITS AND CONTRIBUTIONS BENEFITS AND CONTRIBUTIONS Entry-Level Mid-Level Top-Level ACCESSIBLE INFORMATION AND DOWNLOADS							Entry-Level	Mid-Level	Top-Level		CLIENT SERVICES CONTACT DETAILS	
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Top-Level Options







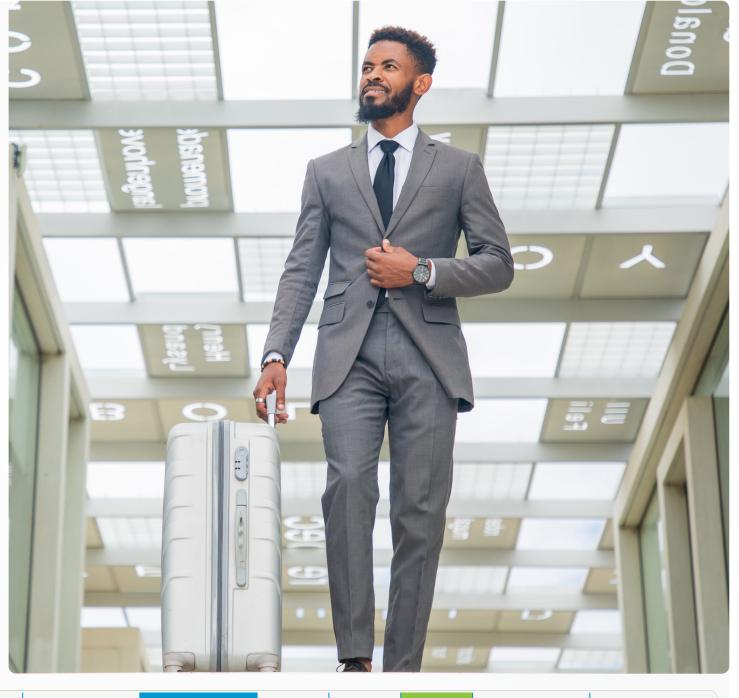
SAPPHIRE



EMERALD +



AMBER +



IMPORTANT INFORMATION YOU NEED TO KNOW

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EMERGENCY SERVICE PROVIDERS

PREMIUM CONTRIBUTIONS AND BENEFITS ADJUSTMENTS BENEFITS AND CONTRIBUTIONS

Entry-Level

Mid-Level

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OVERALL ANNUAL BENEFIT (OVERALL ANNUAL LIMIT)

% NAMAF Tariff N\$1 500 000 per Beneficiary N\$1 800 000 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 NAMAF tariff. OVERALL LIMIT

	COVER				
Hospitalisation		Overall Annual Limit	Overall Annual Limit		
1.1. Accommodation and Theatre		Overace, amount emit	Overace/iiiidat Emile		
1.2. Accommodation in Private Wards (Difference between general ward and private ward tariffs)		N\$7 500 per Beneficiary N\$16 500 per Family	N\$10 900 per Beneficiary N\$23 900 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		
Physiotherapy and Biokinetics (in-hospital) Additional Hospital Benefit cover excluded (Subject to prior approval)	100%				
 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) 	230%	N\$5 000 per Beneficiary Overall Annual Limit	N\$5 000 per Beneficiary Overall Annual Limit		
1.8. Medicine, fixed tariff procedures, hospital apparatus, and to take out medicine (seven days supply only)					
1.9. Dialysis (Subject to Case Management and MHC guidelines)					
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				
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		

IMPORTANT INFORMATION ADDITIONAL BENEFITS EMERGENCY PREMIUM CONTRIBUTIONS BENEFITS AND CONTRIBUTIONS ON FIRST CONTRIBUTIONS Entry-Level Mid-Level Top-Level ACCESSIBLE INFORMATION AND DOWNLOADS CONTACT DETAILS



			RU I	BY			SAPPHIR	RE		
 Specialised Radiology Procedures (In and Out-of-Hospital Additional Hospital Benefit Cover Excluded Referral from a medical specialist only (referral from GP a in places where there is no medical specialist) (Subject to prior approval) 		9%	Overall Annual	Limit			Overall Annual Limit			
3.1. MRI and CT Scans			N\$27 000 per F	amily			N\$39 500 per Family			
3.2. Nuclear Medicine			Overall Annual	Limit			Overall Annual Limit			
 Maternity (Groups have cover from the date of joining. Individuals h month waiting period) 	nave a nine-		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										
 4.3. Ante/Postnatal Classes and Education Six sessions per Beneficiary per Pregnancy (Prorated from the date of joining) Additional Hospital Benefit cover excluded 	100	9%	Payable from the Mate	rnity Ponofit		Payable from the Maternity Benefit				
4.4. Sonar ScansThree scans per Beneficiary per PregnancyAdditional Hospital Benefit cover excluded			rajase nom de ratemy serent							
4.5. Tests for Chromosomal and Foetal AbnormalitiesAdditional Hospital Benefit cover excluded										
4.6. Midwifery Service - Additional Hospital Benefit cover excluded										
 Insertion of Intrauterine Device w/Hormone (All-inclusive (Subject to prior approval) (Prorated from date of joining) 	100	0%	N\$6 500 per Beno Overall Annual				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										
 6.2. MRI/CT Scans and Other Specialised Radiology Proce and Out-of-Hospital Additional Hospital Benefit Cover excluded Referral from a medical specialist only 	edures In	0%	N\$600 000 per Beneficiary Overall Annual Limit				N\$750 000 per Beneficiary Overall Annual Limit			
6.3. Radiation Oncology (Referral from a medical special	ist only)									
 Oncology Medication (chemotherapy, radiotherapy, a hormone therapy) 	and									
6.5. Hospitalisation and Related Procedures In-Hospital			Overall Annual	Limit			Overall Annual Limit			
RTANT INFORMATION ADDITIONAL BENEFITS EMERGE	ENCY PREM	IIUM CONTRIBUTIONS	BENEFITS AND				ACCESSIBLE INFORMATION	CLIENT SERVICES		
DU NEED TO KNOW AND SERVICES SERVICE PRO		ENEFITS ADJUSTMENTS	CONTRIBUTIONS	Entry-Level	Mid-Level	Top-Level	AND DOWNLOADS	CONTACT DETAILS		



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PREMIUM CONTRIBUTIONS

		RUBY	SAPPHIRE
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\$13 850 per Beneficiary once-off N\$17 750 per Family	N\$23 100 per Beneficiary once-off N\$29 600 per Family
7.2. Cataract Surgery and Lens Implants		N\$18 750 per eye per Beneficiary once-off	N\$25 000 per eye per Beneficiary once-off
8. Reconstructive Surgery (Medical necessity only) (Subject to prior approval and subject to strict MHC guidelines)		Overall Annual Limit	Overall Annual Limit
8.1. Consultation and procedure	100%	N\$6 750 per Family	N\$14 500 per Family
8.2. Hospitalisation		Overall Annual Limit	Overall Annual Limit
9. Private Nursing/Frail Care/Hospice (Subject to Case Management)		N\$21 750 per Family Overall Annual Limit	N\$38 700 per Family Overall Annual Limit
10. Psychiatric Treatment – Hospitalisation (Subject to prior approval)	1000/	N\$32 750 per Family	N\$32 750 per Family
1.1. Alcoholism/Drug Addiction (Subject to prior approval and MHC guidelines)	100%	Overall Annual Limit	Overall Annual Limit
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\$92 500 per Family	N\$132 000 per Family
12.2. Maxillo-Facial, Oral Surgery and Dental Implants (other/elective)All-inclusive		N\$29 250 per Beneficiary N\$36 250 per Family N\$3 800 per dental implant component	N\$39 000 per Beneficiary N\$48 500 per Family N\$3 800 per dental implant component
 12.3. Maxillo-Facial and Oral Surgery (Including Dental Implants) (other/non-elective) In-practice (surgical procedures performed in a doctor's room) 	150%	Payable from maxillo-facial, oral surgery and dental implants (other/elective)	Payable from maxillo-facial, oral surgery and dental implants (other/elective)
12.4. Maxillo-Facial and Oral Surgery - Internal Prosthesis (excluding dental implant component)	100% of Cost	Payable from internal appliances under the Hospital Benefit	Payable from internal appliances under the Hospital Benefit
13. Stomal Therapy (All-inclusive) (Subject to prior approval)	100%	N\$28 750 per Family Overall Annual Limit	N\$28 750 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\$5 500 per Beneficiary	N\$5 500 per Beneficiary

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					RUBY			SAPPHIRE					
15. Medical Referral Subject to accommodation and travelling reimbursement protocols (Subject to prior approval)				Overall Ar	nnual Limit					Overall A	nnual Limit		
15.1. Transport	70% of Cost			N\$10 150	per Family					N\$10 150	per Family		
15.2. Accommodation Other than a Recognised Hospital/Medical Institution (Maximum of two days)	100% of Cost		ı	N\$620 per d	ay per Famil	у				N\$620 per d	ay per Famil	y	
 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		1	\\$1 0 000 00	0 per incider	nt		N\$10 000 000 per incident					
CATEGORY B: DAY-TO-DAY BENEFIT	COVER				Sub-limits	are prorate		of joining, ex	cept the op	tical benefit.			
		М	M1	M2	М3	M4	M5+	М	M1	M2	М3	M4	M5+
17. General Practitioners and Specialists		N\$9 000	N\$11 800	N\$12 300	N\$12 550	N\$12 800	N\$13 050	N\$15 000	N\$19 250	N\$21 250	N\$21 500	N\$21 750	N\$22 00
 17.1. Consultations/Visits (out-of-hospital, including casualties) GP Telephonic/Virtual Consultations (telephonic/virtual writing of prescriptions not payable) Seven virtual/telephonic consultations per Beneficiary 													
17.2. Procedures (Out-Of-Hospital Services, Including Casualties)	100%	Pava	Payable from General Practitioners and Specialists Benefit Payable from General Practitioners and Specialists Benefit						Snecialists B	enefit			
17.3. Materials and Disposable Items	100%												
17.4. Radiology and Pathology (Out-Of-Hospital, Including Radiography, Sonography, Medical Laboratory Technology and Chemical Biochemistry) (Referral from a Medical Practitioner)													
17.5. MRI and CT Scan			Payable	from the MF	RI and CT Sca	ın Benefit			Payable	from the MF	RI and CT Scan Benefit		
Benefit Booster Applicable (additional benefit once limit is exceeded))												
18. Medicine and Injections	SEP + 40%	N\$14 630	N\$16 180	N\$16 740	N\$17 390	N\$18 050	N\$18 650	N\$30 490	N\$47 600	N\$51 500	N\$52 250	N\$53 160	N\$53 82
18.1. Acute – Paid at maximum Namibia medicine price list on		N\$5 400	N\$5 700	N\$5 900	N\$6 150	N\$6 400	N\$6 650	N\$8 350	N\$12 750	N\$15 550	N\$16 000	N\$16 350	N\$16 60
generics	85%		N\$5 400 per Beneficiary					N\$8 350 per Beneficiary					
18.2. Chronic - Paid at maximum Namibia medicine price list on generics		N\$8 100	N\$9 250	N\$9 450	N\$9 700	N\$9 950	N\$10 200	N\$20 250	N\$32 800	N\$33 750	N\$33 900	N\$34 300	N\$34 55
18.2.1. Members aged 65 and below	85%				r Beneficiary icine and Inj				Payab	No Limit pe le from Med			

	IMPORTANT INFORMATION YOU NEED TO KNOW	ADDITIONAL BENEFITS AND SERVICES	EMERGENCY SERVICE PROVIDERS	PREMIUM CONTRIBUTIONS AND BENEFITS ADJUSTMENTS	BENEFITS AND CONTRIBUTIONS	Entry-Level	Mid-Level	Top-Level	ACCESSIBLE INFORMATION AND DOWNLOADS	CLIENT SERVICES CONTACT DETAILS
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		RUBY				SAPPHIRE							
18.2.2. Members aged 66 and above	100%												
18.3. Essential Vaccination/Immunisation (As per WHO guidelines) Paid at maximum Namibia medicine price list on generics	100%		Payabl	le from Medi	cine and Inje	ections		Payable from Medicine and Injections					
Benefit Booster Applicable (additional benefit once limit is exceeded)												
18.4. Self-medication Paid at maximum Namibia medicine price list on generics	100%	N\$1 130	N\$1 230	N\$1 390	N\$1 540	N\$1 700	N\$1 800	N\$1 890	N\$2 050	N\$2 200	N\$2 350	N\$2 510	N\$2 670
Tala at maximum variibia medicine price list on generies			N\$183 p	er claim per	Beneficiary	per day			N\$225	per claim pe	r Beneficiar	per day	
19. Primary Health Care Services		N\$1 000	N\$1 200	N\$1 350	N\$1 500	N\$1 650	N\$1 800	N\$1 250	N\$1 500	N\$1 700	N\$1 900	N\$2 100	N\$2 300
				N\$1 000 per	Beneficiary			N\$1 250 per Beneficiary					
19.1. Consultations and Procedures	100%		Payable f	rom Primary	Health Care	Services		Payable from Primary Health Care Services					
19.2. Medicine and Injections Paid at maximum Namibia medicine price list on generics	100%	Payable from Acute Medication				Payable from Acute Medication							
Benefit Booster Applicable (additional benefit once limit is exceeded)												
20. Dentistry													
20.1. Conservative and Specialised Dentistry (Including Dental	100%	N\$10 500	N\$12 250	N\$13 500	N\$14 000	N\$14 250	N\$14 500	N\$15 750	N\$19 000	N\$20 750	N\$21 250	N\$21 750	N\$22 250
Therapy)	100%		1	N\$10 500 pe	r Beneficiary	,		N\$15 750 per Beneficiary					
20.2. Maxillo-Facial, Oral Surgery and Dental ImplantsIn-practice consultation and non-surgical procedures			Pay	able from Do	entistry Bene	efits		The available benefits are for either in-hospital or in-practice					
Benefit Booster Applicable (additional benefit once limit is exceeded)												
20.3. Orthodontics (Subject to prior approval and MHC guidelines)	100%		N\$13	3 250 per Ber	neficiary onc	e-off			N\$2	3 000 per Be	neficiary on	ce-off	
21. Optical Benefits		N\$3 350	N\$6 700	N\$6 900	N\$7 100	N\$7 300	N\$7 500	N\$4 900	N\$9 800	N\$10 100	N\$10 400	N\$10 700	N\$11 000
Every two years (Including frame) (2023-2024)				N\$3 350 per	Beneficiary					N\$4 900 pe	r Beneficiary	/	
21.1. Optical tests	100%											_	
21.2. Spectacles and Lenses	100%		Pa	yable from C	ptical Bene	hts			Pa	yable from (Optical Bene	efits	
21.3. Frame	100% of Cost			N\$1 140 per	Beneficiary					N\$1 870 pe	r Beneficiary	/	
21.4. Readers Spectacles	100% of Cost			N\$105 per	Beneficiary					N\$105 per	Beneficiary		
		N\$11 850	N\$13 000	N\$13 150	N\$13 400	N\$13 650	N\$13 900	N\$15 300	N\$24 500	N\$26 500	N\$27 750	N\$28 250	N\$28 750
22. Auxiliary Services				N\$11 850 pe	r Beneficiar	,				N\$15 300 pe	er Beneficiar	y	

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BENEFITS AND CONTRIBUTIONS

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		RUBY	SAPPHIRE
22.1. Art Therapy	100%	Doughla from Auditory Condess	Davable from Amilian Camiras
22.2. Audiology/Speech Therapy	100%	Payable from Auxiliary Services	Payable from Auxiliary Services
22.3. Biokinetics	100%	N\$4 050 per Beneficiary	N\$7 560 per Beneficiary
22.4. Chinese Medicine	100%	N\$4 050 per Beneficiary	N\$7 560 per Beneficiary
22.5. Chiropractor			
22.5.1. Consultation and Procedure	100%	Payable from Auxiliary Services	Payable from Auxiliary Services
22.5.2. Medicine	80%	Payable from Acute Medicine and Injections	Payable from Acute Medicine and Injections
22.6. Clinical Psychology/Psychological Counsellor	100%	N\$4 050 per Beneficiary	N\$7 560 per Beneficiary
22.7. Clinical Technology	100%		
22.8. Dietician	100%		
22.9. Hearing Aid Acoustician	100%	Payable from Auxiliary Services	Payable from Auxiliary Services
22.10. Homeopathy/Naturopathy/Phytotherapy			
22.10.1. Consultation and Procedure	100%		
22.10.2. Medicine	80%	Payable from Acute Medicine and Injections	Payable from Acute Medicine and Injections
22.11. Occupational Therapy	100%	Develop for an Avvillant Comitant	Develop from Avvillant Comings
22.12. Orthotist/Prosthetist	100%	Payable from Auxiliary Services	Payable from Auxiliary Services
22.13. Physiotherapy	100%	N\$4 050 per Beneficiary	N\$7 560 per Beneficiary
22.14. Podiatry/Chiropody	100%	Payable from Auxiliary Services	Payable from Auxiliary Services
22.15. Social Worker	100%	N\$4 050 per Beneficiary	N\$7 560 per Beneficiary
Benefit Booster Applicable (additional benefit once limit is exc	eeded)		
3. Wheelchair (Subject to prior approval) Inclusive of repair and maintenance	100% of Cost	N\$8 850 per Beneficiary every four years (2024-2027)	N\$17 750 per Beneficiary every four years (2024-2027)
4. Artificial Limbs (Subject to prior approval)	100% of Cost	N\$18 450 per Beneficiary every two years (2024-2025)	N\$36 750 per Beneficiary every two years(2024-2025)
5. Artificial Eyes (Subject to prior approval)	100% of Cost	N\$5 750 per Beneficiary every four years (2024-2027)	N\$17 250 per Beneficiary every four years (2024-2027)
6. Hearing Aid Apparatus (Subject to prior approval) Inclusive of repair and maintenance	100% of Cost	N\$28 000 per Family every three years for both ears (N\$14 000 per ear) (2023-2025)	N\$35 000 per Family every three years for both ears (N\$17 500 per ear) (2023-2025)

	IMPORTANT INFORMATION YOU NEED TO KNOW	ADDITIONAL BENEFITS AND SERVICES	EMERGENCY SERVICE PROVIDERS	PREMIUM CONTRIBUTIONS AND BENEFITS ADJUSTMENTS	BENEFITS AND CONTRIBUTIONS	Entry-Level	Mid-Level	Top-Level	ACCESSIBLE INFORMATION AND DOWNLOADS	CLIENT SERVICES CONTACT DETAILS	
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IMPORTANT INFORMATION

YOU NEED TO KNOW

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		RUBY					SAPPHIRE						
27. Appliances (External) (Subject to MHC guidelines)	80% of Cost			N\$4 550 ¡	per Family					N\$5 150	per Family		
28. Medical Devices for Diabetes Management (Subject to prior approval and MHC guidelines)													
28.1. Insulin Pumps	80% of Cost	N\$	35 000 per E	Beneficiary e	very four year	ars (2023-20	026)	N\$	40 000 per E	Beneficiary e	very four ye	ears (2023 – 2	026)
28.2. Other Diabetes Devices and Related Consumables			I	N\$51 000 pe	er Beneficiary	/				N\$56 000 pe	er Beneficia	ry	
29. Specified Illness Conditions (As per national guidelines) (Sub-limits are prorated from the date of joining)		N\$31 000	N\$44 750	N\$44 750	N\$44 750	N\$44 750	N\$44 750	N\$36 100	N\$72 200	N\$72 200	N\$72 200	N\$72 200	N\$72 200
29.1. HIV/AIDS (As per national guidelines for antiretroviral therapy)			ı	N\$31 000 pe	er Beneficiary	/				N\$36 100 pe	er Beneficia	ry	
29.1.1. Medicine Paid at maximum Namibia medicine price list on generics	100%												
29.1.2. First Full HIV Consultation/Assessment Once-off benefit	N\$480	Payable from Specified Illness Conditions				Payable from Specified Illness Conditions							
29.1.3. Consultation (after the first full HIV consultation/ assessment)Six consultations per Beneficiary	N\$440												
29.1.4. HIV Counselling	100%	N\$1 300 per Beneficiary						N\$1 300 pe	r Beneficiar	Ту			
29.1.5. Pathology Tests (Subject to prior approval)	100%	N\$5 950 per Beneficiary						N\$7 800 pe	r Beneficiar	ту			
29.1.6. HIV Resistance Test (Subject to prior approval)	100%												
29.2. Prevention of Mother-to-Child Transmission (PMTCT)	100%		Payable	from Specifi	ied Illness Co	onditions		Payable from Specified Illness Conditions					
29.3. Post-Exposure Prophylaxis (PEP)	100%												
29.4. Pre-Exposure Prophylaxis (PrEP)	100%												
30. Benefit Booster Applicable if Medicine and Injections, Dentistry, GPs and Specialists, Primary Health Care and Auxiliary Services benefits are depleted					r Beneficiary oer Family					N\$2 550 pe N\$4 700	r Beneficiar per Family	ту	
30.1. Medicine and Injections (Acute and Chronic) – Excluding self-medication	70%												
30.2. Dentistry (Excluding orthodontics)	70%												
30.3. General Practitioners and Specialists (Consultations/visits and procedures/services out-of-hospital, including casualties)	80%		Pa	yable from I	Benefit Boos	ter			P	ayable from	Benefit Boo	ster	
30.4. Primary Health Care	80%												
30.5. Auxiliary Services	70%												

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		RUBY								
CATEGORY C: BACK-UP BENEFIT	COVER	М	M1	M2	М3	M4	M5+			
Threshold Limit	337211	5 260	5 950	6 170	6 400	6 620	6 840			

Back-Up Benefit:

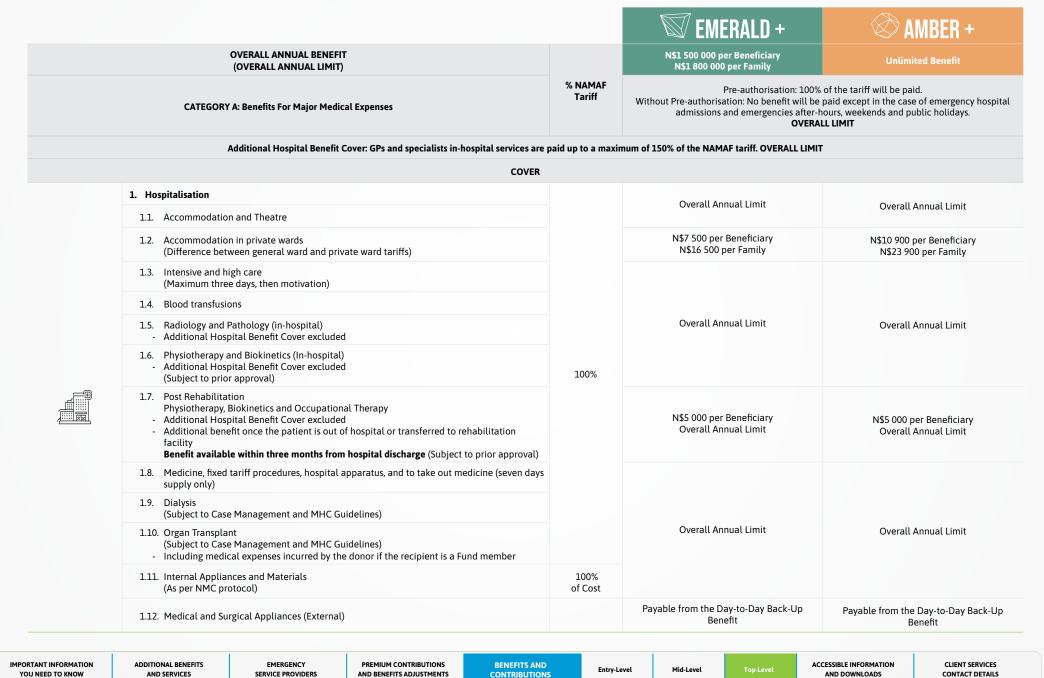
- The Back-up benefit aims to reward members and their dependants with low claims on the following specified day-to-day benefits:
 - 1. Medicine and Injections per family limit
 - 2. Optical per family limit
 - 3. Auxiliary Services per family limit
- Suppose the actual total amount paid by NMC per family 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

	М	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:	2 500	4 250	25 500	7 250	8 500	6 000
B. Threshold Limit	5 260	5 950	6 170	6 400	6 620	6 840
C. Difference: Threshold Limit (B) – Total Paid Amount (A)	2 760	1 700	0	0	0	840
D. Back-Up Benefit = 25% of C (Available from 01 May 2025)	690	425	Does not qualify because The Total Benefit Amount (A) is more than the Threshold Limit (B)		210	

IMPORTANT INFORMATION ADDITIONAL BENEFITS **EMERGENCY** PREMIUM CONTRIBUTIONS **BENEFITS AND** ACCESSIBLE INFORMATION CLIENT SERVICES Entry-Level Mid-Level AND SERVICES YOU NEED TO KNOW SERVICE PROVIDERS AND BENEFITS ADJUSTMENTS CONTRIBUTIONS AND DOWNLOADS CONTACT DETAILS







			EMERALD +	AMBER +	
+	 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\$30 000 per Family	N\$39 500 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 				
B	 4.3. Ante/Postnatal Classes and Education Six sessions per Beneficiary (Prorated from the date of joining) Additional Hospital Benefit cover excluded 	100%			
	4.4. Sonar Scans Three scans per Beneficiary per Pregnancy Additional Hospital Benefit cover excluded		Payable from Maternity Benefit	Payable from Maternity Benefit	
	4.5. Tests for Chromosomal and Foetal AbnormalitiesAdditional 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) (Benefit is prorated from the date of joining)	100%	N\$6 500 per Beneficiary Overall Annual Limit	N\$6 500 per Beneficiary Overall Annual Limit	

	IMPORTANT INFORMATION YOU NEED TO KNOW	ADDITIONAL BENEFITS AND SERVICES	EMERGENCY SERVICE PROVIDERS	PREMIUM CONTRIBUTIONS AND BENEFITS ADJUSTMENTS	BENEFITS AND CONTRIBUTIONS	Entry-Level	Mid-Level	Top-Level	ACCESSIBLE INFORMATION AND DOWNLOADS	CLIENT SERVICES CONTACT DETAILS	
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			EMERALD +	AMBER +		
	6. Oncology (Subject to Case Management and MHC Guidelines) 6.1. Consultations and procedures Out-of-Hospital					
2	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\$600 000 per Beneficiary Overall Annual Limit	N\$750 000 per Beneficiary Overall Annual Limit		
000	6.3. Radiation oncology (Referral from a medical specialist only)					
6.4 6.5 7. C	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		Overall Annual Limit	Overall Annual Limit		
	7.1. Refractive Surgery	100%	N\$13 850 per Beneficiary once-off N\$17 750 per Family	N\$23 100 per Beneficiary once-off N\$29 600 per Family		
	7.2. Cataract Surgery and Lens Implants		N\$18 750 per eye per Beneficiary once-off	N\$25 000 per eye per Beneficiary once-off		
	8. Reconstructive Surgery (Medical necessity only) (Subject to prior approval and subject to strict MHC guidelines)		Overall Annual Limit	Overall Annual Limit		
Jo	8.1. Consultation and Procedures	100%	N\$6 750 per Family	N\$14 500 per Family		
	8.2. Hospitalisation		Overall Annual Limit	Overall Annual Limit		
	9. Private Nursing/Frail Care/Hospice (Subject to Case Management)	100%	N\$21 750 per Family Overall Annual Limit	N\$38 700 per Family Overall Annual Limit		
₽.	10. Psychiatric Treatment – Hospitalisation (Subject to prior approval)	100%	N\$32 750 per Family	N\$32 750 per Family		
	11. Alcoholism/Drug Addiction (Subject to prior approval and MHC Guidelines)	10070	Overall Annual Limit	Overall Annual Limit		

	IMPORTANT INFORMATION YOU NEED TO KNOW	ADDITIONAL BENEFITS AND SERVICES	EMERGENCY SERVICE PROVIDERS	PREMIUM CONTRIBUTIONS AND BENEFITS ADJUSTMENTS	BENEFITS AND CONTRIBUTIONS	Entry-Level	Mid-Level	Top-Level	ACCESSIBLE INFORMATION AND DOWNLOADS	CLIENT SERVICES CONTACT DETAILS	
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			EMERALD +	AMBER +
	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\$92 500 per Family	N\$132 000 per Family
2	12.2. Maxillo-Facial and Oral Surgery(Including Dental Implants) (other/elective)All-inclusive		N\$29 250 per Beneficiary N\$36 250 per Family N\$3 800 per dental implant component	N\$39 000 per Beneficiary N\$48 500 per Family N\$3 800 per dental implant component
	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
FO	13. Stomal Therapy (All-inclusive) (Subject to prior approval)	100%	N\$28 750 per Family Overall Annual Limit	N\$28 750 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\$5 500 per Beneficiary	N\$5 500 per Beneficiary
.r≙n	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\$10 150 per Family	N\$10 150 per Family
·	15.2. Accommodation other than a Recognised Hospital/Medical Institution (Maximum of two days)		N\$620 per day per Family	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	N\$10 000 000 per incident

	IMPORTANT INFORMATION YOU NEED TO KNOW	ADDITIONAL BENEFITS AND SERVICES	EMERGENCY SERVICE PROVIDERS	PREMIUM CONTRIBUTIONS AND BENEFITS ADJUSTMENTS	BENEFITS AND CONTRIBUTIONS	Entry-Level	Mid-Level	Top-Level	ACCESSIBLE INFORMATION AND DOWNLOADS	CLIENT SERVICES CONTACT DETAILS	
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CATEGORY B: DAY-TO-DAY BENEFIT

N\$10 700 Member + Adult N\$7 550 Member + Child N\$11 950 Member + Adult+ Child Additional N\$1 250 for each additional Child

N\$6 300 Member only

N\$9 500 Member only N\$15 800 Member + Adult N\$12 000 Member + Child N\$18 300 Member + Adult+ Child Additional N\$2 500 for each additional Child

OVERALL ANNUAL LIMIT Benefits are prorated from date of joining. Ex Gratia not Applicable.

Rules on Day-to-Day Back-up Benefit:

100% Tariff

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.

	 17. General Practitioners and Specialists (Out-of-hospital, including casualties) 17.1. Consultations/Visits (Including General Practitioner virtual / telephonic consultations) 17.2. Procedures/Services 17.3. Materials and Disposable Items 17.4. Radiology and Pathology (including radiography, sonography, medical laboratory technology and chemical biochemistry) (Referral from a medical practitioner) 	100%	Paid from Day-to-day Back-Up Benefit	Paid from Day-to-day Back-Up Benefit
/11/2	18. Medicine and Injections (Paid at Maximum Namibia Medicine Price List on generics) 18.1. Acute Medicine and Injections 18.2. Chronic Medicine and Injections 18.3. Essential Vaccination/Immunisation (as per WHO guidelines) 18.4. Self-Medication	100%	Paid from Day-to-day Back-Up Benefit	Paid from Day-to-day Back-Up Benefit
	19. Primary Health Care Services (Paid at Maximum Namibia Medicine Price List on generics) 19.1. Consultations and Procedures 19.2. Medicine and Injections	100%	Paid from Day-to-day Back-Up Benefit	Paid from Day-to-day Back-Up Benefit
	20. Dentistry 20.1. Conservative and specialised dentistry (including Dental Therapy) 20.2. Maxillo-Facial, Oral Surgery and Dental Implants In-Practice Consultations and Non-Surgical Procedures 20.3. 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

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		EMERALD +	AMBER +
21. Optical 21.1. Optical Tests 21.2. Spectacles and Lenses 21.3. Frame 21.4. Reader Spectacles	100%	Paid from Day-to-day Back-Up Benefit	Paid from Day-to-day Back-Up Benefit
22. Auxiliary Services (Supplementary Services) 22.1. Art Therapy 22.2. Audiology/Speech Therapy 22.3. Biokineticist 22.4. Chinese Medicine 22.5. Chiropractor 22.5.1. Consultation and Procedure 22.5.2. Medicine 22.6. Clinical Psychology/Psychological Counsellor 22.7. Clinical Technology 22.8. Dietician 22.9. Hearing Aid Acousticia 22.10. Homeopathy/Naturopathy/Phytotherapy 22.10.1. Consultation and Procedure 22.10.2. Medicine 22.11. Occupational Therapy 22.12. Orthotist/Prosthetist 22.13. Physiotherapy 22.14. Podiatry/Chiropody 22.15. Social Worker	100%	Paid from Day-to-day Back-Up Benefit	Paid from Day-to-day Back-Up Benefit
23. Medical and Surgical Appliances (External)	100% of Cost	Paid from Day-to-day Back-Up Benefit	Paid from Day-to-day Back-Up Benefi
24. Specified Illness Conditions As per National Guidelines (Sub-limits are prorated from the date of joining) 24.1. HIV/AIDS (As per National Guidelines for Antiretroviral Therapy) 24.1.1. Medicine (Paid at Maximum Namibia Medicine Price List on generics) 24.1.2. First Full HIV Consultation/Assessment Once-off benefit 24.1.3. Consultation (after the first full HIV consultation/assessment) Six consultations per Beneficiary 24.1.4. HIV Counselling 24.1.5. Pathology Tests (Subject to prior approval) 24.1.6. HIV Resistance Test (Subject to prior approval) 24.2. Prevention of Mother-to-Child Transmission (PMTCT) 24.3. Post-Exposure Prophylaxis (PEP) 24.4. Pre-Exposure Prophylaxis (PFEP)	100%	Paid from Day-to-day Back-Up Benefit	Paid from Day-to-day Back-Up Benefi

	IMPORTANT INFORMATION YOU NEED TO KNOW	ADDITIONAL BENEFITS AND SERVICES	EMERGENCY SERVICE PROVIDERS	PREMIUM CONTRIBUTIONS AND BENEFITS ADJUSTMENTS	BENEFITS AND CONTRIBUTIONS	Entry-Level	Mid-Level	Top-Level	ACCESSIBLE INFORMATION AND DOWNLOADS	CLIENT SERVICES CONTACT DETAILS	
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Contribution Tables

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

Sapphire Individual Contributions								
Age	Band	Main	Adult	Child				
0	25	3,627	2,904	1,291				
26	30	4,111	3,285	1,291				
31	35	4,592	3,646	1,291				
36	40	5,226	4,147	1,291				
41	45	5,814	4,590	1,291				
46	50	6,333	4,983	1,311				
51	55	6,974	5,463	1,311				
56	60	7,510	5,877	1,311				
61	65	8,068	6,309	1,311				
66	100	8,644	6,726	1,311				

Emerald Plus Individual Contributions								
Age E	Band	Main	Main Adult					
0	25	1,875	1,230	434				
26	30	2,011	1,326	434				
31	35	2,153	1,426	434				
36	40	2,303	1,521	433				
41	45	2,461	1,641	433				
46	50	2,608	1,746	433				
51	55	2,788	1,879	433				
56	60	2,943	1,986	433				
61	65	3,091	2,099	433				
66	100	3,255	2,206	433				

Amber Plus Individual Contributions									
Age			Adult	Child					
	25	2,612	1,681	626					
		2,793	1,814	626					
31		2,980	1,940	626					
		3,176	2,070	626					
41			2,230	626					
		3,585	2,370	626					
51		3,826	2,546	626					
		4,024	2,696	626					
61		4,230	2,845	626					
66	100	4,443	2,988	626					

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

	Sapphire Group Contributions									
Age	Band	Main	Adult	Child						
0	25	3,328	2,536	1,105						
26	30	3,657	2,795	1,105						
31	35	3,938	3,017	1,105						
36	40	4,435	3,418	1,105						
41	45	4,962	3,803	1,105						
46	50	5,335	4,110	1,117						
51	55	5,819	4,479	1,117						
56	60	6,432	4,947	1,117						
61	65	6,824	5,234	1,117						
66	100	6,833	5,245	1,117						

	Emerald Plus Group Contributions									
Age E	Band	Main	Adult	Child						
0	25	1,875	1,230	434						
26	30	2,011	1,326	434						
31	35	2,133	1,372	434						
36	40	2,248	1,432	433						
41	45	2,358	1,527	433						
46	50	2,502	1,631	433						
51	55	2,562	1,683	433						
56	60	2,672	1,771	433						
61	65	2,843	1,885	433						
66	100	2,894	1,922	433						

Amber Plus Group Contributions									
Age l	Band	Main	Adult	Child					
	0 25		1,681	626					
26		2,793	1,814	626					
31	35	2,957	1,869	626					
36		3,103	1,953	626					
41	45	3,253	2,083	626					
46	50	3,451	2,220	626					
51	55	3,530	2,291	626					
56	60	3,675	2,408	626					
61	65	3,901	2,555	626					
66	100	3,967	2,608	626					

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Accessible Information and Downloads

Visit our website, www.nmcfund.com, to access more information on the Fund/options/to download forms. Alternatively, visit any of our branches or contact us via email, enquiries@methealth.com.na, if you prefer to receive the information and files via email.



IMPORTANT INFORMATION YOU NEED TO KNOW

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CLIENT SERVICES
CONTACT DETAILS



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Email: casemanagers@mhnamibia.com

The Lifestyle Management Centre

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CLIENT SERVICES CONTACT DETAILS IMPORTANT INFORMATION ADDITIONAL BENEFITS **EMERGENCY** PREMIUM CONTRIBUTIONS **BENEFITS AND** ACCESSIBLE INFORMATION Entry-Level Mid-Level Top-Level YOU NEED TO KNOW AND SERVICES SERVICE PROVIDERS AND BENEFITS ADJUSTMENTS CONTRIBUTIONS AND DOWNLOADS



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