



Sapphire

All Essentials Covered

2024 BENEFIT GUIDE



OVERALL ANNUAL BENEFIT (OVERALL ANNUAL LIMIT)		Unlimited Benefit					
CATEGORY A: Hospitalisation Benefit	% 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: General Practitioners (GPs) and specialists in-hospital services are paid up to a maximum of 150% of the NAMAF tariff. OVERALL LIMIT							
	COVER	M	M1	M2	M3	M4	M5+
1. Hospitalisation	100%	Overall Annual Limit					
1.1. Accommodation and Theatre		N\$10 900 per Beneficiary N\$23 900 per Family					
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\$5 000 per Beneficiary Overall Annual Limit					
1.8. Medicine, Fixed Tariff Procedures, Hospital Apparatus, and To Take Out Medicine (Seven days supply only)							
1.9. Dialysis (Subject to Case Management and MHC guidelines)							
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%	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\$39 500 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							
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		Payable from the Maternity Benefit					
4.4. Sonar Scans – three scans per Beneficiary per Pregnancy - Additional Hospital Benefit cover excluded							
4.5. Tests for Chromosomal and Foetal Abnormalities - Additional Hospital Benefit cover excluded							
4.6. Midwifery Service - Additional Hospital Benefit cover excluded							

5. Insertion of Intrauterine Device w/ Hormone (All-inclusive) (Subject to prior approval) (Prorated from the date of joining)	100%	N\$6 500 per Beneficiary Overall Annual Limit					
6. Oncology (Subject to Case Management and MHC guidelines)	100%	N\$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					
7. Corrective Eye Surgery – All-inclusive (Subject to prior approval and MHC guidelines) Groups have cover from the date of joining. Individuals have a one-year waiting period	100%	Overall Annual Limit					
7.1. Refractive Surgery		N\$23 100 per Beneficiary once-off N\$29 600 per Family					
7.2. Cataract Surgery and Lens Implants		N\$25 000 per eye per Beneficiary once-off					
8. Reconstructive Surgery (Medical necessity only) (Subject to prior approval and subject to strict MHC guidelines)	100%	Overall Annual Limit					
8.1. Consultation and procedure		N\$14 500 per Family					
8.2. Hospitalisation		Overall Annual Limit					
9. Private Nursing/Frail Care/Hospice (Subject to Case Management)		N\$38 700 per Family Overall Annual Limit					
10. Psychiatric Treatment – Hospitalisation (Subject to prior approval)	100%	N\$32 750 per Family Overall Annual Limit					
11. Alcoholism / Drug Addiction (Subject to prior approval and MHC guidelines)							
12. Specialised Dental Surgery - Additional Hospital Benefit cover excluded (Subject to pre-authorisation)	100%	Overall Annual Limit					
12.1. Maxillo-Facial and Oral Surgery (trauma/non-elective) - All-inclusive		N\$132 000 per Family					
12.2. Maxillo-Facial, Oral Surgery and Dental Implants (other/ elective) - All-inclusive		N\$39 000 per Beneficiary N\$48 500 per Family N\$3 800 per dental implant component					
12.3. Maxillo-Facial and Oral Surgery (Including Dental Implants) (other/non-elective) - In-practice (surgical procedures performed in a doctor’s room)	150%	Payable from maxillo-facial, oral surgery and dental implants (other/elective)					
12.4. Maxillo-Facial and Oral Surgery - Internal Prosthesis (excluding dental Implant component)	100% of Cost	Payable from internal appliances under the Hospital Benefit					
13. Stomal Therapy (All-inclusive) (Subject to prior approval)	100%	N\$28 750 per Family Overall Annual Limit					
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\$5 500 per Beneficiary					
15. Medical Referral (Subject to prior approval and accommodation and travelling reimbursement protocols)		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% of Cost	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					
CATEGORY B: DAY-TO-DAY BENEFIT	COVER	Sub-limits are prorated from the date of joining, except the Optical Benefit. OVERALL LIMIT					
		M	M1	M2	M3	M4	M5+
17. General Practitioners and Specialists		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) - 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					
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					
Benefit Booster Applicable (additional benefit once limit is exceeded)							

18. Medicine and Injections		SEP + 40%	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	85%		N\$8 350	N\$12 750	N\$15 550	N\$16 000	N\$16 350	N\$16 600
			N\$8 350 per Beneficiary					
18.2. Chronic – Paid at maximum Namibia medicine price list on generics			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	85%	No Limit per Beneficiary Payable from Medicine and Injections						
18.2.2. Members aged 66 and above	100%							
18.3. Essential Vaccination/Immunisation (As per WHO guidelines) - Paid at maximum Namibia medicine price list on generics	100%	Payable from Medicine and Injections						
Benefit Booster Applicable (additional benefit once limit is exceeded)								
18.4. Self-medication - Paid at maximum Namibia medicine price list on generics	100%		N\$1 890	N\$2 050	N\$2 200	N\$2 350	N\$2 510	N\$2 670
			N\$225 per claim per Beneficiary per day					
19. Primary Health Care Services			N\$1 250	N\$1 500	N\$1 700	N\$1 900	N\$2 100	N\$2 300
			N\$1 250 per Beneficiary					
19.1. Consultations and Procedures	100%	Payable from Primary Health Care Services						
19.2. Medicine and Injections - Paid at maximum Namibia medicine price list on generics	100%	Payable from Acute Medication						
Benefit Booster Applicable (additional benefit once limit is exceeded)								
20. Dentistry								
20.1. Conservative and Specialised Dentistry (Including Dental Therapy)	100%		N\$15 750	N\$19 000	N\$20 750	N\$21 250	N\$21 750	N\$22 250
			N\$15 750 per Beneficiary					
20.2. Maxillo-Facial, Oral Surgery and Dental Implants - In-practice consultation and non-surgical procedures	100%	Payable from Dentistry Benefits						
Benefit Booster Applicable (additional benefit once limit is exceeded)								
20.3. Orthodontics (Subject to prior approval and MHC guidelines)	100%	N\$23 000 per Beneficiary once-off						
21. Optical Benefits Every two years (Including frame) (2023-2024)			N\$4 900	N\$9 800	N\$10 100	N\$10 400	N\$10 700	N\$11 000
			N\$4 900 per Beneficiary					
21.1. Optical tests	100%	Payable from Optical Benefits						
21.2. Spectacles and Lenses	100%							
21.3. Frame	100% of Cost	N\$1 870 per Beneficiary						
21.4. Readers Spectacles	100% of Cost	N\$105 per Beneficiary						
22. Auxiliary Services			N\$15 300	N\$24 500	N\$26 500	N\$27 750	N\$28 250	N\$28 750
			N\$15 300 per Beneficiary					
22.1. Art Therapy	100%	Payable from Auxiliary Services						
22.2. Audiology/Speech Therapy	100%							
22.3. Biokinetics	100%	N\$7 560 per Beneficiary						
22.4. Chinese Medicine		N\$7 560 per Beneficiary						
22.5. Chiropractor		Payable from Auxiliary Services						
22.5.1. Consultation and Procedure	100%							
22.5.2. Medicine	80%	Payable from Acute Medicine and Injections						
22.6. Clinical Psychology/Psychological Counsellor	100%	N\$7 560 per Beneficiary						
22.7. Clinical Technology	100%	Payable from Auxiliary Services						
22.8. Dietician	100%							
22.9. Hearing Aid Acoustician	100%							
22.10. Homeopathy/Naturopathy/Phytotherapy								
22.10.1. Consultation and Procedure	100%	Payable from Acute Medicine and Injections						
22.10.2. Medicine	80%							
22.11. Occupational Therapy	100%	Payable from Auxiliary Services						
22.12. Orthotist/Prosthetist	100%							
22.13. Physiotherapy	100%	N\$7 560 per Beneficiary						
22.14. Podiatry/Chiropody	100%	Payable from Auxiliary Services						
22.15. Social Worker	100%	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\$17 750 per Beneficiary every four years (2024-2027)						

24. Artificial Limbs (Subject to prior approval)	100% of Cost	N\$36 750 per Beneficiary every two years(2024-2025)				
25. Artificial Eyes (Subject to prior approval)	100% of Cost	N\$17 250 per Beneficiary every four years (2024-2027)				
26. Hearing Aid Apparatus (Subject to prior approval) - Inclusive of repair and maintenance	100% of Cost	N\$35 000 per Family every three years for both ears (N\$17 500 per ear) (2023-2025)				
27. Appliances (External) (Subject to MHC guidelines)	80% of Cost	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\$40 000 per Beneficiary every four years (2023 – 2026)				
28.2. Other Diabetes Devices and Related Consumables		N\$56 000 per Beneficiary				
29. Specified Illness Conditions - As per national guidelines (Sub-limits are prorated from the date of joining)		N\$36 100	N\$72 200	N\$72 200	N\$72 200	N\$72 200
29.1. HIV/AIDS (As per national guidelines for antiretroviral therapy)		N\$36 100 per Beneficiary				
29.1.1. Medicine - Paid at maximum Namibia medicine price list on generics	100%	Payable from Specified Illness Conditions				
29.1.2. First Full HIV Consultation/Assessment Once-off benefit	N\$480					
29.1.3. Consultation (after the first full HIV consultation/assessment) Six consultations per Beneficiary	N\$440					
29.1.4. HIV Counselling	100%	N\$1 300 per Beneficiary				
29.1.5. Pathology Tests (Subject to prior approval)	100%	N\$7 800 per Beneficiary				
29.1.6. HIV Resistance Test (Subject to prior approval)	100%	Payable from Specified Illness Conditions				
29.2. Prevention of Mother-to-Child Transmission (PMTCT) - As per national guidelines	100%					
29.3. Post-Exposure Prophylaxis (PEP) - As per national guidelines	100%					
29.4. Pre-Exposure Prophylaxis (PrEP) - As per national guidelines	100%					
30. Benefit Booster Applicable if Medicine and Injections, Dentistry, GPs and Specialists, Primary Health Care and Auxiliary Services benefits are depleted		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				
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%					

Contribution Tables

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

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