



















# Amber

**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. <b>OVERALL LIMIT</b>
Additional Hospital Benefit Cover: GPs and specialists in-hospital services are paid up to a maximum of 150% of the NAMAF tariff. <b>OVERALL LIMIT</b>			
		COVER	
	<b>1. Hospitalisation</b>		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 <b>Benefit available within three months from hospital discharge</b> (Subject to prior approval)		N\$5 250 per Beneficiary Overall Annual Limit
	1.8. Medicine, Fixed Tariff Procedures, Hospital Apparatus, and To Take Out Medicine (Seven days supply only)		
	1.9. Dialysis (Subject to Case Management and MHC Guidelines)		
	1.10. Organ Transplant (Subject to Case Management and MHC Guidelines) - Including medical expenses incurred by the donor if the recipient is a Fund member		Overall Annual Limit
	1.11. Internal Appliances and Materials (As per NMC protocol)	100% of Cost	
1.12. Medical and Surgical Appliances (External)		Payable from the Day-to-Day Back-Up Benefit	
	<b>2. General Practitioners and Specialists (In-Hospital Services)</b> - Additional Hospital Benefit cover included except the use of equipment and equipment hire fees	100%	Overall Annual Limit
	<b>3. Specialised Radiology Procedures (In and Out-of-Hospital)</b> 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

	<b>4. Maternity</b> (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 <b>12 consultations per Beneficiary (Prorated from the date of joining)</b> - Additional Hospital Benefit cover excluded		
	4.3. Ante/Postnatal Classes and Education <b>Six sessions per Beneficiary (Prorated from the date of joining)</b> - Additional Hospital Benefit cover excluded		
	4.4. Sonar Scans <b>Three scans per Beneficiary per Pregnancy</b> - Additional Hospital Benefit cover excluded		
	4.5. Tests for Chromosomal and Foetal Abnormalities - Additional Hospital Benefit cover excluded		
4.6. Midwifery Service - Additional Hospital Benefit cover excluded			
	<b>5. Insertion of Intrauterine Device w/ Hormone (All-inclusive)</b> (Subject to prior approval) (Benefit is prorated from the date of joining)	100%	N\$6 800 per Beneficiary Overall Annual Limit
	<b>6. Oncology</b> (Subject to Case Management and MHC Guidelines)	100%	N\$787 500 per Beneficiary Overall Annual Limit
	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		
	6.3. Radiation oncology (Referral from a medical specialist only)		
	6.4. Oncology medication (Chemotherapy, radiotherapy and hormone therapy)		
6.5. Hospitalisation and Related Procedures In-Hospital		Overall Annual Limit	
	<b>7. Corrective Eye Surgery – All-inclusive</b> (Subject to prior approval and MHC guidelines) Groups have cover from the date of joining. Individuals have a one-year waiting period	100%	Overall Annual Limit
	7.1. Refractive Surgery		N\$24 250 per Beneficiary once-off N\$31 100 per Family
	7.2. Cataract Surgery and Lens Implants		N\$26 250 per eye per Beneficiary once-off
	<b>8. Reconstructive Surgery (Medical necessity only)</b> (Subject to prior approval and subject to strict MHC guidelines)	100%	Overall Annual Limit
	8.1. Consultation and Procedures		N\$15 250 per Family
	8.2. Hospitalisation		Overall Annual Limit
	<b>9. Private Nursing/Frail Care/Hospice</b> (Subject to Case Management)	100%	N\$40 600 per Family Overall Annual Limit
	<b>10. Psychiatric Treatment – Hospitalisation</b> (Subject to prior approval)	100%	N\$34 500 per Family Overall Annual Limit
	<b>11. Alcoholism/Drug Addiction</b> (Subject to prior approval and MHC guidelines)		

	<b>12. Specialised Dental Surgery</b> - Additional Hospital Benefit cover excluded (Subject to pre-authorisation)		Overall Annual Limit
	12.1. Maxillo-Facial and Oral Surgery (trauma/non-elective) - All-inclusive	100%	N\$138 600 per Family
	12.2. Maxillo-Facial 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
	<b>13. Stomal Therapy (All-inclusive)</b> (Subject to prior approval)	100%	N\$28 750 per Family Overall Annual Limit
	<b>14. Ambulance and Evacuation Services</b>		Overall Annual Limit
	14.1. Emergency Ambulance and Flights (Territory: SADC countries) (Subject to prior approval)	100%	Unlimited Benefit
	14.2. Ambulance/Inter-Hospital Transfer (Subject to prior approval)		N\$5 780 per Beneficiary
	<b>15. Medical Referral</b> Subject to 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
	<b>16. International Medical Travel Insurance</b> - Medical cover when travelling to foreign countries - For emergency cases only (not for elective surgery or procedure)	100% of Cost	N\$10 000 000 per incident
	<b>17. Lifestyle Management Screening Tests</b> (Subject to Clinical Guidelines and Protocols)	100%	N\$15 000 per Family

## Contribution Tables

Amber Individual Contributions				
Age Band		Main	Adult	Child
0	25	1,677	1,055	377
26	30	1,865	1,193	377
31	35	2,056	1,324	377
36	40	2,279	1,469	379
41	45	2,500	1,634	379
46	50	2,701	1,781	379
51	55	2,950	1,961	379
56	60	3,154	2,117	379
61	65	3,367	2,269	379
66	100	3,588	2,418	379

Amber Group Contributions				
Age Band		Main	Adult	Child
0	25	1,677	1,055	377
26	30	1,865	1,193	377
31	35	2,022	1,242	377
36	40	2,175	1,329	379
41	45	2,328	1,463	379
46	50	2,533	1,605	379
51	55	2,613	1,679	379
56	60	2,765	1,800	379
61	65	2,996	1,951	379
66	100	3,065	2,006	379