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AMBER









All Essentials Covered





2023 BENEFIT GUIDE





OVERALL ANNUAL BENEFIT (OVERALL ANNUAL LIMIT)			Unlimited Benefit
CATEGORY A: Benefits for Major Medical Expenses		% NAMAF 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 NAMAF Tariff. OVERALL LIMIT			
		COVER	
	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 3 days, then motivation)		Overall Annual Limit
	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)		
	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	No Benefit
	1.11. Medical & Surgical Appliances (External)		
	2. General Practitioners and Specialists (In-Hospital Services) - Additional Hospital Benefit Cover included	200%	Overall Annual Limit
	3. Specialised Radiology Procedures (In and Out-of-Hospital) Additional Hospital Benefit Cover excluded - Referral from a medical specialist only (referral from a GP acceptable in places where there is no medical specialist) (Subject to prior approval)	100%	Overall Annual Limit
	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 9 months waiting period)	100%	Overall Annual Limit
	4.1. Confinement – full procedure		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		
	5. Insertion of Intrauterine Device w/Hormone (All-inclusive) (Subject to prior approval) (Benefit is pro-rated 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. Refractive 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%	N\$23 100 per Beneficiary once-off N\$29 600 per Family Overall Annual Limit
	8. Reconstructive Surgery (Medical necessity only) (Subject to prior approval and subject to strict MHC guidelines)	100%	Overall Annual Limit
	8.1. Consultation and Procedures		N\$14 500 per Family
	8.2. Hospitalisation		Overall Annual Limit
	9. Private Nursing/Frail Care/Hospice (Subject to Case Management)	100%	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 - All-inclusive (trauma/non-elective) (Including dental extractions for children less than 10 years old and wisdom teeth extractions)		N\$132 000 per Family
	12.2. Maxillo-Facial and Oral Surgery - Hospitalisation Only (other/elective)		N\$20 500 per Family
	12.3. Dental Implant – hospitalisation		Payable from Internal appliances under Hospital Benefit
	12.4. Maxillo-Facial and Oral Surgery – internal prosthesis (Excluding dental implant component)		

	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)		Overall Annual Limit
	15. Medical Referral Subject to accommodation and travelling reimbursement protocols (Subject to prior approval)		Overall Annual Limit
	15.1. Transport	80% of Cost	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
	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

Contribution Tables

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

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