

All Essentials Covered



	OVERALL ANNUAL BENEFIT (OVERALL ANNUAL LIMIT)	N\$1 081 600 per Beneficiary N\$1 622 400 per Family			
	CATEGORY A: Hospitalisation Benefit	% 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, weekend 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					
	1	COVER			
1. Ho	spitalisation		Overall Agreed Limit		
1.1.	Accommodation and Theatre		Overall Annual Limit		
1.2.	Accommodation in private wards (Difference between general ward and private ward tariffs)		N\$7 500 per Beneficiary N\$16 500 per Family		
1.3.	Intensive and high care (Maximum 3 days, then motivation)				
1.4.	Blood transfusions				
	Radiology and Pathology (in-hospital) Additional Hospital Benefit Cover excluded				
	Physiotherapy and Biokinetics Additional Hospital Benefit Cover excluded	100%			
1.6.	Physiotherapy and Biokinetics (in-hospital)	100 /0			
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		
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			
	neral Practitioners and Specialists (in-hospital services) ditional Hospital Benefit Cover Included	200%	Overall Annual Limit		
Add	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)		Overall Annual Limit		
3.1.	MRI and CT Scans		N\$27 000 per Family		
3.2.	Nuclear Medicine		Overall Annual Limit		
(Gr	Maternity (Groups have cover from the date of joining. Individuals have a 9 months waiting period)		Overall Annual Limit		
4.1.	Confinement – full procedure				
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 per Pregnancy (Pro-rated from the date of joining) – Additional Hospital Benefit cover excluded	100%			
	Sonar Scans – 3 scans per Beneficiary per Pregnancy Additional Hospital Benefit cover excluded		Payable from the Maternity Benefit		
	Tests for Chromosomal and Foetal Abnormalities Additional Hospital Benefit cover excluded				
	Midwifery Service Additional Hospital Benefit cover excluded				
	ertion of Intrauterine Device w/Hormone (All-inclusive) (Subject to or approval) (Pro-rated from date of joining)	100%	N\$6 500 per Beneficiary Overall Annual Limit		



17.5. MRI and CT Scan		Payable from the MRI and CT Scan Benefit			
17.4. Radiology and Pathology (Out-Of-Hospital, Including Radiography, Sonography, Medical Laboratory Technology and Chemical Biochemistry) (Referral from a Medical Practitioner)					
17.3. Materials and Disposable Items	100%	Payable from General Practitioners and Specialists Benefit			
17.2. Procedures (Out-Of-Hospital Services, Including Casualties)					
17.1. Consultations/Visits (Out-Of-Hospital, Including Casualties)					
17. General Practitioners and Specialists		N\$9 000 N\$11 800 N\$12 300 N\$12 550 N\$12 800 N\$13 05			
CATEGORY B: DAY-TO-DAY BENEFIT	COVER	Sub-limits are pro-rated from the date of joining, except the Optical Benefit. OVERALL LIMIT M M1 M2 M3 M4 M5+			
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			
 Accommodation Other than a Recognised Hospital/Medical Institution (Maximum of 2 days) 	100% of Cost	N\$620 per day per Family			
15.1. Transport	80% of Cost	N\$10 150 per Family			
L5. Medical Referral Subject to accommodation and travelling reimbursement protocols (Subject to prior approval)		Overall Annual Limit			
14.2. Ambulance/Inter-Hospital Transfer (Subject to prior approval)		Overall Annual Limit			
 Emergency Ambulance and Flights (Territory: SADC Countries) (Subject to prior approval) 	100%	Unlimited Benefit			
14. Ambulance and Evacuation Services		Overall Annual Limit			
L3. Stomal Therapy (All-inclusive) (Subject to prior approval)	100%	N\$28 750 per Family Overall Annual Limit			
12.4. Maxillo-Facial and Oral Surgery - internal prosthesis	100% of Cost	.,			
12.3. Dental Implant – hospitalisation	_				
12.2. Maxillo-Facial and Oral Surgery - Hospitalisation Only (other/elective)		N\$14 000 per Family			
 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			
2. Specialised Dental Surgery – Hospitalisation (Subject to pre-authorisation)		Overall Annual Limit			
1. Alcoholism/Drug Addiction (Subject to prior approval and MHC guidelines)	100%	Overall Annual Limit			
1.0. Psychiatric Treatment – Hospitalisation (Subject to prior approval)	1000/	N\$32 750 per Family			
Private Nursing/Frail Care/Hospice (Subject to Case Management)		Overall Annual Limit			
8.2. Hospitalisation		Overall Annual Limit N\$21 750 per Family			
8.1. Consultation and procedure	100%	N\$6 750 per Family			
8. Reconstructive Surgery (Medical necessity only) (Subject to prior approval and subject to strict MHC guidelines)	1000/	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\$6 200 per Beneficiary once-off N\$7 500 per Family Overall Annual Limit			
6.5. Hospitalisation and Related Procedures In-Hospital		Overall Annual Limit			
6.4. Oncology Medication (chemotherapy, radiotherapy, and hormone therapy)					
6.3. Radiation Oncology (Referral from a medical specialist only)					
6.2. MRI/CT Scans and Other Specialised Radiology Procedures In and Out-of-Hospital - Additional Hospital Benefit Cover excluded - Referral from a medical specialist only	100%	N\$600 000 per Beneficiary Overall Annual Limit			
6.1. Consultations and procedures Out-of-Hospital					

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18. Medicine and Injections		N\$14 630	N\$16 180	N\$16 740	N\$17 390	N\$18 050	N\$18 650
18.1. Acute – Paid at maximum Namibia medicine price list on		N\$5 400	N\$5 700	N\$5 900	N\$6 150	N\$6 400	N\$6 650
generics	80%	N\$5 400 per Beneficiary			I		
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
18.2.1. Members aged 65 and below	80%			No Limit pe	r Beneficiary		
18.2.2. Members aged 66 and above	100%	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	i)			ı	ı		ı
18.4. Self-medication	100%	N\$1 130	N\$1 230	N\$1 390	N\$1 540	N\$1 700	N\$1 800
Paid at maximum Namibia medicine price list on generics	10070		N\$183	per claim pe	r Beneficiary	per day	
19. Primary Health Care Services		N\$1 000	N\$1 200	N\$1 350 N\$1 000 pe	N\$1 500 r Beneficiary	N\$1 650	N\$1 800
19.1. Consultations and Procedures	100%		Payable	from Primar	y Health Care	e 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	1)						
20. Dentistry							
20.1. Conservative and Specialised Dentistry (Including Dental Therapy)	100%	N\$10 500	N\$12 250	N\$13 500 N\$10 500 pe	N\$14 000 er Beneficiary	N\$14 250	N\$14 500
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			actice		
20.2.1. In-Hospital	100%	N\$10 100 per Beneficiary N\$18 450 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					
Benefit Booster Applicable (Additional benefit once limit is exceeded	i)						
20.3. Orthodontics (Subject to prior approval and MHC guidelines)	100%		N\$1	L3 250 per Be	neficiary onc	e-off	
Maxillo-Facial and Oral Surgery (elective) Consultation and procedure (Subject to pre-authorisation)		The available benefits are for either in-hospital or in-practice				ectice	
20.4.1. In-Hospital	100%	N\$5 700	N\$7 000	N\$7 500 N\$5 700 pe	N\$8 050	N\$8 550	N\$9 100
20.4.2. In-Practice	100%	N\$8 550	N\$10 650	N\$11 400	N\$12 200 Beneficiary	N\$13 000	N\$13 250
		N\$3 350	N\$6 700	N\$6 900	N\$7 100	N\$7 300	N\$7 500
21. Optical Benefits Every 2 years (Including frame) (2023-2024)		1492 220	1436 700				14\$7 500
21.1. Optical tests	100%	N\$3 350 per Beneficiary					
21.2. Spectacles and Lenses	100%		Р	ayable from	Optical Bene	fits	
21.3. Frame	100% of Cost	t N\$1 140 per Beneficiary					
21.4. Readers Spectacles	100% of Cost						
		N\$11 850	N\$13 000	N\$13 150	N\$13 400	N\$13 650	N\$13 900
22. Auxiliary Services		11411 030	11013 000		er Beneficiary		11413 700
22.1. Art Therapy	100%					<u>'</u>	
22.2. Audiology/Speech Therapy	100%	Payable from Auxiliary Services					
22.3. Biokinetics	100%	N\$4 050 per Beneficiary					
22.4. Chiropractor 22.4.1. Consultation and Procedure	100%	Payable from Auxiliary Services Payable from Acute Medicine and Injections					
22.4.2. Medicine 22.5. Clinical Psychology/Psychological Counsellor	100%	N\$4 050 per Beneficiary					
22.6. Clinical Technology	100%			144-4 020 be	Denenciary		
22.7. Dietician	100%	_					
22.8. Hearing Aid Acoustician	100%	Payable from Auxiliary Services					
22.9. Homeopathy/Naturopathy/Phytotherapy	20070						
22.9.1. Consultation and Procedure	100%						
22.9.2. Medicine	80%	Payable from Acute Medicine and Injections					

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22.10. Occupational Therapy	100%	Payable from Auxiliany Convices				
22.11. Orthotist/Prosthetist	100%	Payable from Auxiliary Services				
22.12. Physiotherapy	100%	N\$4 050 per Beneficiary				
22.13. Podiatry/Chiropody	100%	Payable from Auxiliary Services				
22.14. Social Worker	100%	N\$4 050 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)				
24. Artificial Limbs (Subject to prior approval)	100% of Cost	N\$18 450 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)				
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)				
27. Appliances (External) (Subject to MHC guidelines)	80% of Cost	N\$4 550 per Family				
28. Medical Devices for Diabetes Management (Subject to prior approval and MHC guidelines)						
28.1. Insulin Pumps		N\$35 000 per Beneficiary every 4 years (2023-2026)				
28.2. Other Devices (Glucose Monitoring System/Glucose Reader)	80% of Cost	N\$17 500 per Beneficiary				
28.3. Diabetes-Related Consumables		N\$33 500 per Beneficiary				
29. Specified Illness Conditions 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				
29.1. HIV/AIDS (As per national guidelines for antiretroviral therapy)		N\$31 000 per Beneficiary				
29.1.1. Medicine Paid at maximum Namibia medicine price list on generics	100%					
29.1.2. First Full HIV Consultation/Assessment Once-off benefit	N\$480	Payable from Specified Illness Conditions				
29.1.3. Consultation (after the first full HIV consultation/ assessment)6 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\$5 950 per Beneficiary				
29.1.6. HIV Resistance Test (Subject to prior approval)	100%					
29.2. Prevention of Mother-to-Child Transmission (PMTCT)	100%	Develor from Consideral III. and Consideran				
29.3. Post-Exposure Prophylaxis (PEP)	100%	Payable from Specified Illness Conditions				
29.4. Pre-Exposure Prophylaxis (PrEP)	100%					
30. Benefit Booster Applicable if medicine and injections, dentistry, GPs' and Specialists, primary health care and auxiliary services benefits are depleted		N\$1 935 per Beneficiary N\$2 990 per Family				
30.1. Medicine and Injections (Acute and Chronic) – Excluding self-medication	70%					
30.2. Dentistry (Excluding orthodontics)	70%					
 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

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			

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			