
























Opal

2025 BENEFIT GUIDE

OVERALL ANNUAL BENEFIT (OVERALL ANNUAL LIMIT)			N\$498 500 per Beneficiary N\$748 050 per Family
CATEGORY A: BENEFITS FOR MAJOR MEDICAL EXPENSES		% NAMAF Tariff	Pre-authorisation: 100% of the tariff will be paid. Without Pre-authorisation: No benefit will be paid except in the case of emergency hospital admissions and emergencies after-hours, weekends and public holidays.
Additional Hospital Benefit Cover: GPs and specialists in-hospital services are paid up to a maximum of 150% of the NAMAF tariff. OVERALL LIMIT			
		COVER	
	1. Hospitalisation	100%	Overall Annual Limit
	1.1. Accommodation and Theatre		No Benefit
	1.2. Accommodation in Private Wards (Difference between general ward and private ward tariffs)		
	1.3. Intensive and High Care (Maximum three days, then motivation)		
	1.4. Blood Transfusions		Overall Annual Limit
	1.5. Radiology and Pathology (in-hospital) - Additional Hospital Benefit cover excluded		
	1.6. Physiotherapy and Biokinetics (in-hospital) - Additional Hospital Benefit cover excluded (Subject to prior approval)		
	1.7. Post-Rehabilitation Physiotherapy, Biokinetics and Occupational Therapy - Additional Hospital Benefit cover excluded - Additional benefit once the patient is out-of-hospital or transferred to a rehabilitation facility - Benefit available within three months from hospital discharge (Subject to prior approval)		N\$3 700 per Beneficiary Overall Annual Limit
	1.8. Medicine, fixed tariff procedures, hospital apparatus, and to take out medicine (seven days supply only)		
	1.9. Dialysis (Subject to Case Management and MHC guidelines)		
	1.10. Organ Transplant (Subject to Case Management and MHC guidelines) - Including medical expenses incurred by the donor if the recipient is a Fund member		Overall Annual Limit
	1.11. Internal Appliances and Materials (As per NMC protocol)	100% of Cost	
	2. General Practitioners and Specialists (In-Hospital Services) - Additional Hospital Benefit cover included except the use of equipment and equipment hire fees	100%	N\$36 100 per Family Overall Annual Limit
	3. Specialised Radiology Procedures (In and Out-Of-Hospital) Additional Hospital Benefit cover excluded - Referral from a medical specialist only (referral from GP acceptable in places where there is no medical specialist)(Subject to prior approval)	100%	Overall Annual Limit
	3.1. MRI and CT Scans		N\$17 430 per Family
	3.2. Nuclear Medicine		Overall Annual Limit
	4. Maternity (Groups have cover from the date of joining. Individuals have a nine-month waiting period)	100%	Overall Annual Limit
	4.1. Confinement – full procedure		Payable from Maternity Benefit
	4.2. Antenatal Consultation 12 consultations per Beneficiary (prorated from the date of joining) - Additional Hospital Benefit cover excluded		
	4.3. Ante/Postnatal Classes and Education Six sessions per Beneficiary (prorated from the date of joining) - Additional Hospital Benefit cover excluded		
	4.4. Sonar Scans Three scans per Beneficiary per pregnancy - Additional Hospital Benefit cover excluded		
	4.5. Tests for Chromosomal and Foetal Abnormalities - Additional Hospital Benefit cover excluded		
	4.6. Midwifery Service - Additional Hospital Benefit cover excluded		
	5. Insertion of Intrauterine Device w/Hormone (All-inclusive) (Subject to prior approval) (Prorated from the date of joining)	100%	N\$6 800 per Beneficiary Overall Annual Limit

	6. Oncology (Subject to Case Management and MHC guidelines)	100%	N\$367 500 per Beneficiary Overall Annual Limit
	6.1. Consultations and Procedures Out-of-Hospital		
	6.2. MRI/CT Scans and Other Specialised Radiology Procedures In and Out-of-Hospital - Additional Hospital Benefit Cover excluded - Referral from a medical specialist only		
	6.3. Radiation Oncology (Referral from a medical specialist only)		
	6.4. Oncology Medication (Chemotherapy, radiotherapy, and hormone therapy)		
	6.5. Hospitalisation and Related Procedures In-Hospital		Overall Annual Limit
	7. Corrective Eye Surgery – All-inclusive (Subject to prior approval and MHC guidelines) Groups have cover from the date of joining. Individuals have a one year waiting period	100%	No Benefit
	7.1. Refractive Surgery		
	7.2. Cataract Surgery and Lens Implants		
	8. Reconstructive Surgery (Medical necessity only)	100%	No Benefit
	9. Private Nursing/Frail Care/Hospice (Subject to Case Management)	100%	N\$8 700 per Family Overall Annual Limit
	10. Psychiatric Treatment – Hospitalisation (Subject to prior approval)	100%	N\$34 500 per Family Overall Annual Limit
	11. Alcoholism/Drug Addiction (Subject to prior approval and MHC guidelines)		
	12. Specialised Dental Surgery - Additional Hospital Benefit cover excluded (Subject to pre-authorisation)	100%	No Benefit
	12.1. Maxillo-Facial and Oral Surgery (trauma/non-elective) - All-inclusive		
	12.2. Maxillo-Facial, Oral Surgery and Dental Implants - All-inclusive		
	13. Stomal Therapy (All-inclusive) (Subject to prior approval)	100%	N\$17 000 per Family Overall Annual Limit
	14. Ambulance and Evacuation Services	100%	Overall Annual Limit
	14.1. Emergency Ambulance and Flights (Territory: SADC countries) (Subject to prior approval)		Unlimited Benefit
	14.2. Ambulance/Inter-Hospital Transfer (Subject to prior approval)		N\$2 600 per Family
	15. Medical Referral Subject to accommodation and travelling reimbursement protocols (Subject to prior approval)		Overall Annual Limit
	15.1. Transport	70% of Cost	N\$10 150 per Family
	15.2. Accommodation Other than a Recognised Hospital/Medical Institution (Maximum of two days)	100%	N\$620 per day per Family
	16. International Medical Travel Insurance - Medical cover when travelling to foreign countries - For emergency cases only (not for elective surgery or procedure)	100% of Cost	N\$10 000 000 per incident

	17. Specified Illness Conditions As per national guidelines for antiretroviral therapy (Sub-limits are prorated from the date of joining)		N\$44 750 per Family Overall Annual Limit
	17.1. HIV/AIDS (As per national guidelines for antiretroviral therapy)	100%	N\$26 350 per Beneficiary
	17.1.1. Medicine (Paid at maximum Namibia medicine price list on generics)		
	17.1.2. First Full HIV Consultation/Assessment Once-off benefit	N\$510	Payable from Specified Illness Conditions
	17.1.3. Consultation (after the first full HIV consultation/assessment) Six consultations per Beneficiary	N\$465	
	17.1.4. HIV Counselling		N\$1 360 per Beneficiary
	17.1.5. Pathology Tests (Subject to wprior approval)		N\$5 940 per Beneficiary
	17.1.6. HIV Resistance Test (Subject to prior approval)		
	17.2. Prevention of Mother-to-Child Transmission (PMTCT) As per national guidelines	100%	Payable from Specified Illness Conditions
	17.3. Post-Exposure Prophylaxis (PEP) As per national guidelines		
	17.4. Pre-Exposure Prophylaxis (PrEP) As per national guidelines		
CATEGORY B: DAY-TO-DAY BENEFIT		100% Tariff	Overall Sub-benefit limit N\$19 500 per Beneficiary N\$26 350 per Family Sub-limits are pro-rated from date of joining except optical benefit. OVERALL ANNUAL LIMIT
	18. General Practitioners and Specialists (out-of-hospital including casualties)		N\$6 800 per Family
	18.1. Consultations/Visits (out-of-hospital, including casualties) - GP Telephonic/Virtual Consultations (telephonic/virtual writing of prescriptions not payable) Seven virtual/telephonic consultations per Beneficiary	100%	Payable from General Practitioners and Specialists Benefit
	18.2. Procedures/Services (out-of-hospital, including casualties)		
	18.3. Materials and Disposable Items (Out-of-Hospital)		
	18.4. Radiology and Pathology (out-of-hospital, including radiography, sonography, medical laboratory technology and chemical biochemistry) (Referral from a Medical Practitioner)		
	18.5. MRI and CT Scan		Payable from the MRI and CT Scan Benefit
Benefit Booster Applicable (additional benefit once limit is exceeded)			
	19. Medicine and Injections	SEP + 40%	N\$13 650 per Family
	19.1. Medicine and Injections (Acute and Chronic) (Paid at maximum Namibia medicine price list on generics)	100%	N\$6 800 per Beneficiary
	19.2. Essential Vaccination/Immunisation (Paid at maximum Namibia medicine price list on generics)		Payable from Medicine and Injections
	19.3. Self-Medication (Paid at maximum Namibia medicine price list on generics)		N\$900 per Family N\$131 per claim per Beneficiary
	20. Primary Health Care Services		N\$1 050 per Family
	20.1. Consultations and Procedures	100%	Payable from Primary Health Care Services
	20.2. Medicine and Injections (Paid at maximum Namibia medicine price list on generics)		Payable from Medicine (Acute and Chronic)
	Benefit Booster Applicable (additional benefit once limit is exceeded)		
	21. Dentistry		N\$4 730 per Family
	21.1. Conservative and specialised dentistry (Including Dental Therapy) Benefit Booster Applicable (additional benefit once limit is exceeded)	100%	Payable from Dentistry benefit
	21.2. Maxillo-Facial, Oral Surgery and Dental Implants		No Benefit
	21.3. Orthodontics		

	22. Optical Every two years (Including frame) (2025-2026)	100%	N\$3 850 per Family	
	22.1. Eye Tests, Spectacles and Contact Lenses		N\$1 365 per Beneficiary every two years	
	22.2. Frame		N\$545 per Beneficiary	
	23. Auxiliary Services (Supplementary Services)	100%	N\$2 490 per Family	
	23.1. Consultation and procedure		Payable from Auxiliary Services	
	23.2. Medicine		Payable from Medicine (Acute and Chronic)	
	Benefit Booster applicable (additional benefit once limit is exceeded)			
	24. External Appliances (Subject to MHC guidelines)	80% of Cost	N\$2 730 per Family	
	25. Wheelchair, Artificial Limbs, Artificial Eyes, Hearing Aid Apparatus, Devices for Diabetes Management		No Benefit	
	26. Benefit Booster Applicable if Medicine and Injections, Dentistry, GPs and Specialists, Primary Health Care and Auxiliary Services Benefits are Depleted		N\$1 260 per Family	
	26.1. Medicine and Injections (Acute and Chronic) - Excluding self-medication	70%	Payable from Benefit Booster	
	26.2. Dentistry	70%		
	26.3. General Practitioners and Specialists (Consultations/visits and procedures/services out-of-hospital, including casualties)	80%		
	26.4. Primary Health Care	80%		
	26.5. Auxiliary Services	70%		
	27. Benefit Booster "Up" (Voluntary Buy-up Benefit) - Members can choose to enrol in the voluntary Benefit Booster Up each year before 15 January. - Members who join the Fund during the year can also opt for the Benefit Booster Up, with prorated adjustments. - Once opted in, the Extended Benefit Booster cannot be cancelled for the rest of the year. - The available benefit is equal to the voluntary contributions paid (accumulative). - 95% of the accumulated voluntary contributions will roll over to the next financial year. - Any unused Benefit Booster Up will be forfeited and will not be refunded if the principal member resigns from the fund or passes away - Members who choose to switch to a Traditional or Hospital Plan can use their remaining voluntary contributions to fund the Traditional or Hospital Plan Day-to-Day Back Up Benefit. - Similarly, the remainder can be transferred to any other traditional option. - The Extended Benefit Booster can be used to cover depleted benefits, charges exceeding benchmark tariffs, exclusions, and other claims that were validly rejected.	100% of Cost	Monthly Voluntary Contribution	Extended Benefit per Annum
			N\$300	N\$3 600
			N\$600	N\$7 200
			N\$900	N\$10 800
			N\$1 200	N\$14 400
			N\$1 500	N\$18 000
	28. Lifestyle Management Screening Tests (Subject to Clinical Guidelines and Protocols)	100%	N\$15 000 per Family	

CATEGORY C: BACK-UP BENEFIT	COVER	M	M1	M2	M3	M4	M5+
Threshold Limit		4 940	5 580	5 790	5 990	6 200	6 400

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 2026 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 2026 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 2026.
- The unused Back-up benefit can be accumulated and carried over to the following benefit year.
- If the member resigns from NMC, any Back-up benefit balance will go to the Fund reserves.
- If the member passes away and their dependants remain with NMC, the Back-up benefit will be transferred to the remaining dependants.
- The Back-up benefit can be used to pay the excess on the NAMAf tariffs, member co-payments and rejected claims in terms of NMC rules.
- The Back-up benefit cannot be used to pay for claims rejected due to non-compliance with the NAMAf billing rules and guidelines.

EXAMPLE OF HOW THE BACK-UP BENEFIT WILL BE CALCULATED

	M	M1	M2	M3	M4	M5+
A. The total amount paid by NMC (at the end of April 2025 for 2024 claims) for the following family limits: <ul style="list-style-type: none"> Medicine and Injections Optical Auxiliary Services 	3 800	4 250	9 850	15 200	18 700	4 700
B. Threshold Limit	4 940	5 580	5 790	5 990	6 200	6 400
C. Difference: Threshold Limit (B) – Total Paid Amount (A)	1 140	1 330	0	0	0	1 700
D. Back-Up Benefit = 15% of C (Available from 01 May 2025)	171	200	Does not qualify because The Total Benefit Amount (A) is more than the Threshold Limit (B)			255

Contribution Tables

Opal Individual Contributions				
Age Band		Main	Adult	Child
0	25	2,135	1,329	592
26	30	2,362	1,494	592
31	35	2,573	1,679	592
36	40	2,884	1,899	604
41	45	3,157	2,082	604
46	50	3,384	2,276	604
51	55	3,682	2,509	604
56	60	3,927	2,693	604
61	65	4,180	2,879	604
66	100	4,436	3,087	604

Opal Group Contributions				
Income Band		Main	Adult	Child
0	4,560	1,923	1,244	355
4,561	6,020	2,214	1,412	407
6,021	9,210	2,371	1,465	438
9,211	13,530	2,437	1,571	448
13,531	15,200	2,726	1,746	503
15,201	17,240	3,019	1,921	558