

# 2023

# *Benefit Guide*



Dear *Member,*

The coronavirus and its effects continued to impact all aspects of life and healthcare, significantly affecting our revenue and resulting in higher claims from pandemic-related costs during 2022.

Despite the uncertainties, we, together with the healthcare industry, weathered and continued to adjust and prepare recovery strategies to combat the persistent pandemic and its impact. As a result, we assessed our position and updated the benefits and contributions for 2023 to remedy the effects of the pandemic to increase the Fund's solvency ratio and reduce the claims growth rate.

Elsewhere, the Administrator, Methealth, continued with the Lifestyle Management Programme, which promotes your well-being and encourages preventative healthcare at corporate lifestyle management events, content sharing, and engagements on various platforms.

Thank you for putting your trust and confidence in us. We will continue to work towards identifying new opportunities to improve your experience and ensure you receive quality services/treatment.

**Happy holidays and best wishes for 2023!**

Sincerely,

The PO and Trustees  
**NMC**





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# 25.86%

Solvency Ratio

# 5.58%



Claims

# 0.5%



Member Growth

# Important Information You Need to

*Know*

## Option Change

You can only change options once a year, in January (unless you change employment or marital status). If you would like to upgrade to a more comprehensive option or intend to downgrade, complete the Option Change Form on page 57 and **submit it on or before 16 January 2023** at any Methealth office countrywide or email to [FinReception@methealth.com.na](mailto:FinReception@methealth.com.na).



### Update of Bank Account and Personal Details

We request that you complete the EFT Application Form to enable us to update your information, namely, banking details, postal address, physical address, cellphone number, e-mail address and telephone number on our medical aid system. Updated banking details will ensure speedy settlement of your claims for Electronic Fund Transfers ("EFT") or debit order deductions of your monthly premiums if you are not part of an employer group.



### Opal Maximum Gross Income

Employer group members registered on Opal are restricted to a maximum gross income of N\$15,710 per month. Select a new option and ensure your employer provides the Fund with your gross salary details as of 1 January 2023 if you are part of a group have reached the maximum gross income bracket.



### Fund Rules

The Fund is managed according to a set of rules that must comply with NAMFISA regulations. We encourage you to familiarise yourself with the Rules of the Fund as they will help you understand how the Fund works and the benefits you have access to on your option, including what is/is not covered by the Fund. We update the rules annually and communicate the changes via email, website (click the announcements button at the bottom of the page), Facebook and Instagram upon approval by NAMFISA.



### Fraud, Waste and Abuse

We urge you to read your statements and ensure the treatments you received are consistent with the claims submitted on your member number. Contact us at **061 287 6000** or email [enquiries@methealth.com.na](mailto:enquiries@methealth.com.na) if you require clarification. You can also report irregularities or fraud online at <https://bit.ly/3VzITqc> or call our tip line, **0800 000 001** (toll-free number).



# Additional Benefits and Services on Your *Option*

## YOUR OPTION INCLUDES THE FOLLOWING BENEFITS AND SERVICES AT NO ADDITIONAL COST:



### Additional Hospital Benefit Cover (AHB)\*

Hospitalisation can be traumatic, unexpected and expensive, so we pay 200% of the NMAF tariff for General Practitioners and/or Specialists should you or your dependant be hospitalised.



### Back-Up Benefit

If you are on the Opal, Jade and Ruby options, you and your family qualify for the Back-up Benefit if you have low claims on the following day-to-day benefits:

- Medicine and Injections per family limit
- Optical per family limit
- Auxiliary Services per family limit

We pay the excess on the NMAF Tariffs, member co-payments and rejected claims in terms of NMC rules from your Back-up Benefit. The first Back-Up Benefit will be processed at the end of April 2023.



### Emergency Evacuation

You have cover for all emergency services for life-sustaining conditions that require emergency air and road ambulance transport services in the SADC region.



### Ex Gratia\*

Ex gratia is an additional grant from the Board of Trustees, approved on certain criteria for unexpected major medical

expenses and costs outside the scope of benefits that you have access to on your option.



### HIV/AIDS Management

We recognise the importance of HIV/AIDS-positive members being sufficiently covered for uninterrupted treatment and healthcare management. Therefore, you have access to HIV/AIDS benefits on your option. The HIV/AIDS Management Programme is administered by MyHealth Administrators and is managed by qualified HIV/AIDS Case Managers, HIV Counsellors and a Medical Advisor who pride themselves on confidentiality.

Speak to MyHealth Administrators at **061 375 952** for more information.



### Hospital Bedside Support Services

We provide specialised supportive bedside assistance when you are admitted to the hospital through a daily visit by the Patient Care Co-ordinator. The Patient Care Co-ordinator also keeps in touch with your family when necessary by providing information on your illness.



### International Medical Travel Insurance\*

The International Medical Travel Insurance benefit provides cover limited to N\$10 million per incident to you and your dependants when travelling to any country outside the

borders of Namibia. The benefit does not apply to any non-emergency and planned elective surgery/procedure.

Visit <https://bit.ly/3gpHTVp> to submit your application online OR email the completed travel declaration form to your nearest Client Service Branch. Always apply for your International Travel Insurance at least 72 hours before your departure date or immediately upon confirmation of your itinerary. Additionally, familiarise yourself with the policy wording before your departure date.



### Lifestyle Management Programme

As part of our drive towards promoting your overall well-being, the Administrator, Methealth, offers you a wide range of lifestyle management initiatives, programmes and activities.

Don't hesitate to contact the Lifestyle Management Centre at **061 2876174** or [wellness@methealth.com.na](mailto:wellness@methealth.com.na) for more information.



### Premium Waiver\*

The Premium Waiver benefit covers your family's premiums for 3 (three) months if you pass away, on condition that your monthly premiums are fully paid up.

\*The benefit does not apply to **Topaz** and **Topaz Plus**.

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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 & Surrounding Areas	100%
ALS	City of Windhoek Emergency Services	061 211 111	Windhoek & 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 & Air Ambulance Evacuation Countrywide	100%
ALS	Lifelink Emergency Services	999 (from any landline)	All Major Cities & 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 & Surrounding Areas	100%
ALS + ILS	Namibia Private Ambulance Services	081 147 3387	Outapi, Ongwediva, Rundu, Ondangwa & Long-Distance Countrywide	100%
ECT	Intensive Therapy Unit Ambulance Services	081 444 7807	Eenhana & Long-Distance Countrywide	100%
ILS	IVY Ambulance Services	90200/ 081 215 9243/ 081 249 4431	Ondangwa & Countrywide	100%
ILS	Ohangwena Private Ambulance Services	081 647 1661	Grootfontein, Windhoek, Katima & Tsumeb	100%
ILS	Rosh Pinah Clinic Ambulance Service	063 274 911	Rosh Pinah & Oranjemund	100%
ILS	St. Gabriel Community Ambulance Trust	081 124 5999	Walvis Bay & Swakopmund	100%
ILS + ECT	Outapi Ambulance	065 251 021	Outapi, Oshakati & 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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**Benefits and**

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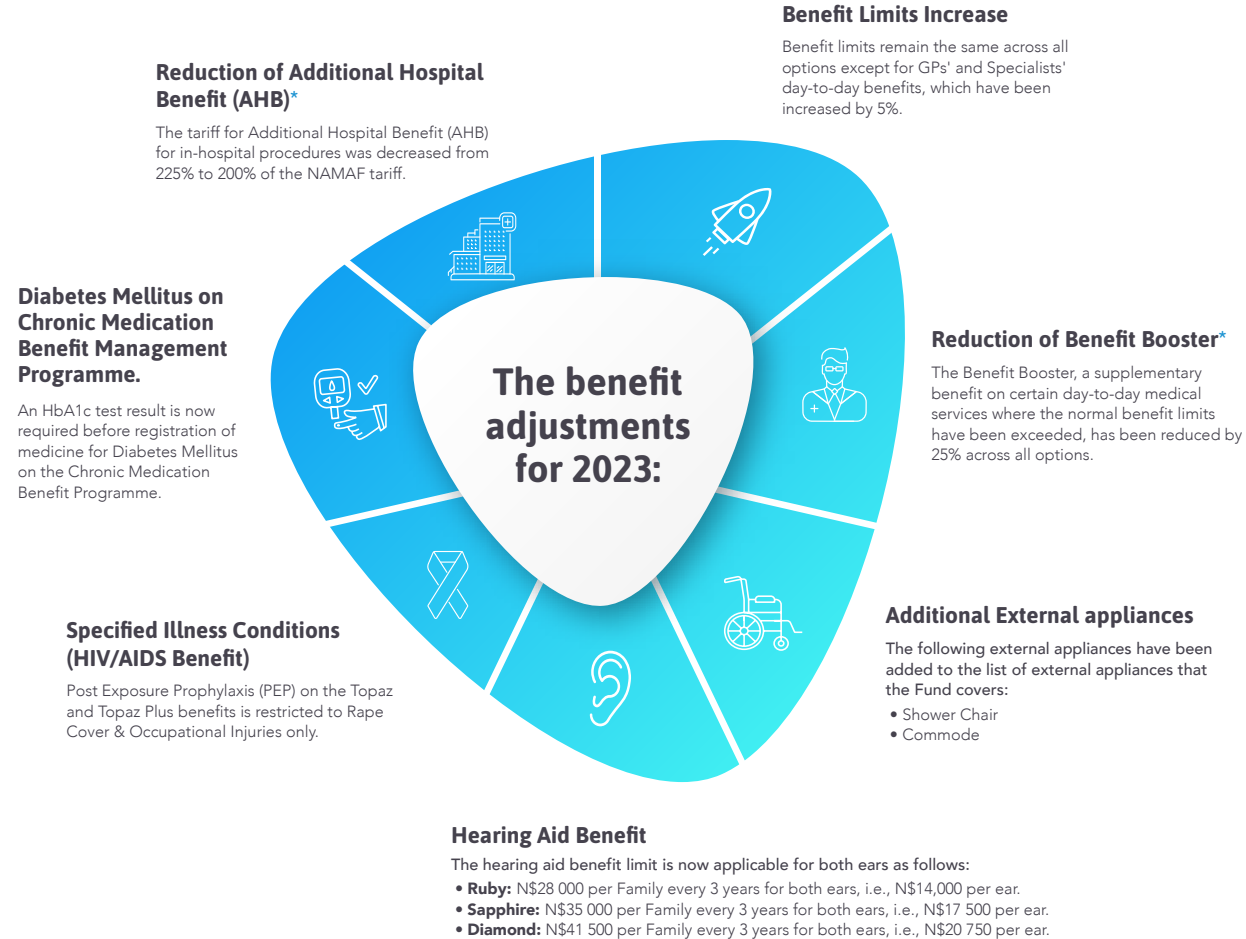






# Premium Contributions and Benefit Adjustments For 2023

THE FUND ASSESSED ITS CURRENT POSITION AND RESOLVED TO IMPLEMENT A 9.85% CONTRIBUTION INCREASE FOR 2023 ACROSS ALL OPTIONS TO MAINTAIN THE SUSTAINABILITY OF THE FUND.



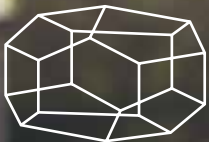
Refer to your option for the detailed benefits you have access to.  
\*The benefit does not apply to **Topaz** and **Topaz Plus**.

Entry-Level

Options



TOPAZ



TOPAZ PLUS



# The Benefits on the Entry-Level *Options*

Topaz and Topaz Plus are primary healthcare options aimed at ensuring that everybody, regardless of income level or social and economic standing has access to quality and affordable private medical care.

Benefits are available only at Network Health Professionals. However, we will authorise

treatment according to the Topaz, and Topaz Plus defined primary health care protocols and approved rules should you require medical services and find yourself in an area without listed Health Professionals. Additionally, you can be treated by a Non-Network Health Professional in case of a sudden medical condition requiring emergency medical treatment.

Below are the differences in the benefits available on the options:

	Topaz	Topaz Plus
<b>Primary Healthcare Benefits</b>		
<b>Chronic Medicine Dispensed by a General Practitioner</b>	Available benefit: <b>N\$3,500</b> per family.	<b>N\$3,700</b> per family for chronic medication/injections.
<b>Medical Specialists Consultations/Visits</b>	<i>There is no benefit available.</i>	<b>5 consultations/visits</b> per family, per annum.
<b>Self-Medication</b>	<i>There is no benefit available.</i>	<b>N\$700</b> per family for self-medication. <i>*Each beneficiary can only claim a maximum of N\$120 per day.</i>
<b>Basic Dentistry</b>	<b>N\$3,550</b> per family and <b>N\$1,790</b> per beneficiary.	<b>N\$3,650</b> per family and <b>N\$1,890</b> per beneficiary.
<b>Optical</b>	<i>There is no benefit available.</i>	<b>N\$1,000</b> per beneficiary every two years.
<b>Antenatal Consultation</b> (General Practitioner)	<b>6 consultations</b> per Beneficiary	<b>9 consultations</b> per beneficiary.
<b>Paramedical/Allied Health Professionals</b> (Psychologists, Physiotherapists, Occupational Therapists)	<i>There is no benefit available.</i>	<b>3 consultations/sessions</b> per family, per annum.
<b>Private Hospitalisation</b>	<i>There is no benefit available.</i>	<b>N\$115,000</b> per family if the main member and/or dependant is admitted to any private hospital on the Network Health Professionals list.

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			 <b>TOPAZ</b>	 <b>TOPAZ PLUS</b>
	OVERALL ANNUAL BENEFIT (Overall Annual Limit)	% Tariff	Unlimited According to Defined Primary Healthcare Protocols Ex Gratia not Applicable	
	CATEGORY A: Primary Healthcare Benefits		Benefits Available Only at Network Health Professionals	
	<b>1. Nurse</b>	100%	<b>Registered Nurse</b>	<b>Registered Nurse</b>
	1.1. Consultations / Visits		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)
	1.2. Medication / Injections		(According to Topaz and Topaz plus medicine formulary) – N\$240 per claim per Beneficiary per day	(According to Topaz and Topaz Plus medicine formulary) – N\$240 per claim per Beneficiary per day
	1.3. Procedures		Unlimited	Unlimited
	<b>2. General Practitioner</b>	100%	<b>According to defined protocols</b>	<b>According to defined protocols</b>
	2.1. Consultations / Visits (Out-Of-Hospital)		Unlimited. \$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 therefore, not payable)	Unlimited. \$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 the follow-up consultation) (Code 0125 - extended consultation every 15 minutes or part therefore, not payable)
	2.2. Virtual Consultations		Limited to 3 virtual consultations per Family	Limited to 3 virtual consultations per Family
	2.3. Acute Medication / Injections (Paid at maximum Namibia medicine price on generics)		(According to Topaz and Topaz Plus acute medicine formulary) N\$240 per claim per Beneficiary per day	(According to Topaz and Topaz Plus acute medicine formulary) N\$240 per claim per Beneficiary per day
	2.4. Chronic Medication/Injections – Subject to chronic medication registration (Paid at maximum Namibia medicine price on generics)		N\$3 500 per Family	N\$3 700 per Family
	2.5. Procedures (Out-Of-Hospital)		Specified Minor Procedures in Room only (Requires prior approval)	Specified Minor Procedures in Room only (Requires prior approval)
	<b>3. Medical Specialists Consultations/Visits</b>	100%	No Benefit	5 consultations/visits per Family per annum (0101 and 0108 only) (Code 0129 - extended consultation every 15 minutes of part therefore, not payable)

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			 <b>TOPAZ</b>	 <b>TOPAZ PLUS</b>
	<b>4. Pharmacy</b>	100%		
	4.1. Acute Medication/Injections – Paid at Maximum Namibia Medicine Price on generics		(According to Topaz and Topaz Plus Acute Medicine Formulary) N\$240 per claim per Beneficiary per day	(According to Topaz and Topaz Plus Acute Medicine Formulary) 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		Payable from Chronic Medication/Injections	Payable from Chronic Medication/Injections
	<b>5. Self-Medication</b>		No Benefit	N\$700 per Family N\$120 per claim per Beneficiary per day
	<b>6. Pathology</b>	100%	<b>Specified tests only</b>	<b>Specified tests</b>
	<b>7. Radiology</b>	100%	<b>Long bones, chest and trauma and basic radiology as per defined list. (Excluding MRI and CT Scan)</b>	Long bones, chest and trauma and basic radiology as per defined list. (Excluding MRI and CT Scan)
	<b>8. Basic Dentistry</b>	100%	N\$1 790 per Beneficiary N\$3 550 per Family (1 plastic denture per Family every 2 years)	N\$1 890 per Beneficiary N\$3 650 per Family (1 plastic denture per Family every 2 years)
	<b>9. Optical</b>	100%	No Benefit	N\$1 000 per Beneficiary every two years (2023/2024) (6 months waiting period, complete test, specified frames and lenses)
	9.1. Single Vision (inclusive of test, frame and lenses)			Sub-limit 8
	9.2. Bifocal (inclusive of test, frame and lenses) 9.3. (Paid at maximum Namibia medicine price on generics)			Sub-limit 8
	<b>10. Sonar Scans (Pregnancy)</b>	100%	3 scans per Beneficiary per pregnancy. Groups have cover from date of joining. Individuals have a 9 months waiting period.	3 scans per Beneficiary per pregnancy. Groups have cover from date of joining. Individuals have a 9-month waiting period.
	<b>11. Antenatal Consultation (General Practitioner)</b>	100%	6 consultations per Beneficiary (2601 and 2602 only). Groups have cover from date of joining. Individuals have a 9-month waiting period.	9 consultations per Beneficiary (2601 and 2602). Groups have cover from date of joining. Individuals have a 9 months waiting period.
	<b>12. Paramedical/Allied Health Professionals (Psychologists, Physiotherapists, Occupational Therapists)</b>	100%	No Benefit	3 consultations/sessions per Family per annum
<b>Category B: HIV/AIDS Treatment and Other Specified Conditions</b>		<b>% Tariff</b>	<b>Unlimited According to Defined Protocols Benefits available only at Network Health Professionals</b>	
	<b>13. HIV/AIDS Treatment</b>	100%	<b>As per National Guidelines for Antiretroviral Therapy</b>	As per National Guidelines for Antiretroviral Therapy
	13.1. Consultations (General Practitioners)		Unlimited	Unlimited
	13.2. Medication (including vitamins and supplements)		(According to Topaz and Topaz Plus HIV medicine formulary) (Vitamins and supplements maximum of N\$100)	(According to Topaz and Topaz Plus HIV medicine formulary) (Vitamins and supplements maximum of N\$100)

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	13.3. Pathology (Subject to prior approval)	100%	Unlimited	Unlimited
	13.4. Counselling (pre-, post and adherence)		3 Sessions	3 Sessions
	13.5. Post Exposure Prophylaxis (PEP) (Rape cover & occupational injuries only)		As per National Guidelines for antiretroviral therapy	As per National Guidelines for antiretroviral therapy
	13.6. Pre-Exposure Prophylaxis (PrEP)		No Benefit	No Benefit
	13.7. Prevention of Mother-to Child Transmission (PMTCT) (excluding milk formula)		As per National Guidelines for antiretroviral therapy	As per National Guidelines for antiretroviral therapy
<b>Category C: Hospitalisation Benefit</b>			<b>Private Wing of State Hospital</b>	<b>Private Hospitalisation Benefits available at Network Health Professionals</b>
<b>Planned procedures: Groups have cover from the date of joining</b> <b>Individuals have a 6 months waiting period after joining</b> <b>Emergency Cases: Immediate Cover</b>				
<b>Overall Annual Limit</b>		<b>% Tariff</b>	<b>Unlimited</b>	<b>N\$115 000 per family</b> <b>Pre-authorisation: 100% of tariff will be paid out.</b> <b>Without Pre-authorisation: No benefit will be paid out</b> <b>except in the case of emergency hospital admissions and</b> <b>emergencies after-hours, weekends and public holidays.</b> <b>Payable from the Overall Annual Limit</b>
	<b>14. State Hospitalisation</b>		Unlimited. Private Wing of State Hospital	Unlimited. Private Wing of State Hospital
	14.1. Accommodation and Theatre	100% of State Tariffs for Private Patients (Topaz)	Overall Annual Limit	Overall Annual Limit
	14.2. Blood Transfusions			
	14.3. Intensive and High Care (3 days then referral to state hospitals)			
	14.4. Medicine, Fixed Tariff Procedures, Hospital Apparatus and To Take Out Medicine			
	14.5. Radiology and Pathology (In-Hospital)	100% (Topaz Plus)	General Practitioners and Medical Specialists (In-Hospital Services)	General Practitioners and Medical Specialists (In-Hospital Services)
	<b>15. Private Hospitalisation</b>	100%	No Benefit	<b>N\$115 000 per family</b> <b>Pre-authorisation: 100% of tariff will be paid out.</b> <b>Without Pre-authorisation: No benefit will be paid out</b> <b>except in the case of emergency hospital admissions and</b> <b>emergencies after-hours, weekends and public holidays.</b>
	15.1. Accommodation and Theatre			Overall Annual Limit. (15 days per beneficiary)
	15.2. Blood Transfusions			Overall Annual Limit
	15.3. Intensive and High Care (3 days then referral to State Hospitals)			Overall Annual Limit
	15.4. Medicine, Fixed Tariff Procedures, Hospital Apparatus and To Take Out Medicine			Overall Annual Limit. (7 days' supply only)
	15.5. Radiology and Pathology (In-Hospital)			Sub-limit 16

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			TOPAZ	TOPAZ PLUS
	<b>16. General Practitioners and Medical Specialists</b> (In-Hospital services) Additional Hospital Benefit Cover excluded		N\$25 000 per Family (Including radiology and pathology) Overall Annual Limit	N\$25 000 per Family (Including Radiology and Pathology) Overall Annual Limit
	<b>17. Other Healthcare Providers</b>	100%	No Benefit	No Benefit
	<b>18. Maternity</b> (Requires prior approval)		Unlimited hospitalisation in state hospital (GPs and Specialists limited to Sub-Limit 16). Groups have cover from date of joining. Individuals have a 9 months waiting period	Unlimited hospitalisation in state hospital (GPs and Specialists limited to Sub-Limit 16) Groups have cover from date of joining Individuals have a 9 months waiting period.
	<b>19. Ambulance Services</b>	100%	Unlimited	Unlimited
	19.1. Emergency Road Ambulance* (Territory: SADC Countries) (Subject to pre-approval)			
	19.2. Ambulance/Inter-hospital Transfer* (Subject to pre-approval)		N\$550 per Family	N\$550 per Family

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## Contribution Tables

Topaz Individual Contributions				
Age Band		Main	Adult	Child
0	25	339	288	136
26	30	359	305	136
31	35	377	321	136
36	40	398	338	136
41	45	420	356	136
46	50	444	376	148
51	55	460	392	148
56	60	479	406	148
61	65	514	437	148
66+		553	469	148

Topaz Group Contributions				
Age Band		Main	Adult	Child
0	25	305	259	122
26	30	323	275	122
31	35	341	290	122
36	40	359	304	122
41	45	378	322	122
46	50	399	339	134
51	55	415	353	134
56	60	432	367	134
61	65	464	394	134
66+		499	423	134

Topaz Plus Individual Contributions				
Age Band		Main	Adult	Child
0	25	637	542	255
26	30	673	571	255
31	35	710	603	255
36	40	738	628	255
41	45	768	651	255
46	50	798	678	268
51	55	840	715	268
56	60	886	754	268
61	65	953	811	268
66+		1,025	870	268

Topaz Plus Group Contributions				
Age Band		Main	Adult	Child
0	25	559	476	224
26	30	591	502	224
31	35	623	529	224
36	40	648	551	224
41	45	673	572	224
46	50	700	595	235
51	55	738	627	235
56	60	779	662	235
61	65	837	712	235
66+		900	765	235

Topaz Plus Students Contribution	
Main	
540	

## 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](http://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	TARIFF CODE (052)	TARIFF CODE (037)	TARIFF DESCRIPTION	TARIFF CODE (052)	TARIFF CODE (037)	TARIFF DESCRIPTION
3755	53755	Full blood count	4006	54006	Amylase	4182	54182	Quantitative protein estimation: nephelometer or Turbidometric method
3792	53792	Plasmodium falciparum: Monoclonal immunological identification	4009	54009	Bilirubin: Total	4429	54429	Quantitative PCR (DNA/RNA) (Note: only for HIV management and according to National Guidelines)
3797	53797	Platelet count	4027	54027	Cholesterol: Total	4450	54450	HCG: Monoclonal immunological: Qualitative
3816	53816	T and B-cells markers (per marker)	4032	54032	Creatinine	4519	54519	Prostate specific antigen
3865	53865	Parasites in blood smear	4057	54057	Glucose: Quantitative	4610	54610	Helicobacter pylori stool antigen test
3869	53869	Faeces: including parasites	4064	54064	Glycosylated Haemoglobin: Chromatography	4531	54531	Hepatitis: per antigen or antibody (Maximum of three Antigens)
3883	53883	Concentration techniques for parasites	4113	54113	Potassium	4566	54566	Pap Smear: vaginal or cervical smear
3885	53885	Cytochemical stain	4117	54117	Protein: Total	4610	54610	Helicobacter pylori stool antigen test
3932	53932	Antibodies to HIV: Elisa (Note: HIV-DNA PCR is excluded)	4131	54131	Alanine aminotransferase (ALT)			
3951	53951	Quantitative Kahn, VDRL or other Flocculation	4134	54134	Gamma glutamyl transferase (GGT)			
3999	53999	Albumin	4147	54147	Triglyceride			
4001	54001	Alkaline phosphatase	4155	54155	Urine acid			

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	TARIFF CODE (038)	TARIFF DESCRIPTION	TARIFF CODE (038)	TARIFF DESCRIPTION	TARIFF CODE (038)	TARIFF DESCRIPTION
10100	X-ray of the skull	53110	X-ray of the lumbar spine, one or two views	63100	X-ray of the left elbow	72115	X-ray of the right knee, more than two views
11120	X-ray of the nasal bones	53120	X-ray of the lumbar spine, more than two views	63105	X-ray of the right elbow	72120	X-ray of the left knee including patella
14100	X-ray of the mandible	55100	X-ray of the pelvis	64100	X-ray of the left forearm	72125	X-ray of the right knee including patella
20100	X-ray of soft tissue of the neck	56100	X-ray of the left hip	64105	X-ray of the right forearm	72150	X-ray both knees standing - single view
30100	X-ray of the chest, single view	56110	X-ray of the right hip	65100	X-ray of the left hand	73100	X-ray of the left lower leg
30110	X-ray of the chest two views, PA and lateral	56120	X-ray pelvis and hips	65105	X-ray of the right hand	73105	X-ray of the right lower leg
30120	X-ray of the chest complete with additional views	61100	X-ray of the left clavicle	65120	X-ray of a finger	74100	X-ray of the left ankle
30150	X-ray of the ribs	61105	X-ray of the right clavicle	65130	X-ray of the left wrist	74105	X-ray of the right ankle
30155	X-ray of the chest and ribs	61110	X-ray of the left scapula	65135	X-ray of the right wrist	74120	X-ray of the left foot
34200	Ultrasound study of the breast	61115	X-ray of the right scapula	65140	X-ray of the left scaphoid	74125	X-ray of the right foot
40100	X-ray of the abdomen	61120	X-ray of the left acromio-clavicular joint	65145	X-ray of the right scaphoid	74130	X-ray of the left calcaneus
40105	X-ray of the abdomen supine and erect, or decubitus	61125	X-ray of the right acromio-clavicular joint	71100	X-ray of the left femur	74135	X-ray of the right calcaneus
40110	X-ray of the abdomen multiple views including chest	61130	X-ray of the left shoulder	71105	X-ray of the right femur	74140	X-ray of both feet - standing - single view
40210	Ultrasound study of the whole abdomen including the pelvis	61135	X-ray of the right shoulder	72100	X-ray of the left knee one or two views	74145	X-ray of a toe
51110	X-ray of the cervical spine, one or two views	62100	X-ray of the left humerus	72105	X-ray of the right knee one or two views		
51120	X-ray of the cervical spine, more than two views	62105	X-ray of the right humerus	72110	X-ray of the left knee, more than two views		

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### Pregnancy Sonar Scans:

Pregnancy ultrasounds are limited to 3 sonars per beneficiary per pregnancy.

The following procedures are covered:

TARIFF CODE (038)	TARIFF DESCRIPTION
43250	Ultrasound study of the pregnant uterus, first trimester
43260	Ultrasound study of the pregnant uterus, second trimester
43270	Ultrasound study of the pregnant uterus, third trimester, first visit
43273	Ultrasound study of the pregnant uterus, third trimester, follow-up visit

### Dentistry

The benefit is limited to basic dentistry. There is no benefit for specialised dentistry.

### HIV/AIDS

- a) **Treatment** – According to the National Guidelines for Antiretroviral Therapy. Medicine according to HIV/AIDS Medicine Formulary.
- b) **Counselling** – 3 sessions Pre, Post and Adherence.
- c) **Pathology** – Baseline and monitoring laboratory tests as detailed in the National Guidelines for Antiretroviral Therapy excluding HIV resistance testing.
- d) **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 cover medication as specified in the Topaz and Topaz Plus Acute, and HIV medicine formulary available on our website, [www.nmcfund.com](http://www.nmcfund.com).

\* Applies to **Topaz Plus** only.

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**Mid-Level**

*Options*



**OPAL**



**JADE**



**EMERALD**



**AMBER**



# The Benefits on the Mid-Level Options

Opal, Jade, Emerald, and Amber are suited for the life-starters, i.e., recently employed/married and the budget-conscious requiring basic medical aid cover.

Ruby is ideal for young and active families with one or two kids, while Sapphire is ideal for large families and those requiring comprehensive benefits for chronic ailments. We pay for major medical and day-to-day expenses on the two options.

Emerald Plus and Amber Plus are ideal for healthy individuals and families that need cover for major medical expenses and emergency evacuation. We pay for day-to-day expenses from the Back-Up Benefit. Ninety-five per cent of the unused benefit will be accumulated over to the next year if you and/or your family use less than the full benefit. Please note the unused benefit will be forfeited and cannot be paid back if you resign from the fund, pass away or change your option to traditional.

Below are the differences in the benefits available on the options:

	Opal	Jade	Emerald	Amber
Overall Annual Benefit	N\$712,400 per family N\$474,750 per beneficiary	N\$1,133,600 per family N\$733,200 per beneficiary	N\$1,622,400 per family N\$1,081,600 per beneficiary	Unlimited Benefit
Major Medical Expenses				
Hospitalisation	There is no benefit available for accommodation in private wards.	N\$10,400 per family and N\$5,200 per beneficiary for accommodation in private wards.  *There is no benefit available for dialysis and organ transplant.	N\$16,500 per family and N\$7,500 per beneficiary for accommodation in private wards.	N\$23,900 per family and N\$10,900 per beneficiary for accommodation in private wards
			*There is no benefit available for external medical and surgical appliances.	
General Practitioners and Specialists	N\$36,100 per family for in-hospital services.	The benefit amount is dependent on the overall annual benefit.		
Specialised Radiology Procedures	N\$16,600 per family for MRI and CT scans.	N\$20,750 per family for MRI and CT scans.	N\$30,000 per family for MRI and CT scans.	N\$39,500 per family for MRI and CT scans.
Oncology	N\$350,000 per beneficiary for consultations, treatment, and procedures in- and out-of-hospital.	N\$450,000 per beneficiary for consultations, treatment, and procedures in- and out-of-hospital.	N\$600,000 per beneficiary for consultations, treatment, and procedures in- and out-of-hospital.	N\$750,000 per beneficiary for consultations, treatment, and procedures in- and out-of-hospital.
Refractive Surgery	There is no benefit available.	N\$7,300 per family and N\$6,150 per beneficiary.	N\$7,500 per family and N\$6,200 per beneficiary.	N\$23,100 per family and N\$29,600 per beneficiary.

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	Opal	Jade	Emerald	Amber
Reconstructive Surgery	There is no benefit available.		<b>N\$6,750</b> per family for consultation and procedures.	<b>N\$14,500</b> per family for consultation and procedures.
Private Nursing/ Frail Care/ Hospice	<b>N\$8,300</b> per family	<b>N\$10,900</b> per family	<b>N\$21,750</b> per family	<b>N\$38,700</b> per family
Specialised Dental Surgery	There is no benefit available.	Maxillo-facial and oral surgery hospitalisation per family: – trauma/non-elective: <b>N\$57,000</b> – other/elective: <b>N\$10,900</b> <i>*There is no benefit available for dental implants.</i>	Maxillo-facial and oral surgery hospitalisation per family: – trauma/non-elective: <b>N\$92,500</b> – other/elective: <b>N\$14,000</b>	Maxillo-facial and oral surgery hospitalisation per family: – trauma/non-elective: <b>N\$132,000</b> – other/elective: <b>N\$20,500</b>
Stomal Therapy	<b>N\$17,000</b> per family	<b>N\$22,100</b> per family	<b>N\$28,750</b> per family	
Ambulance/Inter-Hospital Transfer	<b>N\$2,480</b> per family	<b>N\$4,400</b> per family	The benefit amount is dependent on the overall annual benefit.	
Specified Illness Conditions	<b>N\$42,600</b> per family for consultation/assessment and treatment with the following annual limits: – <b>N\$25,100</b> per beneficiary for HIV/AIDS. – <b>N\$1,300</b> per beneficiary for HIV counselling. – <b>N\$5,650</b> per beneficiary for pathology tests.		There is no benefit available.	
Day-to-Day Benefit	<b>N\$25,100</b> per family <b>N\$18,550</b> per beneficiary	The benefit amount is dependent on the overall annual benefit.	There is no benefit available.	
General Practitioners and Specialists (out-of-hospital, including casualties)	<b>N\$6,500</b> per family	<b>N\$11,350</b> per family and <b>N\$6,500</b> per beneficiary.	There is no benefit available.	
	<i>*MRI and CT scans, are payable from the benefit available under specialised radiology and procedures.</i>		There is no benefit available.	
Medicine and Injections	<b>N\$13,000</b> per family and <b>N\$6,500</b> per beneficiary for acute and chronic medicine and injections. Self-medication is limited to <b>N\$860</b> per family, and a beneficiary can only claim a maximum of <b>N\$125</b> per day.	<b>N\$14,650</b> per family and <b>N\$7,450</b> per beneficiary for acute and chronic medicine and injections. Self-medication is limited to <b>N\$970</b> per family, and a beneficiary can only claim a maximum of <b>N\$150</b> per day.	There is no benefit available.	

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	Opal	Jade	Emerald	Amber
<b>Primary Health Care Services</b>	<b>NS\$1,000</b> per family	<b>NS\$1,500</b> per family and <b>NS\$750</b> per beneficiary.		
<b>Dentistry</b>	<b>NS\$4,500</b> per family <i>There is no benefit for orthodontics and maxillo-facial and oral surgery either in-hospital or in-practice.</i>	<b>NS\$7,900</b> per family and <b>NS\$9,150</b> per beneficiary once-off for orthodontics. The benefit for maxillo-facial and oral surgery is available either in-hospital or in-practice.		
<b>Optical</b>	<b>NS\$3,670</b> every two years including frames per family. <b>NS\$1,300</b> eye tests, spectacles and contact lenses and <b>NS\$520</b> for frames per beneficiary.	<b>NS\$4,360</b> every two years including frames per family. <b>NS\$2,340</b> eye tests, spectacles and contact lenses and <b>NS\$1,040</b> for frames per beneficiary.		
<b>Auxiliary Services (Supplementary Services)</b>	<b>NS\$2,370</b> per family for consultations and treatment.	<b>NS\$5,850</b> per family for consultations and treatment.		
<b>External Appliances</b>	<b>NS\$2,600</b> per family	<b>NS\$2,700</b> per family		
<b>Benefit Booster</b>	<b>NS\$1,200</b> per family	<b>NS\$2,250</b> per family		

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			OPAL	JADE
OVERALL ANNUAL BENEFIT (OVERALL ANNUAL LIMIT)		% NAMA Tariff	NS\$474 750 per Beneficiary NS\$712 400 per Family	NS\$733 200 per Beneficiary NS\$1 133 600 per Family
CATEGORY A: Benefits For Major Medical Expenses			Pre-authorisation: 100% of tariff will be paid out. Without Pre-authorisation: No benefit will be paid out 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 200% of NAMA Tariff. OVERALL LIMIT				
COVER				
	1. Hospitalisation	100%	Overall Annual Limit	Overall Annual Limit
	1.1. Accommodation and Theatre		Overall Annual Limit	Overall Annual Limit
	1.2. Accommodation in private wards (Difference between general ward and private ward tariffs)			
	1.3. Intensive and high care (Maximum 3 days, then motivation)			
	1.4. Blood transfusions			
	1.5. Radiology and Pathology (in-hospital) - Additional Hospital Benefit Cover excluded			
	1.6. Physiotherapy and Biokinetics - Additional Hospital Benefit Cover excluded			
	1.6.1. Physiotherapy and Biokinetics (in-hospital)			
	1.6.2. Physiotherapy and Biokinetics (post-rehabilitation) - Additional benefit once the patient is out-of-hospital - 9 sessions/visits per Beneficiary (Benefit available within 3 months from hospital discharge) (Subject to prior approval)			
	1.7. Medicine, fixed tariff procedures, hospital apparatus, and to take out medicine (7 days supply only)			
1.8. Dialysis (Subject to Case Management and MHC guidelines)	100% of Cost		Overall Annual Limit	
1.9. Organ Transplant (Subject to Case Management and MHC guidelines) - Including medical expenses incurred by the donor if the recipient is a Fund member				
1.10. Internal Appliances and Materials (As per NMC protocol)	100% of Cost		Overall Annual Limit	
	2. General Practitioners and Specialists (In-Hospital Services) - Additional Hospital Benefit Cover included	200%	NS\$36 100 per Family Overall Annual Limit	Overall Annual Limit

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			 <b>OPAL</b>	 <b>JADE</b>
	<b>3. Specialised Radiology Procedures (In- and Out-of-Hospital)</b> 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
	<b>4. Maternity</b> (Groups have cover from the date of joining. Individuals have a 9 months waiting period)	100%	Overall Annual Limit	Overall Annual Limit
	4.1. Confinement – full procedure		Payable from Maternity Benefit	Payable from Maternity Benefit
	4.2. Antenatal Consultation 12 consultations per Beneficiary (Pro-rated from the date of joining) - Additional Hospital Benefit cover excluded			
	4.3. Ante/Postnatal Classes and Education 6 sessions per Beneficiary (Pro-rated from the date of joining) - Additional Hospital Benefit cover excluded			
	4.4. Sonar Scans 3 scans per Beneficiary per Pregnancy - Additional Hospital Benefit cover excluded			
	4.5. Tests for Chromosomal and Foetal Abnormalities - Additional Hospital Benefit cover excluded			
	4.6. Midwifery Service - Additional Hospital Benefit cover excluded			
	<b>5. Insertion of Intrauterine Device w/Hormone (All-inclusive)</b> (Subject to prior approval) (Pro-rated from the date of joining)	100%	N\$6 500 per Beneficiary	N\$6 500 per Beneficiary
	<b>6. Oncology</b> (Subject to Case Management and MHC guidelines)	100%	N\$350 000 per Beneficiary	N\$450 000 per Beneficiary
	6.1. Consultations and procedures Out-of-Hospital			
	6.2. MRI/CT Scans and Other Specialised Radiology Procedures In and Out-of-Hospital - Additional Hospital Benefit Cover excluded - Referral from a medical specialist only			
	6.3. Radiation Oncology (Referral from a medical specialist only)			
	6.4. Oncology Medication (chemotherapy, radiotherapy, and hormone therapy)			
	6.5. Hospitalisation and Related Procedures In-Hospital		Overall Annual Limit	Overall Annual Limit

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			 <b>OPAL</b>	 <b>JADE</b>
	<b>7. Refractive Surgery – All-inclusive</b> (Subject to prior approval and MHC guidelines) Groups have cover from the date of joining Individuals have a one-year waiting period	100%	No Benefit	N\$6 150 per Beneficiary once off N\$7 300 per Family Overall Annual Limit
	<b>8. Reconstructive Surgery (Medical necessity only)</b> (Subject to prior approval and subject to strict MHC guidelines)	100%	No Benefit	No Benefit
	<b>9. Private Nursing/Frail Care/Hospice</b> (Subject to Case Management)	100%	N\$8 300 per Family Overall Annual Limit	N\$10 900 per Family Overall Annual Limit
	<b>10. Psychiatric Treatment – Hospitalisation</b> (Subject to prior approval)	100%	N\$32 750 per Family Overall Annual Limit	N\$32 750 per Family Overall Annual Limit
	<b>11. Alcoholism/Drug Addiction</b> (Subject to prior approval and MHC guidelines)			
	<b>12. Specialised Dental Surgery</b> - Additional Hospital Benefit cover excluded (Subject to Pre-Authorisation)	100%	No Benefit	Overall Annual Limit
	12.1. Maxillo-Facial and Oral Surgery - All-inclusive (trauma/non-elective) (Including dental extractions for children less than 10 years old and wisdom teeth extractions)			N\$57 000 per Family
	12.2. Maxillo-Facial and Oral Surgery - Hospitalisation Only (other/elective)			N\$10 900 per Family
	12.3. Dental Implant – hospitalisation			No Benefit
	12.4. Maxillo-Facial and Oral Surgery – internal prosthesis - (Excluding dental implant component)			Payable from Internal appliances under Hospital Benefit
	<b>13. Stomal Therapy (All-inclusive)</b> (Subject to prior approval)	100%	N\$17 000 per Family Overall Annual Limit	N\$22 100 per Family Overall Annual Limit
	<b>14. Ambulance and Evacuation Services</b>	100%	Overall Annual Limit	Overall Annual Limit
	14.1. Emergency Ambulance and Flights (Territory: SADC countries)(Subject to prior approval)		Unlimited Benefit	Unlimited Benefit
	14.2. Ambulance/Inter-Hospital Transfer (Subject to prior approval)		N\$2 480 per Family	N\$4 400 per Family
	<b>15. Medical Referral</b> Subject to accommodation and travelling reimbursement protocols (Subject to prior approval)		Overall Annual Limit	Overall Annual Limit
	15.1. Transport	80% of Cost	N\$10 150 per Family	N\$10 150 per Family
	15.2. Accommodation Other than a Recognised Hospital/Medical Institution (Maximum of 2 days)	100%	N\$620 per day per Family	N\$620 per day per Family

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	<b>16. International Medical Travel Insurance</b> - Medical cover when travelling to foreign countries - For emergency cases only (not for elective surgery or procedure)	100% of Cost	N\$10 000 000 per incident	N\$10 000 000 per incident
	<b>17. Specified Illness Conditions</b> As per National Guidelines (Sub-limits are pro-rated from the date of joining)	100%	N\$42 600 per Family Overall Annual Limit	N\$42 600 per Family Overall Annual Limit
	17.1. HIV/AIDS (As per national guidelines for antiretroviral therapy)		N\$25 100 per Beneficiary	N\$25 100 per Beneficiary
	17.1.1. Medicine (Paid at maximum Namibia medicine price list on generics)		Payable from Specified Illness Conditions	Payable from Specified Illness Conditions
	17.1.2. First Full HIV Consultation/Assessment <b>Once-off benefit</b>	N\$480		
	17.1.3. Consultation (after the first full HIV consultation/assessment) <b>6 consultations per Beneficiary</b>	N\$440		
	17.1.4. HIV Counselling	100%	N\$1 300 per Beneficiary	N\$1 300 per Beneficiary
	17.1.5. Pathology Tests (Subject to prior approval)		N\$5 650 per Beneficiary	N\$5 650 per Beneficiary
	17.1.6. HIV Resistance Test (Subject to prior approval)		Payable from Specified Illness Conditions	Payable from Specified Illness Conditions
	17.2. Prevention of Mother-to-Child Transmission (PMTCT)			
	17.3. Post-Exposure Prophylaxis (PEP)			
	17.4. Pre-Exposure Prophylaxis (PrEP)			
CATEGORY B: DAY-TO-DAY BENEFIT		100% Tariff	Overall Sub-benefit limit N\$18 550 per Beneficiary N\$25 100 per Family Sub-limits are pro-rated from the date of joining except for the optical benefit. OVERALL ANNUAL LIMIT	Sub-limits are pro-rated from date of joining except the optical benefit. OVERALL ANNUAL LIMIT
	<b>18. General Practitioners and Specialists (out-of-hospital including casualties)</b>	100%	N\$6 500 per Family	N\$6 500 per Beneficiary N\$11 350 per Family
	18.1. Consultations/Visits		Payable from General Practitioners and Specialists Benefit	Payable from General Practitioners and Specialists Benefit
	18.2. Procedures/Services (out-of-hospital, including casualties)			
	18.3. Materials and Disposable Items (Out-of-Hospital)			
	18.4. Radiology and Pathology (Out-of-hospital, including radiography, sonography, medical laboratory technology and chemical biochemistry) (Referral from a Medical Practitioner)			
	18.5. MRI and CT Scan		Payable from the MRI & CT Scan Benefit	Payable from the MRI and CT Scan Benefit
Benefit Booster applicable (Additional benefit once limit is exceeded)				

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			 OPAL	 JADE
	19. Medicine and Injections	100%	N\$13 000 per Family	N\$14 650 per Family
	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
	19.2. Essential Vaccination/Immunisation (Paid at maximum Namibia medicine price list on generics)		Payable from Medicine and Injections	Payable from Medicine and Injections
	19.3. Self-Medication (Paid at maximum Namibia medicine price list on generics)		N\$860 per Family N\$125 per claim per Beneficiary	N\$970 per Family N\$150 per claim per Beneficiary
	20. Primary Health Care Services	100%	N\$1 000 per Family	N\$750 per Beneficiary N\$1 500 per Family
	20.1. Consultations and Procedures		Payable from Primary Health Care Services	Payable from Primary Health Care Services
	20.2. Medicine and Injections (Paid at maximum Namibia medicine price list on generics)		Payable from Medicine (Acute and Chronic)	Payable from Medicine (Acute and Chronic)
	Benefit Booster applicable (Additional benefit once limit is exceeded)			

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			 <b>OPAL</b>	 <b>JADE</b>
	<b>21. Dentistry</b>	100%	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)		Payable from Dentistry Benefit	Payable from Dentistry Benefit
	21.2. Dental Implants (in-hospital and in-practice) (Pre-authorisation required)		No Benefit	No Benefit
	21.3. Orthodontics (Prior approval required)			N\$9 150 per Beneficiary once-off
	21.4. Maxillo-Facial and Oral Surgery (Elective)			Payable from Dentistry Benefit. The available benefits are for either in-hospital or in-practice
	<b>22. Optical</b>	100%	N\$3 670 per Family	N\$4 360 per Family
	22.1. Every 2 years (Including frame) (2023/2024)		N\$1 300 per Beneficiary every 2 years	N\$2 340 per Beneficiary every 2 years
	22.2. Eye Tests, Spectacles and Contact Lenses		N\$520 per Beneficiary	N\$1 040 per Beneficiary
	<b>23. Auxiliary Services (Supplementary Services)</b>	100%	N\$2 370 per Family	N\$5 850 per Family
	23.1. Consultation and procedure		Payable from Auxiliary Services	Payable from Auxiliary Services
	23.2. Medicine		Payable from Medicine (Acute and Chronic)	Payable from Medicine (Acute and Chronic)
	Benefit Booster applicable (Additional benefit once limit is exceeded)			
	<b>24. External Appliances</b> 24.1. (Subject to MHC guidelines)	80% of Cost	N\$ 2 600 per Family	N\$ 2 700 per Family
	<b>25. Wheelchair, Artificial Limbs, Artificial Eyes, Hearing Aid Apparatus, Devices for Diabetes Management</b>		No Benefit	No Benefit
	<b>26. Benefit Booster</b>		N\$1 200 per Family	N\$2 250 per Family
	26.1. Applicable if medicine and injections, dentistry, GPs' and Specialists, primary health care and auxiliary services benefits are depleted		Payable from Benefit Booster	Payable from Benefit Booster
	26.2. Medicine and Injections (Acute and Chronic) - Excluding self-medication	70%		
	26.3. Dentistry	70%		
	26.4. General Practitioners and Specialists (Consultations/visits and procedures/services out-of-hospital, including casualties)	80%		
	26.5. Primary Health Care	80%		
26.6. Auxiliary Services	70%			

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CATEGORY C: BACK-UP BENEFIT	COVER	OPAL						JADE					
		M	M1	M2	M3	M4	M5+	M	M1	M2	M3	M4	M5+
Threshold Limit		4 700	5 310	5 510	5 710	5 910	6 100	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:
  - Medicine and Injections per family limit
  - Optical per family limit
  - Auxiliary Services per family limit
- Suppose the actual total amount paid by NMC per family on the day-to-day benefits stipulated above for the current benefit year is less than the threshold limit. In that case, the member qualifies for Back-Up Benefit the following year, such as on the 2024 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 2024 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 2024.
- 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 NAMAFA Tariffs, member co-payments and rejected claims in terms of NMC rules.
- The Back-Up Benefit cannot be used to pay for claims rejected due to non-compliance to the NAMAFA billing rules and guidelines.

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

		M	M1	M2	M3	M4	M5+	M	M1	M2	M3	M4	M5+
<b>A. The total amount paid by NMC</b> (at the end of April 2024 for 2023 claims) for the following family limits: <ul style="list-style-type: none"> <li>Medicine and Injections</li> <li>Optical</li> <li>Auxiliary Services</li> </ul>		3 800	4 250	9 850	15 200	18 700	4 700	2 500	4 250	18 250	12 600	7 950	6 000
<b>B. Threshold Limit</b>		4 700	5 310	5 510	5 710	5 910	6 100	6 140	6 950	7 210	7 470	7 740	7 980
<b>C. Difference:</b> Threshold Limit (B) – Total Paid Amount (A)		900	1 060	0	0	0	1 400	3 640	2 700	0	0	0	1 980
<b>D. Back-Up Benefit = 15% of C</b> (Available from 01 May 2024)		135	159	Does not qualify because The Total Benefit Amount (A) is more than the Threshold Limit (B)			210	375	405	Does not qualify because The Total Benefit Amount (A) is more than the Threshold Limit (B)			297

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		<div> EMERALD</div>		<div> AMBER</div>			
OVERALL ANNUAL BENEFIT (OVERALL ANNUAL LIMIT)		% NAMA Tariff	N\$1 081 600 per Beneficiary N\$1 622 400 per Family		Unlimited Benefit		
CATEGORY A: Benefits For Major Medical Expenses			Pre-authorisation: 100% of tariff will be paid out. Without Pre-authorisation: No benefit will be paid out 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 200% of NAMA Tariff. OVERALL LIMIT							
COVER							
	1. Hospitalisation		100%	Overall Annual Limit		Overall Annual Limit	
	1.1. Accommodation and Theatre						
	1.2. Accommodation in private wards (Difference between general ward and private ward tariffs)			N\$7 500 per Beneficiary N\$16 500 per Family		N\$10 900 per Beneficiary N\$23 900 per Family	
	1.3. Intensive and high care (Maximum 3 days, then motivation)						
	1.4. Blood transfusions						
	1.5. Radiology and Pathology (in-hospital) - Additional Hospital Benefit Cover excluded						
	1.6. Physiotherapy and Biokinetics - Additional Hospital Benefit Cover excluded						
	1.6.1. Physiotherapy and Biokinetics (in-hospital)						
	1.6.2. Physiotherapy and Biokinetics (post-rehabilitation) - Additional benefit once the patient is out-of-hospital - 12 sessions/visits per Beneficiary (Benefit available within 3 months from hospital discharge) (Subject to prior approval)			Overall Annual Limit		Overall Annual Limit	
	1.7. Medicine, fixed tariff procedures, hospital apparatus, and to take out medicine (7 days supply only)						
	1.8. Dialysis (Subject to Case Management and MHC Guidelines)						
	1.9. Organ Transplant (Subject to Case Management and MHC Guidelines) - Including medical expenses incurred by the donor if the recipient is a Fund member						
	1.10. Internal Appliances and Materials (As per NMC protocol)		100% of Cost				
	1.11. Medical & Surgical Appliances (External)			No Benefit		No Benefit	
	2. General Practitioners and Specialists (In-Hospital Services) - Additional Hospital Benefit Cover included		200%	Overall Annual Limit		Overall Annual Limit	

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			 <b>EMERALD</b>	 <b>AMBER</b>
	<b>3. Specialised Radiology Procedures (In and Out-of-Hospital)</b> Additional Hospital Benefit Cover excluded - Referral from a medical specialist only (referral from a GP acceptable in places where there is no medical specialist) (Subject to prior approval)	100%	Overall Annual Limit	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
	<b>4. Maternity</b> (Groups have cover from the date of joining. Individuals have a 9 months waiting period)	100%	Overall Annual Limit	Overall Annual Limit
	4.1. Confinement – full procedure		Payable from Maternity Benefit	Payable from Maternity Benefit
	4.2. Antenatal Consultation 12 consultations per Beneficiary (Pro-rated from the date of joining) - Additional Hospital Benefit cover excluded			
	4.3. Ante/Postnatal Classes and Education 6 sessions per Beneficiary (Pro-rated from the date of joining) - Additional Hospital Benefit cover excluded			
	4.4. Sonar Scans 3 scans per Beneficiary per Pregnancy - Additional Hospital Benefit cover excluded			
	4.5. Tests for Chromosomal and Foetal Abnormalities - Additional Hospital Benefit cover excluded			
	4.6. Midwifery Service - Additional Hospital Benefit cover excluded			
	<b>5. Insertion of Intrauterine Device w/Hormone (All-inclusive)</b> (Subject to prior approval) (Benefit is pro-rated from the date of joining)	100%	N\$6 500 per Beneficiary Overall Annual Limit	N\$6 500 per Beneficiary Overall Annual Limit
	<b>6. Oncology</b> (Subject to Case Management and MHC Guidelines)	100%	N\$600 000 per Beneficiary Overall Annual Limit	N\$750 000 per Beneficiary Overall Annual Limit
	6.1. Consultations and procedures Out-of-Hospital			
	6.2. MRI/CT Scans and Other Specialised Radiology Procedures In and Out-of-Hospital - Additional Hospital Benefit Cover excluded - Referral from a medical specialist only			
	6.3. Radiation oncology (Referral from a medical specialist only)			
	6.4. Oncology medication (chemotherapy, radiotherapy and hormone therapy)			
	6.5. Hospitalisation and Related Procedures In-Hospital		Overall Annual Limit	Overall Annual Limit

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			 <b>EMERALD</b>	 <b>AMBER</b>	
	<b>7. Refractive Surgery – All-inclusive</b> (Subject to prior approval and MHC Guidelines) Groups have cover from the date of joining Individuals have a one-year waiting period	100%	N\$6 200 per Beneficiary once-off N\$7 500 per Family Overall Annual Limit	N\$23 100 per Beneficiary once off N\$29 600 per Family Overall Annual Limit	2022 HIGHLIGHTS
	<b>8. Reconstructive Surgery (Medical necessity only)</b> (Subject to prior approval and subject to strict MHC guidelines)	100%	Overall Annual Limit	Overall Annual Limit	IMPORTANT INFORMATION YOU NEED TO KNOW
	8.1. Consultation and Procedures		N\$6 750 per Family	N\$14 500 per Family	
	8.2. Hospitalisation		Overall Annual Limit	Overall Annual Limit	
	<b>9. Private Nursing/Frail Care/Hospice</b> (Subject to Case Management)	100%	N\$21 750 per Family Overall Annual Limit	N\$38 700 per Family Overall Annual Limit	ADDITIONAL BENEFITS AND SERVICES
	<b>10. Psychiatric Treatment – Hospitalisation</b> (Subject to prior approval)	100%	N\$32 750 per Family Overall Annual Limit	N\$32 750 per Family Overall Annual Limit	EMERGENCY SERVICE PROVIDERS
	<b>11. Alcoholism/Drug Addiction</b> (Subject to prior approval and MHC Guidelines)				
	<b>12. Specialised Dental Surgery</b> - Additional Hospital Benefit cover excluded (Subject to Pre-Authorisation)	100%	Overall Annual Limit	Overall Annual Limit	PREMIUM CONTRIBUTIONS AND BENEFITS ADJUSTMENTS
	12.1. Maxillo-Facial and Oral Surgery - All-inclusive (trauma/non-elective) (Including dental extractions for children less than 10 years old and wisdom teeth extractions)		N\$92 500 per Family	N\$132 000 per Family	
	12.2. Maxillo-Facial and Oral Surgery - Hospitalisation Only (other/elective)		N\$14 000 per Family	N\$20 500 per Family	
	12.3. Dental Implant – hospitalisation				
	12.4. Maxillo-Facial and Oral Surgery – internal prosthesis (Excluding dental implant component)		Payable from Internal appliances under Hospital Benefit	Payable from Internal appliances under Hospital Benefit	
	<b>13. Stomal Therapy (All-inclusive)</b> (Subject to prior approval)	100%	N\$28 750 per Family Overall Annual Limit	N\$28 750 per Family Overall Annual Limit	ACCESSIBLE INFORMATION AND DOWNLOADS
	<b>14. Ambulance and Evacuation Services</b>	100%	Overall Annual Limit	Overall Annual Limit	
	14.1. Emergency Ambulance and Flights (Territory: SADC countries) (Subject to prior approval)		Unlimited Benefit	Unlimited Benefit	
	14.2. Ambulance/Inter-Hospital Transfer (Subject to prior approval)		Overall Annual Limit	Overall Annual Limit	

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			 <b>EMERALD</b>	 <b>AMBER</b>
	<b>15. Medical Referral</b> Subject to accommodation and travelling reimbursement protocols (Subject to prior approval)		Overall Annual Limit	Overall Annual Limit
	15.1. Transport	80% of Cost	N\$10 150 per Family	N\$10 150 per Family
	15.2. Accommodation other than a Recognised Hospital/Medical Institution (Maximum of 2 days)	100%	N\$620 per day per Family	N\$620 per day per Family
	<b>16. International Medical Travel Insurance</b> - Medical cover when travelling to foreign countries - For emergency cases only (not for elective surgery or procedure)	100% of Cost	N\$10 000 000 per incident	N\$10 000 000 per incident



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# Contribution *Tables*

Opal Individual Contributions				
Age Band		Main	Adult	Child
0	25	1,881	1,171	521
26	30	2,081	1,316	521
31	35	2,266	1,479	521
36	40	2,540	1,672	532
41	45	2,781	1,833	532
46	50	2,980	2,004	532
51	55	3,243	2,210	532
56	60	3,458	2,372	532
61	65	3,681	2,535	532
66+		3,906	2,719	532

Jade Individual Contributions				
Age Band		Main	Adult	Child
0	25	1,965	1,306	582
26	30	2,188	1,477	582
31	35	2,409	1,652	582
36	40	2,717	1,886	582
41	45	2,981	2,097	582
46	50	3,222	2,280	620
51	55	3,524	2,516	620
56	60	3,769	2,703	620
61	65	4,027	2,906	620
66+		4,279	3,103	620

Emerald Individual Contributions				
Age Band		Main	Adult	Child
0	25	1,106	700	276
26	30	1,230	788	276
31	35	1,359	879	276
36	40	1,507	972	278
41	45	1,651	1,081	278
46	50	1,784	1,176	278
51	55	1,948	1,297	278
56	60	2,088	1,395	278
61	65	2,224	1,497	278
66+		2,373	1,595	278

Amber Individual Contributions				
Age Band		Main	Adult	Child
0	25	1,477	930	332
26	30	1,642	1,051	332
31	35	1,811	1,166	332
36	40	2,007	1,294	334
41	45	2,202	1,440	334
46	50	2,379	1,569	334
51	55	2,598	1,727	334
56	60	2,778	1,864	334
61	65	2,965	1,999	334
66+		3,160	2,130	334

Opal Group Contributions				
Income Band		Main	Adult	Child
0	4,150	1,693	1,096	313
4,151	5,490	1,950	1,244	359
5,491	8,390	2,088	1,291	386
8,391	12,330	2,146	1,384	395
12,331	13,860	2,401	1,538	443
13,861	15,710	2,659	1,692	491

Jade Group Contributions				
Age Band		Main	Adult	Child
0	25	1,794	1,171	517
26	30	1,985	1,308	517
31	35	2,122	1,430	517
36	40	2,319	1,582	517
41	45	2,555	1,771	517
46	50	2,721	1,896	528
51	55	2,936	2,075	528
56	60	3,145	2,231	528
61	65	3,335	2,380	528
66+		3,350	2,397	528

Emerald Group Contributions				
Age Band		Main	Adult	Child
0	25	1,106	700	276
26	30	1,230	788	276
31	35	1,335	824	276
36	40	1,438	879	278
41	45	1,539	966	278
46	50	1,670	1,060	278
51	55	1,726	1,108	278
56	60	1,826	1,189	278
61	65	1,979	1,291	278
66+		2,027	1,324	278

Amber Group Contributions				
Age Band		Main	Adult	Child
0	25	1,477	930	332
26	30	1,642	1,051	332
31	35	1,781	1,094	332
36	40	1,916	1,171	334
41	45	2,051	1,289	334
46	50	2,231	1,413	334
51	55	2,302	1,479	334
56	60	2,435	1,585	334
61	65	2,639	1,719	334
66+		2,700	1,767	334

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# Options



**RUBY**



**SAPPHIRE**



**EMERALD +**



**AMBER +**

# The Benefits on the Top-Level *Options*

**Ruby, Sapphire, Emerald Plus, and Amber Plus are suited for families and individuals looking for adequate medical aid cover.**

Ruby is ideal for young and active families with one or two kids, while Sapphire is ideal for large families and those requiring comprehensive benefits for chronic ailments. We pay for major medical and day-to-day expenses on the two options.

Emerald Plus and Amber Plus are ideal for healthy individuals and families that need cover for major medical expenses and emergency evacuation. We pay for day-to-day expenses from the Back-Up Benefit. Ninety-five per cent of the unused benefit will be accumulated over to the next year if you and/or your family use less than the full benefit. Please note the unused benefit will be forfeited and cannot be paid back if you resign from the fund, pass away or upgrade to a traditional option.

**Below are the differences in the benefits available on the options:**

	Ruby	Sapphire	Emerald Plus	Amber Plus
<b>Overall Annual Benefit</b>	<b>N\$1,622,400</b> per family <b>N\$1,081,600</b> per beneficiary	<b>Unlimited</b>	<b>N\$1,622,400</b> per family <b>N\$1,081,600</b> per beneficiary	<b>Unlimited</b>
<b>Major Medical Expenses</b>				
<b>Hospitalisation</b>	<b>N\$7,500</b> per family and <b>N\$6,500</b> per beneficiary for accommodation in private wards.	<b>N\$10,900</b> per family and <b>N\$23,900</b> per beneficiary for accommodation in private wards.	<b>N\$16,500</b> per family and <b>N\$7,500</b> per beneficiary for accommodation in private wards.	<b>N\$23,900</b> per family and <b>N\$10,900</b> per beneficiary for accommodation in private wards.
<b>Specialised Radiology Procedures</b>	<b>N\$27,000</b> per family for MRI and CT scans.	<b>N\$39,500</b> per family for MRI and CT scans.	<b>N\$30,000</b> per family for MRI and CT scans.	<b>N\$39,500</b> per family for MRI and CT scans.
<b>Oncology</b>	<b>N\$600,000</b> per beneficiary for consultations, treatment, and procedures in- and out-of-hospital.	<b>N\$750,000</b> per beneficiary for consultations, treatment, and procedures in- and out-of-hospital.	<b>N\$600,000</b> per beneficiary for consultations, treatment, and procedures in- and out-of-hospital.	<b>N\$750,000</b> per beneficiary for consultations, treatment, and procedures in- and out-of-hospital.
<b>Refractive Surgery</b>	<b>N\$7,500</b> per family and <b>N\$6,200</b> per beneficiary.	<b>N\$23,100</b> per family and <b>N\$29,600</b> per beneficiary.	<b>N\$7,500</b> per family and <b>N\$6,200</b> per beneficiary.	<b>N\$23,100</b> per family and <b>N\$29,600</b> per beneficiary.

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	Ruby	Sapphire	Emerald Plus	Amber Plus
Reconstructive Surgery	<b>N\$6,750</b> per family for consultation and procedures.	<b>N\$14,500</b> per family for consultation and procedures.	<b>N\$6,750</b> per family for consultation and procedures.	<b>N\$14,500</b> per family for consultation and procedures.
Private Nursing/ Frail Care/ Hospice	<b>N\$21,750</b> per family	<b>N\$38,700</b> per family	<b>N\$21,750</b> per family	<b>N\$38,700</b> per family
Specialised Dental Surgery	Maxillo-facial and oral surgery hospitalisation per family: – trauma/non-elective: <b>N\$92,500</b> – other/elective: <b>N\$14,000</b>	Maxillo-facial and oral surgery hospitalisation per family: – trauma/non-elective: <b>N\$132,000</b> – other/elective: <b>N\$20,500</b>	Maxillo-facial and oral surgery hospitalisation per family: – trauma/non-elective: <b>N\$92,500</b> – other/elective: <b>N\$14,000</b>	Maxillo-facial and oral surgery hospitalisation per family: – trauma/non-elective: <b>N\$132,000</b> – other/elective: <b>N\$20,500</b>
Day-to-Day Benefit	The amount we pay is dependent on the overall annual benefit.		<b>N\$6,300</b> per member <b>N\$7,550</b> per member with one child <b>N\$10,700</b> per member and an adult <b>N\$11,950</b> per member plus an adult and a child <b>N\$1,250</b> for each additional child	<b>N\$9,500</b> per member <b>N\$12,000</b> per member with one child <b>N\$15,800</b> per member and an adult <b>N\$18,300</b> per member plus an adult and a child <b>N\$2,500</b> for each additional child
General Practitioners and Specialists (out-of-hospital, including casualties) *	The annual limit varies, according to the number of your dependants, i.e., <b>N\$9,000</b> per beneficiary or <b>N\$13,050</b> if you have five dependants and more.	The annual limit varies, according to the number of your dependants, i.e., <b>N\$15,000</b> per beneficiary or <b>N\$22,000</b> if you have five dependants and more.	Paid from the Day-to-day Back-Up Benefit.	
	* MRI and CT scans are payable from the benefit available under specialised radiology and procedures.			
Medicine and Injections*	The annual limit varies, according to the number of your dependants, i.e., <b>N\$14,630</b> per beneficiary or <b>N\$18,650</b> if you have five dependants and more.  There are additional caps on chronic medication and self-medication, according to the number of your dependants. Refer to the benefit for the limits – a beneficiary can only claim a maximum of <b>N\$183</b> per day for self-medication.	The annual limit varies, according to the number of your dependants, i.e., <b>N\$30,490</b> per beneficiary or <b>N\$53,820</b> if you have five dependants and more.  There are additional caps on chronic medication and self-medication. Refer to the benefit for the limits – a beneficiary can only claim a maximum of <b>N\$225</b> per day for self-medication.	Paid from the Day-to-day Back-Up Benefit.	
Primary Health Care Services*	The annual limit varies, according to the number of your dependants, i.e., <b>N\$1,000</b> per beneficiary or <b>N\$1,800</b> if you have five dependants and more.	The annual limit varies, according to the number of your dependants, i.e., <b>N\$1,500</b> per beneficiary or <b>N\$2,300</b> if you have five dependants and more.	Paid from the Day-to-day Back-Up Benefit.	

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Dentistry	<p>The annual limit varies, according to the number of your dependants, i.e., <b>N\$10,500</b> per beneficiary or <b>N\$14,500</b> if you have five dependants and more for conservative and specialised dentistry including therapy.</p> <p>The following annual limits also apply:</p> <ul style="list-style-type: none"> <li>– Dental Implants: <ul style="list-style-type: none"> <li>o In-hospital: <b>N\$18,450</b> per family and <b>N\$10,100</b> per beneficiary.</li> <li>o In-practice: <b>N\$29,600</b> per family and <b>N\$18,950</b> per beneficiary.</li> </ul> </li> <li>– Orthodontics: <b>N\$13,250</b> per beneficiary once-off.</li> <li>– Maxillo-facial and oral surgery elective and non-elective: <ul style="list-style-type: none"> <li>o In-hospital: <b>N\$5,700</b> per beneficiary or <b>N\$9,100</b> if you have five dependants and more.</li> <li>o In-practice: <b>N\$8,550</b> per beneficiary or <b>N\$13,250</b> if you have five dependants and more.</li> </ul> </li> </ul>	<p>The annual limit varies, according to the number of your dependants, i.e., <b>N\$15,750</b> per beneficiary or <b>N\$22,250</b> if you have five dependants and more for conservative and specialised dentistry including therapy.</p> <p>The following annual limits also apply:</p> <ul style="list-style-type: none"> <li>– Dental Implants: <ul style="list-style-type: none"> <li>o In-hospital: <b>N\$23,900</b> per family and <b>N\$14,500</b> per beneficiary.</li> <li>o In-practice: <b>N\$40,000</b> per family and <b>N\$26,500</b> per beneficiary.</li> </ul> </li> <li>– Orthodontics: <b>N\$23,000</b> per beneficiary once-off.</li> <li>– Maxillo-facial and oral surgery elective and non-elective: <ul style="list-style-type: none"> <li>o In-hospital: <b>N\$6,250</b> per beneficiary or <b>N\$9,350</b> if you have five dependants and more.</li> <li>o In-practice: <b>N\$9,600</b> per beneficiary or <b>N\$14,000</b> if you have five dependants and more.</li> </ul> </li> </ul>		<i>Paid from the Day-to-day Back-Up Benefit.</i>
Optical*	<p>The annual limit varies, according to the number of your dependants, i.e., <b>N\$3,350</b> per beneficiary or <b>N\$7,500</b> if you have five dependants and more for optical tests, spectacles, and lenses.</p> <p>The benefit for frames is limited to <b>N\$1,140</b> per beneficiary.</p>	<p>The annual limit varies, according to the number of your dependants, i.e., <b>N\$4,900</b> per beneficiary or <b>N\$11,000</b> if you have five dependants and more for optical tests, spectacles, and lenses.</p> <p>The benefit for frames is limited to <b>N\$1,870</b> per beneficiary.</p>		<i>Paid from the Day-to-day Back-Up Benefit.</i>
Auxiliary Services*	<p>The annual limit varies, according to the number of your dependants, i.e., <b>N\$11,850</b> per beneficiary or <b>N\$13,900</b> if you have five dependants and more for optical tests, spectacles, and lenses.</p> <p><b>N\$4,050</b> per beneficiary for Biokinetics, Clinical Psychology/Psychological Counsellor, Physiotherapy and Social Worker.</p>	<p>The annual limit varies, according to the number of your dependants, i.e., <b>N\$15,300</b> per beneficiary and <b>N\$28,750</b> if you have five dependants and more for optical tests, spectacles, and lenses.</p> <p><b>N\$7,560</b> per beneficiary for Biokinetics, Clinical Psychology/Psychological Counsellor, Physiotherapy and Social Worker.</p>		<i>Paid from the Day-to-day Back-Up Benefit.</i>
Wheelchair	<b>N\$8,850</b> per beneficiary every four years.	<b>N\$17,750</b> per beneficiary every four years.		<i>There is no benefit available.</i>

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<b>Artificial Limbs</b>	<b>N\$18,450</b> per beneficiary every two years.	<b>N\$36,750</b> per beneficiary every two years.	<i>There is no benefit available.</i>	
<b>Artificial Eyes</b>	<b>N\$5,750</b> per beneficiary every four years.	<b>N\$17,750</b> per beneficiary every four years.	<i>There is no benefit available.</i>	
<b>Hearing Aid Apparatus</b>	<b>N\$28,000</b> per family every 3 years for both ears ( <b>N\$14 000</b> per ear).	<b>N\$35,000</b> per family every 3 years for both ears ( <b>N\$17 500</b> per ear).	<i>There is no benefit available.</i>	
<b>Appliances (External)</b>	<b>N\$4,550</b> per family	<b>N\$5,150</b> per family	<i>Paid from the Day-to-day Back-Up Benefit.</i>	
<b>Medical Devices for Diabetes Management</b>	<b>N\$35,000</b> per beneficiary every four years for insulin pumps. <b>N\$17,500</b> per beneficiary for other devices (glucose monitoring system/glucose reader) <b>N\$33,500</b> per beneficiary for diabetes related consumables.	<b>N\$40,000</b> per beneficiary every four years for insulin pumps. <b>N\$20,000</b> per beneficiary for other devices (glucose monitoring system/glucose reader) <b>N\$36,000</b> per beneficiary for diabetes related consumables.	<i>There is no benefit available.</i>	
<b>Specified Illness Conditions*</b>	The annual limit varies, according to the number of your dependants, i.e., <b>N\$31,000</b> per beneficiary or <b>N\$44,750</b> if you have five dependants and more for consultation/assessment and treatment. Pathology tests are limited to <b>\$5,950</b> per beneficiary.	The annual limit varies, according to the number of your dependants, i.e., <b>N\$36,100</b> per beneficiary or <b>N\$72,200</b> if you have five dependants and more for consultation/assessment and treatment. Pathology tests are limited to <b>\$7,800</b> per beneficiary.	<i>Paid from the Day-to-day Back-Up Benefit.</i>	
<b>Benefit Booster</b>	<b>N\$2,990</b> per family and <b>N\$1,935</b> per beneficiary.	<b>N\$4,700</b> per family and <b>N\$2,550</b> per beneficiary.	<i>There is no benefit available.</i>	

\*Refer to the benefits for the limits.

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		 RUBY	 SAPPHIRE
OVERALL ANNUAL BENEFIT (OVERALL ANNUAL LIMIT)	% NAMAF Tariff	N\$1 081 600 per Beneficiary N\$1 622 400 per Family	Unlimited Benefit
CATEGORY A: Hospitalisation Benefit		Pre-authorisation: 100% of the tariff will be paid out. Without Pre-authorisation: No benefit will be paid out 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 200% of the NAMAF Tariff. OVERALL LIMIT			
	COVER		
1. Hospitalisation	100%	Overall Annual Limit	Overall Annual Limit
1.1. Accommodation and Theatre			
1.2. Accommodation in private wards (Difference between general ward and private ward tariffs)		N\$7 500 per Beneficiary N\$16 500 per Family	N\$10 900 per Beneficiary N\$23 900 per Family
1.3. Intensive and high care (Maximum 3 days, then motivation)			
1.4. Blood transfusions			
1.5. Radiology and Pathology (in-hospital) - Additional Hospital Benefit Cover excluded			
1.6. Physiotherapy and Biokinetics - Additional Hospital Benefit Cover excluded			
1.6.1. Physiotherapy and Biokinetics (in-hospital)			
1.6.2. Physiotherapy and Biokinetics (post-rehabilitation) - Additional benefit once the patient is out-of-hospital - 12 sessions/visits per Beneficiary (Benefit available within 3 months from hospital discharge) (Subject to prior approval)		Overall Annual Limit	Overall Annual Limit
1.7. Medicine, fixed tariff procedures, hospital apparatus, and to take out medicine (7 days supply only)			
1.8. Dialysis (Subject to Case Management and MHC guidelines)			
1.9. Organ Transplant (Subject to Case Management and MHC guidelines) - Including medical expenses incurred by the donor if the recipient is a Fund member			
1.10. Internal Appliances and Materials (As per NMC protocol)	100% of Cost		
2. General Practitioners and Specialists (in-hospital services) - Additional Hospital Benefit Cover Included	200%	Overall Annual Limit	Overall Annual Limit

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<b>3. Specialised Radiology Procedures (in- and out-of-hospital)</b> Additional Hospital Benefit Cover Excluded - Referral from a medical specialist only (referral from GP acceptable in places where there is no medical specialist) (Subject to prior approval)	100%	Overall Annual Limit	
3.1. MRI and CT Scans		N\$27 000 per Family	N\$39 500 per Family
3.2. Nuclear Medicine		Overall Annual Limit	Overall Annual Limit
<b>4. Maternity</b> (Groups have cover from the date of joining. Individuals have a 9 months waiting period)	100%	Overall Annual Limit	Overall Annual Limit
4.1. Confinement – full procedure			
4.2. Antenatal Consultation <b>12 consultations per Beneficiary (Pro-rated from the date of joining)</b> – Additional Hospital Benefit cover excluded			
4.3. Ante/Postnatal Classes and Education <b>6 Sessions per Beneficiary per Pregnancy (Pro-rated from the date of joining)</b> – Additional Hospital Benefit cover excluded		Payable from the Maternity Benefit	Payable from the Maternity Benefit
4.4. Sonar Scans – <b>3 scans per Beneficiary per Pregnancy</b> - Additional Hospital Benefit cover excluded			
4.5. Tests for Chromosomal and Foetal Abnormalities - Additional Hospital Benefit cover excluded			
4.6. Midwifery Service - Additional Hospital Benefit cover excluded			
<b>5. Insertion of Intrauterine Device w/Hormone (All-inclusive)</b> (Subject to prior approval) (Pro-rated from date of joining)	100%	N\$6 500 per Beneficiary Overall Annual Limit	N\$6 500 per Beneficiary Overall Annual Limit
<b>6. Oncology</b> (Subject to Case Management and MHC guidelines)	100%		
6.1. Consultations and procedures Out-of-Hospital			
6.2. MRI/CT Scans and Other Specialised Radiology Procedures In and Out-of-Hospital - Additional Hospital Benefit Cover excluded - Referral from a medical specialist only		N\$600 000 per Beneficiary Overall Annual Limit	N\$750 000 per Beneficiary Overall Annual Limit
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

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7. <b>Refractive Surgery – All-inclusive</b> (Subject to prior approval and MHC guidelines) Groups have cover from the date of joining. Individuals have a one-year waiting period	100%	<b>N\$6 200 per Beneficiary once-off</b> <b>N\$7 500 per Family</b> <b>Overall Annual Limit</b>	<b>N\$23 100 per Beneficiary once-off</b> <b>N\$29 600 per Family</b> <b>Overall Annual Limit</b>
8. <b>Reconstructive Surgery (Medical necessity only)</b> (Subject to prior approval and subject to strict MHC guidelines)	100%	Overall Annual Limit	Overall Annual Limit
8.1. Consultation and procedure		N\$6 750 per Family	N\$14 500 per Family
8.2. Hospitalisation		Overall Annual Limit	Overall Annual Limit
9. <b>Private Nursing/Frail Care/Hospice</b> (Subject to Case Management)		<b>N\$21 750 per Family</b> <b>Overall Annual Limit</b>	<b>N\$38 700 per Family</b> <b>Overall Annual Limit</b>
10. <b>Psychiatric Treatment – Hospitalisation</b> (Subject to prior approval)	100%	N\$32 750 per Family Overall Annual Limit	N\$32 750 per Family Overall Annual Limit
11. <b>Alcoholism/Drug Addiction</b> (Subject to prior approval and MHC guidelines)			
12. <b>Specialised Dental Surgery – Hospitalisation</b> (Subject to pre-authorisation)		Overall Annual Limit	Overall Annual Limit
12.1. Maxillo-Facial and Oral Surgery - All-inclusive (trauma/non-elective) (Including dental extractions for children less than 10 years old and wisdom teeth extractions)	100%	N\$92 500 per Family	N\$132 000 per Family
12.2. Maxillo-Facial and Oral Surgery - Hospitalisation Only (other/elective)		N\$14 000 per Family	N\$20 500 per Family
12.3. Dental Implant – hospitalisation			
12.4. Maxillo-Facial and Oral Surgery - internal prosthesis	100% of Cost	Payable from internal appliances under the Hospital Benefit	Payable from internal appliances under the Hospital Benefit
13. <b>Stomal Therapy (All-inclusive)</b> (Subject to prior approval)	100%	<b>N\$28 750 per Family</b> <b>Overall Annual Limit</b>	<b>N\$28 750 per Family</b> <b>Overall Annual Limit</b>
14. <b>Ambulance and Evacuation Services</b>		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)		Overall Annual Limit	Overall Annual Limit
15. <b>Medical Referral</b> Subject to accommodation and travelling reimbursement protocols (Subject to prior approval)		Overall Annual Limit	Overall Annual Limit
15.1. Transport	80% of Cost	N\$10 150 per Family	N\$10 150 per Family
15.2. Accommodation Other than a Recognised Hospital/ Medical Institution (Maximum of 2 days)	100% of Cost	N\$620 per day per Family	N\$620 per day per Family

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<b>16. International Medical Travel Insurance</b> - Medical cover when travelling to foreign countries - For emergency cases only (not for elective surgery or procedure)	100% of Cost	N\$10 000 000 per incident						N\$10 000 000 per incident					
<b>CATEGORY B: DAY-TO-DAY BENEFIT</b>	<b>COVER</b>	Sub-limits are pro-rated from date of joining, except the Optical Benefit. <b>OVERALL LIMIT</b>											
		<b>M</b>	<b>M1</b>	<b>M2</b>	<b>M3</b>	<b>M4</b>	<b>M5+</b>	<b>M</b>	<b>M1</b>	<b>M2</b>	<b>M3</b>	<b>M4</b>	<b>M5+</b>
<b>17. General Practitioners and Specialists</b>	100%	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\$22 000
17.1. Consultations/Visits (Out-Of-Hospital, Including Casualties)		Payable from General Practitioners and Specialists Benefit						Payable from General Practitioners and Specialists Benefit					
17.2. Procedures (Out-Of-Hospital Services, Including Casualties)													
17.3. Materials and Disposable Items													
17.4. Radiology and Pathology (Out-Of-Hospital, Including Radiography, Sonography, Medical Laboratory Technology and Chemical Biochemistry) (Referral from a Medical Practitioner)													
17.5. MRI and CT Scan		Payable from the MRI and CT Scan Benefit						Payable from the MRI and CT Scan Benefit					
Benefit Booster Applicable (Additional benefit once limit is exceeded)													
<b>18. Medicine and Injections</b>		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\$53 820
18.1. Acute – Paid at maximum Namibia medicine price list on generics	80%	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\$16 600
		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\$34 550
18.2.1. Members aged 65 and below	80%	No Limit per Beneficiary						No Limit per Beneficiary					
18.2.2. Members aged 66 and above	100%	Payable from Medicine and Injections						Payable from Medicine and Injections					
18.3. Essential Vaccination/Immunisation (As per WHO guidelines) Paid at maximum Namibia medicine price list on generics	100%												
Benefit Booster Applicable (Additional benefit once limit is exceeded)													
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
		N\$183 per claim per Beneficiary per day						N\$225 per claim per Beneficiary per day					
<b>19. Primary Health Care Services</b>		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 from Primary Health Care Services						Payable from Primary Health Care Services					

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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 Therapy)	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
		N\$10 500 per Beneficiary						N\$15 750 per Beneficiary					
20.2. Dental Implants – consultation, procedure and cost of dental implant components (Subject to pre-authorisation)		The available benefits are for either in-hospital or in-practice						The available benefits are for either in-hospital or in-practice					
20.2.1. In-Hospital	100%	N\$10 100 per Beneficiary N\$18 450 per Family N\$3 800 per dental implant component						N\$14 500 per Beneficiary. N\$23 900 per Family N\$3 800 per dental implant component					
20.2.2. In-Practice	100%	N\$18 950 per Beneficiary N\$29 600 per Family N\$3 800 per dental implant component						N\$26 500 per Beneficiary. N\$40 000 per Family N\$3 800 per dental implant component					
Benefit Booster Applicable (Additional benefit once limit is exceeded)													
20.3. Orthodontics (Subject to prior approval and MHC guidelines)	100%	N\$13 250 per Beneficiary once-off						N\$23 000 per Beneficiary once-off					
20.4. Maxillo-Facial and Oral Surgery (elective) - Consultation and procedure (Subject to pre-authorisation)		The available benefits are for either in-hospital or in-practice						The available benefits are for either in-hospital or in-practice					
20.4.1. In-Hospital	100%	N\$5 700	N\$7 000	N\$7 500	N\$8 050	N\$8 550	N\$9 100	N\$6 250	N\$7 250	N\$7 800	N\$8 300	N\$8 800	N\$9 350
		N\$5 700 per Beneficiary						N\$6 250 per Beneficiary					
20.4.2. In-Practice	100%	N\$8 550	N\$10 650	N\$11 400	N\$12 200	N\$13 000	N\$13 250	N\$9 600	N\$11 150	N\$11 950	N\$12 700	N\$13 500	N\$14 000
		N\$8 550 per Beneficiary						N\$9 600 per Beneficiary					
21. Optical Benefits Every 2 years (Including frame) (2023-2024)		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
		N\$3 350 per Beneficiary						N\$4 900 per Beneficiary					
21.1. Optical tests	100%	Payable from Optical Benefits						Payable from Optical Benefits					
21.2. Spectacles and Lenses	100%												
21.3. Frame	100% of Cost	N\$1 140 per Beneficiary						N\$1 870 per Beneficiary					
21.4. Readers Spectacles	100% of Cost	N\$105 per Beneficiary						N\$105 per Beneficiary					
22. Auxiliary Services		N\$11 850	N\$13 000	N\$13 150	N\$13 400	N\$13 650	N\$13 900	N\$15 300	N\$24 500	N\$26 500	N\$27 750	N\$28 250	N\$28 750
		N\$11 850 per Beneficiary						N\$15 300 per Beneficiary					

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		 <b>RUBY</b>		 <b>SAPPHIRE</b>	
22.1. Art Therapy	100%	Payable from Auxiliary Services		Payable from Auxiliary Services	
22.2. Audiology/Speech Therapy	100%				
22.3. Biokinetics	100%	N\$4 050 per Beneficiary		N\$7 560 per Beneficiary	
22.4. Chiropractor		Payable from Auxiliary Services Payable from Acute Medicine and Injections		Payable from Auxiliary Services Payable from Acute Medicine and Injections	
22.4.1. Consultation and Procedure	100%				
22.4.2. Medicine	80%				
22.5. Clinical Psychology/Psychological Counsellor	100%	N\$4 050 per Beneficiary		N\$7 560 per Beneficiary	
22.6. Clinical Technology	100%	Payable from Auxiliary Services		Payable from Auxiliary Services	
22.7. Dietician	100%				
22.8. Hearing Aid Acoustician	100%				
22.9. Homeopathy/Naturopathy/Phytotherapy		Payable from Acute Medicine and Injections		Payable from Acute Medicine and Injections	
22.9.1. Consultation and Procedure	100%				
22.9.2. Medicine	80%				
22.10. Occupational Therapy	100%	Payable from Auxiliary Services		Payable from Auxiliary Services	
22.11. Orthotist/Prosthetist	100%				
22.12. Physiotherapy	100%	N\$4 050 per Beneficiary		N\$7 560 per Beneficiary	
22.13. Podiatry/Chiropody	100%	Payable from Auxiliary Services		Payable from Auxiliary Services	
22.14. Social Worker	100%	N\$4 050 per Beneficiary		N\$7 560 per Beneficiary	
Benefit Booster Applicable (Additional benefit once limit is exceeded)					
23. Wheelchair (Subject to prior approval) - Inclusive of repair and maintenance	100% of Cost	N\$8 850 per Beneficiary every 4 years (2020-2023)		N\$17 750 per Beneficiary every 4 years (2020-2023)	
24. Artificial Limbs (Subject to prior approval)	100% of Cost	N\$18 450 per Beneficiary every 2 years (2022-2023)		N\$36 750 per Beneficiary every 2 years (2022-2023)	
25. Artificial Eyes (Subject to prior approval)	100% of Cost	N\$5 750 per Beneficiary every 4 years (2020-2023)		N\$17 250 per Beneficiary every 4 years (2020-2023)	
26. Hearing Aid Apparatus (Subject to prior approval) - Inclusive of repair and maintenance	100% of Cost	N\$28 000 per Family every 3 years for both ears (N\$14 000 per ear) (2023-2025)		N\$35 000 per Family every 3 years for both ears (N\$17 500 per ear) (2023-2025)	
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 Beneficiary every 4 years (2023-2026)		N\$40 000 per Beneficiary every 4 years (2023 – 2026)	
28.2. Other Devices (Glucose Monitoring System/Glucose Reader)		N\$17 500 per Beneficiary		N\$20 000 per Beneficiary	
28.3. Diabetes-Related Consumables		N\$33 500 per Beneficiary		N\$36 000 per Beneficiary	

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		 <b>RUBY</b>						 <b>SAPPHIRE</b>					
<b>29. Specified Illness Conditions</b> As per national guidelines (Sub-limits are pro-rated 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)		N\$31 000 per Beneficiary						N\$36 100 per Beneficiary					
29.1.1. Medicine Paid at maximum Namibia medicine price list on generics	100%	Payable from Specified Illness Conditions						Payable from Specified Illness Conditions					
29.1.2. First Full HIV Consultation/Assessment <b>Once-off benefit</b>	N\$480												
29.1.3. Consultation (after the first full HIV consultation/assessment) <b>6 consultations per Beneficiary</b>	N\$440												
29.1.4. HIV Counselling	100%	N\$1 300 per Beneficiary						N\$1 300 per Beneficiary					
29.1.5. Pathology Tests (Subject to prior approval)	100%	N\$5 950 per Beneficiary						N\$7 800 per Beneficiary					
29.1.6. HIV Resistance Test (Subject to prior approval)	100%	Payable from Specified Illness Conditions						Payable from Specified Illness Conditions					
29.2. Prevention of Mother-to-Child Transmission (PMTCT)	100%												
29.3. Post-Exposure Prophylaxis (PEP)	100%												
29.4. Pre-Exposure Prophylaxis (PrEP)	100%	Payable from Specified Illness Conditions						Payable from Specified Illness Conditions					
<b>30. Benefit Booster</b> Applicable if medicine and injections, dentistry, GPs' and Specialists, primary health care and auxiliary services benefits are depleted													
		N\$1 935 per Beneficiary N\$2 990 per Family						N\$2 550 per Beneficiary N\$4 700 per Family					
30.1. Medicine and Injections (Acute and Chronic) – Excluding self-medication	70%	Payable from Benefit Booster						Payable from Benefit Booster					
30.2. Dentistry (Excluding orthodontics)	70%												
30.3. General Practitioners and Specialists (Consultations/visits and procedures/services out-of-hospital, including casualties)	80%												
30.4. Primary Health Care	80%												
30.5. Auxiliary Services	70%												

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

### Back-Up Benefit:

- The Back-up Benefit aims to reward members and their dependants with low claims on the following specified day-to-day benefits:
  - Acute Medicine per family limit
  - Self-Medication per family limit
  - Optical per family limit
  - Auxiliary Services per family limit
- Suppose the actual total amount paid by NMC per family on the day-to-day benefits stipulated above for the current benefit year is less than the threshold limit. In that case, the member qualifies for Back-Up Benefit the following year, such as on the 2024 benefit year.
- The Back-up Benefit is calculated as 25% of the difference between the Threshold Limit and the actual total amount paid by NMC on the day-to-day benefits stipulated above.
- The Back-up Benefit will only be calculated at the end of April 2024 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 2024.
- 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 to the NAMAF billing rules and guidelines.

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

	M	M1	M2	M3	M4	M5+
<b>A. The total amount paid by NMC</b> (at the end of April 2024 for 2023 claims) for the following family limits: <ul style="list-style-type: none"> <li>Acute Medicine</li> <li>Self-Medication</li> <li>Optical</li> <li>Auxiliary Services</li> </ul>	2 500	4 250	25 500	7 250	8 500	6 000
<b>B. Threshold Limit</b>	5 260	5 950	6 170	6 400	6 620	6 840
<b>C. Difference:</b> Threshold Limit (B) – Total Paid Amount (A)	2 760	1 700	0	0	0	840
<b>D. Back-Up Benefit = 25% of C</b> (Available from 01 May 2024)	690	425	Does not qualify because The Total Benefit Amount (A) is more than the Threshold Limit (B)			210

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OVERALL ANNUAL BENEFIT (OVERALL ANNUAL LIMIT)		EMERALD +		AMBER +	
		N\$1 081 600 per Beneficiary N\$1 622 400 per Family		Unlimited Benefit	
CATEGORY A: Benefits For Major Medical Expenses		% NAMAFA Tariff		Pre-authorisation: 100% of the tariff will be paid out. Without Pre-authorisation: No benefit will be paid out except in the case of 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 200% of the NAMAFA Tariff. OVERALL LIMIT					
COVER					
	5. Hospitalisation		100%	Overall Annual Limit	
	5.1. Accommodation and Theatre			Overall Annual Limit	
	5.2. Accommodation in private wards (Difference between general ward and private ward tariffs)			N\$7 500 per Beneficiary N\$16 500 per Family	
	5.3. Intensive and high care (Maximum 3 days, then motivation)			N\$10 900 per Beneficiary N\$23 900 per Family	
	5.4. Blood transfusions				
	5.5. Radiology and Pathology (in-hospital) - Additional Hospital Benefit Cover excluded				
	5.6. Physiotherapy and Biokinetics - Additional Hospital Benefit Cover excluded				
	5.6.7. Physiotherapy and Biokinetics (in-hospital)				
	5.6.8. Physiotherapy and Biokinetics (post-rehabilitation) - Additional benefit once the patient is out-of-hospital - 12 sessions/visits per Beneficiary (Benefit available within 3 months from hospital discharge) (Subject to prior approval)			Overall Annual Limit	
	5.7. Medicine, fixed tariff procedures, hospital apparatus, and to take out medicine (7 days supply only)			Overall Annual Limit	
	5.8. Dialysis (Subject to Case Management and MHC Guidelines)				
	5.9. Organ Transplant (Subject to Case Management and MHC Guidelines) - Including medical expenses incurred by the donor if the recipient is a Fund member				
	5.10. Internal Appliances and Materials (As per NMC protocol)		100% of Cost		
	5.11. Medical & Surgical Appliances (External)			Payable from the Day-to-Day Back-Up Benefit	Payable from the Day-to-Day Back-Up Benefit

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			EMERALD +	AMBER +
	<b>6. General Practitioners and Specialists (In-Hospital Services)</b> - Additional Hospital Benefit Cover included	200%	Overall Annual Limit	Overall Annual Limit
	<b>7. Specialised Radiology Procedures (In and Out-of-Hospital)</b> Additional Hospital Benefit Cover excluded - Referral from a medical specialist only (referral from a GP acceptable in places where there is no medical specialist) (Subject to prior approval)	100%	Overall Annual Limit	Overall Annual Limit
	7.1. MRI and CT Scans		N\$30 000 per Family	N\$39 500 per Family
	7.2. Nuclear Medicine		Overall Annual Limit	Overall Annual Limit
	<b>8. Maternity</b> (Groups have cover from the date of joining. Individuals have a 9 months waiting period)	100%	Overall Annual Limit	Overall Annual Limit
	8.1. Confinement – full procedure			
	8.2. Antenatal Consultation 12 consultations per Beneficiary (Pro-rated from the date of joining) - Additional Hospital Benefit cover excluded			
	8.3. Ante/Postnatal Classes and Education 6 sessions per Beneficiary (Pro-rated from the date of joining) - Additional Hospital Benefit cover excluded			
	8.4. Sonar Scans 3 scans per Beneficiary per Pregnancy - Additional Hospital Benefit cover excluded		Payable from Maternity Benefit	Payable from Maternity Benefit
	8.5. Tests for Chromosomal and Foetal Abnormalities - Additional Hospital Benefit cover excluded			
	8.6. Midwifery Service - Additional Hospital Benefit cover excluded			
	<b>9. Insertion of Intrauterine Device w/Hormone (All-inclusive)</b> (Subject to prior approval) (Benefit is pro-rated from the date of joining)	100%	N\$6 500 per Beneficiary Overall Annual Limit	N\$6 500 per Beneficiary Overall Annual Limit
	<b>10. Oncology</b> (Subject to Case Management and MHC Guidelines)	100%		
	10.1. Consultations and procedures Out-of-Hospital			
	10.2. MRI/CT Scans and Other Specialised Radiology Procedures In and Out-of-Hospital - Additional Hospital Benefit Cover excluded - Referral from a medical specialist only		N\$600 000 per Beneficiary Overall Annual Limit	N\$750 000 per Beneficiary Overall Annual Limit
	10.3. Radiation oncology (Referral from a medical specialist only)			

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			EMERALD +	AMBER +
	10.4. Oncology medication (chemotherapy, radiotherapy and hormone therapy)			
	10.5. Hospitalisation and Related Procedures In-Hospital		Overall Annual Limit	Overall Annual Limit
	<b>11. Refractive Surgery – All-inclusive</b> (Subject to prior approval and MHC Guidelines) Groups have cover from the date of joining Individuals have a one-year waiting period	100%	NS\$6 200 per Beneficiary once-off NS\$7 500 per Family Overall Annual Limit	NS\$23 100 per Beneficiary once off NS\$29 600 per Family Overall Annual Limit
	<b>12. Reconstructive Surgery (Medical necessity only)</b> (Subject to prior approval and subject to strict MHC guidelines)	100%	Overall Annual Limit	Overall Annual Limit
	12.1. Consultation and Procedures		NS\$6 750 per Family	NS\$14 500 per Family
	12.2. Hospitalisation		Overall Annual Limit	Overall Annual Limit
	<b>13. Private Nursing/Frail Care/Hospice</b> (Subject to Case Management)	100%	NS\$21 750 per Family Overall Annual Limit	NS\$38 700 per Family Overall Annual Limit
	<b>14. Psychiatric Treatment – Hospitalisation</b> (Subject to prior approval)	100%	NS\$32 750 per Family Overall Annual Limit	NS\$32 750 per Family Overall Annual Limit
	<b>15. Alcoholism/Drug Addiction</b> (Subject to prior approval and MHC Guidelines)			
	<b>16. Specialised Dental Surgery</b> - Additional Hospital Benefit cover excluded (Subject to Pre-Authorisation)	100%	Overall Annual Limit	Overall Annual Limit
	16.1. Maxillo-Facial and Oral Surgery - All-inclusive (trauma/non-elective) (Including dental extractions for children less than 10 years old and wisdom teeth extractions)		NS\$92 500 per Family	NS\$132 000 per Family
	16.2. Maxillo-Facial and Oral Surgery - Hospitalisation Only (other/elective)		NS\$14 000 per Family	NS\$20 500 per Family
	16.3. Dental Implant – hospitalisation			
	16.4. Maxillo-Facial and Oral Surgery – internal prosthesis (Excluding dental implant component)		Payable from Internal appliances under Hospital Benefit	Payable from Internal appliances under Hospital Benefit
	<b>17. Stomal Therapy (All-inclusive)</b> (Subject to prior approval)	100%	NS\$28 750 per Family Overall Annual Limit	NS\$28 750 per Family Overall Annual Limit
	<b>18. Ambulance and Evacuation Services</b>	100%	Overall Annual Limit	Overall Annual Limit
	18.1. Emergency Ambulance and Flights (Territory: SADC countries) (Subject to prior approval)		Unlimited Benefit	Unlimited Benefit
	18.2. Ambulance/Inter-Hospital Transfer (Subject to prior approval)		Overall Annual Limit	Overall Annual Limit

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	<b>19. Medical Referral</b> Subject to accommodation and travelling reimbursement protocols (Subject to prior approval)		Overall Annual Limit	Overall Annual Limit
	19.1. Transport	80% of Cost	N\$10 150 per Family	N\$10 150 per Family
	19.2. Accommodation other than a Recognised Hospital/Medical Institution (Maximum of 2 days)	100%	N\$620 per day per Family	N\$620 per day per Family
	<b>20. International Medical Travel Insurance</b> - Medical cover when travelling to foreign countries - For emergency cases only (not for elective surgery or procedure)	100% of Cost	N\$10 000 000 per incident	N\$10 000 000 per incident
CATEGORY B: DAY-TO-DAY BENEFIT		100% Tariff	N\$6 300 Member only N\$10 700 Member + Adult N\$7 550 Member + Child N\$11 950 Member + Adult+ Child Additional N\$ 1 250 benefit for each additional Child	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: 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.				
	<b>21. General Practitioners and Specialists (Out-of-hospital, including casualties)</b> 21.1. Consultations/Visits 21.2. Procedures/Services 21.3. Materials and Disposable Items 21.4. 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
	<b>22. Medicine and Injections</b> (Paid at Maximum Namibia Medicine Price List on generics) 22.1. Acute Medicine and Injections 22.2. Chronic Medicine and Injections 22.3. Essential Vaccination/Immunisation (as per WHO guidelines) 22.4. Self-Medication	100%	Paid from Day-to-day Back-Up Benefit	Paid from Day-to-day Back-Up Benefit
	<b>23. Primary Health Care Services</b> (Paid at Maximum Namibia Medicine Price List on generics) 23.1. Consultations and Procedures 23.2. Medicine and Injections	100%	Paid from Day-to-day Back-Up Benefit	Paid from Day-to-day Back-Up Benefit

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	<b>24. Dentistry</b> 24.1. Conservative and specialised dentistry (including dental therapy) 24.2. Dental Implantwts (in-hospital and in-practice) (Pre-authorisation required) 24.3. Orthodontics (Prior approval required) 24.4. Maxillo-Facial and Oral Surgery (in-hospital and in-practice) (Elective)	100%	Paid from Day-to-day Back-Up Benefit	Paid from Day-to-day Back-Up Benefit
	<b>25. Optical</b> 25.1. Optical Tests 25.2. Spectacles and Lenses 25.3. Frame 25.4. Reader Spectacles	100%	Paid from Day-to-day Back-Up Benefit	Paid from Day-to-day Back-Up Benefit
	<b>26. Auxiliary Services (Supplementary Services)</b> 26.1. Art Therapy 26.2. Audiology/Speech Therapy 26.3. Biokineticist 26.4. Chinese Medicine 26.5. Chiropractor 26.5.1. Consultation and Procedure 26.5.2. Medicine 26.6. Clinical Psychology/Psychological Counsellor 26.7. Clinical Technology 26.8. Dietician 26.9. Hearing Aid Acousticia 26.10. Homeopathy/Naturopathy/Phytotherapy 26.10.1. Consultation and Procedure 26.10.2. Medicine 26.11. Occupational Therapy 26.12. Orthotist/Prosthetist 26.13. Physiotherapy 26.14. Podiatry/Chiropody 26.15. Social Worker	100%	Paid from Day-to-day Back-Up Benefit	Paid from Day-to-day Back-Up Benefit
	<b>27. Medical and Surgical Appliances (External)</b>	100% of Cost	Paid from Day-to-day Back-Up Benefit	Paid from Day-to-day Back-Up Benefit
	<b>28. Specified Illness Conditions</b> As per National Guidelines (Sub-limits are pro-rated from the date of joining) 28.1. HIV/AIDS (As per National Guidelines for Antiretroviral Therapy) 28.1.1. Medicine (Paid at Maximum Namibia Medicine Price List on generics) 28.1.2. First Full HIV Consultation/Assessment Once-off benefit 28.1.3. Consultation (after the first full HIV consultation/assessment) <b>6 consultations per Beneficiary</b> 28.1.4. HIV Counselling 28.1.5. Pathology Tests (Subject to prior approval) 28.1.6. HIV Resistance Test (Subject to prior approval) 28.2. Prevention of Mother-to-Child Transmission (PMTCT) 28.3. Post-Exposure Prophylaxis (PEP) 28.4. Pre-Exposure Prophylaxis (PrEP)	100%	Paid from Day-to-day Back-Up Benefit	Paid from Day-to-day Back-Up Benefit

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# Contribution *Tables*

Ruby Individual Contributions				
Age Band		Main	Adult	Child
0	25	2,609	1,784	812
26	30	2,909	2,037	812
31	35	3,201	2,255	812
36	40	3,610	2,569	812
41	45	3,962	2,851	812
46	50	4,281	3,104	829
51	55	4,684	3,391	829
56	60	5,007	3,653	829
61	65	5,352	3,916	829
66+		5,687	4,197	829

Sapphire Individual Contributions				
Age Band		Main	Adult	Child
0	25	3,298	2,641	1,174
26	30	3,738	2,987	1,174
31	35	4,175	3,315	1,174
36	40	4,752	3,771	1,174
41	45	5,286	4,174	1,174
46	50	5,758	4,531	1,192
51	55	6,341	4,967	1,192
56	60	6,828	5,344	1,192
61	65	7,336	5,736	1,192
66+		7,859	6,116	1,192

Emerald Plus Individual Contributions				
Age Band		Main	Adult	Child
0	25	1,705	1,119	395
26	30	1,829	1,206	395
31	35	1,958	1,297	395
36	40	2,094	1,383	394
41	45	2,238	1,492	394
46	50	2,372	1,588	394
51	55	2,535	1,709	394
56	60	2,676	1,806	394
61	65	2,811	1,909	394
66+		2,960	2,006	394

Amber Plus Individual Contributions				
Age Band		Main	Adult	Child
0	25	2,375	1,529	570
26	30	2,540	1,650	570
31	35	2,710	1,764	570
36	40	2,888	1,882	570
41	45	3,083	2,028	570
46	50	3,260	2,155	570
51	55	3,479	2,315	570
56	60	3,659	2,452	570
61	65	3,846	2,587	570
66+		4,040	2,717	570

Ruby Group Contributions				
Age Band		Main	Adult	Child
0	25	2,382	1,559	688
26	30	2,639	1,738	688
31	35	2,820	1,900	688
36	40	3,081	2,101	688
41	45	3,397	2,352	688
46	50	3,616	2,518	728
51	55	3,902	2,759	728
56	60	4,180	2,965	728
61	65	4,431	3,164	728
66+		4,452	3,183	728

Sapphire Group Contributions				
Age Band		Main	Adult	Child
0	25	3,026	2,306	1,005
26	30	3,325	2,542	1,005
31	35	3,581	2,743	1,005
36	40	4,033	3,108	1,005
41	45	4,512	3,458	1,005
46	50	4,851	3,737	1,016
51	55	5,291	4,073	1,016
56	60	5,848	4,498	1,016
61	65	6,205	4,759	1,016
66+		6,213	4,769	1,016

Emerald Plus Group Contributions				
Age Band		Main	Adult	Child
0	25	1,705	1,119	395
26	30	1,829	1,206	395
31	35	1,940	1,248	395
36	40	2,044	1,302	394
41	45	2,144	1,389	394
46	50	2,275	1,483	394
51	55	2,330	1,531	394
56	60	2,430	1,611	394
61	65	2,585	1,714	394
66+		2,632	1,748	394

Amber Plus Group Contributions				
Age Band		Main	Adult	Child
0	25	2,375	1,529	570
26	30	2,540	1,650	570
31	35	2,689	1,700	570
36	40	2,822	1,776	570
41	45	2,958	1,894	570
46	50	3,138	2,019	570
51	55	3,210	2,083	570
56	60	3,342	2,190	570
61	65	3,547	2,323	570
66+		3,607	2,372	570

2022  
HIGHLIGHTS

IMPORTANT  
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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

OPTION CHANGE  
FORM

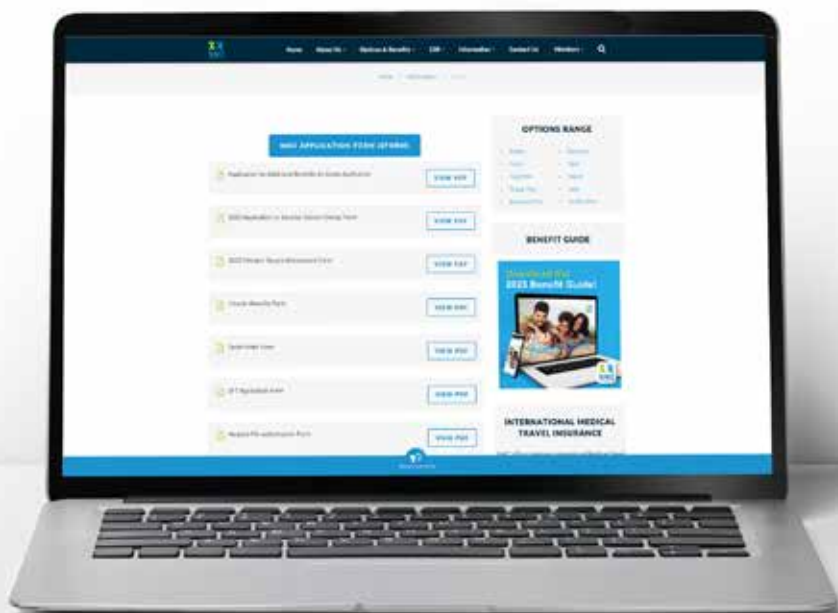
EFT FORM



## Accessible Information and

# Downloads

Visit our website, [www.nmcfund.com](http://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](mailto:enquiries@methealth.com.na), if you prefer to receive the information and files via email.



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2022  
HIGHLIGHTS

IMPORTANT  
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YOU NEED TO  
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ADDITIONAL  
BENEFITS AND  
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EMERGENCY  
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ACCESSIBLE  
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CLIENT SERVICES  
CONTACT DETAILS

OPTION CHANGE  
FORM

EFT FORM



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Email: [FinReception@methhealth.com.na](mailto:FinReception@methhealth.com.na)

## 2023 APPLICATION TO EXERCISE OPTION CHANGE

[illegible]

Indicate with an X:

**CURRENT OPTION: 2022**

Topaz	Topaz Plus	Opal	Jade	Ruby	Sapphire	Diamond	Emerald	Emerald Plus	Amber	Amber Plus
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Indicate with an X:

**NEW OPTION: 2023**

Topaz	Topaz Plus	Opal	Jade	Ruby	Sapphire	Emerald	Emerald Plus	Amber	Amber Plus
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1. Should you be registered as an individual member, this application form must reach our offices on or before 16 January 2023 (either by post, fax or email).
2. Members who are registered under a group scheme must forward the option change form to their Human Resources Department, where changes must be recorded and then forwarded to NMC.
3. Please take note, should NMC not receive your application for option change on or before 16 January 2023, it will be assumed that you remain on the same option as 2022.
4. **Please complete the EFT application form as well**
5. Would you prefer to receive your remittance statement via e-mail?

NB: Ensure your e-mail address is correct on the EFT form. You have until 16 January 2023 to make your decision. The change becomes effective on 1 January 2023.

Member's Signature \_\_\_\_\_

Date \_\_\_\_\_

Employer's Approval

(Signature of Company Official)



**Namibia Medical Care**  
**P.O. Box 24792**  
**Windhoek, Namibia**  
**Tel: 061 287 6040**  
**Fax: 061 287 6059**

# EFT APPLICATION FORM

## Your Bank Account Details

[illegible]

## Your Personal Details

Postal Address																												
Street Address																												
Telephone:	Work																											
	Home																											
Facsimile:	Work																											
	Home																											
Cell No.																												
Email:																												
Account Holder's Signature																												
Member's Signature																												
Date																												

**For Bank Use**

I hereby confirm that the information provided herein is accurate, correct and complete.

Bank Official's Signature \_\_\_\_\_ Date 

D	D	M	M	Y	Y
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**Methealth Office Park**  
Maerua Mall, Windhoek, Namibia

Administered By:  
**METHEALTH NAMIBIA**  
ADMINISTRATORS 

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