

















Amber

2026 BENEFIT GUIDE



OVERALL ANNUAL BENEFIT (OVERALL ANNUAL LIMIT)			Unlimited Benefit
CATEGORY A: BENEFITS FOR MAJOR MEDICAL EXPENSES		% NAMAF Tariff	Pre-authorisation: 100% of the tariff will be paid. 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	100%	Overall Annual Limit Accommodation & Theatre: Sub-limit 1
	1.1. Accommodation and Theatre		
	1.2. Accommodation in Private Wards (Difference between general ward and private ward tariffs)		N\$11 285 per Beneficiary N\$24 750 per Family
	1.3. Intensive and High Care (Maximum three days, then motivation)		Overall Annual Limit
	1.4. Blood Transfusions		
	1.5. Radiology and Pathology (in-hospital) - Additional Hospital Benefit cover excluded		
	1.6. Physiotherapy and Biokinetics (In-hospital) - Additional Hospital Benefit cover excluded (Subject to prior approval)		
	1.7. Post Rehabilitation Physiotherapy, Biokinetics and Occupational Therapy - Additional Hospital Benefit cover excluded - Additional benefit once the patient is out of hospital or transferred to rehabilitation facility Benefit available within three months from hospital discharge (Subject to prior approval)		N\$5 435 per Beneficiary Overall Annual Limit
	1.8. Medicine, Fixed Tariff Procedures, Hospital Apparatus, and To Take Out Medicine (Seven days supply only)		Overall Annual Limit
	1.9. Dialysis (Subject to Case Management and MHC Guidelines)		
	1.10. Organ Transplant (Subject to Case Management and MHC Guidelines) - Including medical expenses incurred by the donor if the recipient is a Fund member		
	1.11. Internal Appliances and Materials (As per NMC protocol)	100% of Cost	
	1.12. Medical and Surgical Appliances (External)		Payable from the Day-to-Day Back-Up Benefit
	2. General Practitioners and Specialists (In-Hospital Services) - Additional Hospital Benefit cover included except the use of equipment and equipment hire fees	100%	Overall Annual Limit
	3. Specialised Radiology Procedures (In and Out-of-Hospital) Additional Hospital Benefit cover excluded - Referral from a medical specialist only (referral from a GP acceptable in places where there is no medical specialist) (Subject to prior approval)	100%	Overall Annual Limit
	3.1. MRI and CT Scans		N\$42 960 per Family
	3.2. Nuclear Medicine		Overall Annual Limit

	4. Maternity (Groups have cover from the date of joining. Individuals have a nine-month waiting period)	100%	Overall Annual Limit
	4.1. Confinement – full procedure		Payable from Maternity Benefit
	4.2. Antenatal Consultation 12 consultations per Beneficiary (Prorated from the date of joining) - Additional Hospital Benefit cover excluded		
	4.3. Ante/Postnatal Classes and Education Six sessions per Beneficiary (Prorated from the date of joining) - Additional Hospital Benefit cover excluded		
	4.4. Sonar Scans Three scans per Beneficiary per Pregnancy - Additional Hospital Benefit cover excluded		
	4.5. Tests for Chromosomal and Foetal Abnormalities - Additional Hospital Benefit cover excluded		
	4.6. Midwifery Service - Additional Hospital Benefit cover excluded		
	5. Insertion of Intrauterine Device (All-inclusive) (Subject to prior approval) (Benefit is prorated from the date of joining)	100%	N\$7 040 per Beneficiary Overall Annual Limit
	6. Oncology (Subject to Case Management and MHC Guidelines)	100%	Limited to N\$815 100 per Beneficiary Overall Annual Limit
	6.1. Consultations and procedures Out-of-Hospital (Excluding Allied and Complimentary Health Professionals)		
	6.2. MRI/CT Scans and Other Specialised Radiology Procedures In and Out-of-Hospital - Additional Hospital Benefit cover excluded - Referral from a medical specialist only		
	6.3. Radiation oncology (Referral from a medical specialist only)		
	6.4. Oncology medication In and Out of Hospital (Chemotherapy, Radiotherapy, Hormone Therapy, Immunotherapy and Targeted Therapy)		
	6.5. Hospitalisation and Related Procedures In-Hospital		Overall Annual Limit
	7. Corrective Eye Surgery – All-inclusive (Subject to prior approval and MHC guidelines) Groups have cover from the date of joining. Individuals have a one-year waiting period	100%	Overall Annual Limit
	7.1. Refractive Surgery		N\$25 100 for both eyes per Beneficiary once-off N\$32 200 per Family
	7.2. Cataract Surgery and Lens Implants		N\$27 200 per eye per Beneficiary once-off
	8. Reconstructive Surgery (Medical necessity only) (Subject to prior approval and subject to strict MHC guidelines)	100%	Overall Annual Limit
	8.1. Consultation and Procedures		N\$15 800 per Family Sub-Limit 8
	8.2. Hospitalisation		Sub-Limit 8
	9. Private Nursing/Frail Care/Hospice (Subject to Case Management)	100%	N\$42 050 per Family Overall Annual Limit
	10. Psychiatric Treatment (Subject to prior approval)	100%	Overall Annual Limit
	10.1. Consultations and Procedures		Sub-Limit 10
	10.2. Hospitalisation		N\$35 710 per Family Sub-Limit 10
	11. Alcoholism/Drug Addiction (Subject to prior approval and MHC guidelines)		Sub-Limit 10.2

	12. Specialised Dental Surgery - Additional Hospital Benefit cover excluded (Subject to pre-authorisation)	100%	Overall Annual Limit
	12.1. Maxillo-Facial and Oral Surgery (trauma/non-elective) - All-inclusive		N\$143 450 per Family
	12.2. Maxillo-Facial and Oral Surgery (Including Dental Implants) (other/elective)		N\$42 450 per Beneficiary N\$52 800 per Family N\$5 175 for all dental implant component per tooth
	12.3. Maxillo-Facial and Oral Surgery (Including Dental Implants) - In-practice (surgical procedures performed in a doctor's room)	150%	Payable from Maxillo-Facial Oral Surgery and Dental Implants (other/elective)
	12.4. Maxillo-Facial and Oral Surgery - Internal Prosthesis (excluding dental Implant component)	100%	Payable from internal appliance under hospital benefit
	13. Stomal Therapy (All-inclusive) (Subject to prior approval)	100%	N\$29 800 per Family Overall Annual Limit
	14. Ambulance and Evacuation Services	100%	Overall Annual Limit
	14.1. Emergency Ambulance and Flights (Territory: SADC countries) (Subject to prior approval)		Unlimited Benefit
	14.2. Ambulance/Inter-Hospital Transfer (Subject to prior approval)		N\$5 985 per Beneficiary
	15. Medical Referral Subject to accommodation and travelling reimbursement protocols (Subject to prior approval)	100%	Overall Annual Limit
	15.1. Transport (Subject to prior approval and travelling expenses reimbursement policy)	70% of Cost	N\$10 510 per Family
	15.2. Accommodation Other than a Recognised Hospital/ Medical Institution (Maximum of two days)	100%	N\$642 per day per Family
	16. International Medical Travel Insurance - Medical cover when travelling to foreign countries - For emergency cases only (not for elective surgery or procedure)	100% of Cost	N\$10 000 000 per incident
	17. Lifestyle Management Tests (Subject to Clinical Guidelines and Protocols)	100%	N\$15 000 per Family
	17.1. Screening Tests		Sub-limit 17
	17.2. Rapid Tests		N\$ 1 500 per Family Sub-limit 17

Contribution Tables

Amber Individual Contributions				
Age Band		Main	Adult	Child
0	25	1,752	1,102	394
26	30	1,949	1,247	394
31	35	2,149	1,384	394
36	40	2,382	1,535	396
41	45	2,613	1,708	396
46	50	2,823	1,861	396
51	55	3,083	2,049	396
56	60	3,296	2,212	396
61	65	3,519	2,371	396
66	100	3,749	2,527	396

Amber Group Contributions				
Age Band		Main	Adult	Child
0	25	1,752	1,102	394
26	30	1,949	1,247	394
31	35	2,113	1,298	394
36	40	2,273	1,389	396
41	45	2,433	1,529	396
46	50	2,647	1,677	396
51	55	2,731	1,755	396
56	60	2,889	1,881	396
61	65	3,131	2,039	396
66	100	3,203	2,096	396