

Jade

All Essentials Covered 2024 BENEFIT GUIDE



OVERALL ANNUAL BENEFIT
(OVERALL ANNUAL LIMIT)

N\$733 200 per Beneficiary
N\$1 133 600 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

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|  | 1. Hospitalisation | 100% | Overall Annual Limit |
| | 1.1. Accommodation and Theatre | | |
| | 1.2. Accommodation in Private Wards (Difference between general ward and private ward tariffs) | | N\$5 200 per Beneficiary N\$10 400 per Family |
| | 1.3. Intensive and High Care (Maximum three days, then motivation) | | |
| | 1.4. Blood Transfusions | | |
| | 1.5. Radiology and Pathology (in-hospital) - Additional Hospital Benefit cover excluded | | Overall Annual Limit |
| | 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\$3 500 per Beneficiary Overall Annual Limit |
| | 1.8. Medicine, fixed tariff procedures, hospital apparatus, and to take out medicine (seven days supply only) | | Overall Annual Limit |
| | 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 | | No Benefit |
| | 1.11. 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 except the use of equipment and equipment hire fees | 100% | Overall Annual Limit |

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|  | 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\$20 750 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 | | Payable from Maternity Benefit |
| | 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\$6 500 per Beneficiary Overall Annual Limit |
|  | 6. Oncology (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\$450 000 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 |
|  | 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\$6 150 per Beneficiary once-off N\$7 300 per Family |
| | 7.2. Cataract Surgery and Lens Implants | | N\$14 000 per eye per Beneficiary once-off |
|  | 8. Reconstructive Surgery (Medical necessity only) (Subject to prior approval and subject to strict MHC guidelines) | 100% | No Benefit |
|  | 9. Private Nursing/Frail Care/Hospice (Subject to Case Management) | 100% | N\$10 900 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\$57 000 per Family |
| | 12.2. Maxillo-Facial and Oral Surgery (other/elective) - All-inclusive | | N\$22 000 per Beneficiary N\$27 000 per Family |
| | 12.3. Maxillo-Facial and Oral Surgery (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. Dental Implant - All-inclusive | | No Benefit |
| | 12.5. Maxillo-Facial and Oral Surgery – Internal Prosthesis | 100% | Payable from Internal Appliances under Hospital Benefit |

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|  | 13. Stomal Therapy (All-inclusive) (Subject to prior approval) | 100% | N\$22 100 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\$4 400 per Family |
|  | 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% | 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\$42 600 per Family Overall Annual Limit |
| | 17.1. HIV/AIDS (As per national guidelines for antiretroviral therapy) | 100% | N\$25 100 per Beneficiary |
| | 17.1.1. Medicine (Paid at maximum Namibia medicine price list on generics) | | Payable from Specified Illness Conditions |
| | 17.1.2. First Full HIV Consultation/Assessment Once-off benefit | N\$480 | |
| | 17.1.3. Consultation (after the first full HIV consultation/ assessment) Six consultations per Beneficiary | N\$440 | |
| | 17.1.4. HIV Counselling | | N\$1 300 per Beneficiary |
| | 17.1.5. Pathology Tests (Subject to prior approval) | | N\$5 650 per Beneficiary |
| | 17.1.6. HIV Resistance Test (Subject to prior approval) | | Payable from Specified Illness Conditions |
| | 17.2. Prevention of Mother-to-Child Transmission (PMTCT) As per national guidelines | 100% | |
| | 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 | Sub-limits are prorated from the date of joining except the Optical Benefit. OVERALL ANNUAL LIMIT |
|  | 18. General Practitioners and Specialists (out-of-hospital including casualties) | | N\$6 500 per Beneficiary N\$11 350 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 | | |
| | 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) | | | |

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|  | 19. Medicine and Injections | SEP + 40% | N\$14 650 per Family |
| | 19.1. Medicine and Injections (Acute and Chronic) - Paid at maximum Namibia medicine price list on generics) | 100% | N\$7 450 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\$970 per Family N\$150 per claim per Beneficiary |
|  | 20. Primary Health Care Services | 100% | N\$750 per Beneficiary N\$1 500 per Family |
| | 20.1. Consultations and Procedures | | 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 | 100% | 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 |
| | 21.2. Dental Implants | | No Benefit |
| | 21.3. Orthodontics (Prior approval required) | | N\$9 150 per Beneficiary once-off |
| | 21.4. Maxillo-Facial and Oral Surgery (other/elective) | | Payable from Dentistry benefit The available benefits are for either in-hospital or in-practice |
|  | 22. Optical | 100% | N\$4 360 per Family |
| | 22.1. Every two years (Including frame) (2023/2024) | | N\$2 340 per Beneficiary every two years |
| | 22.2. Eye Tests, Spectacles and Contact Lenses | | N\$1 040 per Beneficiary |
| | 22.3. Frame | | |
|  | 23. Auxiliary Services (Supplementary Services) | 100% | N\$5 850 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\$ 2 700 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\$2 250 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% | |

| CATEGORY C: BACK-UP BENEFIT | COVER | M | M1 | M2 | M3 | M4 | M5+ |
|--------------------------------|-------|-------|-------|-------|-------|-------|-------|
| Threshold Limit | | 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 2025 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 2025 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 2025.
- 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 | | 2 500 | 4 250 | 18 250 | 12 600 | 7 950 | 6 000 |
| B. Threshold Limit | | 6 140 | 6 950 | 7 210 | 7 470 | 7 740 | 7 980 |
| C. Difference: Threshold Limit (B) – Total Paid Amount (A) | | 3 640 | 2 700 | 0 | 0 | 0 | 1 980 |
| D. Back-Up Benefit = 15% of C (Available from 01 May 2025) | | 375 | 405 | Does not qualify because The Total Benefit Amount (A) is more than the Threshold Limit (B) | | | 297 |

Contribution Tables

| Jade Individual Contributions | | | | |
|-------------------------------|-----|-------|-------|-------|
| Age Band | | Main | Adult | Child |
| 0 | 25 | 2,161 | 1,436 | 640 |
| 26 | 30 | 2,406 | 1,624 | 640 |
| 31 | 35 | 2,649 | 1,817 | 640 |
| 36 | 40 | 2,988 | 2,074 | 640 |
| 41 | 45 | 3,278 | 2,306 | 640 |
| 46 | 50 | 3,543 | 2,507 | 681 |
| 51 | 55 | 3,876 | 2,767 | 681 |
| 56 | 60 | 4,145 | 2,973 | 681 |
| 61 | 65 | 4,429 | 3,196 | 681 |
| 66 | 100 | 4,706 | 3,412 | 681 |

| Jade Group Contributions | | | | |
|--------------------------|-----|-------|-------|-------|
| Age Band | | Main | Adult | Child |
| 0 | 25 | 1,973 | 1,287 | 568 |
| 26 | 30 | 2,183 | 1,438 | 568 |
| 31 | 35 | 2,333 | 1,572 | 568 |
| 36 | 40 | 2,550 | 1,740 | 568 |
| 41 | 45 | 2,810 | 1,947 | 568 |
| 46 | 50 | 2,992 | 2,085 | 580 |
| 51 | 55 | 3,229 | 2,282 | 580 |
| 56 | 60 | 3,459 | 2,453 | 580 |
| 61 | 65 | 3,668 | 2,617 | 580 |
| 66 | 100 | 3,684 | 2,636 | 580 |