
























Amber Plus

2025 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		Overall Annual Limit
	1.1. Accommodation and Theatre		
	1.2. Accommodation in Private Wards (Difference between general ward and private ward tariffs)		N\$10 900 per Beneficiary N\$23 900 per Family
	1.3. Intensive and High Care (Maximum three days, then motivation)		
	1.4. Blood Transfusions		
	1.5. Radiology and Pathology (in-hospital) - Additional Hospital Benefit cover excluded		Overall Annual Limit
	1.6. Physiotherapy and Biokinetics (In-hospital) - Additional Hospital Benefit cover excluded (Subject to prior approval)	100%	
	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\$5 250 per Beneficiary Overall Annual Limit
	1.8. Medicine, Fixed Tariff Procedures, Hospital Apparatus, and To Take Out Medicine (Seven days supply only)		
	1.9. Dialysis (Subject to Case Management and MHC Guidelines)		
	1.10. Organ Transplant (Subject to Case Management and MHC Guidelines) - Including medical expenses incurred by the donor if the recipient is a Fund member		Overall Annual Limit
	1.11. Internal Appliances and Materials (As per NMC protocol)	100% of Cost	
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\$41 500 per Family
	3.2. Nuclear Medicine		Overall Annual Limit

	4. Maternity (Groups have cover from the date of joining. Individuals have a nine-month waiting period)		Overall Annual Limit
	4.1. Confinement – full procedure		
	4.2. Antenatal Consultation 12 consultations per Beneficiary (Prorated from the date of joining) - Additional Hospital Benefit cover excluded		
	4.3. Ante/Postnatal Classes and Education Six sessions per Beneficiary (Prorated from the date of joining) - Additional Hospital Benefit cover excluded	100%	Payable from Maternity Benefit
	4.4. Sonar Scans Three scans per Beneficiary per Pregnancy - Additional Hospital Benefit cover excluded		
	4.5. Tests for Chromosomal and Foetal Abnormalities - Additional Hospital Benefit cover excluded		
	4.6. Midwifery Service - Additional Hospital Benefit cover excluded		
	5. Insertion of Intrauterine Device w/ Hormone (All-inclusive) (Subject to prior approval) (Benefit is prorated from the date of joining)	100%	N\$6 800 per Beneficiary Overall Annual Limit
	6. Oncology (Subject to Case Management and MHC Guidelines)		
	6.1. Consultations and procedures Out-of-Hospital		
	6.2. MRI/CT Scans and Other Specialised Radiology Procedures In and Out-of-Hospital - Additional Hospital Benefit cover excluded - Referral from a medical specialist only	100%	N\$787 500 per Beneficiary Overall Annual Limit
	6.3. Radiation oncology (Referral from a medical specialist only)		
	6.4. Oncology medication (Chemotherapy, radiotherapy and hormone therapy)		
	6.5. Hospitalisation and Related Procedures In-Hospital		Overall Annual Limit
	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
	7.1. Refractive Surgery	100%	N\$24 250 per Beneficiary once-off N\$31 100 per Family
	7.2. Cataract Surgery and Lens Implants		N\$26 250 per eye per Beneficiary once-off
	8. Reconstructive Surgery (Medical necessity only) (Subject to prior approval and subject to strict MHC guidelines)		Overall Annual Limit
	8.1. Consultation and Procedures	100%	N\$15 250 per Family
	8.2. Hospitalisation		Overall Annual Limit
	9. Private Nursing/Frail Care/Hospice (Subject to Case Management)	100%	N\$40 600 per Family Overall Annual Limit
	10. Psychiatric Treatment – Hospitalisation (Subject to prior approval)		
	11. Alcoholism/Drug Addiction (Subject to prior approval and MHC guidelines)	100%	N\$34 500 per Family Overall Annual Limit

	12. Specialised Dental Surgery - Additional Hospital Benefit cover excluded (Subject to pre-authorization)		Overall Annual Limit
	12.1. Maxillo-Facial and Oral Surgery (trauma/non-elective) - All-inclusive	100%	N\$138 600 per Family
	12.2. Maxillo-Facial and Oral Surgery (Including Dental Implants) (other/elective)		N\$41 000 per Beneficiary N\$51 000 per Family N\$5 000 for all dental implant component per tooth
	12.3. Maxillo-Facial and Oral Surgery (Including Dental Implants) - 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 appliances under Hospital Benefit
	13. Stomal Therapy (All-inclusive) (Subject to prior approval)	100%	N\$28 750 per Family Overall Annual Limit
	14. Ambulance and Evacuation Services		Overall Annual Limit
	14.1. Emergency Ambulance and Flights (Territory: SADC countries) (Subject to prior approval)	100%	Unlimited Benefit
	14.2. Ambulance/Inter-Hospital Transfer (Subject to prior approval)		N\$5 780 per Beneficiary
	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\$10 150 per Family
	15.2. Accommodation Other than a Recognised Hospital/Medical Institution (Maximum of two days)	100%	N\$620 per day per Family
	16. International Medical Travel Insurance - Medical cover when travelling to foreign countries - For emergency cases only (not for elective surgery or procedure)	100% of Cost	N\$10 000 000 per incident
	17. Lifestyle Management Screening Tests (Subject to Clinical Guidelines and Protocols)	100%	N\$15 000 per Family
CATEGORY B: DAY-TO-DAY BENEFIT		100% Tariff	Limited to: N\$12 100 member only N\$20 150 Member + Adult N\$15 300 Member + Child N\$23 350 Member + Adult+ Child Additional N\$3 200 for each additional Child OVERALL ANNUAL LIMIT Benefits are prorated from Date of Joining Ex Gratia not Applicable
<p>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.</p>			
	18. General Practitioners and Specialists (Out-of-hospital, including casualties)		
	18.1. Consultations/Visits (Including General Practitioner virtual/telephonic consultations)	100%	Paid from the Day-to-Day Back-Up Benefit
	18.2. Procedures/Services		
	18.3. Materials and Disposable Items		
	18.4. Radiology and Pathology (including radiography, sonography, medical laboratory technology and chemical biochemistry) (Referral from a medical practitioner)		
	19. Medicine and Injections (Paid at Maximum Namibia Medicine Price List on generics)		
	19.1. Acute Medicine and Injections	100%	Paid from the Day-to-Day Back-Up Benefit
	19.2. Chronic Medicine and Injections		
	19.3. Essential Vaccination/Immunisation (As per WHO guidelines)		
	19.4. Self-Medication		

	20. Primary Health Care Services (Paid at Maximum Namibia Medicine Price List on generics) 20.1. Consultations and Procedures 20.2. Medicine and Injections	100%	Paid from the Day-to-Day Back-Up Benefit
	21. Dentistry 21.1. Conservative and specialised dentistry (including Dental Therapy) 21.2. Maxillo-Facial, Oral Surgery and Dental Implants In-Practice Consultations and Non-Surgical Procedures 21.3. Orthodontics (Subject to prior approval and MHC Guidelines)	100%	Paid from the Day-to-Day Back-Up Benefit
	22. Optical 22.1. Optical Tests 22.2. Spectacles and Lenses 22.3. Frame 22.4. Reader Spectacles	100%	Paid from the Day-to-Day Back-Up Benefit
	23. Auxiliary Services (Supplementary Services) 23.1. Art Therapy 23.2. Audiology/Speech Therapy 23.3. Biokineticist 23.4. Chinese Medicine 23.5. Chiropractor 23.5.1. Consultation and Procedure 23.5.2. Medicine 23.6. Clinical Psychology/Psychological Counsellor 23.7. Clinical Technology 23.8. Dietician 23.9. Hearing Aid Acousticia 23.10. Homeopathy/Naturopathy/Phytotherapy 23.10.1. Consultation and Procedure 23.10.2. Medicine 23.11. Occupational Therapy 23.12. Orthotist/Prosthetist 23.13. Physiotherapy 23.14. Podiatry/Chiropody 23.15. Social Worker	100%	Paid from the Day-to-Day Back-Up Benefit
	24. Medical and Surgical Appliances (External)	100% of Cost	Paid from the Day-to-Day Back-Up Benefit

Contribution Tables

Amber Plus Individual Contributions				
Age Band		Main	Adult	Child
0	25	2,697	1,736	646
26	30	2,884	1,873	646
31	35	3,077	2,003	646
36	40	3,279	2,137	646
41	45	3,500	2,302	646
46	50	3,702	2,447	646
51	55	3,950	2,629	646
56	60	4,155	2,784	646
61	65	4,367	2,937	646
66	100	4,587	3,085	646

Amber Plus Group Contributions				
Age Band		Main	Adult	Child
0	25	2,697	1,736	646
26	30	2,884	1,873	646
31	35	3,053	1,930	646
36	40	3,204	2,016	646
41	45	3,359	2,151	646
46	50	3,563	2,292	646
51	55	3,645	2,365	646
56	60	3,794	2,486	646
61	65	4,028	2,638	646
66	100	4,096	2,693	646