



# Sapphire

**2025 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 out. 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 ANNUAL LIMIT							
	COVER	M	M1	M2	M3	M4	M5+
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\$10 900 per Beneficiary N\$23 900 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 - <b>Benefit available within three months from hospital discharge</b> (Subject to prior approval)		N\$5 250 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\$41 500 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 <b>12 consultations per Beneficiary (prorated from the date of joining)</b> - Additional Hospital Benefit cover excluded							
4.3. Ante/Postnatal Classes and Education <b>Six sessions per Beneficiary (prorated from the date of joining)</b> - Additional Hospital Benefit cover excluded		Payable from the Maternity Benefit					
4.4. Sonar Scans – <b>three scans per Beneficiary per Pregnancy</b> - 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					



<b>6. Oncology</b> (Subject to Case Management and MHC guidelines)		
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	100%	N\$787 500 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
<b>7. Corrective Eye Surgery – All-inclusive</b> (Subject to prior approval and MHC guidelines) Groups have cover from the date of joining. Individuals have a one-year waiting period		Overall Annual Limit
7.1. Refractive Surgery	100%	N\$24 250 per Beneficiary once-off N\$31 100 per Family
7.2. Cataract Surgery and Lens Implants		N\$26 250 per eye per Beneficiary once-off
<b>8. Reconstructive Surgery (Medical necessity only)</b> (Subject to prior approval and subject to strict MHC guidelines)		Overall Annual Limit
8.1. Consultation and procedure	100%	N\$15 250 per Family
8.2. Hospitalisation		Overall Annual Limit
<b>9. Private Nursing/Frail Care/Hospice</b> (Subject to Case Management)		N\$40 600 per Family Overall Annual Limit
<b>10. Psychiatric Treatment – Hospitalisation</b> (Subject to prior approval)		
<b>11. Alcoholism / Drug Addiction</b> (Subject to prior approval and MHC guidelines)	100%	N\$34 500 per Family Overall Annual Limit
<b>12. Specialised Dental Surgery</b> - Additional Hospital Benefit cover excluded (Subject to pre-authorisation)		Overall Annual Limit
12.1. Maxillo-Facial and Oral Surgery (trauma/non-elective) - All-inclusive	100%	N\$138 600 per Family
12.2. Maxillo-Facial, Oral Surgery and Dental Implants (other/elective) - All-inclusive		N\$41 000 per Beneficiary N\$51 000 per Family N\$5 000 for all dental implant component per tooth
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
<b>13. Stomal Therapy (All-inclusive)</b> (Subject to prior approval)	100%	N\$28 750 per Family Overall Annual Limit
<b>14. Ambulance and Evacuation Services</b>		Overall Annual Limit
14.1. Emergency Ambulance and Flights (Territory: SADC Countries) (Subject to prior approval)	100%	Unlimited Benefit
14.2. Ambulance/Inter-Hospital Transfer (Subject to prior approval)		N\$5 780 per Beneficiary
<b>15. Medical Referral</b> (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
<b>16. International Medical Travel Insurance</b> - 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
<b>17. Lifestyle Management Screening Tests</b> (Subject to Clinical Guidelines and Protocols)	100%	N\$15 000 per Family

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+
18. General Practitioners and Specialists		N\$15 750	N\$20 250	N\$22 250	N\$22 500	N\$22 750	N\$23 000
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 (out-of-hospital services, 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)							
19. Medicine and Injections	SEP + 40%	N\$32 090	N\$50 000	N\$54 060	N\$54 810	N\$55 730	N\$56 400
19.1. Acute – Paid at maximum Namibia medicine price list on generics	85%	N\$8 800	N\$13 400	N\$16 300	N\$16 750	N\$17 100	N\$17 350
		N\$8 800 per Beneficiary					
19.2. Chronic – Paid at maximum Namibia medicine price list on generics		N\$21 300	N\$34 450	N\$35 450	N\$35 600	N\$36 000	N\$36 250
19.2.1. Members aged 65 and below	85%	No Limit per Beneficiary Payable from Medicine and Injections					
19.2.2. Members aged 66 and above	100%						
19.3. 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)							
19.4. Self-medication - Paid at maximum Namibia medicine price list on generics	100%	N\$1 990	N\$2 150	N\$2 310	N\$2 460	N\$2 630	N\$2 800
		N\$235 per claim per Beneficiary per day					
20. Primary Health Care Services		N\$1 310	N\$1 570	N\$1 780	N\$1 990	N\$2 200	N\$2 410
		N\$1 310 per Beneficiary					
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	100%	Payable from Acute Medication					
Benefit Booster Applicable (additional benefit once limit is exceeded)							
21. Dentistry		N\$16 600 per Beneficiary N\$23 500 per Family					
21.1. Conservative and Specialised Dentistry (Including Dental Therapy)	100%	Payable from Dentistry Benefits					
21.2. Maxillo-Facial, Oral Surgery and Dental Implants - In-practice consultation and non-surgical procedures							
Benefit Booster Applicable (additional benefit once limit is exceeded)							
21.3. Orthodontics (Subject to prior approval and MHC guidelines)	100%	N\$31 000 per Beneficiary once-off					
22. Optical Benefits Every two years (Including frame) (2025-2026)		N\$5 150 per Beneficiary N\$11 550 per Family per Annum					
22.1. Optical tests	100%	Payable from Optical Benefits					
22.2. Spectacles and Lenses	100%						
22.3. Frame	100% of Cost	N\$1 970 per Beneficiary					
22.4. Readers Spectacles	100% of Cost	N\$110 per Beneficiary					

23. Auxiliary Services			N\$16 100	N\$25 750	N\$27 850	N\$29 100	N\$29 650	N\$30 150
			N\$16 100 per Beneficiary					
23.1. Art Therapy	100%	Payable from Auxiliary Services						
23.2. Audiology/Speech Therapy	100%							
23.3. Biokinetics	100%	N\$7 940 per Beneficiary						
23.4. Chinese Medicine		N\$7 940 per Beneficiary						
23.5. Chiropractor		Payable from Auxiliary Services						
23.5.1. Consultation and Procedure	100%							
23.5.2. Medicine	85%	Payable from Acute Medicine and Injections						
23.6. Clinical Psychology/Psychological Counsellor	100%	N\$7 940 per Beneficiary						
23.7. Clinical Technology	100%	Payable from Auxiliary Services						
23.8. Dietician	100%							
23.9. Hearing Aid Acoustician	100%							
23.10. Homeopathy/Naturopathy/Phytotherapy								
23.10.1. Consultation and Procedure	100%	Payable from Acute Medicine and Injections						
23.10.2. Medicine	85%							
23.11. Occupational Therapy	100%	Payable from Auxiliary Services						
23.12. Orthotist/Prosthetist	100%							
23.13. Physiotherapy	100%	N\$7 940 per Beneficiary						
23.14. Podiatry/Chiropody	100%	Payable from Auxiliary Services						
23.15. Social Worker	100%	N\$7 940 per Beneficiary						
Benefit Booster Applicable (additional benefit once limit is exceeded)								
24. Wheelchair (Subject to prior approval) - Inclusive of repair and maintenance	100% of Cost	N\$18 650 per Beneficiary every four years (2024-2027)						
25. Artificial Limbs (Subject to prior approval)	100% of Cost	N\$38 600 per Beneficiary every two years(2024-2025)						
26. Artificial Eyes (Subject to prior approval)	100% of Cost	N\$18 100 per Beneficiary every four years (2024-2027)						
27. Hearing Aid Apparatus (Subject to prior approval) - Inclusive of repair and maintenance	100% of Cost	N\$36 750 per Family every three years for both ears (2023-2025)						
28. Appliances (External) (Subject to MHC guidelines)	80% of Cost	N\$5 400 per Family						
29. Medical Devices for Diabetes Management (Subject to prior approval and MHC guidelines)								
29.1. Insulin Pumps	80%	N\$42 000 per Beneficiary every four years (2023 – 2026)						
29.2. Other Diabetes Devices and Related Consumables		N\$58 800 per Beneficiary						
30. Specified Illness Conditions - As per national guidelines (Sub-limits are prorated from the date of joining)		N\$37 900	N\$75 800	N\$75 800	N\$75 800	N\$75 800	N\$75 800	
30.1. HIV/AIDS (As per national guidelines for antiretroviral therapy)		N\$37 900 per Beneficiary						
30.1.1. Medicine - Paid at maximum Namibia medicine price list on generics	100%	Payable from Specified Illness Conditions						
30.1.2. First Full HIV Consultation/Assessment Once-off benefit	N\$510							
30.1.3. Consultation (after the first full HIV consultation/ assessment) Six consultations per Beneficiary	N\$465							
30.1.4. HIV Counselling	100%	N\$1 370 per Beneficiary						
30.1.5. Pathology Tests (Subject to prior approval)	100%	N\$8 200 per Beneficiary						

30.1.6. HIV Resistance Test (Subject to prior approval)	100%	Payable from Specified Illness Conditions	
30.2. Prevention of Mother-to-Child Transmission (PMTCT) - As per national guidelines	100%		
30.3. Post-Exposure Prophylaxis (PEP) - As per national guidelines	100%		
30.4. Pre-Exposure Prophylaxis (PrEP) - As per national guidelines	100%		
<b>31. Benefit Booster</b> Applicable if Medicine and Injections, Dentistry, GPs and Specialists, Primary Health Care and Auxiliary Services benefits are depleted		N\$2 680 per Beneficiary N\$4 950 per Family	
31.1. Medicine and Injections (Acute and Chronic) - Excluding self-medication	70%	Payable from Benefit Booster	
31.2. Dentistry (Excluding orthodontics)	70%		
31.3. General Practitioners and Specialists (Consultations/visits and procedures/services out-of-hospital, including casualties)	80%		
31.4. Primary Health Care	80%		
31.5. Auxiliary Services	70%		
<b>32. Benefit Booster "Up" (Voluntary Buy-up Benefit)</b> - 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

## Contribution Tables

Sapphire Individual Contributions				
Age Band		Main	Adult	Child
0	25	3,745	2,998	1,333
26	30	4,245	3,392	1,333
31	35	4,741	3,764	1,333
36	40	5,396	4,282	1,333
41	45	6,003	4,739	1,333
46	50	6,539	5,145	1,354
51	55	7,201	5,641	1,354
56	60	7,754	6,068	1,354
61	65	8,330	6,514	1,354
66	100	8,925	6,945	1,354

Sapphire Group Contributions				
Age Band		Main	Adult	Child
0	25	3,436	2,618	1,141
26	30	3,776	2,886	1,141
31	35	4,066	3,115	1,141
36	40	4,579	3,529	1,141
41	45	5,123	3,927	1,141
46	50	5,508	4,244	1,153
51	55	6,008	4,625	1,153
56	60	6,641	5,108	1,153
61	65	7,046	5,404	1,153
66	100	7,055	5,415	1,153