



## Dear Member,

The medical aid fund industry in 2023 continued to experience a surge in healthcare costs. As a result, the industry suffered its first casualty when the country's largest closed Fund ceased operations. Industry solvencies fell below the regulatory 25% prudential guideline, a first at the scale being experienced in the country.

2024 will be "Business Unusual". The NMC Board of Trustees, guided by the Fund's new three-year strategic plan, approved initiatives to address challenges and ensure the Fund's sustainability for all its members' benefit.

Members are urged to use their benefits with care and consideration for the sustainability of the Fund.

Sincerely,

The PO and Trustees NMC





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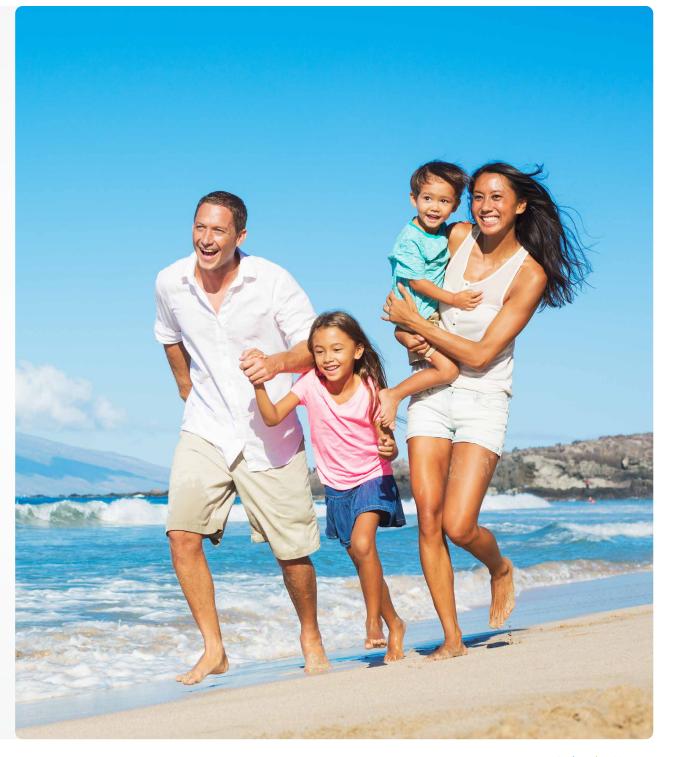
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# **You Need to Know**



#### **Option Change**

Members can only change options once per year in January unless there is a change in employment or marital status. Please complete and submit the option change form online by **31 January 2024** to change your option.



### Update of Bank Account and Personal Details

To ensure prompt settlement of claims or debit order deductions for monthly premiums, the Fund requests all members to provide their latest banking details for Electronic Fund Transfers (EFT). Additionally, update your postal address, physical address, cell phone number, email address, and contact number to ensure we can reach you.



#### **Opal Members**

If you are on the Opal option and your gross income has reached the **maximum** of **N\$16,500**, you must select another option. Please provide NMC with your gross salary details as of **1 January 2024** if you are currently on the Opal option.



#### Fraud, Waste and Abuse

It is essential that all members regularly review and verify their remittance statements to ensure that any claims made on their member numbers are legitimate. If there is any doubt or uncertainty, please contact the Fund directly for clarification. Alternatively, you can report any suspected fraud or irregularities by calling the Methealth Fraud tip-off line at 0800 000 001 or visiting the Methealth website at methealth.com.na/ct\_us and clicking "Report Fraud/Irregularities".



### Online application and amendment forms

All amendment and application forms must be submitted online since printed and interactive forms were phased out on 31 October 2023.

# Additional Benefits and Services on Your Option



### International Medical Travel Insurance

This benefit makes provision for emergency medical expenses whilst NMC members and/or their dependants are travelling. This benefit does not apply to Topaz Plus and Topaz members.



#### **Premium Waiver**

The benefit provides coverage for a member's premiums for three months in the event of the principal member's death. However, this benefit only applies if the members have paid their monthly premiums in full. This benefit does not apply to Topaz Plus and Topaz members.



#### **Hospital Bedside Support Services**

The Fund provides bedside assistance to members admitted to the hospital through a visit by the Patient Care Coordinator, who may share information with the member's family as needed.



#### HIV/AIDS Management

The Fund provides HIV/AIDS benefits on selected options. The HIV/AIDS Management Programme is run by MyHealth Administrators, who have a team of qualified HIV/AIDS Case Managers, HIV Counsellors and a Medical Advisor guaranteeing confidentiality. To contact MyHealth Administrators, dial 061 375 952.



### Lifestyle Management Programme

The programme offers individuals and groups various preventative and lifestyle management initiatives, programmes, and activities. NMC members can now enjoy a 10% discount on a one year membership with Virgin Active.



IMPORTANT INFORMATION YOU NEED TO KNOW

ADDITIONAL BENEFITS
AND SERVICES

EMERGENCY SERVICE PROVIDERS PREMIUM CONTRIBUTIONS
AND BENEFITS ADJUSTMENTS

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# **Emergency Service Providers**

| DISCIPLINE | EMERGENCY EVACUATION PROVIDER             | EMERGENCY CONTACT NUMBER            | MAIN AREA OF COVERAGE   | % NAMAF TARIFF<br>COVER |
|------------|---|-------------------------------------|---|-------------------------|
| ALS        | AEMS Ambulance Services                   | 963                                 | Windhoek and Surrounding Areas  | 100%                    |
| ALS        | City of Windhoek Emergency Services       | 061 211 111                         | Windhoek and Surrounding Areas  | 100%                    |
| ALS        | Code Red Medical Services                 | 085 99 00/ 085 705 8940 (from cell) | Coast (Arandis, Walvis Bay, Swakopmund and Henties Bay) or as per request | 100%                    |
| ALS        | Crisis Response                           | 061 303 395/ 083 3912               | Countrywide (Road and Air Ambulance Evacuation)                           | 100%                    |
| ALS        | E-Med Rescue 24                           | 924                                 | All Major Cities and Air Ambulance Evacuation Countrywide                 | 100%                    |
| ALS        | Lifelink Emergency Services               | 999 (from any landline)             | All Major Cities and Air Ambulance Evacuation Countrywide                 | 100%                    |
| ALS        | Mr 24/7                                   | 956/ (061) 255676                   | Rehoboth, Windhoek, Otjiwarongo, Tsumeb and Mercy Flights Countrywide     | 100%                    |
| ALS        | Okahandja Paramedical Services            | 987                                 | Okahandja and Surrounding Areas   | 100%                    |
| ALS + ILS  | Namibia Private Ambulance Services        | 081 147 3387                        | Outapi, Ongwediva, Rundu, Ondangwa and Long-Distance Countrywide          | 100%                    |
| ECT        | Intensive Therapy Unit Ambulance Services | 081 444 7807                        | Eenhana and Long-Distance Countrywide                                     | 100%                    |
| ILS        | Ohangwena Private Ambulance Services      | 081 647 1661                        | Grootfontein, Windhoek, Katima and Tsumeb                                 | 100%                    |
| ILS        | Rosh Pinah Clinic Ambulance Service       | 063 274 911                         | Rosh Pinah and Oranjemund   | 100%                    |
| ILS        | St. Gabriel Community Ambulance Trust     | 081 124 5999                        | Walvis Bay and Swakopmund   | 100%                    |
| ILS + ECT  | Outapi Ambulance                          | 065 251 021                         | Outapi, Oshakati and Surrounding Areas                                    | 100%                    |

**ALS** - Advanced Life Support Service

**ECT** - Emergency Care Support Technician Service

ILS - Intermediate Life Support Service

#### **EMERGENCY TIP!**

In case of an emergency, do not panic. Stay calm and dial 112 on your mobile phone. As a precaution, download the Rescue Me Namibia App today for free. The App allows you to either directly phone the Emergency Call Centre or trigger an SOS Emergency alert.

EMERGENCY SERVICE PROVIDERS IMPORTANT INFORMATION ADDITIONAL BENEFITS ACCESSIBLE INFORMATION CLIENT SERVICES PREMIUM CONTRIBUTIONS BENEFITS AND Entry-Level Mid-Level Top-Level CONTACT DETAILS YOU NEED TO KNOW AND SERVICES AND BENEFITS ADJUSTMENTS CONTRIBUTIONS AND DOWNLOADS



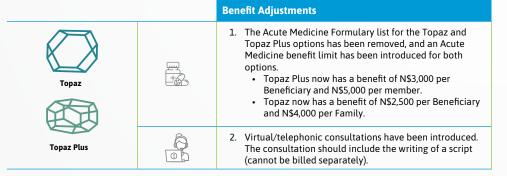
### **Premium Contributions and Benefit**

# **Adjustments for 2024**

After consulting extensively with the Regulator, Namibia Financial Institution Supervisory Authority (NAMFISA), the Fund will increase contributions by an average of 9.99% for all options in 2024.

The NMC Board of Trustees approved the following benefit changes to reduce claims utilisation, improve the current financial position of the Fund and increase the solvency ratio for 2024. At the same time, improvements were made to selected benefits to cater for your needs.



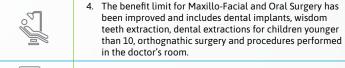








3. A Cataract and Lens Implant benefit has been introduced on the Jade option with a once-off limit per Beneficiary.



5. The Fund now pays 70% of Other Transport (previously 80%).

Virtual/telephonic consultations have been introduced.
 The consultation should include the writing of a script (cannot be billed separately).

 Services for a Chinese Medicine Practitioner have been added to the Auxiliary benefit.

PREMIUM CONTRIBUTIONS AND BENEFITS ADJUSTMENTS IMPORTANT INFORMATION ADDITIONAL BENEFITS **EMERGENCY** BENEFITS AND ACCESSIBLE INFORMATION CLIENT SERVICES Mid-Level **Entry-Level** Top-Level YOU NEED TO KNOW AND SERVICES SERVICE PROVIDERS CONTRIBUTIONS AND DOWNLOADS **CONTACT DETAILS** 



|          |            | Benefit Adjustments   |
|----------|------------|---|
|          | <b>1</b> % | <ol> <li>The Additional Hospital Benefit (AHB) for in-hospital<br/>procedures has been reduced from 200% to 150% of the<br/>NAMAF tariff.</li> </ol>  |
|          | 4          | <ol> <li>The overall annual limit of the Ruby option has been<br/>increased to N\$1.5m per Beneficiary and N\$1.8m per<br/>Family.</li> </ol>   |
|          |            | <ol> <li>A Post-Rehabilitation benefit including admission at<br/>rehabilitation facilities of N\$5,000 per Beneficiary has<br/>been introduced.</li> </ol>   |
|          | <b></b>    | There has been a significant increase in the Refractive Surgery benefit on the Ruby option.   |
|          | <b></b>    | A Cataract and Lens Implant benefit has been introduced with a once-off limit per Beneficiary.  |
| Ruby     | 2          | <ol> <li>The benefit limit for Maxillo-Facial and Oral Surgery has<br/>been improved and includes dental implants, wisdom<br/>teeth extraction, dental extractions for children younger<br/>than 10, orthognathic surgery and procedures performed<br/>in the doctor's room.</li> </ol> |
|          |            | <ol><li>Non-emergency ambulance and inter-hospital transfers<br/>is now limited to N\$5,500 per Beneficiary.</li></ol>  |
| Sapphire | 1%         | 8. The Fund now pays 70% of Other Transport (previously 80%).   |
|          |            | <ol> <li>Virtual/telephonic consultations have been introduced.         The consultation should include the writing of a script (cannot be billed separately).     </li> </ol>  |
|          | [%         | 10. The markup on medication has been reduced from Single Exit Pricing (SEP) + 50% to SEP+ 40%.   |
|          |            | 11. Services for a Chinese Medicine Practitioner have been added to the Auxiliary benefit.  |
|          | 105        | 12. The Medical Devices for Diabetes Management benefit has been improved.  |









**Emerald Plus** 



Ambe



**Amber Plus** 



 The Additional Hospital Benefit (AHB) for in-hospital procedures has been reduced from 200% to 150% of the NAMAF tariff.



The overall annual limit of the Emerald and Emerald Plus options has been increased to N\$1.5m per Beneficiary and N\$1.8m per Family.



 A Post-Rehabilitation benefit including admission at rehabilitation facilities of N\$5,000 per Beneficiary has been introduced.



 There has been a significant increase in the Refractive Surgery benefit on the Emerald and Emerald Plus options.



5. A Cataract and Lens Implant benefit has been introduced with a once-off limit per Beneficiary.



 The benefit limit for Maxillo-Facial and Oral Surgery has been improved and includes dental implants, wisdom teeth extraction, dental extractions for children younger than 10, orthognathic surgery and procedures performed in the doctor's room.



7. Non-emergency ambulance and inter-hospital transfers is now limited to N\$5,500 per Beneficiary.



The Fund now pays 70% of Other Transport (previously 80%).

\*Refer to your option for the detailed benefits you have access to.

PREMIUM CONTRIBUTIONS AND BENEFITS ADJUSTMENTS IMPORTANT INFORMATION ADDITIONAL BENEFITS **EMERGENCY BENEFITS AND** ACCESSIBLE INFORMATION CLIENT SERVICES Entry-Level Mid-Level Top-Level YOU NEED TO KNOW AND SERVICES SERVICE PROVIDERS CONTRIBUTIONS AND DOWNLOADS **CONTACT DETAILS** 



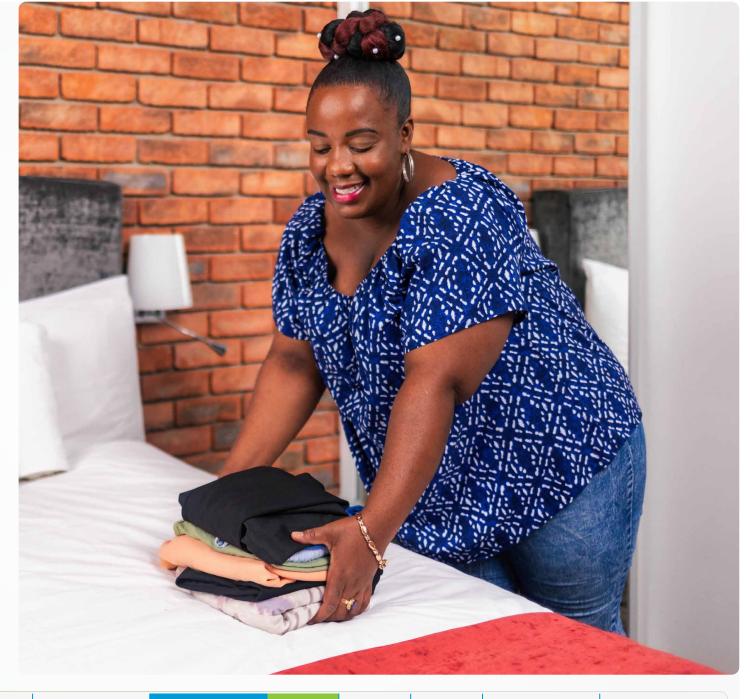
# **Entry-Level Options**



**TOPAZ** 



**TOPAZ PLUS** 



IMPORTANT INFORMATION YOU NEED TO KNOW

ADDITIONAL BENEFITS
AND SERVICES

EMERGENCY SERVICE PROVIDERS PREMIUM CONTRIBUTIONS AND BENEFITS ADJUSTMENTS

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|       | OVERALL ANNUAL BENEFIT<br>(Overall Annual Limit)  | % Tariff | Unlimited According to Defined<br>Ex Gratia not   |   |
|-------|---|----------|---|---|
|       | CATEGORY A: Primary Healthcare Benefits   |          | Benefits Available Only at No   | etwork Health Professionals   |
|       | 1. Nurse  |          | Registered Nurse  | Registered Nurse  |
|       | 1.1. Consultations/Visits   | 100%     | Unlimited – N\$255 per visit<br>(Maximum tariff regardless of time spent on consultation)   | Unlimited – N\$255 per visit<br>(Maximum tariff regardless of time spent on<br>consultation)  |
| (1,U) | 1.2. Medication/Injections  |          | Payable from Acute Medication/Injections  | Payable from Acute Medication/Injections  |
|       | 1.3. Procedures   |          | Unlimited   | Unlimited   |
|       | 2. General Practitioner   |          | According to defined protocols  | According to defined protocols  |
|       | 2.1. Consultations/Visits (Out-Of-Hospital)   |          | Unlimited. N\$365 per visit (First consultation) (Maximum tariff regardless of type of first consultation)  N\$295 per visit (Follow-up consultation) (Maximum tariff regardless of type of Follow-up consultation) (Code 0125 - extended consultation every 15 minutes or part thereof, not payable) | Unlimited. N\$365 per visit (First consultation) (Maximum tar<br>regardless of type of first consultation)<br>N\$295 per visit (Follow-up consultation) (Maximum tariff<br>regardless of type of the follow-up consultation) (Code 012<br>- extended consultation every 15 minutes or part thereof, n<br>payable) |
| _     | 2.2. GP Virtual/Telephonic Consultations (Telephonic/virtual writing of prescriptions not payable)                                | 100%     | Prorated from date of joining<br>Seven virtual/telephonic consultations per Beneficiary   | Prorated from date of joining<br>Seven virtual/telephonic consultations per Beneficiary   |
| +     | Acute Medication/Injections     (Paid at maximum Namibia medicine price on generics)  |          | Payable from Acute Medication/Injections  | Payable from Acute Medication/Injections  |
|       | Chronic Medication/Injections     Subject to chronic medication registration (Paid at maximum Namibia medicine price on generics) |          | Payable from Chronic Medication/Injections  | Payable from Chronic Medication/Injections  |
|       | 2.5. Procedures (Out-Of-Hospital)   |          | Specified minor procedures in room only (Requires prior approval)   | Specified Minor Procedures in Room only (Requires prior approval)   |
|       | 3. Medical Specialists Consultations/Visits (Requires prior approval)   | 100%     | No Benefit  | 5 consultations/visits per Family per annum<br>(0101 and 0108 only) (Code 0129 - extended consultation<br>every 15 minutes of part thereof, not payable)  |

| IMPORTANT INFORMATION YOU NEED TO KNOW | ADDITIONAL BENEFITS AND SERVICES | EMERGENCY<br>SERVICE PROVIDERS | PREMIUM CONTRIBUTIONS AND BENEFITS ADJUSTMENTS | BENEFITS AND<br>CONTRIBUTIONS | Entry-Level | Mid-Level | Top-Level | ACCESSIBLE INFORMATION AND DOWNLOADS | CLIENT SERVICES<br>CONTACT DETAILS |  |
|--|----------------------------------|--------------------------------|--|-------------------------------|-------------|-----------|-----------|--------------------------------------|------------------------------------|--|
|--|----------------------------------|--------------------------------|--|-------------------------------|-------------|-----------|-----------|--------------------------------------|------------------------------------|--|



|      |  |           | <b>TOPAZ</b>   | TOPAZ PLUS   |
|------|--|-----------|--|--|
|      | 4. Pharmacy  | SEP + 40% |  |  |
| رسير | 4.1. Acute Medication/Injections Paid at maximum Namibia medicine price on generics  | 100%      | Prorated from date of joining<br>N\$2 500 per Beneficiary<br>N\$4 000 per Family<br>N\$240 per claim per Beneficiary per day                 | Prorated from date of joining<br>N\$3 000 per Beneficiary<br>N\$5 000 per Family<br>N\$240 per claim per Beneficiary per day             |
| +    | 4.2. Chronic Medication/Injections Subject to chronic medication registration - Paid at maximum Namibia medicine price on generics |           | Prorated from date of joining<br>N\$3 500 per Family   | Prorated from date of joining<br>N\$3 700 per Family   |
|      | 4.3. Self-Medication   |           | No Benefit   | N\$700 per Family<br>N\$120 per claim per Beneficiary per day  |
|      | 5. Pathology   | 100%      | Specified tests only   | Specified tests  |
|      | 6. Radiology   | 100%      | Long bones, chest and trauma and basic radiology as per<br>defined list. (Excluding MRI and CT Scan)   | Long bones, chest and trauma and basic radiology as per<br>defined list. (Excluding MRI and CT Scan)                                     |
|      | 7. Basic Dentistry   | 100%      | N\$1 790 per Beneficiary<br>N\$3 550 per Family<br>(One plastic denture per Family every two years)  | N\$1 890 per Beneficiary<br>N\$3 650 per Family<br>(One plastic denture per Family every two years)                                      |
|      | 8. Optical   | 100%      | N. P CI  | N\$1 000 per Beneficiary every two years (2023/2024)<br>(Six-month waiting period, complete test, specified frames<br>and lenses)        |
|      | 8.1. Single vision (inclusive of test, frame and lenses)   | 100%      | No Benefit   | Payable from Optical Benefit   |
|      | 8.2. Bifocal (inclusive of test, frame and lenses)   |           |  | Payable from Optical Benefit   |
|      | 9. Sonar Scans (Pregnancy)   | 100%      | Three scans per Beneficiary per pregnancy. Groups have cover from date of joining. Individuals have a nine-month waiting period.             | Three scans per Beneficiary per pregnancy. Groups have cover from date of joining. Individuals have a nine-month waiting period.         |
| (F)  | 10. Antenatal Consultation (General Practitioner)  | 100%      | Six consultations per Beneficiary (2601 and 2602 only). Groups have cover from date of joining. Individuals have a ninemonth waiting period. | Nine consultations per Beneficiary (2601 and 2602). Groups have cover from date of joining. Individuals have a ninemonth waiting period. |
|      | 11. Paramedical/Allied Health Professionals (Psychologists, Physiotherapists, Occupational Therapists)                             | 100%      | No Benefit   | Three consultations/sessions per Family per annum  |

| IMPORTANT INFORMATION ADDITIONAL BENEFITS EMERGENCY PREMIUM CONTRIBUTION: YOU NEED TO KNOW AND SERVICES SERVICE PROVIDERS AND BENEFITS ADJUSTMENT | BENEFITS AND Entry-Level | Mid-Level Top-Level | ACCESSIBLE INFORMATION AND DOWNLOADS | CLIENT SERVICES CONTACT DETAILS |
|---|--------------------------|---------------------|--------------------------------------|---------------------------------|
|---|--------------------------|---------------------|--------------------------------------|---------------------------------|







| Ca                                     | ategory B: HIV/AIDS Treatment and                  | l Other Specified Conditions                     | % Tariff  |  | Unlimited Accord  |                         |   |   |
|--|--|--|---|--|---|-------------------------|---|---|
|  | 12. HIV/AIDS Treatment                             |  |   | As per national guidelines for antiretr                                      | oviral therapy  | As pe                   | r national guidelines for anti  | retroviral therapy  |
|  | 12.1. Consultations (Gener                         | al Practitioners)                                |   | Unlimited  |   |                         | Unlimited   |   |
|  | 12.2. Medication (includin                         | g vitamins and supplements                       | )   | (According to Topaz and Topaz Plus HIV m<br>(Vitamins and supplements maximu |   |                         | g to Topaz and Topaz Plus Hi<br>amins and supplements max   |   |
| $\langle \rangle \rangle$              | 12.3. Pathology (Subject to                        | prior approval)                                  | 100%  | Unlimited  |   |                         | Unlimited   |   |
| $\langle \rangle$                      | 12.4. Counselling (pre-, po                        | st- and adherence)                               | 100%  | Three sessions   |   |                         | Three sessions  |   |
|  | 12.5. Post-Exposure Proph occupational injuries    | ylaxis (PEP) (Rape cover and<br>s only)          | i   | As per national guidelines for antiretr                                      | oviral therapy  | As pe                   | r national guidelines for anti  | retroviral therapy  |
|  | 12.6. Pre-Exposure Prophy                          | laxis (PrEP)                                     |   | No Benefit   |   |                         | No Benefit  |   |
|  | 12.7. Prevention of Mothe (excluding milk form     | r-to-Child Transmission (PM <sup>-</sup><br>ula) | ТСТ)  | As per national guidelines for antiretr                                      | oviral therapy  | As pe                   | r national guidelines for anti  | retroviral therapy  |
|  | Category C: Hospitali                              | sation Benefit                                   |   | Private Wing of State Hosp   |   |                         | Private Hospitalisat<br>fits available at Network He  |   |
|  | Planned  | procedures: Groups have co                       | over from the date of joini                       | ng Individuals have a six-month waiting period                               | after joining Eme   | rgency Cases: In        | nmediate Cover  |   |
|  | Overall Annua                                      | l Limit  | % Tariff  | Unlimited  |   | Without F<br>the case o | N\$115 000 per Fam<br>e-authorisation: 100% of tari<br>Pre-authorisation: No benefit<br>f emergency hospital admiss<br>s, weekends and public holio<br>Overall Annual Lin | ff will be paid.<br>will be paid except in<br>sions and emergencies<br>days. Payable from the |
|  | 13. State Hospitalisation                          |  |   | Unlimited. Private Wing of State   | Hospital  |                         | Unlimited. Private Wing of St   | ate Hospital  |
|  | 13.1. Accommodation and                            | Theatre  |   |  |   |                         | Overall Annual Limit  |   |
|  | 13.2. Blood Transfusions                           |  |   |  |   |                         |   |   |
| ###################################### | 13.3. Intensive and High C                         | are (Three days)                                 | 100% of State<br>Tariffs for Priva                |  |   |                         |   |   |
| AISISII                                | 13.4. Medicine, Fixed Tarif<br>and To Take Out Med | f Procedures, Hospital Appa<br>dicine            |   |  |   |                         |   |   |
|  | 13.5. Radiology and Pathology (In-Hospital)        |  |   | Payable from General Practitioners and N<br>(In-Hospital Services)           | Payable from General Practitioners and Medical Specialists (In-Hospital Services) |                         | Payable from General Practitioners and Medical Specialists (In-Hospital Services)   |   |
|  |  |  |   |  |   |                         |   |   |
| ORTANT INFORMATIO                      |  | EMERGENCY<br>SERVICE PROVIDERS                   | PREMIUM CONTRIBUTIONS<br>AND BENEFITS ADJUSTMENTS | BENEFITS AND Entry-Level   | Mid-Level   | Top-Level               | ACCESSIBLE INFORMATION AND DOWNLOADS  | CLIENT SERVICES<br>CONTACT DETAILS  |



|             |   |      | <b>TOPAZ</b>  | TOPAZ PLUS   |
|-------------|---|------|---|--|
|             | 14. Private Hospitalisation   |      |   | N\$115 000 per Family. Pre-authorisation: 100% of 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.                      |
| <u>—</u> @  | 14.1. Accommodation and Theatre   |      |   | Overall Annual Limit. (15 days per Beneficiary)  |
|             | 14.2. Blood Transfusions  |      | No Benefit  |  |
|             | 14.3. Intensive and High Care (Three days then referral to State Hospitals)   |      |   | Overall Annual Limit   |
|             | 14.4. Medicine, Fixed Tariff Procedures, Hospital Apparatus, and To Take Out Medicine   |      |   | Overall Annual Limit. (seven days' supply only)  |
|             | 14.5. Radiology and Pathology (In-Hospital)   |      |   | Payable from General Practitioners and Medical<br>Specialists (In-Hospital Services)   |
| W. Joseph   | 15. General Practitioners and Medical Specialists (In-Hospital services) Additional Hospital Benefit Cover excluded (Requires prior approval) |      | N\$25 000 per Family<br>(Including radiology and pathology)<br>Overall Annual Limit   | N\$25 000 per Family<br>(Including Radiology and Pathology)<br>Overall Annual Limit  |
| Ψ           | 16. Other Healthcare Providers  | 100% | No Benefit  | No Benefit   |
| R           | 17. Maternity (Requires prior approval)   |      | Unlimited hospitalisation in state hospital (GPs and Specialists limited to benefits available under General Practitioners and Medical Specialists (In-Hospital Services).  Groups have cover from date of joining. Individuals have a nine-month waiting period. | Unlimited hospitalisation in state hospital (GPs and Specialists limited to benefits available under General Practitioners and Medical Specialists (In-Hospital Services) Groups have cover from date of joining Individuals have a nine-month waiting period. |
|             | 18. Ambulance Services  |      |   |  |
|             | 18.1. Emergency Road Ambulance (Territory: SADC Countries) (Subject to pre-approval)  | 100% | Unlimited   | Unlimited  |
| <u>=00-</u> | 18.2. Ambulance/Inter-hospital Transfer (Subject to pre-approval)   |      | N\$550 per Family   | N\$550 per Family  |



## **Contribution Tables**

| Topaz Individual Contributions |     |     |     |     |  |  |  |  |
|--------------------------------|-----|-----|-----|-----|--|--|--|--|
| Age Band Main Adult Child      |     |     |     |     |  |  |  |  |
| 0                              | 25  | 372 | 316 | 149 |  |  |  |  |
| 26                             | 30  | 394 | 335 | 149 |  |  |  |  |
| 31                             | 35  | 414 | 353 | 149 |  |  |  |  |
| 36                             | 40  | 437 | 371 | 149 |  |  |  |  |
| 41                             | 45  | 461 | 391 | 149 |  |  |  |  |
| 46                             | 50  | 488 | 413 | 162 |  |  |  |  |
| 51                             | 55  | 505 | 431 | 162 |  |  |  |  |
| 56                             | 60  | 526 | 446 | 162 |  |  |  |  |
| 61                             | 65  | 565 | 480 | 162 |  |  |  |  |
| 66                             | 100 | 608 | 515 | 162 |  |  |  |  |

|     | Topaz Group Contributions |      |       |       |  |  |  |  |  |
|-----|---------------------------|------|-------|-------|--|--|--|--|--|
| Age | Band                      | Main | Adult | Child |  |  |  |  |  |
| 0   | 25                        | 335  | 284   | 134   |  |  |  |  |  |
| 26  | 30                        | 355  | 302   | 134   |  |  |  |  |  |
| 31  | 35                        | 375  | 318   | 134   |  |  |  |  |  |
| 36  | 40                        | 394  | 334   | 134   |  |  |  |  |  |
| 41  | 45                        | 415  | 354   | 134   |  |  |  |  |  |
| 46  | 50                        | 438  | 372   | 147   |  |  |  |  |  |
| 51  | 55                        | 456  | 388   | 147   |  |  |  |  |  |
| 56  | 60                        | 475  | 403   | 147   |  |  |  |  |  |
| 61  | 65                        | 510  | 433   | 147   |  |  |  |  |  |
| 66  | 100                       | 548  | 465   | 147   |  |  |  |  |  |

| Topaz Plus Individual Contributions |      |       |       |       |  |
|-------------------------------------|------|-------|-------|-------|--|
| Age                                 | Band | Main  | Adult | Child |  |
| 0                                   | 25   | 700   | 596   | 280   |  |
| 26                                  | 30   | 740   | 628   | 280   |  |
| 31                                  | 35   | 780   | 663   | 280   |  |
| 36                                  | 40   | 811   | 690   | 280   |  |
| 41                                  | 45   | 844   | 716   | 280   |  |
| 46                                  | 50   | 877   | 745   | 294   |  |
| 51                                  | 55   | 923   | 786   | 294   |  |
| 56                                  | 60   | 974   | 829   | 294   |  |
| 61                                  | 65   | 1,048 | 892   | 294   |  |
| 66                                  | 100  | 1,127 | 956   | 294   |  |

| Topaz Plus Group Contributions |      |      |       |       |  |  |
|--------------------------------|------|------|-------|-------|--|--|
| Age                            | Band | Main | Adult | Child |  |  |
| 0                              | 25   | 614  | 523   | 246   |  |  |
| 26                             | 30   | 650  | 552   | 246   |  |  |
| 31                             | 35   | 685  | 581   | 246   |  |  |
| 36                             | 40   | 712  | 606   | 246   |  |  |
| 41                             | 45   | 740  | 629   | 246   |  |  |
| 46                             | 50   | 769  | 654   | 258   |  |  |
| 51                             | 55   | 811  | 689   | 258   |  |  |
| 56                             | 60   | 856  | 728   | 258   |  |  |
| 61                             | 65   | 920  | 783   | 258   |  |  |
| 66                             | 100  | 989  | 841   | 258   |  |  |

| Topaz Plus Students Contribution |
|----------------------------------|
| Main                             |
| 593                              |

IMPORTANT INFORMATION ADDITIONAL BENEFITS EMERGENCY PREMIUM CONTRIBUTIONS BENEFITS AND CONTRIBUTIONS OF CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTACT DETAILS



#### **Detailed Benefits:**

These rules apply for Topaz and Topaz Plus

#### **Service Availability**

Please note that all benefits on Topaz and Topaz Plus are only available through registered Topaz Network Health Professionals.

Please visit our website at www.nmcfund.com for the updated Topaz Network Health Professionals list.

#### **Pathology**

The following tests are pre-approved and can be done at the discretion of the treating General Practitioner:

| TARIFF<br>CODE (052) | TARIFF<br>CODE (037) | TARIFF DESCRIPTION   |
|----------------------|----------------------|--|
| 3755                 | 53755                | Full blood count   |
| 3792                 | 53792                | Plasmodium falciparum: Monoclonal immunological identification |
| 3797                 | 53797                | Platelet count   |
| 3816                 | 53816                | T and B-cells markers (per marker)                             |
| 3865                 | 53865                | Parasites in blood smear                                       |
| 3869                 | 53869                | Faeces: including parasites                                    |
| 3883                 | 53883                | Concentration techniques for parasites                         |
| 3885                 | 53885                | Cytochemical stain   |
| 3932                 | 53932                | Antibodies to HIV: Elisa (Note: HIV-DNA PCR is excluded)       |
| 3951                 | 53951                | Quantitative Kahn, VDRL or other Flocculation                  |
| 3999                 | 53999                | Albumin  |

| TARIFF<br>CODE (052) | TARIFF<br>CODE (037) | TARIFF DESCRIPTION                          |
|----------------------|----------------------|---|
| 4001                 | 54001                | Alkaline phosphatase                        |
| 4006                 | 54006                | Amylase                                     |
| 4009                 | 54009                | Bilirubin: Total                            |
| 4027                 | 54027                | Cholesterol: Total                          |
| 4032                 | 54032                | Creatinine                                  |
| 4057                 | 54057                | Glucose: Quantitative                       |
| 4064                 | 54064                | Glycosylated Haemoglobin:<br>Chromatography |
| 4113                 | 54113                | Potassium                                   |
| 4117                 | 54117                | Protein: Total                              |
| 4131                 | 54131                | Alanine aminotransferase (ALT)              |
| 4134                 | 54134                | Gamma glutamyl transferase (GGT)            |
| 4147                 | 54147                | Triglyceride                                |

| TARIFF<br>CODE (052) | TARIFF<br>CODE (037) | TARIFF DESCRIPTION  |
|----------------------|----------------------|---|
| 4155                 | 54155                | Urine acid  |
| 4161                 | 54161                | Troponin isoforms: each   |
| 4182                 | 54182                | Quantitative protein estimation:<br>nephelometer or Turbidometeric method |
| 4188                 | 54188                | Urine dipstick, per stick (irrespective of the number of tests on stick)  |
| 443908               | 544391               | Quantitative PCR - viral load: HIV  |
| 4450                 | 54450                | HCG: Monoclonal immunological:<br>Qualitative                             |
| 4519                 | 54519                | Prostate specific antigen   |
| 453101 -<br>453109   | 54531 -<br>545320    | Hepatitis: per antigen or antibody (Maximum of three Antigens)            |
| 4566                 | 54566                | Pap Smear: vaginal or cervical smear                                      |
| 4610                 | 54610                | Helicobacter pylori stool antigen test                                    |

Other Pathology tests are excluded.

| IMPORTANT INFORMATION ADDITIONAL BENEFITS EMERGENCY YOU NEED TO KNOW AND SERVICES SERVICE PROVIDERS | PREMIUM CONTRIBUTIONS<br>AND BENEFITS ADJUSTMENTS | BENEFITS AND CONTRIBUTIONS | Entry-Level | Mid-Level | Top-Level | ACCESSIBLE INFORMATION AND DOWNLOADS | CLIENT SERVICES CONTACT DETAILS |
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#### Radiology

Topaz and Topaz Plus radiology benefits are limited to basic radiology: essentially long bones; CXR; trauma excluding MRI and CT Scans. Referral from treating General practitioner only. The following procedures are covered:

| TARIFF<br>CODE (038) | TARIFF DESCRIPTION   |
|----------------------|--|
| 00090                | Consumables in radiology procedures                        |
| 10100                | X-ray of the skull   |
| 11120                | X-ray of the nasal bones                                   |
| 14100                | X-ray of the mandible                                      |
| 20100                | X-ray of soft tissue of the neck                           |
| 30100                | X-ray of the chest, single view                            |
| 30110                | X-ray of the chest two views, PA and lateral               |
| 30120                | X-ray of the chest complete with additional views          |
| 30150                | X-ray of the ribs  |
| 30155                | X-ray of the chest and ribs                                |
| 34200                | Ultrasound study of the breast                             |
| 40100                | X-ray of the abdomen                                       |
| 40105                | X-ray of the abdomen supine and erect, or decubitus        |
| 40110                | X-ray of the abdomen multiple views including chest        |
| 40210                | Ultrasound study of the whole abdomen including the pelvis |
| 51110                | X-ray of the cervical spine, one or two views              |
| 51120                | X-ray of the cervical spine, more than two views           |
| 53110                | X-ray of the lumbar spine, one or two views                |
| 53120                | X-ray of the lumbar spine, more than two views             |
| 55100                | X-ray of the pelvis  |
| 56100                | X-ray of the left hip                                      |

| TARIFF<br>CODE (038) | TARIFF DESCRIPTION                          |
|----------------------|---|
| 56110                | X-ray of the right hip                      |
| 56120                | X-ray pelvis and hips                       |
| 61100                | X-ray of the left clavicle                  |
| 61105                | X-ray of the right clavicle                 |
| 61110                | X-ray of the left scapula                   |
| 61115                | X-ray of the right scapula                  |
| 61120                | X-ray of the left acromio-clavicular joint  |
| 61125                | X-ray of the right acromio-clavicular joint |
| 61130                | X-ray of the left shoulder                  |
| 61135                | X-ray of the right shoulder                 |
| 62100                | X-ray of the left humerus                   |
| 62105                | X-ray of the right humerus                  |
| 63100                | X-ray of the left elbow                     |
| 63105                | X-ray of the right elbow                    |
| 64100                | X-ray of the left forearm                   |
| 64105                | X-ray of the right forearm                  |
| 65100                | X-ray of the left hand                      |
| 65105                | X-ray of the right hand                     |
| 65120                | X-ray of a finger                           |
| 65130                | X-ray of the left wrist                     |
| 65135                | X-ray of the right wrist                    |

| TARIFF<br>CODE (038) | TARIFF DESCRIPTION                           |
|----------------------|--|
| 65140                | X-ray of the left scaphoid                   |
| 65145                | X-ray of the right scaphoid                  |
| 71100                | X-ray of the left femur                      |
| 71105                | X-ray of the right femur                     |
| 72100                | X-ray of the left knee one or two views      |
| 72105                | X-ray of the right knee one or two views     |
| 72110                | X-ray of the left knee, more than two views  |
| 72115                | X-ray of the right knee, more than two views |
| 72120                | X-ray of the left knee including patella     |
| 72125                | X-ray of the right knee including patella    |
| 72150                | X-ray both knees standing - single view      |
| 73100                | X-ray of the left lower leg                  |
| 73105                | X-ray of the right lower leg                 |
| 74100                | X-ray of the left ankle                      |
| 74105                | X-ray of the right ankle                     |
| 74120                | X-ray of the left foot                       |
| 74125                | X-ray of the right foot                      |
| 74130                | X-ray of the left calcaneus                  |
| 74135                | X-ray of the right calcaneus                 |
| 74140                | X-ray of both feet - standing - single view  |
| 74145                | X-ray of a toe                               |

| IMPORTANT INFORMATION YOU NEED TO KNOW | ADDITIONAL BENEFITS AND SERVICES | EMERGENCY<br>SERVICE PROVIDERS | PREMIUM CONTRIBUTIONS AND BENEFITS ADJUSTMENTS | BENEFITS AND<br>CONTRIBUTIONS | Entry-Level | Mid-Level | Top-Level | ACCESSIBLE INFORMATION AND DOWNLOADS | CLIENT SERVICES CONTACT DETAILS |
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|  |                                  |                                |  |                               |             |           |           |                                      |                                 |



#### **Pregnancy Sonar Scans:**

Pregnancy ultrasounds are limited to three sonars per beneficiary per pregnancy. The following procedures are covered:

| 43250 | Ultrasound study of the pregnant uterus, first trimester                  |
|-------|---|
| 43260 | Ultrasound study of the pregnant uterus, second trimester                 |
| 43270 | Ultrasound study of the pregnant uterus, third trimester, first visit     |
| 43273 | Ultrasound study of the pregnant uterus, third trimester, follow-up visit |

| TARIFF CODE (039<br>004) | TARIFF DESCRIPTION   |
|--------------------------|--|
| 390001                   | Routine obstetric ultrasound at 10 to 20 weeks gestational age preferable at 10 to 14 weeks gestational age to include nuchal translucency assessment (Including Doppler and colour Doppler)   |
| 390002                   | Routine obstetric ultrasound at 20 to 24 weeks to include detailed anatomical assessment, including the foetal heart (Including Doppler and colour Doppler)  |
| 390015                   | Obstetric ultrasound before 10 weeks gestational age for complicated pregnancy, i.e. suspected ectopic pregnancy abortion or discrepancy between gestational age and dates. Not to be used for routine diagnosis of pregnancy (Including Doppler and colour Doppler) |
| 390016                   | Ultrasound after 24 weeks - motivation required (Including Doppler and colour Doppler)   |

| TARIFF CODE<br>(014) | TARIFF DESCRIPTION   |
|----------------------|--|
| 5106                 | Obstetric ultrasound before 10 weeks gestational age for complicated pregnancy, i.e. suspected ectopic pregnancy abortion or discrepancy between gestational age and dates. Not to be used for routine diagnosis of pregnancy.   |
| 3615                 | Routine obstetric ultrasound at 10 to 20 weeks gestational age, preferably at 10 to 14 weeks gestational age, to include nuchal translucency assessment. (Note: This code is also referred to as a first-trimester scan and is a stand-alone code that may not be combined with any other codes. The code specifically includes Doppler studies) |
| 3617                 | Routine obstetric ultrasound at 20 to 24 weeks to include detailed anatomical assessment. (Note: This code is also referred to as a second trimester scan and is a stand-alone code that may not be combined with any other codes. The code specifically includes Doppler studies)   |
| 5107                 | Ultrasound after 24 weeks. (Note: This code is also referred to as a second trimester scan and is a standalone code that may not be combined with any other codes. The code specifically includes Doppler studies)   |

#### **Dentistry**

Basic dentistry only. No benefit for specialised dentistry.

#### **HIV/AIDS**

- Treatment According to the national guidelines for antiretroviral therapy. Medicine according to HIV/AIDS
  medicine formulary.
- Counselling Three sessions, pre-, post- and adherence.
- Pathology Baseline and monitoring laboratory tests as detailed in the national guidelines for antiretroviral therapy excluding HIV resistance testing.
- Rape and Occupational Injuries Cover Covered according to the defined protocol in the national guidelines for antiretroviral therapy.

#### Optical\*

Six months waiting period with a pair of glasses every two years per beneficiary. A pair of glasses will consist of an eye test, specified frames, non-glass lenses or non-glass bifocal lenses.

#### Paramedical/Allied Health Professionals\*

Limited to three consultations/sessions per family, per annum. Paramedical includes services by a Psychologist (086), Physiotherapist (072) and Occupational Therapist (066).

#### Medical Specialist Consultations\*

Limited to five consultations per family, per annum. Benefit is applicable only to first consultation (0101) and follow-up consultation (0108) in the doctor's room.

#### **Medicine Formulary**

Topaz and Topaz Plus only covers medication as specified in the HIV Medicine Formulary available on our website, www.nmcfund.com.

#### \*Applies to Topaz Plus only

| IMPORTANT INFORMATION ADDITIONA YOU NEED TO KNOW AND SE |  | PREMIUM CONTRIBUTIONS AND BENEFITS ADJUSTMENTS | BENEFITS AND<br>CONTRIBUTIONS | Entry-Level | Mid-Level | Top-Level | ACCESSIBLE INFORMATION AND DOWNLOADS | CLIENT SERVICES<br>CONTACT DETAILS |
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# Mid-Level Options



**OPAL** 



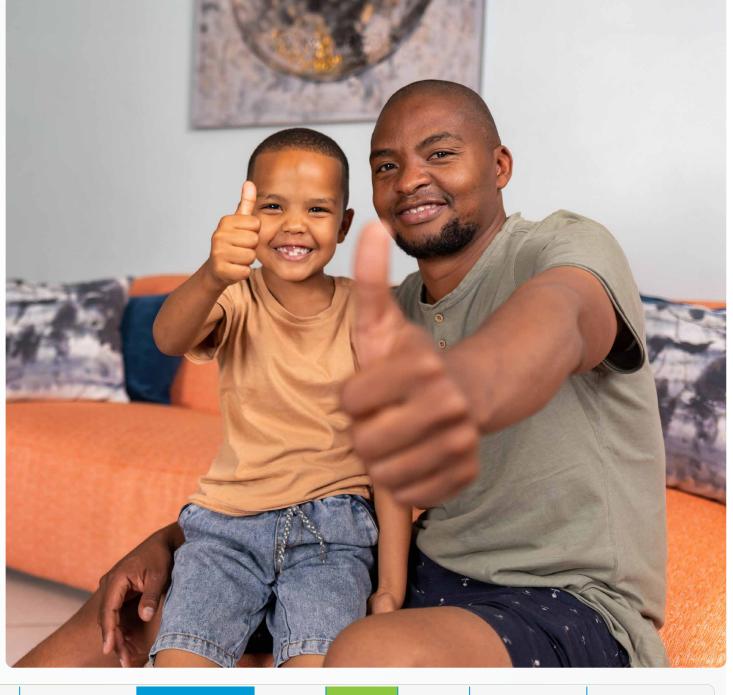
**JADE** 



**EMERALD** 



**AMBER** 



IMPORTANT INFORMATION YOU NEED TO KNOW

ADDITIONAL BENEFITS
AND SERVICES

EMERGENCY SERVICE PROVIDERS PREMIUM CONTRIBUTIONS AND BENEFITS ADJUSTMENTS BENEFITS AND CONTRIBUTIONS

Entry-Level

Mid-Level

Top-Level ACCESSIBLE II

ACCESSIBLE INFORMATION CLIENT SERVICES
AND DOWNLOADS CONTACT DETAILS



IMPORTANT INFORMATION YOU NEED TO KNOW





OVERALL ANNUAL BENEFIT (OVERALL ANNUAL LIMIT)

CATEGORY A: Benefits For Major Medical Expenses

N\$474 750 per Beneficiary N\$712 400 per Family N\$733 200 per Beneficiary N\$1 133 600 per Family

% NAMAF Tariff Pre-authorisation: 100% of 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.

OVERALL LIMIT

### 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

| 1. H | ospitalisation  |  |  |                            |             | Overall Annual Limit              |                      | Overall An                           | inual Limit                        |  |
|------|---|--|--|----------------------------|-------------|-----------------------------------|----------------------|--------------------------------------|------------------------------------|--|
| 1.1. | Accommodation   | n and Theatre  |  |                            |             | Overatt/timaa                     | CEITHE               |                                      |                                    |  |
| 1.2. |   | n in Private Wards<br>ween general ward and priv   | vate ward tariffs)                             |                            |             | No Benef                          | it                   | N\$5 200 per<br>N\$10 400 p          |                                    |  |
| 1.3. |   | igh Care<br>e days, then motivation)   |  |                            |             |                                   |                      |                                      |                                    |  |
| 1.4. | Blood Transfusi   | ons  |  |                            |             |                                   |                      |                                      |                                    |  |
| 1.5. |   | Pathology (in-hospital)<br>pital Benefit cover excluded  |  |                            |             | Overall Annua                     | l Limit              | Overall An                           | inual Limit                        |  |
| 1.6. | <ul> <li>6. Physiotherapy and Biokinetics (in-hospital)</li> <li>Additional Hospital Benefit cover excluded<br/>(Subject to prior approval)</li> </ul>                                  |  |  | 100%                       | 5           |                                   |                      |                                      |                                    |  |
|      | <ul> <li>Additional Hosp</li> <li>Additional beneficiation fa</li> </ul>  | Biokinetics and Occupation<br>oital Benefit cover excluded<br>of it once the patient is out-cacility |  |                            |             | N\$3 500 per Ber<br>Overall Annua |                      | N\$3 500 per<br>Overall An           |                                    |  |
| 1.8. | Medicine, fixed (seven days sup   |  | apparatus, and to take out me                  | edicine                    |             |                                   | Overall Annual Limit |                                      |                                    |  |
| 1.9. | Dialysis (Subjec  | t to Case Management and   | MHC guidelines)                                |                            |             |                                   |                      |                                      |                                    |  |
|      | <ul> <li>.10. Organ Transplant<br/>(Subject to Case Management and MHC guidelines)</li> <li>Including medical expenses incurred by the donor if the recipient is a Fund memb</li> </ul> |  |  | ınd member                 |             | Overall Annual Limit              |                      | No Benefit                           |                                    |  |
| 1.1: | 1.11. Internal Appliances and Materials (As per NMC protocol)   |  |  |                            | śt          |                                   |                      | Overall An                           | nual Limit                         |  |
|      | IONAL BENEFITS<br>ID SERVICES   | EMERGENCY<br>SERVICE PROVIDERS   | PREMIUM CONTRIBUTIONS AND BENEFITS ADJUSTMENTS | BENEFITS AND CONTRIBUTIONS | Entry-Level | Mid-Level                         | Top-Level            | ACCESSIBLE INFORMATION AND DOWNLOADS | CLIENT SERVICES<br>CONTACT DETAILS |  |

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|     |   |      | © OPAL   | <b>JADE</b>                                      |  |
|-----|---|------|--|--|--|
| +   | <ul> <li>2. General Practitioners and Specialists (In-Hospital Services)</li> <li>Additional Hospital Benefit Cover included</li> </ul>   | 100% | N\$36 100 per Family<br>Overall Annual Limit     | 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                             | Overall Annual Limit                             |  |
|     | 3.1. MRI and CT Scans   |      | N\$16 600 per Family                             | N\$20 750 per Family                             |  |
|     | 3.2. Nuclear Medicine   |      | Overall Annual Limit                             | Overall Annual Limit                             |  |
|     | 4. Maternity<br>(Groups have cover from the date of joining. Individuals have a nine-month waiting period)  |      | Overall Annual Limit                             | Overall Annual Limit                             |  |
|     | 4.1. Confinement – full procedure   |      |  |  |  |
|     | <ul> <li>4.2. Antenatal Consultation</li> <li>12 consultations per Beneficiary (Prorated from the date of joining)</li> <li>Additional Hospital Benefit cover excluded</li> </ul>   | 100% | Payable from Maternity Benefit                   | Payable from Maternity Benefit                   |  |
|     | <ul> <li>4.3. Ante/Postnatal Classes and Education</li> <li>Six sessions per Beneficiary (Prorated from the date of joining)</li> <li>Additional Hospital Benefit cover excluded</li> </ul>   |      |  |  |  |
| 799 | <ul> <li>4.4. Sonar Scans</li> <li>Three scans per Beneficiary per pregnancy</li> <li>Additional Hospital Benefit cover excluded</li> </ul>   |      |  |  |  |
|     | <ul><li>4.5. Tests for Chromosomal and Foetal Abnormalities</li><li>Additional Hospital Benefit cover excluded</li></ul>  |      |  |  |  |
|     | 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<br>Overall Annual Limit | N\$6 500 per Beneficiary<br>Overall Annual Limit |  |

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|                    |  |      | <b>OPAL</b>  | <b>JADE</b>  |  |
|--------------------|--|------|--|--|--|
|                    | 6. Oncology (Subject to Case Management and MHC guidelines)  |      |  |  |  |
|                    | 6.1. Consultations and procedures Out-of-Hospital  |      |  |  |  |
| م کر ہ<br>0% گر کو | 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\$350 000 per Beneficiary<br>Overall Annual Limit | N\$450 000 per Beneficiary<br>Overall Annual Limit                               |  |
| <u> ఇ</u> క్తిని   | 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                               | Overall Annual Limit   |  |
|                    | 7. Corrective Eye Surgery – All-inclusive<br>(Subject to prior approval and MHC guidelines) Groups have cover from the date of joining. Individuals have a one year waiting period |      |  | N\$6 150 per Beneficiary once-off<br>N\$7 300 per Family<br>Overall Annual Limit |  |
|                    | 7.1. Refractive Surgery  | 100% | No Benefit   | N\$6 150 per Beneficiary once-off<br>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   | No Benefit   |  |
|                    | 9. Private Nursing/Frail Care/Hospice (Subject to Case Management)   | 100% | N\$8 300 per Family<br>Overall Annual Limit        | N\$10 900 per Family<br>Overall Annual Limit                                     |  |
| _A                 | 10. Psychiatric Treatment – Hospitalisation (Subject to prior approval)  | 100% | N\$32 750 per Family                               | N\$32 750 per Family   |  |
|                    | 11. Alcoholism/Drug Addiction (Subject to prior approval and MHC guidelines)   | 100% | Overall Annual Limit                               | Overall Annual Limit   |  |



|      |  |                 | <b>OPAL</b>                                  | <b>JADE</b>  |  |
|------|--|-----------------|--|--|--|
|      | <ul><li>12. Specialised Dental Surgery</li><li>Additional Hospital Benefit cover excluded<br/>(Subject to Pre-Authorisation)</li></ul>   |                 |  | Overall Annual Limit   |  |
|      | <ul><li>12.1. Maxillo-Facial and Oral Surgery (trauma/non-elective)</li><li>All-inclusive</li></ul>  |                 |  | N\$57 000 per Family   |  |
| \$2  | <ul><li>12.2. Maxillo-Facial and Oral Surgery (other/elective)</li><li>All-inclusive</li></ul>   | 100%            | No Benefit                                   | N\$22 000 per Beneficiary<br>N\$27 000 per Family                              |  |
|      | <ul><li>12.3. Maxillo-Facial and Oral Surgery (other/non-elective)</li><li>In-practice (surgical procedures performed in a doctor's room)</li></ul>  |                 |  | 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  |                 |  | Payable from Internal appliances under<br>Hospital Benefit                     |  |
| F    | 13. Stomal Therapy (All-inclusive) (Subject to prior approval)   | 100%            | N\$17 000 per Family<br>Overall Annual Limit | N\$22 100 per Family<br>Overall Annual Limit                                   |  |
|      | 14. Ambulance and Evacuation Services  |                 | Overall Annual Limit                         | Overall Annual Limit   |  |
|      | 14.1. Emergency Ambulance and Flights (Territory: SADC countries) (Subject to prior approval)  | 100%            | Unlimited Benefit                            | Unlimited Benefit  |  |
|      | 14.2. Ambulance/Inter-Hospital Transfer (Subject to prior approval)  |                 | N\$2 480 per Family                          | N\$4 400 per Family  |  |
| a-^- | 15. Medical Referral Subject to accommodation and travelling reimbursement protocols (Subject to prior approval)   |                 | Overall Annual Limit                         | Overall Annual Limit   |  |
|      | 15.1. Transport  |                 | N\$10 150 per Family                         | 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                    | N\$620 per day per Family  |  |
|      | <ul> <li>16. International Medical Travel Insurance</li> <li>Medical cover when travelling to foreign countries</li> <li>For emergency cases only (not for elective surgery or procedure)</li> </ul> | 100%<br>of Cost | N\$10 000 000 per incident                   | N\$10 000 000 per incident   |  |

|  | IMPORTANT INFORMATION YOU NEED TO KNOW | ADDITIONAL BENEFITS AND SERVICES | EMERGENCY<br>SERVICE PROVIDERS | PREMIUM CONTRIBUTIONS AND BENEFITS ADJUSTMENTS | BENEFITS AND<br>CONTRIBUTIONS | Entry-Level | Mid-Level | Top-Level | ACCESSIBLE INFORMATION AND DOWNLOADS | CLIENT SERVICES<br>CONTACT DETAILS |  |
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|                          |  |   |  |             | <b>OPAL</b>  | JADE JADE  |  |
|--------------------------|--|---|--|-------------|--|--|--|
|                          | 17. Specified Illness Cor<br>As per National Guid<br>(Sub-limits are Prora |   | ng)  |             | N\$42 600 per Family<br>Overall Annual Limit   | N\$42 600 per Family<br>Overall Annual Limit   |  |
|                          | 17.1. HIV/AIDS (As p   | er national guidelines for  | antiretroviral therapy)                                      | 100%        | N\$25 100 per Beneficiary  | N\$25 100 per Beneficiary  |  |
|                          | 17.1.1. Medicine (F  | Paid at maximum Namibia   | medicine price list on generics)                             |             |  |  |  |
|                          | 17.1.2. First Full HI Once-off be  | V Consultation/Assessmerenefit  | nt   | N\$480      | Payable from Specified Illness Conditions  | Payable from Specified Illness Condition   |  |
| $\langle \nabla \rangle$ |  | on (after the first full HIV continuous per Beneficiary                                     | onsultation/assessment)                                      | N\$440      |  |  |  |
| $\langle \rangle$        | 17.1.4. HIV Counse   | elling  |  |             | N\$1 300 per Beneficiary   | N\$1 300 per Beneficiary   |  |
|                          | 17.1.5. Pathology  | Tests (Subject to prior app   | roval)   | 100%        | N\$5 650 per Beneficiary   | N\$5 650 per Beneficiary   |  |
|                          | 17.1.6. HIV Resista  | nce Test (Subject to prior  | approval)  |             |  |  |  |
|                          | 17.2. Prevention of N  | Mother-to-Child Transmiss   | ion (PMTCT)  |             | Dayable from Chasified Illness Conditions  | Payable from Specified Illness Conditions  |  |
|                          | 17.3. Post-Exposure  | Prophylaxis (PEP)   |  | 100%        | Payable from Specified Illness Conditions  |  |  |
|                          | 17.4. Pre-Exposure P   | Prophylaxis (PrEP)  |  |             |  |  |  |
|                          | CATEG  | GORY B: DAY-TO-DAY BENI   | EFIT   | 100% Tariff | Overall sub-benefit limit N\$18 550 per Beneficiary N\$25 100 per Family Sub-limits are prorated from the date of joining except for the optical benefit. OVERALL ANNUAL LIMIT | Sub-limits are prorated from date of joining except the optical benefit.  OVERALL ANNUAL LIMIT |  |
|                          | 18. General Practitione  | rs and Specialists (out-of-ho   | ospital including casualties)                                |             | N\$6 500 per Family  | N\$6 500 per Beneficiary<br>N\$11 350 per Family   |  |
|                          | - GP Telephonic, payable)  | Visits (out-of-hospital, incl<br>/Virtual Consultations (tele<br>elephonic consultations pe | ephonic/virtual writing of prescriptions not                 |             |  |  |  |
| < P>                     | 18.2. Procedures/Ser   | rvices (out-of-hospital, incl   | luding casualties)   |             | Payable from General Practitioners and   | Payable from General Practitioners ar  |  |
|                          | 18.3. Materials and I  | Disposable Items  |  | 100%        | Specialists Benefit  | Specialists Benefit  |  |
| ,                        | medical labora   | Pathology (out-of-hospita<br>story technology and chem<br>a Medical Practitioner)           | l, including radiography, sonography,<br>nical biochemistry) |             |  |  |  |
|                          | 18.5. MRI and CT Sca   | ın  |  |             | Payable from the MRI and CT Scan Benefit   | Payable from the MRI and CT Scan Bene  |  |
|                          | Benefit Booster Applicable (additional benefit once limit is exceeded)     |   |  |             |  |  |  |
|                          | 1  | 1   |  |             |  |  |  |
| INFORMATION              | ADDITIONAL BENEFITS  AND SERVICES  | EMERGENCY<br>SERVICE PROVIDERS  | PREMIUM CONTRIBUTIONS  AND BENEFITS ADJUSTMENTS  CONTRIB     | TS AND      | Entry-Level Mid-Level Top-Level  | ACCESSIBLE INFORMATION CLIENT SERVICE AND DOWNLOADS CONTACT DETAIL                             |  |



|  |   |             | © OPAL  | <b>JADE</b>  |  |
|--|---|-------------|---|--|--|
|  | 19. Medicine and Injections   | SEP + 40%   | N\$13 000 per Family                                  | N\$14 650 per Family   |  |
| ļ                                      | <ul><li>19.1. Medicine and Injections (Acute and Chronic)</li><li>- (Paid at maximum Namibia medicine price list on generics)</li></ul>         |             | N\$6 500 per Beneficiary                              | N\$7 450 per Beneficiary   |  |
|  | <ul><li>19.2. Essential Vaccination/Immunisation</li><li>- (Paid at maximum Namibia medicine price list on generics)</li></ul>                  | 100%        | Payable from Medicine and Injections                  | Payable from Medicine and Injections   |  |
|  | <ul><li>19.3. Self-Medication</li><li>- (Paid at maximum Namibia medicine price list on generics)</li></ul>                                     |             | N\$860 per Family<br>N\$125 per claim per Beneficiary | N\$970 per Family<br>N\$150 per claim per Beneficiary  |  |
|  | 20. Primary Health Care Services  |             | N\$1 000 per Family                                   | N\$750 per Beneficiary<br>N\$1 500 per Family  |  |
|  | 20.1. Consultations and Procedures  | 100%        | Payable from Primary Health Care Services             | Payable from Primary Health Care Services  |  |
| 75h                                    | 20.2. Medicine and Injections (Paid at maximum Namibia medicine price list on generics)   |             | Payable from Medicine (Acute and Chronic)             | Payable from Medicine (Acute and Chronic)  |  |
|  | Benefit Booster Applicable (additional benefit once limit is exceeded)  |             |   |  |  |
|  | 21. Dentistry   |             | N\$4 500 per Family                                   | N\$7 900 per Family  |  |
|  | 21.1. Conservative and specialised dentistry (Including Dental Therapy)  Benefit Booster Applicable (additional benefit once limit is exceeded) | 100%        | Payable from Dentistry benefit                        | Payable from Dentistry benefit   |  |
| $\langle \hat{\nabla} \rangle$         | 21.2. Maxillo-Facial, Oral Surgery and Dental Implants  |             |   | No Benefit   |  |
| W                                      | 21.3. Orthodontics  |             | No Benefit  | N\$9 150 per Beneficiary once-off  |  |
|  | 21.4. Maxillo-Facial and Oral Surgery (Elective)  |             | No bellent  | Payable from Dentistry benefit.<br>The available benefits are for either<br>in-hospital or in-practice |  |
| <u> </u>                               | 22. Optical 22.1. Every two years (Including frame) (2023/2024)   |             | N\$3 670 per Family                                   | N\$4 360 per Family  |  |
|  | 22.2. Eye Tests, Spectacles and Contact Lenses  | 100%        | N\$1 300 per Beneficiary every two years              | N\$2 340 per Beneficiary every two years   |  |
|  | 22.3. Frame   |             | N\$520 per Beneficiary                                | N\$1 040 per Beneficiary   |  |
|  | 23. Auxiliary Services (Supplementary Services)   |             | N\$2 370 per Family                                   | N\$5 850 per Family  |  |
| °. المسلم                              | 23.1. Consultation and procedure  | 100%        | Payable from Auxiliary Services                       | Payable from Auxiliary Services  |  |
| (CX)                                   | 23.2. Medicine  |             | Payable from Medicine<br>(Acute and Chronic)          | Payable from Medicine<br>(Acute and Chronic)   |  |
|  | Benefit Booster Applicable (additional benefit once limit is exceeded)  |             |   |  |  |
|  | 24. External Appliances 24.1. (Subject to MHC guidelines)   | 80% of Cost | N\$ 2 600 per Family                                  | N\$ 2 700 per Family   |  |
| IMPORTANT INFORMATION YOU NEED TO KNOW | ADDITIONAL BENEFITS EMERGENCY PREMIUM CONTRIBUTIONS BENEFIT AND SERVICES SERVICE PROVIDERS AND BENEFITS ADJUSTMENTS CONTRIBUTIONS               |             | Entry-Level Mid-Level Top-Level                       | ACCESSIBLE INFORMATION CLIENT SERVICES AND DOWNLOADS CONTACT DETAILS                                   |  |



|               |   |     | <b>OPAL</b>                  | <b>JADE</b>                  |  |  |
|---------------|---|-----|------------------------------|------------------------------|--|--|
|               | 25. Wheelchair, Artificial Limbs, Artificial Eyes, Hearing Aid Apparatus, Devices for Diabetes<br>Management  |     | No Benefit                   | No Benefit                   |  |  |
|               | 26. Benefit Booster Applicable if Medicine and Injections, Dentistry, GPs and Specialists, Primary Health Care and Auxiliary Services benefits are depleted |     | N\$1 200 per Family          | N\$2 250 per Family          |  |  |
|               | Medicine and Injections (Acute and Chronic)     Excluding self-medication   | 70% |                              |                              |  |  |
| 19            | 26.2. Dentistry   | 70% |                              |                              |  |  |
| ; <b>&gt;</b> | 26.3. General Practitioners and Specialists (Consultations/visits and procedures/services out-of-hospital, including casualties)                            | 80% | Payable from Benefit Booster | Payable from Benefit Booster |  |  |
|               | 26.4. Primary Health Care   | 80% |                              |                              |  |  |
|               | 26.5. Auxiliary Services  | 70% |                              |                              |  |  |



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IMPORTANT INFORMATION YOU NEED TO KNOW

ADDITIONAL BENEFITS
AND SERVICES

EMERGENCY SERVICE PROVIDERS PREMIUM CONTRIBUTIONS AND BENEFITS ADJUSTMENTS

BENEFITS AND CONTRIBUTIONS

Entry-Level

Mid-Level

Top-Level ACCESS

ACCESSIBLE INFORMATION AND DOWNLOADS

CLIENT SERVICES
CONTACT DETAILS



|                                |       |   |    | 0  | PAL |    |     |       |       | JA    | ADE   |       |       |
|--------------------------------|-------|---|----|----|-----|----|-----|-------|-------|-------|-------|-------|-------|
| CATEGORY C:<br>BACK-UP BENEFIT | COVER | М | M1 | M2 | М3  | M4 | M5+ | М     | M1    | M2    | М3    | 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:
  - 1. Medicine and Injections per family limit
  - 2. Optical per family limit
  - 3. 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**

|   | М | M1    | M2 | М3 | M4     | M5+ | М     | M1    | M2               | М3   | M4                  | M5+   |
|---|---|-------|----|----|--------|-----|-------|-------|------------------|--|---------------------|-------|
| A. The total amount paid by NMC (at the end of April 2025 for 2024 claims) for the following family limits:  • Medicine and Injections  • Optical  • Auxiliary Services |   |       |    |    | 18 700 |     | 2 500 | 4 250 | 18 250           | 12 600   | 7 950               | 6 000 |
| B. Threshold Limit  |   | 5 310 |    |    |        |     | 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 |                  |  |                     | 1 980 |
| D. Back-Up Benefit = 15% of C (Available from 01 May 2025)  |   |       |    |    |        | 210 | 375   | 405   | becaus<br>Amount | pes not qual<br>se The Total<br>(A) is more<br>reshold Limit | Benefit<br>than the | 297   |

| IMPORTANT INFORMATION YOU NEED TO KNOW AND SERVICES SERVICE PROVIDERS AND BENEFITS ADD BENEFITS ADD BENEFITS AND BENEFITS ADD CONTRIBUTIONS AND BENEFITS AND CONTRIBUTIONS AND BENEFITS AND CONTRIBUTIONS AND DEVICES SERVICE PROVIDERS AND BENEFITS ADD CONTRIBUTIONS AND DOWNLOADS | CLIENT SERVICES CONTACT DETAILS |
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|--|---------------------------------|







**OVERALL ANNUAL BENEFIT** (OVERALL ANNUAL LIMIT)

N\$1 500 000 per Beneficiary N\$1 800 000 per Family

**Unlimited Benefit** 

% NAMAF **CATEGORY A: Benefits For Major Medical Expenses** 

Tariff

Pre-authorisation: 100% of 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.

#### OVERALL LIMIT

#### 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

|                 | 1. Hospitalisation   |  |                       | Overall Annual Limit                             | Overall Annual Limit                              |
|-----------------|--|--|-----------------------|--|---|
|                 | 1.1. Accommodation a   | and Theatre  |                       | Overall Ailliuat Lilliit                         | Overati Annual Limit                              |
|                 | 1.2. Accommodation in (Difference betwe tariffs)   | n private wards<br>en general ward and private   | e ward                | N\$7 500 per Beneficiary<br>N\$16 500 per Family | N\$10 900 per Beneficiary<br>N\$23 900 per Family |
|                 | 1.3. Intensive and high (Maximum three c   | n care<br>days, then motivation)   |                       |  |   |
|                 | 1.4. Blood transfusions  | S  |                       |  |   |
|                 | 1.5. Radiology and Pat<br>- Additional Hospita   | thology (in-hospital)<br>al Benefit Cover excluded   |                       | Overall Annual Limit                             | Overall Annual Limit                              |
|                 |  | d Biokinetics (In-hospital)<br>al Benefit Cover excluded<br>pproval)                         | 100%                  |  |   |
|                 | <ul> <li>Additional Hospita</li> <li>Additional benefit transferred to rehamment</li> <li>Benefit available</li> </ul> | okinetics and Occupational all<br>al Benefit Cover excluded<br>conce the patient is out of h | ospital or            | N\$5 000 per Beneficiary<br>Overall Annual Limit | N\$5 000 per Beneficiary<br>Overall Annual Limit  |
|                 |  | riff procedures, hospital app<br>edicine (seven days supply c                                |                       |  |   |
|                 | 1.9. Dialysis<br>(Subject to Case M  | Management and MHC Guide   | elines)               |  |   |
|                 |  | lanagement and MHC Guide<br>expenses incurred by the de                                      |                       | Overall Annual Limit                             | Overall Annual Limit                              |
|                 | 1.11. Internal Appliance<br>(As per NMC proto  |  | 100%<br>of Cost       |  |   |
|                 | 1.12. Medical and Surgi  | ical Appliances (External)   |                       | No Benefit                                       | No Benefit  |
| ANT INFORMATION | ADDITIONAL BENEFITS  | EMERGENCY  | PREMIUM CONTRIBUTIONS | BENEFITS AND Entry-Level Mid-Level               | Top-Level ACCESSIBLE INFORMATION CLIENT SERVICES  |



|          |   |      | <b>EMERALD</b>                                   | <b>AMBER</b>                                     |
|----------|---|------|--|--|
| +        | 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                             | 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                             | Overall Annual Limit                             |
|          | 3.1. MRI and CT Scans   |      | N\$30 000 per Family                             | N\$39 500 per Family                             |
|          | 3.2. Nuclear Medicine   |      | Overall Annual Limit                             | Overall Annual Limit                             |
|          | 4. Maternity (Groups have cover from the date of joining. Individuals have a nine-month waiting period)   |      | Overall Annual Limit                             | Overall Annual Limit                             |
|          | 4.1. Confinement – full procedure   |      |  |  |
| <b>(</b> | 4.2. Antenatal Consultation 12 consultations per Beneficiary (Prorated from the date of joining) - Additional Hospital Benefit cover excluded   |      |  |  |
| B        | 4.3. Ante/Postnatal Classes and Education Six sessions per Beneficiary (Prorated from the date of joining) - Additional Hospital Benefit cover excluded   | 100% | Daughla from Maternity Danefit                   |  |
|          | <ul><li>4.4. Sonar Scans</li></ul>  |      | Payable from Maternity Benefit                   | Payable from Maternity Benefit                   |
|          | <ul><li>4.5. Tests for Chromosomal and Foetal Abnormalities</li><li>Additional Hospital Benefit cover excluded</li></ul>  |      |  |  |
|          | 4.6. Midwifery Service     Additional Hospital Benefit cover excluded   |      |  |  |
|          | 5. Insertion of Intrauterine Device w/Hormone (All-inclusive) (Subject to prior approval) (Benefit is prorated from the date of joining)  | 100% | N\$6 500 per Beneficiary<br>Overall Annual Limit | N\$6 500 per Beneficiary<br>Overall Annual Limit |

| IMPORTANT INFORMA |  | EMERGENCY<br>SERVICE PROVIDERS | PREMIUM CONTRIBUTIONS AND BENEFITS ADJUSTMENTS | BENEFITS AND<br>CONTRIBUTIONS | Entry-Level | Mid-Level | Top-Level | ACCESSIBLE INFORMATION AND DOWNLOADS | CLIENT SERVICES<br>CONTACT DETAILS |  |
|-------------------|--|--------------------------------|--|-------------------------------|-------------|-----------|-----------|--------------------------------------|------------------------------------|--|
|-------------------|--|--------------------------------|--|-------------------------------|-------------|-----------|-----------|--------------------------------------|------------------------------------|--|



|   |  |       | <b>EMERALD</b>   | <b>AMBER</b>   |
|---|--|-------|--|--|
|   | 6. Oncology (Subject to Case Management and MHC Guidelines)  |       |  |  |
|   | 6.1. Consultations and procedures Out-of-Hospital  |       |  |  |
|   | <ul> <li>6.2. MRI/CT Scans and Other Specialised Radiology<br/>Procedures In and Out-of-Hospital</li> <li>Additional Hospital Benefit Cover excluded</li> <li>Referral from a medical specialist only</li> </ul> | 100%  | N\$600 000 per Beneficiary<br>Overall Annual Limit         | N\$750 000 per Beneficiary<br>Overall Annual Limit         |
| 6.3<br>6.3<br>6.4<br>6.4<br>7. C<br>6.5<br>7. C<br>6.6<br>8. R<br>7. 3<br>8. R<br>8. R<br>9. P<br>(0) | 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                                       | 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                                  |       | Overall Annual Limit                                       | Overall Annual Limit                                       |
|   | 7.1. Refractive Surgery  | 100%  | N\$13 850 per Beneficiary once-off<br>N\$17 750 per Family | N\$23 100 per Beneficiary once-off<br>N\$29 600 per Family |
|   | 7.2. Cataract Surgery and Lens Implants  |       | N\$18 750 per eye per Beneficiary once-off                 | N\$25 000 per eye per Beneficiary once-off                 |
| <b></b>   | 8. Reconstructive Surgery (Medical necessity only) (Subject to prior approval and subject to strict MHC guidelines)  | 100%  | Overall Annual Limit                                       | Overall Annual Limit                                       |
|   | 8.1. Consultation and Procedures   |       | N\$6 750 per Family  | N\$14 500 per Family                                       |
|   | 8.2. Hospitalisation   |       | Overall Annual Limit                                       | Overall Annual Limit                                       |
|   | 9. Private Nursing/Frail Care/Hospice (Subject to Case Management) 100%  |       | N\$21 750 per Family<br>Overall Annual Limit               | N\$38 700 per Family<br>Overall Annual Limit               |
|   | 10. Psychiatric Treatment – Hospitalisation<br>(Subject to prior approval)   | 1009/ | N\$32 750 per Family                                       | N\$32 750 per Family                                       |
|   | 11. Alcoholism/Drug Addiction (Subject to prior approval and MHC Guidelines)   | 100%  | Overall Annual Limit                                       | Overall Annual Limit                                       |

| IMPORTANT INFORMATION ADDITIONAL BENEFITS EMERGENCY PREMIUM CONTRIBUTIONS AND BENEFITS AND CONTRIBUTIONS AND BENEFITS ADJUSTMENTS CONTRIBUTIONS  Entry-Level Mid-Level Top-Level ACCESSIBLE INFORMATION AND DOWNLOADS | CLIENT SERVICES CONTACT DETAILS |  |
|---|---------------------------------|--|
|---|---------------------------------|--|



|              |  |              | <b>EMERALD</b>   | <b>AMBER</b>   |
|--------------|--|--------------|--|--|
|              | Specialised Dental Surgery     Additional Hospital Benefit cover excluded     (Subject to Pre-Authorisation)   |              | Overall Annual Limit   | Overall Annual Limit   |
|              | 12.1. Maxillo-Facial and Oral Surgery (trauma/non-elective) - All-inclusive  | 100%         | N\$92 500 per Family   | N\$132 000 per Family  |
| 3            | <ul><li>12.2. Maxillo-Facial and Oral Surgery</li><li>(Including Dental Implants) (other/elective)</li><li>All-inclusive</li></ul>                                   |              | N\$29 250 per Beneficiary<br>N\$36 250 per Family<br>N\$3 800 per dental implant component | N\$39 000 per Beneficiary<br>N\$48 500 per Family<br>N\$3 800 per dental implant component |
|              | <ul><li>12.3. Maxillo-Facial and Oral Surgery<br/>(Including Dental Implants)</li><li>In-practice (performed in a doctor's room)</li><li>Procedures only</li></ul>   | 150%         | Payable from maxillo-facial, oral surgery and dental implants (other/elective)             | 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%         | Payable from Internal appliances under Hospital Benefit                                    | Payable from Internal appliances under Hospital Benefit                                    |
| F            | 13. Stomal Therapy (All-inclusive) (Subject to prior approval)   | 100%         | N\$28 750 per Family<br>Overall Annual Limit   | N\$28 750 per Family<br>Overall Annual Limit   |
|              | 14. Ambulance and Evacuation Services  |              | Overall Annual Limit   | Overall Annual Limit   |
|              | 14.1. Emergency Ambulance and Flights<br>(Territory: SADC countries)<br>(Subject to prior approval)  | 100%         | Unlimited Benefit  | Unlimited Benefit  |
|              | 14.2. Ambulance/Inter-Hospital Transfer (Subject to prior approval)  |              | N\$5 500 per Beneficiary   | N\$5 500 per Beneficiary   |
|              | 15. Medical Referral Subject to accommodation and travelling reimbursement protocols (Subject to prior approval)   |              | Overall Annual Limit   | Overall Annual Limit   |
| ⊎ <u>•</u> • | 15.1. Transport  | 70% of Cost  | N\$10 150 per Family   | N\$10 150 per Family   |
|              | 15.2. Accommodation other than a Recognised Hospital/<br>Medical Institution (Maximum of two days)   | 100%         | N\$620 per day per Family  | 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   | N\$10 000 000 per incident   |

|  | IMPORTANT INFORMATION YOU NEED TO KNOW | ADDITIONAL BENEFITS AND SERVICES | EMERGENCY<br>SERVICE PROVIDERS | PREMIUM CONTRIBUTIONS AND BENEFITS ADJUSTMENTS | BENEFITS AND<br>CONTRIBUTIONS | Entry-Level | Mid-Level | Top-Level | ACCESSIBLE INFORMATION AND DOWNLOADS | CLIENT SERVICES<br>CONTACT DETAILS |  |
|--|--|----------------------------------|--------------------------------|--|-------------------------------|-------------|-----------|-----------|--------------------------------------|------------------------------------|--|
|--|--|----------------------------------|--------------------------------|--|-------------------------------|-------------|-----------|-----------|--------------------------------------|------------------------------------|--|



## **Contribution Tables**

|  |  |     | Jade | Individual | Contribution | 15    |     | Emeralo | l Individual C | ontributions |       | Amber Individual Contributions |    |       |       |       |  |  |
|--|--|-----|------|------------|--------------|-------|-----|---------|----------------|--------------|-------|--------------------------------|----|-------|-------|-------|--|--|
|  |  | Age | Band | Main       | Adult        | Child | Age | Band    | Main           | Adult        | Child | Age                            |    | Main  | Adult | Child |  |  |
|  |  | 0   | 25   | 2,161      | 1,436        | 640   | 0   | 25      | 1,216          | 769          | 303   | 0                              | 25 | 1,624 | 1,022 | 365   |  |  |
|  |  | 26  | 30   | 2,406      | 1,624        | 640   | 26  | 30      | 1,352          | 866          | 303   | 26                             |    | 1,806 | 1,155 | 365   |  |  |
|  |  | 31  | 35   | 2,649      | 1,817        | 640   | 31  | 35      | 1,494          | 966          | 303   | 31                             |    | 1,991 | 1,282 | 365   |  |  |
|  |  | 36  | 40   | 2,988      | 2,074        | 640   | 36  | 40      | 1,657          | 1,069        | 305   | 36                             |    | 2,207 | 1,423 | 367   |  |  |
|  |  | 41  | 45   | 3,278      | 2,306        | 640   | 41  | 45      | 1,815          | 1,188        | 305   | 41                             |    | 2,421 | 1,583 | 367   |  |  |
|  |  | 46  | 50   | 3,543      | 2,507        | 681   | 46  | 50      | 1,962          | 1,293        | 305   | 46                             |    | 2,616 | 1,725 | 367   |  |  |
|  |  | 51  | 55   | 3,876      | 2,767        | 681   | 51  | 55      | 2,142          | 1,426        | 305   | 51                             |    | 2,857 | 1,899 | 367   |  |  |
|  |  | 56  | 60   | 4,145      | 2,973        | 681   | 56  | 60      | 2,296          | 1,534        | 305   | 56                             |    | 3,055 | 2,050 | 367   |  |  |
|  |  | 61  | 65   | 4,429      | 3,196        | 681   | 61  | 65      | 2,446          | 1,646        | 305   | 61                             | 65 | 3,261 | 2,198 | 367   |  |  |
|  |  | 66  | 100  | 4,706      | 3,412        | 681   | 66  | 100     | 2,610          | 1,754        | 305   | 66                             |    | 3,475 | 2,342 | 367   |  |  |

| Opal Group Contributions |        |       |       | Jade Group Contributions |            |       |       |       | Emerald Group Contributions |          |       |       |       | Amber Group Contributions |          |       |       |       |       |
|--------------------------|--------|-------|-------|--------------------------|------------|-------|-------|-------|-----------------------------|----------|-------|-------|-------|---------------------------|----------|-------|-------|-------|-------|
| Income                   | e Band | Main  | Adult | Child                    | Age Band M |       | Main  | Adult | Child                       | Age Band |       | Main  | Adult | Child                     | Age Band |       | Main  | Adult | Child |
| 0                        | 4,360  | 1,862 | 1,205 | 344                      | 0          | 25    | 1,973 | 1,287 | 568                         | 0        | 25    | 1,216 | 769   | 303                       | 0        | 25    | 1,624 | 1,022 | 365   |
| 4,361                    | 5,760  | 2,144 | 1,368 | 394                      | 26         | 30    | 2,183 | 1,438 | 568                         | 26       | 30    | 1,352 | 866   | 303                       | 26       | 30    | 1,806 | 1,155 | 365   |
| 5,761                    | 8,810  | 2,296 | 1,419 | 424                      | 31         | 35    | 2,333 | 1,572 | 568                         | 31       | 35    | 1,468 | 906   | 303                       | 31       | 35    | 1,958 | 1,203 | 365   |
| 8,811                    | 12,950 | 2,360 | 1,522 | 434                      | 36         | 40    | 2,550 | 1,740 | 568                         | 36       | 40    | 1,581 | 966   | 305                       | 36       | 40    | 2,107 | 1,287 | 367   |
| 12,951                   | 14,550 | 2,640 | 1,691 | 487                      | 41         | 45    | 2,810 | 1,947 | 568                         | 41       | 45    | 1,692 | 1,062 | 305                       | 41       | 45    | 2,255 | 1,417 | 367   |
| 14,551                   | 16,500 | 2,924 | 1,861 | 540                      | 46         | 50    | 2,992 | 2,085 | 580                         | 46       | 50    | 1,836 | 1,165 | 305                       | 46       | 50    | 2,453 | 1,554 | 367   |
|                          |        |       |       |                          | 51         | 55    | 3,229 | 2,282 | 580                         | 51       | 55    | 1,898 | 1,218 | 305                       | 51       | 55    | 2,531 | 1,626 | 367   |
|                          |        |       |       |                          | 56         | 60    | 3,459 | 2,453 | 580                         | 56       | 60    | 2,008 | 1,307 | 305                       | 56       | 60    | 2,678 | 1,743 | 367   |
|                          |        |       |       | 61                       | 65         | 3,668 | 2,617 | 580   | 61                          | 65       | 2,176 | 1,419 | 305   | 61                        | 65       | 2,902 | 1,890 | 367   |       |
|                          |        |       |       |                          | 66         | 100   | 3,684 | 2,636 | 580                         | 66       | 100   | 2,229 | 1,456 | 305                       | 66       | 100   | 2,969 | 1,943 | 367   |

| IMPORTANT INFORMATION YOU NEED TO KNOW AND SERVICES SERVICE PROVIDERS AND BENEFITS ADJUSTMENTS CONTRIBUTIONS AND BENEFITS ADJUSTMENTS CONTRIBUTIONS  BENEFITS AND CONTRIBUTIONS  Entry-Level Mid-Level Top-Level Top-Level AND DOWNLOADS | CLIENT SERVICES CONTACT DETAILS |
|--|---------------------------------|
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# Top-Level Options



**RUBY** 



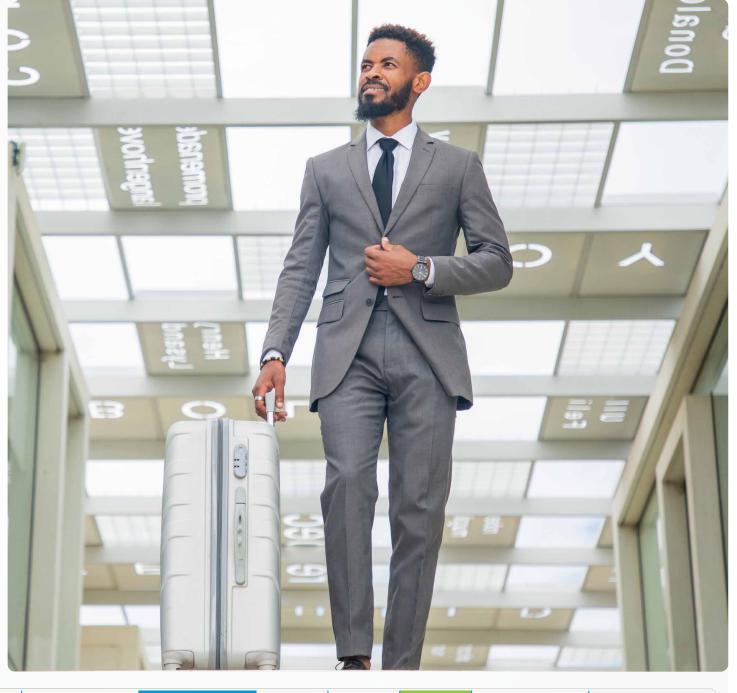
**SAPPHIRE** 



**EMERALD** +



**AMBER** +



IMPORTANT INFORMATION YOU NEED TO KNOW

ADDITIONAL BENEFITS
AND SERVICES

EMERGENCY SERVICE PROVIDERS

PREMIUM CONTRIBUTIONS AND BENEFITS ADJUSTMENTS

BENEFITS AND CONTRIBUTIONS

Entry-Level

Mid-Level

ACCESSIBLE INFORMATION
AND DOWNLOADS

TION CLIENT SERVICES
S CONTACT DETAILS







### OVERALL ANNUAL BENEFIT (OVERALL ANNUAL LIMIT)

% NAMAF Tariff N\$1 500 000 per Beneficiary N\$1 800 000 per Family

**Unlimited Benefit** 

#### **CATEGORY A: Hospitalisation Benefit**

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        |  |   |  |  |  |  |
|---|--------------|--|---|--|--|--|--|
| 1. Hospitalisation  |              | 0 114 111 11                                     |   |  |  |  |  |
| 1.1. Accommodation and Theatre  |              | Overall Annual Limit                             | Overall Annual Limit                              |  |  |  |  |
| 1.2. Accommodation in Private Wards (Difference between general ward and private ward tariffs)  |              | N\$7 500 per Beneficiary<br>N\$16 500 per Family | N\$10 900 per Beneficiary<br>N\$23 900 per Family |  |  |  |  |
| 1.3. Intensive and High Care (Maximum three days, then motivation)  |              |  |   |  |  |  |  |
| 1.4. Blood Transfusions   |              |  |   |  |  |  |  |
| <ul><li>1.5. Radiology and Pathology (in-hospital)</li><li>Additional Hospital Benefit cover excluded</li></ul>   |              | Overall Annual Limit                             | Overall Annual Limit                              |  |  |  |  |
| <ul><li>1.6. Physiotherapy and Biokinetics (in-hospital)</li><li>Additional Hospital Benefit cover excluded<br/>(Subject to prior approval)</li></ul>   | 100%         |  |   |  |  |  |  |
| 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<br>Overall Annual Limit | N\$5 000 per Beneficiary<br>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)   |              |  |   |  |  |  |  |
| 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                             | 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                             | Overall Annual Limit                              |  |  |  |  |

IMPORTANT INFORMATION YOU NEED TO KNOW AND SERVICES SERVICE PROVIDERS AND BENEFITS ADJUSTMENTS BENEFITS AND CONTRIBUTIONS AND BENEFITS ADJUSTMENTS CONTRIBUTIONS AND BENEFITS ADJUSTMENTS CONTRIBUTIONS AND SERVICES SERVICE PROVIDERS AND BENEFITS ADJUSTMENTS CONTRIBUTIONS AND DOWNLOADS CONTACT DETAILS



|   |            |                            | <b>RU</b> I                          | В             |                      |  | <b>SAPPHIR</b>                       | E                               |  |  |  |
|---|------------|----------------------------|--------------------------------------|---------------|----------------------|--|--------------------------------------|---------------------------------|--|--|--|
| 3. Specialised Radiology Procedures (In and Out-of-Hospital) Additional Hospital Benefit Cover Excluded  - Referral from a medical specialist only (referral from GP acceptal in places where there is no medical specialist) (Subject to prior approval) | le<br>100% |                            | Overall Annual                       | Limit         |                      | Overall Annual Limit                               |                                      |                                 |  |  |  |
| 3.1. MRI and CT Scans   |            |                            | N\$27 000 per F                      | amily         | N\$39 500 per Family |  |                                      |                                 |  |  |  |
| 3.2. Nuclear Medicine   |            |                            | Overall Annual                       | Limit         |                      | Overall Annual Limit                               |                                      |                                 |  |  |  |
| 4. Maternity (Groups have cover from the date of joining. Individuals have a nin month waiting period)  | e-         |                            | Overall Annual                       | Limit         |                      | Overall Annual Limit                               |                                      |                                 |  |  |  |
| 4.1. Confinement – full procedure   |            |                            |                                      |               |                      |  |                                      |                                 |  |  |  |
| <ul> <li>4.2. Antenatal Consultation</li> <li>12 consultations per Beneficiary</li> <li>(Prorated from the date of joining)</li> <li>Additional Hospital Benefit cover excluded</li> </ul>  |            |                            |                                      |               |                      |  |                                      |                                 |  |  |  |
| <ul> <li>4.3. Ante/Postnatal Classes and Education</li> <li>Six sessions per Beneficiary per Pregnancy</li> <li>(Prorated from the date of joining)</li> <li>Additional Hospital Benefit cover excluded</li> </ul>  | 100%       |                            | Payable from the Mate                | rnity Popolit |                      | Payable from the Maternity Benefit                 |                                      |                                 |  |  |  |
| <ul><li>4.4. Sonar Scans</li><li>Three scans per Beneficiary per Pregnancy</li><li>Additional Hospital Benefit cover excluded</li></ul>   |            |                            | rayable from the Male                | mity beliefit |                      |  |                                      |                                 |  |  |  |
| <ul><li>4.5. Tests for Chromosomal and Foetal Abnormalities</li><li>Additional Hospital Benefit cover excluded</li></ul>  |            |                            |                                      |               |                      |  |                                      |                                 |  |  |  |
| Midwifery Service     Additional Hospital Benefit cover excluded  |            |                            |                                      |               |                      |  |                                      |                                 |  |  |  |
| <ol> <li>Insertion of Intrauterine Device w/Hormone (All-inclusive)         (Subject to prior approval)         (Prorated from date of joining)</li> </ol>  | 100%       |                            | N\$6 500 per Ben<br>Overall Annual   |               |                      | N\$6 500 per Beneficiary<br>Overall Annual Limit   |                                      |                                 |  |  |  |
| 6. Oncology (Subject to Case Management and MHC guidelines)   |            |                            |                                      |               |                      |  |                                      |                                 |  |  |  |
| 6.1. Consultations and Procedures Out-of-Hospital   |            |                            |                                      |               |                      | N\$750 000 per Beneficiary<br>Overall Annual Limit |                                      |                                 |  |  |  |
| 6.2. MRI/CT Scans and Other Specialised Radiology Procedures In and Out-of-Hospital   | 100%       |                            | N\$600 000 per Bei<br>Overall Annual |               |                      |  |                                      |                                 |  |  |  |
| 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         |                      | Overall Annual Limit                               |                                      |                                 |  |  |  |
|   |            |                            |                                      |               |                      |  |                                      |                                 |  |  |  |
| RTANT INFORMATION ADDITIONAL BENEFITS EMERGENCY<br>DU NEED TO KNOW AND SERVICES SERVICE PROVIDERS   |            | NTRIBUTIONS<br>ADJUSTMENTS | BENEFITS AND CONTRIBUTIONS           | Entry-Level   | Mid-Level            | Top-Level  | ACCESSIBLE INFORMATION AND DOWNLOADS | CLIENT SERVICES CONTACT DETAILS |  |  |  |



IMPORTANT INFORMATION

ADDITIONAL BENEFITS

**EMERGENCY** 

PREMIUM CONTRIBUTIONS

|   |                 | RUBY   | <b>SAPPHIRE</b>  |  |  |  |  |
|---|-----------------|--|--|--|--|--|--|
| 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   | Overall Annual Limit   |  |  |  |  |
| 7.1. Refractive Surgery   |                 | N\$13 850 per Beneficiary once-off<br>N\$17 750 per Family                                 | N\$23 100 per Beneficiary once-off<br>N\$29 600 per Family                                 |  |  |  |  |
| 7.2. Cataract Surgery and Lens Implants   |                 | N\$18 750 per eye per Beneficiary once-off   | N\$25 000 per eye per Beneficiary once-off   |  |  |  |  |
| B. Reconstructive Surgery (Medical necessity only) (Subject to prior approval and subject to strict MHC guidelines)   |                 | Overall Annual Limit   | Overall Annual Limit   |  |  |  |  |
| 8.1. Consultation and procedure   | 100%            | N\$6 750 per Family  | N\$14 500 per Family   |  |  |  |  |
| 8.2. Hospitalisation  |                 | Overall Annual Limit   | Overall Annual Limit   |  |  |  |  |
| P. Private Nursing/Frail Care/Hospice<br>(Subject to Case Management)   |                 | N\$21 750 per Family<br>Overall Annual Limit   | N\$38 700 per Family<br>Overall Annual Limit   |  |  |  |  |
| 1.0. Psychiatric Treatment – Hospitalisation<br>(Subject to prior approval)   | 1000/           | N\$32 750 per Family   | N\$32 750 per Family   |  |  |  |  |
| L1. Alcoholism/Drug Addiction (Subject to prior approval and MHC guidelines)  | 100%            | Overall Annual Limit   | Overall Annual Limit   |  |  |  |  |
| 12. Specialised Dental Surgery  Additional Hospital Benefit cover excluded  (Subject to pre-authorisation)  | 100%            | Overall Annual Limit   | Overall Annual Limit   |  |  |  |  |
| 12.1. Maxillo-Facial and Oral Surgery (trauma/non-elective) - All-inclusive   |                 | N\$92 500 per Family   | N\$132 000 per Family  |  |  |  |  |
| <ul><li>12.2. Maxillo-Facial, Oral Surgery and Dental Implants (other/ elective)</li><li>All-inclusive</li></ul>  |                 | N\$29 250 per Beneficiary<br>N\$36 250 per Family<br>N\$3 800 per dental implant component | N\$39 000 per Beneficiary<br>N\$48 500 per Family<br>N\$3 800 per dental implant component |  |  |  |  |
| 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)             | 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%<br>of Cost | Payable from internal appliances under the Hospital Benefit                                | Payable from internal appliances under the Hospital Benefit                                |  |  |  |  |
| 3. Stomal Therapy (All-inclusive) (Subject to prior approval)   | 100%            | N\$28 750 per Family<br>Overall Annual Limit   | N\$28 750 per Family<br>Overall Annual Limit   |  |  |  |  |
| 4. Ambulance and Evacuation Services  |                 | Overall Annual Limit   | Overall Annual Limit   |  |  |  |  |
| 14.1. Emergency Ambulance and Flights (Territory: SADC Countries) (Subject to prior approval)   | 100%            | Unlimited Benefit  | Unlimited Benefit  |  |  |  |  |
| 14.2. Ambulance/Inter-Hospital Transfer (Subject to prior approval)   |                 | N\$5 500 per Beneficiary   | N\$5 500 per Beneficiary   |  |  |  |  |

BENEFITS AND CONTRIBUTIONS Entry-Level Mid-Level AND SERVICES CONTACT DETAILS YOU NEED TO KNOW SERVICE PROVIDERS AND BENEFITS ADJUSTMENTS AND DOWNLOADS

ACCESSIBLE INFORMATION

CLIENT SERVICES



|   |              | <b>RUBY</b>  |  |              |              |           |           | <b>SAPPHIRE</b>  |           |                                    |           |           |           |  |
|---|--------------|--|--|--------------|--------------|-----------|-----------|--|-----------|------------------------------------|-----------|-----------|-----------|--|
| 15. Medical Referral Subject to accommodation and travelling reimbursement protocols (Subject to prior approval)  |              | Overall Annual Limit   |  |              |              |           |           | Overall Annual Limit   |           |                                    |           |           |           |  |
| 15.1. Transport   | 70% of Cost  |  |  | N\$10 150    | per Family   |           |           | N\$10 150 per Family   |           |                                    |           |           |           |  |
| 15.2. Accommodation Other than a Recognised Hospital/Medical Institution (Maximum of two days)  | 100% of Cost |  | ı  | N\$620 per d | ay per Famil | у         |           | 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   |              |              |           |           | N\$10 000 000 per incident                                       |           |                                    |           |           |           |  |
| CATEGORY B: DAY-TO-DAY BENEFIT  | COVER        | Sub-limits are prorated from date of joining, except the optical benefit. <b>OVERALL LIMIT</b> |  |              |              |           |           |  |           |                                    |           |           |           |  |
|   |              | М  | M1   | M2           | М3           | M4        | M5+       | М  | M1        | M2                                 | М3        | M4        | M5+       |  |
| 17. General Practitioners and Specialists   |              | N\$9 000   | N\$11 800  | N\$12 300    | N\$12 550    | N\$12 800 | N\$13 050 | N\$15 000  | N\$19 250 | N\$21 250                          | N\$21 500 | N\$21 750 | N\$22 000 |  |
| <ul> <li>17.1. Consultations/Visits (out-of-hospital, including casualties)</li> <li>GP Telephonic/Virtual Consultations (telephonic/virtual writing of prescriptions not payable)</li> <li>Seven virtual/telephonic consultations per Beneficiary</li> </ul> |              |  |  |              |              |           |           |  |           |                                    |           |           |           |  |
| 17.2. Procedures (Out-Of-Hospital Services, Including Casualties)   | 100%         | Pava   | Payable from General Practitioners and Specialists Benefit Payable from General Practi |              |              |           |           |  |           | ctitioners and Specialists Benefit |           |           |           |  |
| 17.3. Materials and Disposable Items  | 100%         | , aya  |  |              |              |           |           |  |           | enerati race                       |           |           |           |  |
| 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   |  |              |              |           |           | Payable from the MRI and CT Scan Benefit                         |           |                                    |           |           |           |  |
| Benefit Booster Applicable (additional benefit once limit is exceeded   | )            |  |  |              |              |           |           |  |           |                                    |           |           |           |  |
| 18. Medicine and Injections   | SEP + 40%    | N\$14 630  | N\$16 180  | N\$16 740    | N\$17 390    | N\$18 050 | N\$18 650 | 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  |              | N\$5 400   | N\$5 700   | N\$5 900     | N\$6 150     | N\$6 400  | N\$6 650  | N\$8 350   | N\$12 750 | N\$15 550                          | N\$16 000 | N\$16 350 | N\$16 600 |  |
| generics  | 85%          | N\$5 400 per Beneficiary   |  |              |              |           |           | N\$8 350 per Beneficiary   |           |                                    |           |           |           |  |
| 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 | 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                          |              |              |           |           | No Limit per Beneficiary<br>Payable from Medicine and Injections |           |                                    |           |           |           |  |



|   |              | RUBY                                      |           |                           |               |           |           | E  | S                  | APPHIF       | RE                         |           |           |
|---|--------------|---|-----------|---------------------------|---------------|-----------|-----------|--|--------------------|--------------|----------------------------|-----------|-----------|
| 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%         |   | Payabl    | e from Medi               | cine and Inj  | ections   |           | Payable from Medicine and Injections                             |                    |              |                            |           |           |
| Benefit Booster Applicable (additional benefit once limit is exceede  | d)           |   |           |                           |               |           |           |  |                    |              |                            |           |           |
| 18.4. Self-medication Paid at maximum Namibia medicine price list on generics   | 100%         | N\$1 130                                  | N\$1 230  | N\$1 390<br>per claim per | N\$1 540      | N\$1 700  | N\$1 800  | N\$1 890   | N\$2 050<br>N\$225 | N\$2 200     | N\$2 350<br>er Beneficiary | N\$2 510  | N\$2 670  |
|   |              | N¢1 000                                   | N\$1 200  | •                         | •             | · · ·     | N¢1 900   | N¢1 250  |                    | N\$1 700     |                            | N\$2 100  | N\$2 300  |
| 19. Primary Health Care Services  |              | N\$1 000                                  | N\$1 200  | N\$1 350                  | N\$1 500      | N\$1 650  | N\$1 800  | N\$1 250   | N\$1 500           |              | N\$1 900                   |           | N\$2 300  |
|   |              |   |           | N\$1 000 per              | Beneficiary   |           |           |  |                    | N\$1 250 pe  | er Beneficiary             | /         |           |
| 19.1. Consultations and Procedures  | 100%         | Payable from Primary Health Care Services |           |                           |               |           |           | Payable  | from Primai        | y Health Car | e Services                 |           |           |
| 19.2. Medicine and Injections Paid at maximum Namibia medicine price list on generics   | 100%         | Payable from Acute Medication             |           |                           |               |           | Pa        | yable from A   | Acute Medica       | ation        |                            |           |           |
| Benefit Booster Applicable (additional benefit once limit is exceeded   | d)           |   |           |                           |               |           |           |  |                    |              |                            |           |           |
| 20. Dentistry   |              |   |           |                           |               |           |           |  |                    |              |                            |           |           |
| 20.1. Conservative and Specialised Dentistry (Including Dental  | 100%         | N\$10 500                                 | N\$12 250 | N\$13 500                 | N\$14 000     | N\$14 250 | N\$14 500 | N\$15 750  | N\$19 000          | N\$20 750    | N\$21 250                  | N\$21 750 | N\$22 250 |
| Therapy)  |              |   |           | N\$10 500 pe              | r Beneficiar  | /         |           | N\$15 750 per Beneficiary  |                    |              |                            |           |           |
| <ul><li>20.2. Maxillo-Facial, Oral Surgery and Dental Implants</li><li>In-practice consultation and non-surgical procedures</li></ul> |              |   | Pay       | able from D               | entistry Ben  | efits     |           | The available benefits are for either in-hospital or in-practice |                    |              |                            |           |           |
| Benefit Booster Applicable (additional benefit once limit is exceede  | d)           |   |           |                           |               |           |           |  |                    |              |                            |           |           |
| 20.3. Orthodontics (Subject to prior approval and MHC guidelines)   | 100%         |   | N\$13     | 3 250 per Bei             | neficiary one | e-off     |           |  | N\$2               | 3 000 per Be | eneficiary on              | ce-off    |           |
| 21. Optical Benefits  |              | N\$3 350                                  | N\$6 700  | N\$6 900                  | N\$7 100      | N\$7 300  | N\$7 500  | N\$4 900   | N\$9 800           | N\$10 100    | N\$10 400                  | N\$10 700 | N\$11 000 |
| Every two years (Including frame) (2023-2024)   |              |   |           | N\$3 350 per              | Beneficiary   |           |           |  |                    | N\$4 900 pe  | er Beneficiary             | /         |           |
| 21.1. Optical tests   | 100%         |   | -         |                           |               | e.        |           |  |                    |              | 0 1.0                      | 6.        |           |
| 21.2. Spectacles and Lenses   | 100%         |   | Pa        | yable from (              | optical Bene  | πts       |           |  | Pa                 | ayable from  | Optical Bene               | ents      |           |
| 21.3. Frame   | 100% of Cost |   |           | N\$1 140 per              | Beneficiary   |           |           |  |                    | N\$1 870 pe  | er Beneficiary             | /         |           |
| 21.4. Readers Spectacles  | 100% of Cost |   |           | N\$105 per                | Beneficiary   |           |           |  |                    | N\$105 pe    | r Beneficiary              |           |           |
| 22 Auxilians Comises  |              | N\$11 850                                 | N\$13 000 | N\$13 150                 | N\$13 400     | N\$13 650 | N\$13 900 | N\$15 300  | N\$24 500          | N\$26 500    | N\$27 750                  | N\$28 250 | N\$28 750 |
| 22. Auxiliary Services  |              |   |           | N\$11 850 pe              | r Benefician  | /         |           | N\$15 300 per Beneficiary  |                    |              |                            |           |           |

|  | IMPORTANT INFORMATION YOU NEED TO KNOW | ADDITIONAL BENEFITS AND SERVICES | EMERGENCY<br>SERVICE PROVIDERS | PREMIUM CONTRIBUTIONS AND BENEFITS ADJUSTMENTS | BENEFITS AND<br>CONTRIBUTIONS | Entry-Level | Mid-Level | Top-Level | ACCESSIBLE INFORMATION AND DOWNLOADS | CLIENT SERVICES<br>CONTACT DETAILS |  |
|--|--|----------------------------------|--------------------------------|--|-------------------------------|-------------|-----------|-----------|--------------------------------------|------------------------------------|--|
|--|--|----------------------------------|--------------------------------|--|-------------------------------|-------------|-----------|-----------|--------------------------------------|------------------------------------|--|

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|  |              | <b>RUBY</b>   | <b>SAPPHIRE</b>  |
|--|--------------|---|--|
| 22.1. Art Therapy  | 100%         | Doughla from Aurilian Camiras   | Doughla from Auvilians Comices   |
| 22.2. Audiology/Speech Therapy   | 100%         | Payable from Auxiliary Services   | Payable from Auxiliary Services  |
| 22.3. Biokinetics  | 100%         | N\$4 050 per Beneficiary  | N\$7 560 per Beneficiary   |
| 22.4. Chinese Medicine   | 100%         | N\$4 050 per Beneficiary  | N\$7 560 per Beneficiary   |
| 22.5. Chiropractor   |              |   |  |
| 22.5.1. Consultation and Procedure   | 100%         | Payable from Auxiliary Services   | Payable from Auxiliary Services  |
| 22.5.2. Medicine   | 80%          | Payable from Acute Medicine and Injections  | Payable from Acute Medicine and Injections   |
| 22.6. Clinical Psychology/Psychological Counsellor                                       | 100%         | N\$4 050 per Beneficiary  | N\$7 560 per Beneficiary   |
| 22.7. Clinical Technology  | 100%         |   |  |
| 22.8. Dietician  | 100%         |   |  |
| 22.9. Hearing Aid Acoustician  | 100%         | Payable from Auxiliary Services   | Payable from Auxiliary Services  |
| 22.10. Homeopathy/Naturopathy/Phytotherapy   |              |   |  |
| 22.10.1. Consultation and Procedure  | 100%         |   |  |
| 22.10.2. Medicine  | 80%          | Payable from Acute Medicine and Injections  | Payable from Acute Medicine and Injections   |
| 22.11. Occupational Therapy  | 100%         | Describe from Assilians Comitoes  | Develor frame Assisting Commission   |
| 22.12. Orthotist/Prosthetist   | 100%         | Payable from Auxiliary Services   | Payable from Auxiliary Services  |
| 22.13. Physiotherapy   | 100%         | N\$4 050 per Beneficiary  | N\$7 560 per Beneficiary   |
| 22.14. Podiatry/Chiropody  | 100%         | Payable from Auxiliary Services   | Payable from Auxiliary Services  |
| 22.15. Social Worker   | 100%         | N\$4 050 per Beneficiary  | N\$7 560 per Beneficiary   |
| Benefit Booster Applicable (additional benefit once limit is exc                         | ceeded)      |   |  |
| 3. Wheelchair (Subject to prior approval)<br>Inclusive of repair and maintenance         | 100% of Cost | N\$8 850 per Beneficiary every four years (2024-2027)                                   | N\$17 750 per Beneficiary every four years (2024-2027)                               |
| 4. Artificial Limbs (Subject to prior approval)  | 100% of Cost | N\$18 450 per Beneficiary every two years (2024-2025)                                   | N\$36 750 per Beneficiary every two years(2024-2025)                                 |
| 5. Artificial Eyes (Subject to prior approval)   | 100% of Cost | N\$5 750 per Beneficiary every four years (2024-2027)                                   | N\$17 250 per Beneficiary every four years (2024-2027)                               |
| 6. Hearing Aid Apparatus (Subject to prior approval) Inclusive of repair and maintenance | 100% of Cost | N\$28 000 per Family every three years for both ears<br>(N\$14 000 per ear) (2023-2025) | N\$35 000 per Family every three years for both ears (N\$17 500 per ear) (2023-2025) |

|  | IMPORTANT INFORMATION YOU NEED TO KNOW | ADDITIONAL BENEFITS AND SERVICES | EMERGENCY<br>SERVICE PROVIDERS | PREMIUM CONTRIBUTIONS AND BENEFITS ADJUSTMENTS | BENEFITS AND<br>CONTRIBUTIONS | Entry-Level | Mid-Level | Top-Level | ACCESSIBLE INFORMATION AND DOWNLOADS | CLIENT SERVICES<br>CONTACT DETAILS |  |
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|  |             |   |             |                            | RUBY                      |        |   |   | €             | S             | APPHIF                      | RE            |      |
|--|-------------|---|-------------|----------------------------|---------------------------|--------|---|---|---------------|---------------|-----------------------------|---------------|------|
| 27. Appliances (External) (Subject to MHC guidelines)  | 80% of Cost |   |             | N\$4 550 p                 | per Family                |        |   |   |               | 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\$35                                     | 5 000 per B | eneficiary e               | very four years (2        | 023-20 | 26)                                       | N\$   | 40 000 per E  | Beneficiary e | very four yea               | ars (2023 – 2 | 026) |
| 28.2. Other Diabetes Devices and Related Consumables   |             |   | 1           | N\$51 000 pe               | r Beneficiary             |        |   | N\$56 000 per Beneficiary                                   |               |               |                             |               |      |
| 29. Specified Illness Conditions (As per national guidelines) (Sub-limits are prorated from the date of joining)   |             | N\$31 000                                 | N\$44 750   | N\$44 750                  | N\$44 750 N\$4            | 4 750  | N\$44 750                                 | N\$36 100 N\$72 200 N\$72 200 N\$72 200 N\$72 200 N\$72 200 |               |               |                             |               |      |
| 29.1. HIV/AIDS (As per national guidelines for antiretroviral therapy)   |             |   | 1           | N\$31 000 pe               | r Beneficiary             |        |   |   |               | N\$36 100 p   | er Beneficiar               | ТУ            |      |
| 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 |             |                            |                           |        | Payable from Specified Illness Conditions |   |               |               |                             |               |      |
| <ol> <li>29.1.3. Consultation (after the first full HIV consultation/<br/>assessment)</li> <li>Six consultations per Beneficiary</li> </ol>                        | N\$440      | , i                                       |             |                            |                           |        |   |   |               |               |                             |               |      |
| 29.1.4. HIV Counselling  | 100%        | N\$1 300 per Beneficiary                  |             |                            |                           |        |   | N\$1 300 pe   | r Beneficiary | у             |                             |               |      |
| 29.1.5. Pathology Tests (Subject to prior approval)  | 100%        | N\$5 950 per Beneficiary                  |             |                            |                           |        |   | N\$7 800 pe   | r Beneficiary | У             |                             |               |      |
| 29.1.6. HIV Resistance Test (Subject to prior approval)  | 100%        |   |             |                            |                           |        |   |   |               |               |                             |               |      |
| 29.2. Prevention of Mother-to-Child Transmission (PMTCT)   | 100%        |   | Payable     | from Specifi               | ed Illness Conditi        | ons    |   |   | Payable       | e from Specif | ied Illness C               | onditions     |      |
| 29.3. Post-Exposure Prophylaxis (PEP)  | 100%        |   |             |                            |                           |        |   |   |               |               |                             |               |      |
| 29.4. Pre-Exposure Prophylaxis (PrEP)  | 100%        |   |             |                            |                           |        |   |   |               |               |                             |               |      |
| <b>30. Benefit Booster</b> Applicable if Medicine and Injections, Dentistry, GPs and Specialists, Primary Health Care and Auxiliary Services benefits are depleted |             |   |             | N\$1 935 per<br>N\$2 990 p | Beneficiary<br>per Family |        |   |   |               |               | r Beneficiary<br>per Family | у             |      |
| 30.1. Medicine and Injections (Acute and Chronic) – Excluding self-medication  | 70%         |   |             |                            |                           |        |   |   |               |               |                             |               |      |
| 30.2. Dentistry (Excluding orthodontics)   | 70%         |   |             |                            |                           |        |   |   |               |               |                             |               |      |
| 30.3. General Practitioners and Specialists (Consultations/visits and procedures/services out-of-hospital, including casualties)                                   | 80%         | Payable from Benefit Booster              |             |                            |                           |        | P   | ayable from   | Benefit Boos  | ster          |                             |               |      |
| 30.4. Primary Health Care  | 80%         |   |             |                            |                           |        |   |   |               |               |                             |               |      |
| 30.5. Auxiliary Services   | 70%         |   |             |                            |                           |        |   |   |               |               |                             |               |      |

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|--------------------------------|--------|-------|-------|-------|-------|-------|-------|--|--|--|--|
| CATEGORY C:<br>BACK-UP BENEFIT | COVER  | М     | M1    | M2    | М3    | M4    | M5+   |  |  |  |  |
| Threshold Limit                | 337211 | 5 260 | 5 950 | 6 170 | 6 400 | 6 620 | 6 840 |  |  |  |  |

#### 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:
  - 1. Medicine and Injections per family limit
  - 2. Optical per family limit
  - 3. 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**

|   | М     | M1    | M2     | M3   | M4    | M5+   |
|---|-------|-------|--------|--|-------|-------|
| <ul> <li>A. The total amount paid by NMC (at the end of April 2025 for 2024 claims) for the following family limits:</li> <li>Acute Medicine</li> <li>Self-Medication</li> <li>Optical</li> <li>Auxiliary Services</li> </ul> | 2 500 | 4 250 | 25 500 | 7 250  | 8 500 | 6 000 |
| B. Threshold Limit  | 5 260 | 5 950 | 6 170  | 6 400  | 6 620 | 6 840 |
| C. Difference: Threshold Limit (B) – Total Paid Amount (A)  | 2 760 | 1 700 | 0      | 0  | 0     | 840   |
| D. Back-Up Benefit = 25% of C (Available from 01 May 2025)  | 690   | 425   |        | cause The Total Benefi<br>an the Threshold Limit |       | 210   |

|  | IMPORTANT INFORMATION YOU NEED TO KNOW | ADDITIONAL BENEFITS AND SERVICES | EMERGENCY<br>SERVICE PROVIDERS | PREMIUM CONTRIBUTIONS AND BENEFITS ADJUSTMENTS | BENEFITS AND<br>CONTRIBUTIONS | Entry-Level | Mid-Level | Top-Level | ACCESSIBLE INFORMATION AND DOWNLOADS | CLIENT SERVICES CONTACT DETAILS |  |
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IMPORTANT INFORMATION

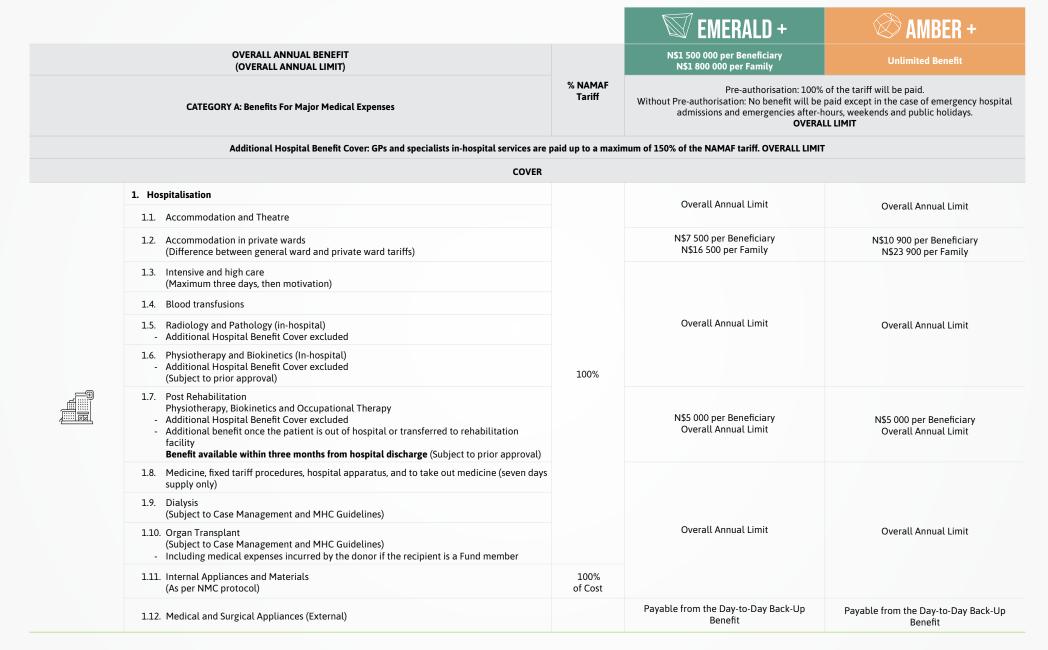
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|  |  |   | <b>EMERALD</b> +                                 | AMBER +  |
|--|--|---|--|--|
| +  | 2. General Practitioners and Specialists (In-Hospital Services) Additional Hospital Benefit Cover included except the use of equipment and equipment hire fees   | 100%  | Overall Annual Limit                             | 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                             | Overall Annual Limit                             |
|  | 3.1. MRI and CT Scans  |   | N\$30 000 per Family                             | N\$39 500 per Family                             |
|  | 3.2. Nuclear Medicine  |   | Overall Annual Limit                             | Overall Annual Limit                             |
|  | 4. Maternity (Groups have cover from the date of joining. Individuals have a nine-month waiting period)  |   | Overall Annual Limit                             | Overall Annual Limit                             |
|  | 4.1. Confinement – full procedure  |   |  |  |
|  | <ul> <li>4.2. Antenatal Consultation</li> <li>12 consultations per Beneficiary (Prorated from the date of joining)</li> <li>Additional Hospital Benefit cover excluded</li> </ul>  |   |  |  |
| B  | <ul> <li>4.3. Ante/Postnatal Classes and Education</li> <li>Six sessions per Beneficiary (Prorated from the date of joining)</li> <li>Additional Hospital Benefit cover excluded</li> </ul>  | 100%  |  |  |
|  | <ul><li>4.4. Sonar Scans     Three scans per Beneficiary per Pregnancy     Additional Hospital Benefit cover excluded</li></ul>  | Out-of-Hospital) d y (referral from a GP acceptable in places where it to prior approval)  Ing. Individuals have a nine-month waiting period)  ated from the date of joining) luded  Infrom the date of joining) luded  Payable  Incommalities luded  Incommalities luded | Payable from Maternity Benefit                   | Payable from Maternity Benefit                   |
| Additional Hospital Benefit Cover included excess  3. Specialised Radiology Procedures (In and Out-Additional Hospital Benefit Cover excluded - Referral from a medical specialist only (rethere is no medical specialist) (Subject to page 3.1. MRI and CT Scans 3.2. Nuclear Medicine  4. Maternity (Groups have cover from the date of joining. In 4.1. Confinement – full procedure 4.2. Antenatal Consultation 12 consultations per Beneficiary (Prorated - Additional Hospital Benefit cover excluded - Additional Hospital Benefit cover excluded 4.3. Ante/Postnatal Classes and Education Six sessions per Beneficiary (Prorated from - 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 Abnorm - Additional Hospital Benefit cover excluded 4.6. Midwifery Service - Additional Hospital Benefit cover excluded 4.6. Midwifery Service - Additional Hospital Benefit cover excluded 4.6. Midwifery Service - Additional Hospital Benefit cover excluded 4.6. Midwifery Service - Additional Hospital Benefit cover excluded 4.6. Midwifery Service - Additional Hospital Benefit cover excluded 4.6. Midwifery Service - Additional Hospital Benefit cover excluded 4.6. Midwifery Service - Additional Hospital Benefit cover excluded 4.6. Midwifery Service - Additional Hospital Benefit cover excluded 4.6. Midwifery Service - Additional Hospital Benefit cover excluded 4.6. | 4.5. Tests for Chromosomal and Foetal Abnormalities - Additional Hospital Benefit cover excluded   |   |  |  |
|  | 4.6. Midwifery Service - Additional Hospital Benefit cover excluded  |   |  |  |
|  |  | 100%  | N\$6 500 per Beneficiary<br>Overall Annual Limit | N\$6 500 per Beneficiary<br>Overall Annual Limit |

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|       |   |      | <b>EMERALD</b> +   | AMBER +  |
|-------|---|------|--|--|
|       | 6. Oncology (Subject to Case Management and MHC Guidelines) 6.1. Consultations and procedures Out-of-Hospital  6.2. MRI/CT Scaps and Other Specialized Padiology Procedures In and Out of Hospital  |      |  |  |
| 0     | 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) | 100% | N\$600 000 per Beneficiary<br>Overall Annual Limit         | N\$750 000 per Beneficiary<br>Overall Annual Limit         |
|       | 6.4. Oncology medication (chemotherapy, radiotherapy and hormone therapy)   |      |  |  |
|       | 6.5. Hospitalisation and Related Procedures In-Hospital   |      | Overall Annual Limit                                       | 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                                       | Overall Annual Limit                                       |
|       | 7.1. Refractive Surgery   | 100% | N\$13 850 per Beneficiary once-off<br>N\$17 750 per Family | N\$23 100 per Beneficiary once-off<br>N\$29 600 per Family |
|       | 7.2. Cataract Surgery and Lens Implants   |      | N\$18 750 per eye per Beneficiary once-off                 | 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)   |      | Overall Annual Limit                                       | Overall Annual Limit                                       |
| Jon . | 8.1. Consultation and Procedures  | 100% | N\$6 750 per Family  | N\$14 500 per Family                                       |
|       | 8.2. Hospitalisation  |      | Overall Annual Limit                                       | Overall Annual Limit                                       |
|       | 9. Private Nursing/Frail Care/Hospice (Subject to Case Management)  | 100% | N\$21 750 per Family<br>Overall Annual Limit               | N\$38 700 per Family<br>Overall Annual Limit               |
|       | 10. Psychiatric Treatment – Hospitalisation (Subject to prior approval)   | 100% | N\$32 750 per Family<br>Overall Annual Limit               | N\$32 750 per Family<br>Overall Annual Limit               |
|       | 11. Alcoholism/Drug Addiction (Subject to prior approval and MHC Guidelines)  |      | 0.0.000  | Overall Annual Linni                                       |

|  | IMPORTANT INFORMATION YOU NEED TO KNOW | ADDITIONAL BENEFITS AND SERVICES | EMERGENCY<br>SERVICE PROVIDERS | PREMIUM CONTRIBUTIONS AND BENEFITS ADJUSTMENTS | BENEFITS AND<br>CONTRIBUTIONS | Entry-Level | Mid-Level | Top-Level | ACCESSIBLE INFORMATION AND DOWNLOADS | CLIENT SERVICES<br>CONTACT DETAILS |  |
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|                      |  |              | <b>EMERALD</b> +   | AMBER +  |
|----------------------|--|--------------|--|--|
|                      | <ul><li>12. Specialised Dental Surgery</li><li>Additional Hospital Benefit cover excluded<br/>(Subject to Pre-Authorisation)</li></ul>   |              | Overall Annual Limit   | Overall Annual Limit   |
|                      | 12.1. Maxillo-Facial and Oral Surgery (trauma/non-elective) - All-inclusive  | 100%         | N\$92 500 per Family   | N\$132 000 per Family  |
| 2                    | <ul><li>12.2. Maxillo-Facial and Oral Surgery</li><li>(Including Dental Implants) (other/elective)</li><li>All-inclusive</li></ul>   |              | N\$29 250 per Beneficiary<br>N\$36 250 per Family<br>N\$3 800 per dental implant component | N\$39 000 per Beneficiary<br>N\$48 500 per Family<br>N\$3 800 per dental implant component |
|                      | 12.3. Maxillo-Facial and Oral Surgery (Including Dental Implants) - In-practice (performed in a doctor's room) - Procedures only   | 150%         | Payable from maxillo-facial, oral surgery and dental implants (other/elective)             | 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%         | Payable from Internal appliances under<br>Hospital Benefit                                 | Payable from Internal appliances under<br>Hospital Benefit                                 |
| FO                   | 13. Stomal Therapy (All-inclusive) (Subject to prior approval)   | 100%         | N\$28 750 per Family<br>Overall Annual Limit   | N\$28 750 per Family<br>Overall Annual Limit   |
|                      | 14. Ambulance and Evacuation Services  |              | Overall Annual Limit   | Overall Annual Limit   |
|                      | 14.1. Emergency Ambulance and Flights (Territory: SADC countries) (Subject to prior approval)  | 100%         | Unlimited Benefit  | Unlimited Benefit  |
|                      | 14.2. Ambulance/Inter-Hospital Transfer (Subject to prior approval)  |              | N\$5 500 per Beneficiary   | N\$5 500 per Beneficiary   |
| . ( <del>(-)</del> 1 | 15. Medical Referral Subject to accommodation and travelling reimbursement protocols (Subject to prior approval)   |              | Overall Annual Limit   | Overall Annual Limit   |
|                      | 15.1. Transport  | 70% of Cost  | N\$10 150 per Family   | 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  | N\$620 per day per Family  |
|                      | <ul> <li>16. International Medical Travel Insurance</li> <li>Medical cover when travelling to foreign countries</li> <li>For emergency cases only (not for elective surgery or procedure)</li> </ul> | 100% of Cost | N\$10 000 000 per incident   | N\$10 000 000 per incident   |

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CATEGORY B: DAY-TO-DAY BENEFIT

100% Tariff

N\$6 300 Member only N\$10 700 Member + Adult N\$7 550 Member + Child N\$11 950 Member + Adult+ Child Additional N\$1 250 for each additional Child N\$9 500 Member only N\$15 800 Member + Adult N\$12 000 Member + Child N\$18 300 Member + Adult+ Child Additional N\$2 500 for each additional Child

OVERALL ANNUAL LIMIT
Benefits are prorated from date of joining.
Ex Gratia not Applicable.

#### Rules on Day-to-Day Back-up Benefit:

Ninety-five per cent (95%) of unused Day-to-Day Back-Up benefit will be carried over to the following financial year.

If a member uses less than the full benefit, 95% of the unused benefit will be accumulated over to the next year.

The unused benefit will be forfeited and cannot be paid back to the member upon the principal member's resignation from the fund, or the principal member's death or the principal member's migration to a traditional option.

The total amount is available for the Family and is not limited per Beneficiary.

|       | <ul> <li>17. General Practitioners and Specialists (Out-of-hospital, including casualties)</li> <li>17.1. Consultations/Visits (Including General Practitioner virtual / telephonic consultations)</li> <li>17.2. Procedures/Services</li> <li>17.3. Materials and Disposable Items</li> <li>17.4. Radiology and Pathology (including radiography, sonography, medical laboratory technology and chemical biochemistry) (Referral from a medical practitioner)</li> </ul> | 100% | Paid from Day-to-day Back-Up Benefit | Paid from Day-to-day Back-Up Benefit |
|-------|---|------|--------------------------------------|--------------------------------------|
| /1112 | 18. Medicine and Injections (Paid at Maximum Namibia Medicine Price List on generics) 18.1. Acute Medicine and Injections 18.2. Chronic Medicine and Injections 18.3. Essential Vaccination/Immunisation (as per WHO guidelines) 18.4. Self-Medication  | 100% | Paid from Day-to-day Back-Up Benefit | Paid from Day-to-day Back-Up Benefit |
|       | 19. Primary Health Care Services (Paid at Maximum Namibia Medicine Price List on generics) 19.1. Consultations and Procedures 19.2. Medicine and Injections   | 100% | Paid from Day-to-day Back-Up Benefit | Paid from Day-to-day Back-Up Benefit |
|       | Dentistry     20.1. Conservative and specialised dentistry (including Dental Therapy)     20.2. Maxillo-Facial, Oral Surgery and Dental Implants In-Practice Consultations and Non-Surgical Procedures     20.3. Orthodontics (Subject to prior approval and MHC Guidelines)  | 100% | Paid from Day-to-day Back-Up Benefit | Paid from Day-to-day Back-Up Benefit |

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|   |              | <b>EMERALD</b> +                     | AMBER +                              |
|---|--------------|--------------------------------------|--------------------------------------|
| 21. Optical 21.1. Optical Tests 21.2. Spectacles and Lenses 21.3. Frame 21.4. Reader Spectacles   | 100%         | Paid from Day-to-day Back-Up Benefit | Paid from Day-to-day Back-Up Benefit |
| 22. Auxiliary Services (Supplementary Services)  22.1. Art Therapy  22.2. Audiology/Speech Therapy  22.3. Biokineticist  22.4. Chinese Medicine  22.5. Chiropractor  22.5.1. Consultation and Procedure  22.5.2. Medicine  22.6. Clinical Psychology/Psychological Counsellor  22.7. Clinical Technology  22.8. Dietician  22.9. Hearing Aid Acousticia  22.10. Homeopathy/Naturopathy/Phytotherapy  22.10.1. Consultation and Procedure  22.10.2. Medicine  22.11. Occupational Therapy  22.12. Orthotist/Prosthetist  22.13. Physiotherapy  22.14. Podiatry/Chiropody  22.15. Social Worker   | 100%         | Paid from Day-to-day Back-Up Benefit | Paid from Day-to-day Back-Up Benefit |
| 23. Medical and Surgical Appliances (External)  | 100% of Cost | Paid from Day-to-day Back-Up Benefit | Paid from Day-to-day Back-Up Benefit |
| 24. Specified Illness Conditions As per National Guidelines (Sub-limits are prorated from the date of joining) 24.1. HIV/AIDS (As per National Guidelines for Antiretroviral Therapy) 24.1.1. Medicine (Paid at Maximum Namibia Medicine Price List on generics) 24.1.2. First Full HIV Consultation/Assessment Once-off benefit 24.1.3. Consultation (after the first full HIV consultation/assessment) Six consultations per Beneficiary 24.1.4. HIV Counselling 24.1.5. Pathology Tests (Subject to prior approval) 24.1.6. HIV Resistance Test (Subject to prior approval) 24.2. Prevention of Mother-to-Child Transmission (PMTCT) 24.3. Post-Exposure Prophylaxis (PEP) 24.4. Pre-Exposure Prophylaxis (PFEP) | 100%         | Paid from Day-to-day Back-Up Benefit | Paid from Day-to-day Back-Up Benefit |

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### **Contribution Tables**

| Ruby Individual Contributions |      |       |       |       |  |  |  |
|-------------------------------|------|-------|-------|-------|--|--|--|
| Age                           | Band | Main  | Adult | Child |  |  |  |
| 0                             | 25   | 2,869 | 1,962 | 893   |  |  |  |
| 26                            | 30   | 3,199 | 2,240 | 893   |  |  |  |
| 31                            | 35   | 3,520 | 2,480 | 893   |  |  |  |
| 36                            | 40   | 3,970 | 2,825 | 893   |  |  |  |
| 41                            | 45   | 4,357 | 3,135 | 893   |  |  |  |
| 46                            | 50   | 4,708 | 3,414 | 911   |  |  |  |
| 51                            | 55   | 5,151 | 3,729 | 911   |  |  |  |
| 56                            | 60   | 5,507 | 4,017 | 911   |  |  |  |
| 61                            | 65   | 5,886 | 4,307 | 911   |  |  |  |
| 66                            | 100  | 6,255 | 4,616 | 911   |  |  |  |

|     | 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 |  |  |  |  |
|     |                                   |       |       |       |  |  |  |  |

| E     | Emerald Plus Individual Contributions |       |       |       |  |  |  |  |
|-------|---------------------------------------|-------|-------|-------|--|--|--|--|
| Age I | Band                                  | Main  | Adult | Child |  |  |  |  |
| 0     | 25                                    | 1,875 | 1,230 | 434   |  |  |  |  |
| 26    | 30                                    | 2,011 | 1,326 | 434   |  |  |  |  |
| 31    | 35                                    | 2,153 | 1,426 | 434   |  |  |  |  |
| 36    | 40                                    | 2,303 | 1,521 | 433   |  |  |  |  |
| 41    | 45                                    | 2,461 | 1,641 | 433   |  |  |  |  |
| 46    | 50                                    | 2,608 | 1,746 | 433   |  |  |  |  |
| 51    | 55                                    | 2,788 | 1,879 | 433   |  |  |  |  |
| 56    | 60                                    | 2,943 | 1,986 | 433   |  |  |  |  |
| 61    | 65                                    | 3,091 | 2,099 | 433   |  |  |  |  |
| 66    | 100                                   | 3,255 | 2,206 | 433   |  |  |  |  |

| Amber Plus Individual Contributions |     |       |       |       |  |  |  |
|-------------------------------------|-----|-------|-------|-------|--|--|--|
| Age                                 |     |       | Adult | Child |  |  |  |
|                                     | 25  | 2,612 | 1,681 | 626   |  |  |  |
|                                     |     | 2,793 | 1,814 | 626   |  |  |  |
| 31                                  |     | 2,980 | 1,940 | 626   |  |  |  |
|                                     |     | 3,176 | 2,070 | 626   |  |  |  |
| 41                                  |     |       | 2,230 | 626   |  |  |  |
|                                     |     | 3,585 | 2,370 | 626   |  |  |  |
| 51                                  |     | 3,826 | 2,546 | 626   |  |  |  |
|                                     |     | 4,024 | 2,696 | 626   |  |  |  |
| 61                                  |     | 4,230 | 2,845 | 626   |  |  |  |
| 66                                  | 100 | 4,443 | 2,988 | 626   |  |  |  |

| Ruby Group Contributions |      |       |       |       |  |  |  |
|--------------------------|------|-------|-------|-------|--|--|--|
| Age                      | Band | Main  | Adult | Child |  |  |  |
| 0                        | 25   | 2,619 | 1,714 | 756   |  |  |  |
| 26                       | 30   | 2,902 | 1,911 | 756   |  |  |  |
| 31                       | 35   | 3,101 | 2,089 | 756   |  |  |  |
| 36                       | 40   | 3,388 | 2,310 | 756   |  |  |  |
| 41                       | 45   | 3,736 | 2,586 | 756   |  |  |  |
| 46                       | 50   | 3,977 | 2,769 | 800   |  |  |  |
| 51                       | 55   | 4,291 | 3,034 | 800   |  |  |  |
| 56                       | 60   | 4,597 | 3,261 | 800   |  |  |  |
| 61                       | 65   | 4,873 | 3,480 | 800   |  |  |  |
| 66                       | 100  | 4,896 | 3,500 | 800   |  |  |  |

|     | 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 |  |  |  |  |

| Emerald Plus Group Contributions |     |       |       |            |  |  |
|----------------------------------|-----|-------|-------|------------|--|--|
| Age Band                         |     | Main  | Adult | Child      |  |  |
| 0                                | 25  | 1,875 | 1,230 | 434        |  |  |
| 26                               | 30  | 2,011 | 1,326 | 434        |  |  |
| 31                               | 35  | 2,133 | 1,372 | 434        |  |  |
| 36                               | 40  | 2,248 | 1,432 | 433<br>433 |  |  |
| 41                               | 45  | 2,358 | 1,527 |            |  |  |
| 46                               | 50  | 2,502 | 1,631 | 433        |  |  |
| 51                               | 55  | 2,562 | 1,683 | 433        |  |  |
| 56                               | 60  | 2,672 | 1,771 | 433        |  |  |
| 61                               | 65  | 2,843 | 1,885 | 433        |  |  |
| 66                               | 100 | 2,894 | 1,922 | 433        |  |  |

| Amber Plus Group Contributions |     |            |       |       |  |  |  |
|--------------------------------|-----|------------|-------|-------|--|--|--|
| Age Band                       |     | Main Adult |       | Child |  |  |  |
|                                | 25  | 2,612      | 1,681 | 626   |  |  |  |
| 26                             | 30  | 2,793      | 1,814 | 626   |  |  |  |
| 31                             | 35  | 2,957      | 1,869 | 626   |  |  |  |
| 36                             |     | 3,103      | 1,953 | 626   |  |  |  |
| 41                             | 45  | 3,253      | 2,083 | 626   |  |  |  |
| 46                             | 50  | 3,451      | 2,220 | 626   |  |  |  |
| 51                             | 55  | 3,530      | 2,291 | 626   |  |  |  |
| 56                             | 60  | 3,675      | 2,408 | 626   |  |  |  |
| 61                             | 65  | 3,901      | 2,555 | 626   |  |  |  |
| 66                             | 100 | 3,967      | 2,608 | 626   |  |  |  |

| IMPORTANT INFORMATION YOU NEED TO KNOW | ADDITIONAL BENEFITS AND SERVICES | EMERGENCY<br>SERVICE PROVIDERS | PREMIUM CONTRIBUTIONS AND BENEFITS ADJUSTMENTS | BENEFITS AND<br>CONTRIBUTIONS | Entry-Level | Mid-Level | Top-Level | ACCESSIBLE INFORMATION AND DOWNLOADS | CLIENT SERVICES<br>CONTACT DETAILS |
|--|----------------------------------|--------------------------------|--|-------------------------------|-------------|-----------|-----------|--------------------------------------|------------------------------------|
|  |                                  |                                |  |                               |             |           |           |                                      |                                    |





# Accessible Information and Downloads

Visit our website, www.nmcfund.com, to access more information on the Fund/options/to download forms. Alternatively, visit any of our branches or contact us via email, enquiries@methealth.com.na, if you prefer to receive the information and files via email.



IMPORTANT INFORMATION YOU NEED TO KNOW

ADDITIONAL BENEFITS
AND SERVICES

EMERGENCY SERVICE PROVIDERS PREMIUM CONTRIBUTIONS AND BENEFITS ADJUSTMENTS

BENEFITS AND CONTRIBUTIONS

Entry-Level

Top-Level

Mid-Level

ACCESSIBLE INFORMATION AND DOWNLOADS

CLIENT SERVICES
CONTACT DETAILS



## **Client Services Contact Details**



#### **KEETMANSHOOP**

Phone: (063) 224 905/908

Fax: (063) 224 897

Email: keetmans@methealth.com.na

#### LÜDERITZ

Phone: **(063) 203 525** 

Fax: (063) 203 561

Email: luderitz1@methealth.com.na

#### **ONDANGWA**

Phone: **(065) 240 409** 

Fax: (065) 240 155

Email: ondangwa@methealth.com.na

#### **ORANJEMUND**

Phone: (063) 234 140

Fax: (063) 234 146

Email: oranjemund1@methealth.com.na

#### **OSHAKATI**

Phone: (065) 220 774/177

Fax: (065) 220 779

Email: oshakati1@methealth.com.na

#### **ROSH PINAH**

Phone: (063) 274 901

Fax: (063) 274 902

Email: roshpinah@methealth.com.na

#### **RUNDU**

Phone: (066) 255 035/267 344

Fax: (066) 255 607

Email: rundu@methealth.com.na

#### **SWAKOPMUND**

Phone: (064) 402 529

Fax: (064) 405 235

Email: swakop1@methealth.com.na

#### **TSUMEB**

Phone: (067) 221 767

Fax: (067) 222 812

Email: tsumeb@methealth.com.na

#### **WALVIS BAY**

Phone: (064) 200 563/200 276/200 253

Fax: (064) 200 376

Email: walvis1@methealth.com.na

#### **WINDHOEK**

Health Professionals Help Desk

Phone: (061) 287 6000

Fax: (061) 287 6162

#### **Managed Health Care**

Phone: (061) 287 6226

Fax: (061) 287 6176

Email: mhc@methealth.com.na

#### Methealth Head Office

Phone: (061) 287 6000/6001/6006/6061

Fax: (061) 287 6091

Email: enquiries@methealth.com.na

#### **MMN House Branch**

Phone: (061) 297 3222

Fax: (061) 294 7352

Email: enquiries@methealth.com.na

#### **MyHealth Administrators**

Phone: (061) 375 950

Fax: **(061) 375 969** 

Email: casemanagers@mhnamibia.com

#### The Lifestyle Management Centre

Phone: (061) 287 6174

Fax: (061) 287 6024

Email: wellness@methealth.com.na

CLIENT SERVICES CONTACT DETAILS IMPORTANT INFORMATION ADDITIONAL BENEFITS **EMERGENCY** PREMIUM CONTRIBUTIONS **BENEFITS AND** ACCESSIBLE INFORMATION **Entry-Level** Mid-Level Top-Level YOU NEED TO KNOW AND SERVICES SERVICE PROVIDERS AND BENEFITS ADJUSTMENTS CONTRIBUTIONS AND DOWNLOADS



#### Methealth Office Park

Maerua Park Windhoek, Namibia Phone: +264 61 287 6000

Fax: +264 61 287 6091

Email: enquiries@methealth.com.na