

2025
Benefit Guide

Administered by

METHEALTH NAMIBIA
ADMINISTRATORS



Dear Member,

As we look to 2025, we keep you informed of the adjustments to benefits and contributions designed to maintain the stability and sustainability of our Fund. Recent years have shown significant volatility in claims growth, making it challenging to accurately predict the impact of benefit changes and tariff adjustments. However, in 2024, the claims experience was lower than expected, contributing positively to the Fund's financial outlook.

We appreciate your continued support and trust as we step into 2025. We are committed to offering you secure and dependable benefits and coverage, and we are focused on making thoughtful changes that will enhance the Fund for the future. Your confidence in us is appreciated, and we are excited to assist you with your health and wellness needs in the coming year.

The PO & Trustees
Namibia Medical Care





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Option Change

Members can only change options or opt-in for the voluntary buy-up option during the month of January (unless a member changes employment or marital status) by completing and submitting the option change form online. The completed form must be submitted to the fund on or before **13 January 2025**.



Update of Bank Account and Personal Details

To ensure speedy settlement of claims or debit order deductions for monthly premiums, the fund requests all members to provide their most up-to-date banking details for Electronic Fund Transfers (EFT). Also, please provide the updated postal address, physical address, cell phone number, e-mail address and contact number.



Opal Members

All members of the Opal option of employer groups who have reached the maximum monthly gross income of N\$17,240 are required to select any of our other options. Should you be on the Opal option, kindly ensure that you provide NMC with your gross salary details as of 1 January 2025.





Fraud, Waste and Abuse

We urge members to review their remittance statements regularly to see if claims submitted on their member numbers are valid. If there is any uncertainty, we request that the fund be contacted for more clarity or call the Methealth Fraud tip-offline at 0800 000 001 / visit the Methealth Website using this link http://www.methealth.com.na/contact_us and click Report Fraud / Irregularities.



Online application and amendment forms

Paper-based applications and amendment forms have been phased out, and all amendments and applications should be submitted online.





International Medical Travel Insurance

This benefit covers emergency medical expenses while NMC members and/or their dependents travel. It does not apply to Topaz Plus and Topaz members.



Premium Waiver

This benefit covers a member's premiums for 3 (three) months if the principal member passes away, provided the member is fully paid up on their monthly premium. This benefit does not apply to Topaz and Topaz Plus members.



Hospital Bedside Support Services

The Fund offers supportive bedside assistance when members are hospitalised by a visit from our Patient Care Manager, who shares information (when necessary) with the member and their family.



HIV/AIDS Management

The fund provides HIV/AIDS benefits on ALL options to members. The HIV/AIDS Management Programme is administered by MyHealth Administrators and managed by qualified HIV/AIDS Case Managers, HIV Counsellors and a Medical Advisor who pride themselves on confidentiality. Dial **061 375 952** for the MyHealth Administrators.



Lifestyle Management Programme

Methealth Namibia Administrators offers members of NMC various preventative and lifestyle management initiatives, programmes and activities. NMC members can now enjoy the following benefits:

- **10%** reduction in a 1-year membership with Virgin Active
- **10%** reduction in the membership fees at CrossFit Sold out (Windhoek)
- **10%** reduction for membership fees at the Dome Swakopmund
- **20%** reduction on services provided by Gustav Voigt Wellness Centre
- **20%** reduction on services provided by Life Day Spa

The above benefits will be available from 1 January 2025.



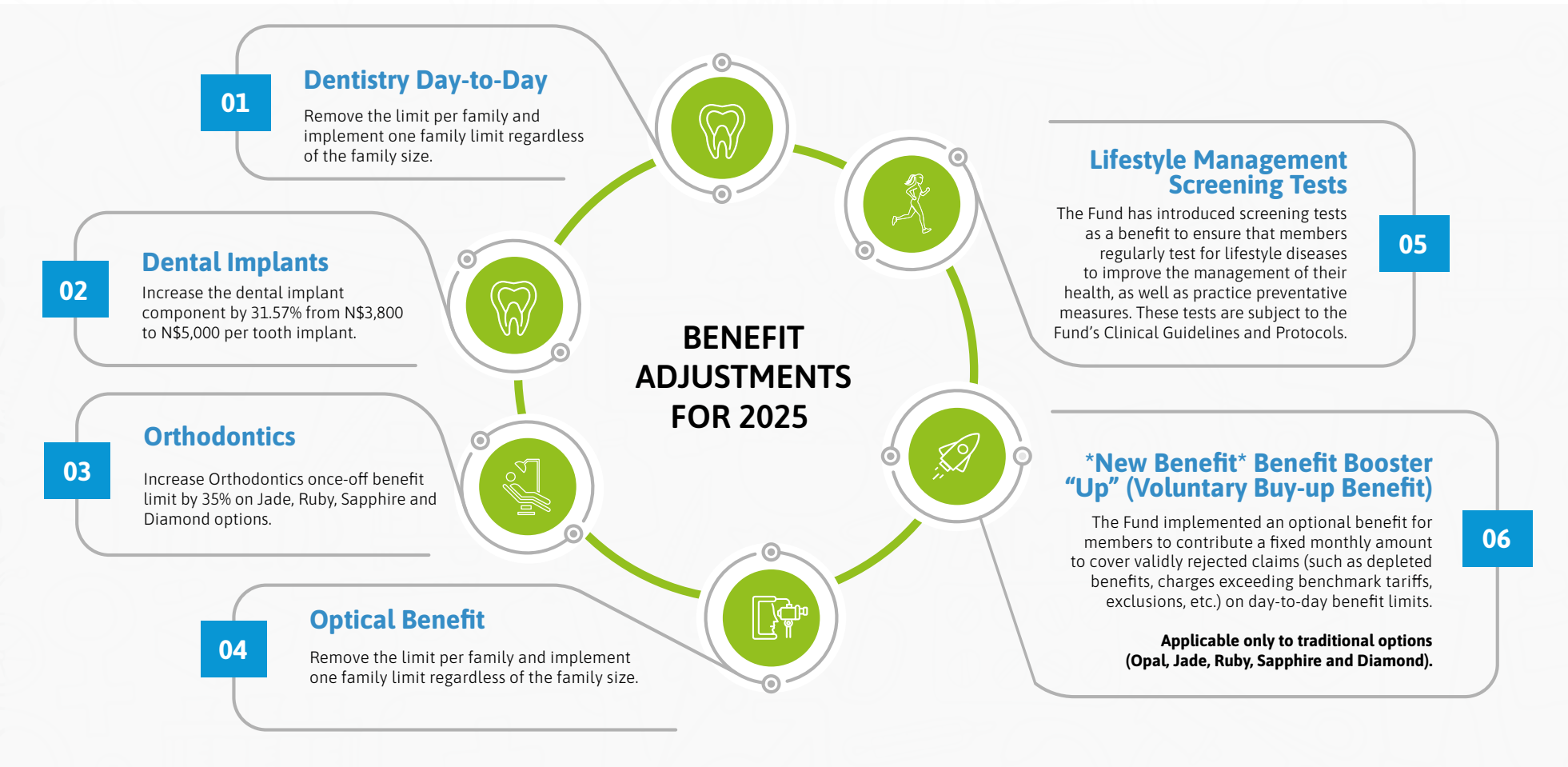




Premium Contributions and **Benefit Adjustments For 2025**



Thanks to the Fund’s reserve level recovery in 2024, the Board of Trustees has approved an average increase of 5% on most benefits across all options. We’re pleased to share these improvements, which are aimed at further enhancing the support to our members. Below are the key highlights of these benefit improvements:



Refer to your option for the detailed benefits you have access to. *The benefit does not apply to Topaz and Topaz Plus.



Entry-Level Options



TOPAZ



TOPAZ PLUS



Important Information You Need to Know

Additional Benefits and Services on Your Option

Premium Contributions and Benefit Adjustments for 2025

Entry-Level Options: Topaz and Topaz Plus

Mid-Level Options: Opal, Jade, Emerald and Amber








Top-Level Options: Ruby, Sapphire, Emerald Plus and Amber Plus

Accessible Information and Downloads

Client Services Contact Details





				
	4. Pharmacy	SEP + 40%		
	4.1. Acute Medication/Injections Paid at maximum Namibia medicine price on generics		Prorated from date of joining N\$2 625 per beneficiary N\$4 200 per Family N\$252 per claim per beneficiary per day	Prorated from date of joining N\$3 150 per beneficiary N\$5 250 per Family N\$252 per claim per beneficiary per day
	4.2. Chronic Medication/Injections Subject to chronic medication registration - Paid at maximum Namibia medicine price on generics	100%	Prorated from date of joining N\$3 670 per Family	Prorated from date of joining N\$3 880 per Family
	4.3. Self-Medication		No Benefit	N\$735 per Family N\$126 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 defined list. (Excluding MRI and CT Scan)	Long bones, chest and trauma and basic radiology as per defined list. (Excluding MRI and CT Scan)
	7. Basic Dentistry	100%	N\$1 880 per beneficiary N\$3 730 per Family (One plastic denture per Family every two years)	N\$1 985 per beneficiary N\$3 830 per Family (One plastic denture per Family every two years)
	8. Optical			N\$1 050 per beneficiary every two years (2025/2026) (Six-month waiting period, complete test, specified frames 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.
	10. Antenatal Consultation (General Practitioner)	100%	Six consultations per beneficiary (2601 and 2602 only). Groups have cover from date of joining. Individuals have a nine-month waiting period.	Nine consultations per beneficiary (2601 and 2602). Groups have cover from date of joining. Individuals have a nine-month waiting period.
	11. Paramedical/Allied Health Professionals (Psychologists, Physiotherapists, Occupational Therapists)	100%	No Benefit	Three consultations/sessions per Family per annum

Additional Benefits and Services on Your Option

Premium Contributions and Benefit Adjustments for 2025

Entry-Level Options: Topaz and Topaz Plus


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		TOPAZ	TOPAZ PLUS
Category B: HIV/AIDS Treatment and Other Specified Conditions		Unlimited According to Defined Protocols Benefits available only at Network Health Professionals	
	12. HIV/AIDS Treatment	As per national guidelines for antiretroviral therapy	As per national guidelines for antiretroviral therapy
	12.1. Consultations (General Practitioners)	Unlimited	Unlimited
	12.2. Medication (including vitamins and supplements)	(According to Topaz and Topaz Plus HIV medicine formulary) (Vitamins and supplements maximum of N\$150)	(According to Topaz and Topaz Plus HIV medicine formulary) (Vitamins and supplements maximum of N\$150)
	12.3. Pathology (Subject to prior approval)	Unlimited	Unlimited
	12.4. Counselling (pre-, post- and adherence)	Three sessions	Three sessions
	12.5. Post-Exposure Prophylaxis (PEP) (Rape cover and occupational injuries only)	As per national guidelines for antiretroviral therapy	As per national guidelines for antiretroviral therapy
	12.6. Pre-Exposure Prophylaxis (PrEP)	No Benefit	No Benefit
	12.7. Prevention of Mother-to-Child Transmission (PMTCT) (excluding milk formula)	As per national guidelines for antiretroviral therapy	As per national guidelines for antiretroviral therapy

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		TOPAZ		TOPAZ PLUS	
Category C: Hospitalisation Benefit		Private Wing of State Hospital		Private Hospitalisation Benefits available at Network Health Professionals	
Planned procedures: Groups have cover from the date of joining, individuals have a six-month waiting period after joining and emergency cases have immediate cover					
Overall Annual Limit		% Tariff	Unlimited		
13. State Hospitalisation			Unlimited. Private Wing of State Hospital	Unlimited. Private Wing of State Hospital	
	13.1. Accommodation and Theatre	100% of State Tariffs for Private Patients	Overall Annual Limit	Overall Annual Limit	
	13.2. Blood Transfusions				
	13.3. Intensive and High Care (Three days)				
	13.4. Medicine, Fixed Tariff Procedures, Hospital Apparatus and To Take Out Medicine				
	13.5. Radiology and Pathology (In-Hospital)				
14. Private Hospitalisation				N\$120 750 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.	
	14.1. Accommodation and Theatre	No Benefit	No Benefit	Overall Annual Limit. (15 days per beneficiary)	
	14.2. Blood Transfusions			Overall Annual Limit	
	14.3. Intensive and High Care (Three days, then referral to State Hospitals)			Overall Annual Limit. (seven days' supply only)	
	14.4. Medicine, Fixed Tariff Procedures, Hospital Apparatus, and To Take Out Medicine			Payable from General Practitioners and Medical Specialists (In-Hospital Services)	
	14.5. Radiology and Pathology (In-Hospital)			Payable from General Practitioners and Medical Specialists (In-Hospital Services)	

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	15. General Practitioners and Medical Specialists (In-Hospital services) Additional Hospital Benefit Cover excluded (Requires prior approval)			N\$26 250 per Family (Including radiology and pathology) Overall Annual Limit	N\$26 250 per Family (Including radiology and pathology) Overall Annual Limit
	16. Other Healthcare Providers	100%		No Benefit	No Benefit
	17. Maternity (Requires prior approval)			Unlimited hospitalisation in a state hospital (GPs and Specialists) limited to benefits available under General Practitioners and Medical Specialists (In-Hospital Services) Groups have cover from the date of joining Individuals have a nine-month waiting period. 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			Unlimited	Unlimited
	18.1. Emergency Road Ambulance (Territory: SADC Countries) (Subject to pre-approval)	100%		Unlimited	Unlimited
	18.2. Ambulance/Inter-hospital Transfer (Subject to pre-approval)			N\$580 per Family	N\$580 per Family
	19. Lifestyle Management Screening Tests (Subject to Clinical Guidelines and Protocols)	100%		N\$15 000 per Family	N\$15 000 per Family

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Contribution Tables

Topaz Individual Contributions				
Age Band		Main	Adult	Child
0	25	384	326	154
26	30	407	346	154
31	35	427	364	154
36	40	451	383	154
41	45	476	404	154
46	50	504	426	167
51	55	521	445	167
56	60	543	460	167
61	65	583	496	167
66	100	628	532	167

Topaz Group Contributions				
Age Band		Main	Adult	Child
0	25	346	293	138
26	30	367	312	138
31	35	387	328	138
36	40	407	345	138
41	45	428	366	138
46	50	452	384	152
51	55	471	401	152
56	60	490	416	152
61	65	527	447	152
66	100	566	480	152

Topaz Plus Individual Contributions				
Age Band		Main	Adult	Child
0	25	723	615	289
26	30	764	648	289
31	35	805	685	289
36	40	837	712	289
41	45	871	739	289
46	50	906	769	304
51	55	953	812	304
56	60	1,006	856	304
61	65	1,082	921	304
66	100	1,164	987	304

Topaz Plus Group Contributions				
Age Band		Main	Adult	Child
0	25	634	540	254
26	30	671	570	254
31	35	707	600	254
36	40	735	626	254
41	45	764	649	254
46	50	794	675	266
51	55	837	711	266
56	60	884	752	266
61	65	950	808	266
66	100	1,021	868	266

Topaz Plus Students Contribution	
Main	
612	

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.

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TARIFF CODE (052)	TARIFF 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
3951	53951	Quantitative Kahn, VDRL or other Flocculation
3999	53999	Albumin
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: Chromatography
4113	54113	Potassium
4117	54117	Protein: Total
4131	54131	Alanine aminotransferase (ALT)
4134	54134	Gamma glutamyl transferase (GGT)
4147	54147	Triglyceride
4155	54155	Urine acid

TARIFF CODE (052)	TARIFF CODE (037)	TARIFF DESCRIPTION
4161	54161	Troponin isoforms: each
4182	54182	Quantitative protein estimation: nephelometer or Turbidometric 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: Qualitative
4519	54519	Prostate specific antigen
453101 - 453109	54531 - 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.

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 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

TARIFF CODE (038)	TARIFF DESCRIPTION
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
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

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TARIFF CODE (038)	TARIFF DESCRIPTION
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
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

TARIFF CODE (038)	TARIFF DESCRIPTION
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

Pregnancy Sonar Scans:

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

TARIFF CODE (038)	TARIFF DESCRIPTION
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 (039 004)	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)

TARIFF CODE (039 004)	TARIFF DESCRIPTION
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 (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 stand-alone code that may not be combined with any other codes. The code specifically includes Doppler studies)

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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.



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Additional Benefits and Services on Your Option

Premium Contributions and Benefit Adjustments for 2025

Entry-Level Options: Topaz and Topaz Plus

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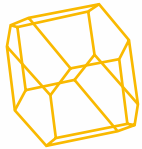
Top-Level Options: Ruby, Sapphire, Emerald Plus and Amber Plus

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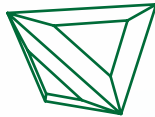
Client Services Contact Details



Mid-Level Options



OPAL



EMERALD



JADE



AMBER



Important Information You Need to Know

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			 OPAL	 JADE
	2. General Practitioners and Specialists (In-Hospital Services) - Additional Hospital Benefit Cover included	100%	NS\$36 100 per Family 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		NS\$17 430 per Family	NS\$21 800 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			
	4.2. Antenatal Consultation 12 consultations per beneficiary (Prorated from the date of joining) - Additional Hospital Benefit cover excluded	100%		
	4.3. Ante/Postnatal Classes and Education Six sessions per beneficiary (Prorated from the date of joining) - Additional Hospital Benefit cover excluded		Payable from Maternity Benefit	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) (Prorated from the date of joining)	100%	NS\$6 800 per beneficiary Overall Annual Limit	NS\$6 800 per beneficiary Overall Annual Limit

Additional Benefits and Services on Your Option

Premium Contributions and Benefit Adjustments for 2025

Entry-Level Options: Topaz and Topaz Plus







Mid-Level Options: Opal, Jade, Emerald and Amber

Top-Level Options: Ruby, Sapphire, Emerald Plus and Amber Plus

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			 OPAL	 JADE
	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\$367 500 per beneficiary Overall Annual Limit	N\$472 500 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	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 (Once Off)	100%	No Benefit	N\$6 450 per beneficiary once off N\$7 650 per Family
	7.2. Cataract Surgery/Related Procedures and Lens Implants			N\$14 700 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\$8 700 per Family Overall Annual Limit	N\$11 450 per Family Overall Annual Limit

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			 OPAL	 JADE
	10. Psychiatric Treatment (Hospital Accommodation) (Subject to prior approval)	100%	N\$34 500 per Family Overall Annual Limit	N\$34 500 per Family Overall Annual Limit
	11. Alcoholism/Drug Addiction (Subject to prior approval and MHC guidelines)			
	12. Specialised Dental Surgery - Additional Hospital Benefit cover excluded (Subject to Pre-Authorisation)	100%	No Benefit	Overall Annual Limit
	12.1. Maxillo-Facial and Oral Surgery (trauma/non-elective) (Hospital Accommodation and Dentist/Surgeon)			N\$59 850 per Family
	12.2. Maxillo-Facial and Oral Surgery (other/elective) - All-inclusive			N\$23 100 per beneficiary N\$28 350 per Family
	12.3. Maxillo-Facial and Oral Surgery (other/non-elective) - In-practice (surgical procedures performed in a doctor's room)			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 Hospital Benefit
	13. Stomal Therapy (All-inclusive) (Subject to prior approval)	100%	N\$17 000 per Family Overall Annual Limit	N\$22 100 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\$2 600 per Family
	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

Important Information You Need to Know

Additional Benefits and Services on Your Option

Premium Contributions and Benefit Adjustments for 2025

Entry-Level Options: Topaz and Topaz Plus





Mid-Level Options: Opal, Jade, Emerald and Amber

Top-Level Options: Ruby, Sapphire, Emerald Plus and Amber Plus

Accessible Information and Downloads

Client Services Contact Details



			 OPAL	 JADE
	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
	17. Specified Illness Conditions As per National Guidelines (Sub-limits are Prorated from the date of joining)	100%	N\$44 750 per Family Overall Annual Limit	N\$44 750 per Family Overall Annual Limit
	17.1. HIV/AIDS (As per national guidelines for antiretroviral therapy)	100%	N\$26 350 per beneficiary	N\$26 350 per beneficiary
	17.1.1. Medicine (Paid at maximum Namibia medicine price list on generics)	N\$510	Payable from Specified Illness Conditions	Payable from Specified Illness Conditions
	17.1.2. First Full HIV Consultation/Assessment Once-off benefit			
	17.1.3. Consultation (after the first full HIV consultation/assessment) Six consultations per beneficiary	N\$465		
	17.1.4. HIV Counselling	100%	N\$1 360 per beneficiary	N\$1 360 per beneficiary
	17.1.5. Pathology Tests (Subject to prior approval)		N\$5 940 per beneficiary	N\$5 940 per beneficiary
	17.1.6. HIV Resistance Test (Subject to prior approval)	100%	Payable from Specified Illness Conditions	Payable from Specified Illness Conditions
	17.2. Prevention of Mother-to-Child Transmission (PMTCT)			
	17.3. Post-Exposure Prophylaxis (PEP)			
17.4. Pre-Exposure Prophylaxis (PrEP)				

Important Information You Need to Know

Additional Benefits and Services on Your Option

Premium Contributions and Benefit Adjustments for 2025

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Client Services Contact Details



CATEGORY B: DAY-TO-DAY BENEFIT		100% Tariff	 OPAL	 JADE
			Overall Sub-benefit limit N\$19 500 per beneficiary N\$26 350 per Family Sub-limits are pro-rated from date of joining except optical benefit. OVERALL ANNUAL LIMIT	Sub-limits are prorated from date of joining except the optical benefit. OVERALL ANNUAL LIMIT
	18. General Practitioners and Specialists (out-of-hospital including casualties)		N\$6 800 per Family	N\$6 800 per beneficiary N\$11 900 per Family
	18.1. Consultations/Visits (out-of-hospital, including casualties) - GP Telephonic/Virtual Consultations (telephonic/virtual writing of prescriptions not payable) Seven virtual/telephonic consultations per beneficiary	100%	Payable from General Practitioners and Specialists Benefit	Payable from General Practitioners and Specialists Benefit
	18.2. Procedures/Services (out-of-hospital, including casualties)			
	18.3. Materials and Disposable Items			
	18.4. Radiology and Pathology (out-of-hospital, including radiography, sonography, medical laboratory technology and chemical biochemistry) (Referral from a Medical Practitioner)			
	18.5. MRI and CT Scan			
Benefit Booster Applicable (additional benefit once limit is exceeded)			Payable from the MRI and CT Scan Benefit	Payable from the MRI and CT Scan Benefit
	19. Medicine and Injections	SEP + 40%	N\$13 650 per Family	N\$15 400 per Family
	19.1. Medicine and Injections (Acute and Chronic) - (Paid at maximum Namibia medicine price list on generics)	100%	N\$6 800 per beneficiary	N\$7 800 per beneficiary
	19.2. Essential Vaccination/Immunisation - (Paid at maximum Namibia medicine price list on generics)		Payable from Medicine and Injections	Payable from Medicine and Injections
	19.3. Self-Medication - (Paid at maximum Namibia medicine price list on generics)		N\$900 per Family N\$131 per claim per beneficiary	N\$1 020 per Family N\$158 per claim per beneficiary

Important Information You Need to Know

Additional Benefits and Services on Your Option

Premium Contributions and Benefit Adjustments for 2025

Entry-Level Options: Topaz and Topaz Plus









Mid-Level Options: Opal, Jade, Emerald and Amber

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Accessible Information and Downloads

Client Services Contact Details



			 OPAL	 JADE
	20. Primary Health Care Services		N\$1 050 per Family	N\$790 per beneficiary N\$1 575 per Family
	20.1. Consultations and Procedures	100%	Payable from Primary Health Care Services	Payable from Primary Health Care Services
	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\$4 730 per Family	N\$8 300 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
	21.2. Maxillo-Facial, Oral Surgery and Dental Implants		No Benefit	No Benefit
	21.3. Orthodontics		No Benefit	N\$12 300 per beneficiary once-off
	21.4. Maxillo-Facial and Oral Surgery (Elective)			Payable from Dentistry benefit. The available benefits are for either in-hospital or in-practice
	22. Optical		N\$3 850 per Family	N\$4 580 per Family
	22.1. Every two years (Including frame) (2025/2026)	100%	N\$1 365 per beneficiary every two years	N\$2 460 per beneficiary every two years
	22.2. Eye Tests, Spectacles and Contact Lenses			
22.3. Frame	N\$545 per beneficiary		N\$1 090 per beneficiary	
	23. Auxiliary Services (Supplementary Services)		N\$2 490 per Family	N\$6 150 per Family
	23.1. Consultation and procedure	100%	Payable from Auxiliary Services	Payable from Auxiliary Services
	23.2. Medicine		Payable from Medicine (Acute and Chronic)	Payable from Medicine (Acute and Chronic)
	Benefit Booster Applicable (additional benefit once limit is exceeded)			
	24. External Appliances		N\$2 730 per Family	N\$2 830 per Family
24.1. (Subject to MHC guidelines)	80% of Cost			
	25. Wheelchair, Artificial Limbs, Artificial Eyes, Hearing Aid Apparatus, Devices for Diabetes Management		No Benefit	No Benefit

Important Information You Need to Know

Additional Benefits and Services on Your Option

Premium Contributions and Benefit Adjustments for 2025

Entry-Level Options: Topaz and Topaz Plus






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Accessible Information and Downloads

Client Services Contact Details



			 OPAL		 JADE	
	26. Benefit Booster Applicable if Medicine and Injections, Dentistry, GPs and Specialists, Primary Health Care and Auxiliary Services benefits are depleted		N\$1 260 per Family		N\$2 360 per Family	
	26.1. Medicine and Injections (Acute and Chronic) - Excluding self-medication	70%	Payable from Benefit Booster		Payable from Benefit Booster	
	26.2. Dentistry	70%				
	26.3. General Practitioners and Specialists (Consultations/visits and procedures/services out-of-hospital, including casualties)	80%				
	26.4. Primary Health Care	80%				
	26.5. Auxiliary Services	70%				
	27. Benefit Booster “Up” (Voluntary Buy-up Benefit) - Members can choose to enrol in the voluntary Benefit Booster Up each year before 15 January. - Members who join the Fund during the year can also opt for the Benefit Booster Up, with prorated adjustments. - Once opted in, the Extended Benefit Booster cannot be cancelled for the rest of the year. - The available benefit is equal to the voluntary contributions paid (accumulative). - 95% of the accumulated voluntary contributions will roll over to the next financial year. - Any unused Benefit Booster Up will be forfeited and will not be refunded if the principal member resigns from the fund or passes away - Members who choose to switch to a Traditional or Hospital Plan can use their remaining voluntary contributions to fund the Traditional or Hospital Plan Day-to-Day Back Up Benefit. - Similarly, the remainder can be transferred to any other traditional option. - The Extended Benefit Booster can be used to cover depleted benefits, charges exceeding benchmark tariffs, exclusions, and other claims that were validly rejected.		Monthly Voluntary Contribution	Extended Benefit per Annum	Monthly Voluntary Contribution	Extended Benefit per Annum
			N\$300	N\$3 600	N\$300	N\$3 600
			N\$600	N\$7 200	N\$600	N\$7 200
			N\$900	N\$10 800	N\$900	N\$10 800
			N\$1 200	N\$14 400	N\$1 200	N\$14 400
			N\$1 500	N\$18 000	N\$1 500	N\$18 000
	28. Lifestyle Management Screening Tests (Subject to Clinical Guidelines and Protocols)	100%	N\$15 000 per Family		N\$15 000 per Family	



CATEGORY C: BACK-UP BENEFIT	COVER	OPAL						JADE					
		M	M1	M2	M3	M4	M5+	M	M1	M2	M3	M4	M5+
Threshold Limit		4 940	5 580	5 790	5 990	6 200	6 400	6 450	7 300	7 570	7 850	8 130	8 380



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 2026 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 2026 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 2026.
- 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 NAMAFA 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 NAMAFA billing rules and guidelines.

Example of how the back-up benefit will be calculated





	M	M1	M2	M3	M4	M5+	M	M1	M2	M3	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	3 800	4 250	9 850	15 200	18 700	4 700	2 500	4 250	18 250	12 600	7 950	6 000	
• Optical													
• Auxiliary Services													
B. Threshold Limit	4 940	5 580	5 790	5 990	6 200	6 400	6 450	7 300	7 570	7 850	8 130	8 380	
C. Difference: Threshold Limit (B) – Total Paid Amount (A)	1 140	1 330	0	0	0	1 700	3 950	3 050	0	0	0	2 380	
D. Back-Up Benefit = 15% of C (Available from 01 May 2025)	171	200	Does not qualify because The Total Benefit Amount (A) is more than the Threshold Limit (B)				255	593	458	Does not qualify because The Total Benefit Amount (A) is more than the Threshold Limit (B)			357



OVERALL ANNUAL BENEFIT (OVERALL ANNUAL LIMIT)		 Emerald	 Amber
		N\$1 575 000 per beneficiary N\$ 1 890 000 per Family	Unlimited Benefit
CATEGORY A: Benefits For Major Medical Expenses		Pre-authorization: 100% of tariff will be paid. Without Pre-authorization: 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 and Theatre			
1.2. Accommodation in private wards (Difference between general ward and private ward tariffs)		N\$7 500 per beneficiary N\$16 500 per Family	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	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	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	Overall Annual Limit
1.11. Internal Appliances and Materials (As per NMC protocol)	100% of Cost		
1.12. Medical and Surgical Appliances (External)		No Benefit	No Benefit



		 Emerald		 Amber	
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	<p>2. General Practitioners and Specialists (In-Hospital Services) Additional Hospital Benefit Cover included except the use of equipment and equipment hire fees</p>	100%	Overall Annual Limit	Overall Annual Limit
	<p>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)</p>	100%	Overall Annual Limit	Overall Annual Limit
	3.1. MRI and CT Scans		N\$31 500 per Family	N\$41 500 per Family
	3.2. Nuclear Medicine		Overall Annual Limit	Overall Annual Limit
	<p>4. Maternity (Groups have cover from the date of joining. Individuals have a nine-month waiting period)</p> <p>4.1. Confinement – full procedure</p> <p>4.2. Antenatal Consultation 12 consultations per beneficiary (Prorated from the date of joining) - Additional Hospital Benefit cover excluded</p> <p>4.3. Ante/Postnatal Classes and Education Six sessions per beneficiary (Prorated from the date of joining) - Additional Hospital Benefit cover excluded</p> <p>4.4. Sonar Scans Three scans per beneficiary per Pregnancy - Additional Hospital Benefit cover excluded</p> <p>4.5. Tests for Chromosomal and Foetal Abnormalities - Additional Hospital Benefit cover excluded</p> <p>4.6. Midwifery Service - Additional Hospital Benefit cover excluded</p>	100%	Overall Annual Limit	Overall Annual Limit
	<p>5. Insertion of Intrauterine Device w/Hormone (All-inclusive) (Subject to prior approval) (Benefit is prorated from the date of joining)</p> <p style="text-align: right;">(Once every 5 years)</p>	100%	N\$6 800 per beneficiary Overall Annual Limit	N\$6 800 per beneficiary Overall Annual Limit

Important Information You Need to Know

Additional Benefits and Services on Your Option

Premium Contributions and Benefit Adjustments for 2025

Entry-Level Options: Topaz and Topaz Plus

Mid-Level Options: Opal, Jade, Emerald and Amber






Top-Level Options: Ruby, Sapphire, Emerald Plus and Amber Plus

Accessible Information and Downloads

Client Services Contact Details



		 Emerald	 Amber
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	6. Oncology (Subject to Case Management and MHC Guidelines)	100%		
	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			
	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%		
	7.1. Refractive Surgery			
	7.2. Cataract Surgery and Lens Implants			
	8. Reconstructive Surgery (Medical necessity only) (Subject to prior approval and subject to strict MHC guidelines)	100%		
	8.1. Consultation and Procedures			
	8.2. Hospitalisation			
	9. Private Nursing/Frail Care/Hospice (Subject to Case Management)	100%		
	10. Psychiatric Treatment – Hospitalisation (Subject to prior approval)	100%		
	11. Alcoholism/Drug Addiction (Subject to prior approval and MHC Guidelines)			

Important Information You Need to Know

Additional Benefits and Services on Your Option

Premium Contributions and Benefit Adjustments for 2025

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Top-Level Options: Ruby, Sapphire, Emerald Plus and Amber Plus

Accessible Information and Downloads

Client Services Contact Details



		 Emerald	 Amber
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	12. 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\$97 150 per Family	N\$138 600 per Family
	12.2. Maxillo-Facial and Oral Surgery - (Including Dental Implants) (other/elective) - All-inclusive		N\$30 750 per beneficiary N\$38 100 per Family N\$5 000 for all dental implant component per tooth	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 (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 Hospital Benefit	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	N\$28 750 per Family 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\$5 780 per beneficiary	N\$5 780 per beneficiary
	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
	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
	17. Lifestyle Management Screening Tests (Subject to Clinical Guidelines and Protocols)	100%	N\$15 000 per Family	N\$15 000 per Family

Important Information You Need to Know

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Accessible Information and Downloads

Client Services Contact Details



Contribution Tables

Opal Individual Contributions					Jade Individual Contributions					Emerald Individual Contributions					Amber Individual Contributions				
Age Band		Main	Adult	Child	Age Band		Main	Adult	Child	Age Band		Main	Adult	Child	Age Band		Main	Adult	Child
0	25	2,135	1,329	592	0	25	2,231	1,483	661	0	25	1,256	794	313	0	25	1,677	1,055	377
26	30	2,362	1,494	592	26	30	2,484	1,677	661	26	30	1,396	894	313	26	30	1,865	1,193	377
31	35	2,573	1,679	592	31	35	2,735	1,876	661	31	35	1,543	997	313	31	35	2,056	1,324	377
36	40	2,884	1,899	604	36	40	3,085	2,141	661	36	40	1,711	1,104	315	36	40	2,279	1,469	379
41	45	3,157	2,082	604	41	45	3,385	2,381	661	41	45	1,874	1,227	315	41	45	2,500	1,634	379
46	50	3,384	2,276	604	46	50	3,658	2,588	703	46	50	2,026	1,335	315	46	50	2,701	1,781	379
51	55	3,682	2,509	604	51	55	4,002	2,857	703	51	55	2,212	1,472	315	51	55	2,950	1,961	379
56	60	3,927	2,693	604	56	60	4,280	3,070	703	56	60	2,371	1,584	315	56	60	3,154	2,117	379
61	65	4,180	2,879	604	61	65	4,573	3,300	703	61	65	2,525	1,699	315	61	65	3,367	2,269	379
66	100	4,436	3,087	604	66	100	4,859	3,523	703	66	100	2,695	1,811	315	66	100	3,588	2,418	379

Opal Group Contributions					Jade Group Contributions					Emerald Group Contributions					Amber Group Contributions				
Income Band		Main	Adult	Child	Age Band		Main	Adult	Child	Age Band		Main	Adult	Child	Age Band		Main	Adult	Child
0	4,560	1,923	1,244	355	0	25	2,037	1,329	586	0	25	1,256	794	313	0	25	1,677	1,055	377
4,561	6,020	2,214	1,412	407	26	30	2,254	1,485	586	26	30	1,396	894	313	26	30	1,865	1,193	377
6,021	9,210	2,371	1,465	438	31	35	2,409	1,623	586	31	35	1,516	935	313	31	35	2,022	1,242	377
9,211	13,530	2,437	1,571	448	36	40	2,633	1,797	586	36	40	1,632	997	315	36	40	2,175	1,329	379
13,531	15,200	2,726	1,746	503	41	45	2,901	2,010	586	41	45	1,747	1,097	315	41	45	2,328	1,463	379
15,201	17,240	3,019	1,921	558	46	50	3,089	2,153	599	46	50	1,896	1,203	315	46	50	2,533	1,605	379
					51	55	3,334	2,356	599	51	55	1,960	1,258	315	51	55	2,613	1,679	379
					56	60	3,571	2,533	599	56	60	2,073	1,349	315	56	60	2,765	1,800	379
					61	65	3,787	2,702	599	61	65	2,247	1,465	315	61	65	2,996	1,951	379
					66	100	3,804	2,722	599	66	100	2,301	1,503	315	66	100	3,065	2,006	379

Important Information You Need to Know

Additional Benefits and Services on Your Option

Premium Contributions and Benefit Adjustments for 2025

Entry-Level Options: Topaz and Topaz Plus

Mid-Level Options: Opal, Jade, Emerald and Amber

Top-Level Options: Ruby, Sapphire, Emerald Plus and Amber Plus

Accessible Information and Downloads

Client Services Contact Details





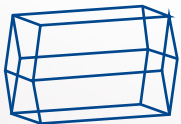
Top-Level Options



RUBY



EMERALD +



SAPPHIRE



AMBER +



Important Information You Need to Know

Additional Benefits and Services on Your Option

Premium Contributions and Benefit Adjustments for 2025

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Accessible Information and Downloads

Client Services Contact Details







		Ruby	Sapphire
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\$28 400 per Family	N\$41 500 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			
4.2. Antenatal Consultation 12 consultations per beneficiary (Prorated from the date of joining) - Additional Hospital Benefit cover excluded	100%	Payable from the Maternity Benefit	Payable from the Maternity Benefit
4.3. Ante/Postnatal Classes and Education Six sessions per beneficiary per Pregnancy (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 w/Hormone (All-inclusive) (Subject to prior approval) (Prorated from date of joining)	100%	N\$6 800 per beneficiary Overall Annual Limit	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\$630 000 per beneficiary Overall Annual Limit	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	Overall Annual Limit

Important Information You Need to Know

Additional Benefits and Services on Your Option

Premium Contributions and Benefit Adjustments for 2025

Entry-Level Options: Topaz and Topaz Plus



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Top-Level Options: Ruby, Sapphire, Emerald Plus and Amber Plus

Accessible Information and Downloads

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		 Ruby	 Sapphire
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\$14 550 per beneficiary once-off N\$18 650 per Family	N\$24 250 per beneficiary once-off N\$31 100 per Family
7.2. Cataract Surgery and Lens Implants		N\$19 700 per eye per beneficiary once-off	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	Overall Annual Limit
8.1. Consultation and procedure	100%	N\$7 100 per Family	N\$15 250 per Family
8.2. Hospitalisation		Overall Annual Limit	Overall Annual Limit
9. Private Nursing/Frail Care/Hospice (Subject to Case Management)		N\$22 850 per Family Overall Annual Limit	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	N\$34 500 per Family 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 (Hospital Accommodation and Dentist/Surgeon)		N\$97 150 per Family	N\$138 600 per Family
12.2. Maxillo-Facial, Oral Surgery and Dental Implants (other/elective) - All-inclusive		N\$30 750 per beneficiary N\$38 100 per Family N\$5 000 for all dental implant component per tooth	N\$41 000 per beneficiary N\$51 000 per Family N\$5 000 for all dental implant component per tooth
12.3. Maxillo-Facial and Oral Surgery (Including Dental Implants) (other/non-elective) - In-practice (surgical procedures performed in a doctor's room)	150%	Payable from maxillo-facial, oral surgery and dental implants (other/elective)	Payable from maxillo-facial, oral surgery and dental implants (other/elective)
12.4. Maxillo-Facial and Oral Surgery - Internal Prosthesis (excluding dental implant component)	100% of Cost	Payable from internal appliances under the Hospital Benefit	Payable from internal appliances under the Hospital Benefit
13. Stomal Therapy (All-inclusive) (Subject to prior approval)	100%	N\$28 750 per Family Overall Annual Limit	N\$28 750 per Family 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\$5 780 per beneficiary	N\$5 780 per beneficiary

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		Ruby						Sapphire						
		Overall Annual Limit						Overall Annual Limit						
15. Medical Referral Subject to accommodation and travelling reimbursement protocols (Subject to prior approval)														
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	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						
CATEGORY B: DAY-TO-DAY BENEFIT		COVER												
		Sub-limits are prorated from date of joining, except the optical benefit.												
		OVERALL LIMIT												
		M	M1	M2	M3	M4	M5+	M	M1	M2	M3	M4	M5+	
17. General Practitioners and Specialists		N\$9 450	N\$12 400	N\$12 900	N\$13 150	N\$13 400	N\$13 650	N\$15 750	N\$20 250	N\$22 250	N\$22 500	N\$22 750	N\$23 000	
17.1. Consultations/Visits (out-of-hospital, including casualties) - GP Telephonic/Virtual Consultations (telephonic/virtual writing of prescriptions not payable) Seven virtual/telephonic consultations per beneficiary		100%						Payable from General Practitioners and Specialists Benefit						
17.2. Procedures (Out-Of-Hospital Services, Including Casualties)														
17.3. Materials and Disposable Items														
17.4. Radiology and Pathology (Out-Of-Hospital, Including Radiography, Sonography, Medical Laboratory Technology and Chemical Biochemistry) (Referral from a Medical Practitioner)		100%						Payable from the MRI and CT Scan Benefit						
17.5. MRI and CT Scan														
Benefit Booster Applicable (additional benefit once limit is exceeded)														
18. Medicine and Injections		SEP + 40%	N\$15 440	N\$17 040	N\$17 560	N\$18 210	N\$18 870	N\$19 480	N\$32 090	N\$50 000	N\$54 060	N\$54 810	N\$55 730	N\$56 400
18.1. Acute – Paid at maximum Namibia medicine price list on generics		85%	N\$5 700	N\$6 000	N\$6 200	N\$6 450	N\$6 700	N\$6 950	N\$8 800	N\$13 400	N\$16 300	N\$16 750	N\$17 100	N\$17 350
		N\$5 700 per beneficiary						N\$8 800 per beneficiary						
18.2. Chronic – Paid at maximum Namibia medicine price list on generics			N\$8 550	N\$9 750	N\$9 900	N\$10 150	N\$10 400	N\$10 650	N\$21 300	N\$34 450	N\$35 450	N\$35 600	N\$36 000	N\$36 250
18.2.1. Members aged 65 and below		85%	No Limit per beneficiary Payable from Medicine and Injections						No Limit per beneficiary Payable from Medicine and Injections					
18.2.2. Members aged 66 and above		100%	Payable from Medicine and Injections						Payable from Medicine and Injections					
18.3. Essential Vaccination/Immunisation (As per WHO guidelines) Paid at maximum Namibia medicine price list on generics		100%												

Additional Benefits and Services on Your Option

Premium Contributions and Benefit Adjustments for 2025

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Ruby


Sapphire

Benefit Booster Applicable (additional benefit once limit is exceeded)

18.4. Self-medication Paid at maximum Namibia medicine price list on generics	100%	N\$1 190	N\$1 290	N\$1 460	N\$1 610	N\$1 770	N\$1 880	N\$1 990	N\$2 150	N\$2 310	N\$2 460	N\$2 630	N\$2 800
		N\$192 per claim per beneficiary per day						N\$235 per claim per beneficiary per day					

19. Primary Health Care Services		N\$1 050	N\$1 260	N\$1 420	N\$1 575	N\$1 730	N\$1 885	N\$1 310	N\$1 570	N\$1 780	N\$1 990	N\$2 200	N\$2 410
		N\$1 050 per beneficiary						N\$1 310 per beneficiary					

19.1. Consultations and Procedures	100%	Payable from Primary Health Care Services						Payable from Primary Health Care Services					
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19.2. Medicine and Injections Paid at maximum Namibia medicine price list on generics	100%	Payable from Acute Medication						Payable from Acute Medication					
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Benefit Booster Applicable (additional benefit once limit is exceeded)

20. Dentistry

20.1. Conservative and Specialised Dentistry (Including Dental Therapy)	100%	N\$11 050 per beneficiary N\$15 250 per Family						N\$16 600 per beneficiary N\$23 500 per Family					
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20.2. Maxillo-Facial, Oral Surgery and Dental Implants - In-practice consultation and non-surgical procedures		Payable from Dentistry Benefits						Payable from Dentistry Benefits					
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Benefit Booster Applicable (additional benefit once limit is exceeded)

20.3. Orthodontics (Subject to prior approval and MHC guidelines)	100%	N\$17 850 per beneficiary once-off						N\$31 000 per beneficiary once-off					
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21. Optical Benefits

Every two years (Including frame) (2025/2026)		N\$3 500 per beneficiary N\$7 880 per Family per Annum						N\$5 150 per beneficiary N\$11 550 per Family per Annum					
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21.1. Optical tests	100%	Payable from Optical Benefits						Payable from Optical Benefits					
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21.2. Spectacles and Lenses	100%	Payable from Optical Benefits						Payable from Optical Benefits					
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21.3. Frame	100% of Cost	N\$1 200 per beneficiary						N\$1 970 per beneficiary					
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21.4. Readers Spectacles	100% of Cost	N\$110 per beneficiary						N\$110 per beneficiary					
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22. Auxiliary Services

		N\$12 450	N\$13 650	N\$13 800	N\$14 050	N\$14 300	N\$14 550	N\$16 100	N\$25 750	N\$27 850	N\$29 100	N\$29 650	N\$30 150
		N\$12 450 per beneficiary						N\$16 100 per beneficiary					

22.1. Art Therapy	100%	Payable from Auxiliary Services						Payable from Auxiliary Services					
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22.2. Audiology/Speech Therapy	100%	Payable from Auxiliary Services						Payable from Auxiliary Services					
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22.3. Biokinetics	100%	N\$4 250 per beneficiary						N\$7 940 per beneficiary					
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22.4. Chinese Medicine	100%	N\$4 250 per beneficiary						N\$7 940 per beneficiary					
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Important Information You Need to Know

Additional Benefits and Services on Your Option

Premium Contributions and Benefit Adjustments for 2025

Entry-Level Options: Topaz and Topaz Plus



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Accessible Information and Downloads

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		 Ruby		 Sapphire	
22.5. Chiropractor					
22.5.1. Consultation and Procedure	100%	Payable from Auxiliary Services	Payable from Auxiliary Services	Payable from Auxiliary Services	Payable from Auxiliary Services
22.5.2. Medicine	85%	Payable from Acute Medicine and Injections	Payable from Acute Medicine and Injections	Payable from Acute Medicine and Injections	Payable from Acute Medicine and Injections
22.6. Clinical Psychology/Psychological Counsellor	100%	N\$4 250 per beneficiary	N\$4 250 per beneficiary	N\$7 940 per beneficiary	N\$7 940 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	Payable from Auxiliary Services	Payable from Auxiliary Services
22.10.Homeopathy/Naturopathy/Phytotherapy					
22.10.1. Consultation and Procedure	100%				
22.10.2. Medicine	85%	Payable from Acute Medicine and Injections	Payable from Acute Medicine and Injections	Payable from Acute Medicine and Injections	Payable from Acute Medicine and Injections
22.11.Occupational Therapy	100%	Payable from Auxiliary Services	Payable from Auxiliary Services	Payable from Auxiliary Services	Payable from Auxiliary Services
22.12.Orthotist/Prosthetist	100%				
22.13.Physiotherapy	100%	N\$4 250 per beneficiary	N\$4 250 per beneficiary	N\$7 940 per beneficiary	N\$7 940 per beneficiary
22.14.Podiatry/Chiropody	100%	Payable from Auxiliary Services	Payable from Auxiliary Services	Payable from Auxiliary Services	Payable from Auxiliary Services
22.15.Social Worker	100%	N\$4 250 per beneficiary	N\$4 250 per beneficiary	N\$7 940 per beneficiary	N\$7 940 per beneficiary
Benefit Booster Applicable (additional benefit once limit is exceeded)					
23. Wheelchair (Subject to prior approval) - Inclusive of repair and maintenance	100% of Cost	N\$9 300 per beneficiary every four years (2024-2027)	N\$9 300 per beneficiary every four years (2024-2027)	N\$18 650 per beneficiary every four years (2024-2027)	N\$18 650 per beneficiary every four years (2024-2027)
24. Artificial Limbs (Subject to prior approval)	100% of Cost	N\$19 350 per beneficiary every two years (2024-2025)	N\$19 350 per beneficiary every two years (2024-2025)	N\$38 600 per beneficiary every two years(2024-2025)	N\$38 600 per beneficiary every two years(2024-2025)
25. Artificial Eyes (Subject to prior approval)	100% of Cost	N\$6 000 per beneficiary every four years (2024-2027)	N\$6 000 per beneficiary every four years (2024-2027)	N\$18 100 per beneficiary every four years (2024-2027)	N\$18 100 per beneficiary every four years (2024-2027)
26. Hearing Aid Apparatus (Subject to prior approval) - Inclusive of repair and maintenance	100% of Cost	N\$29 400 per Family every three years for both ears (N\$14 000 per ear) (2023-2025)	N\$29 400 per Family every three years for both ears (N\$14 000 per ear) (2023-2025)	N\$36 750 per Family every three years for both ears (2023-2025)	N\$36 750 per Family every three years for both ears (2023-2025)
27. Appliances (External) (Subject to MHC guidelines)	80% of Cost	N\$4 780 per Family	N\$4 780 per Family	N\$5 400 per Family	N\$5 400 per Family

Additional Benefits and Services on Your Option

Premium Contributions and Benefit Adjustments for 2025

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		Ruby					Sapphire					
28. Medical Devices for Diabetes Management (Subject to prior approval and MHC guidelines)												
28.1. Insulin Pumps	80%	N\$42 000 per beneficiary every four years (2023-2026)					N\$42 000 per beneficiary every four years (2023 – 2026)					
28.2. Other Diabetes Devices and Related Consumables		N\$58 800 per beneficiary					N\$58 800 per beneficiary					
29. Specified Illness Conditions (As per national guidelines) (Sub-limits are prorated from the date of joining)		N\$ 37 900	N\$75 800	N\$75 800	N\$75 800	N\$75 800	N\$75 800	N\$75 800	N\$75 800	N\$75 800	N\$75 800	N\$75 800
29.1. HIV/AIDS (As per national guidelines for antiretroviral therapy)		N\$32 550 per beneficiary					N\$37 900 per beneficiary					
29.1.1. Medicine Paid at maximum Namibia medicine price list on generics	100%	Payable from Specified Illness Conditions					Payable from Specified Illness Conditions					
29.1.2. First Full HIV Consultation/Assessment Once-off benefit	N\$510											
29.1.3. Consultation (after the first full HIV consultation/assessment) Six consultations per beneficiary	N\$465											
29.1.4. HIV Counselling	100%	N\$1 370 per beneficiary					N\$1 370 per beneficiary					
29.1.5. Pathology Tests (Subject to prior approval)	100%	N\$6 250 per beneficiary					N\$8 200 per beneficiary					
29.1.6. HIV Resistance Test (Subject to prior approval)	100%	Payable from Specified Illness Conditions					Payable from Specified Illness Conditions					
29.2. Prevention of Mother-to-Child Transmission (PMTCT)	100%											
29.3. Post-Exposure Prophylaxis (PEP)	100%											
29.4. Pre-Exposure Prophylaxis (PrEP)	100%											
30. Benefit Booster Applicable if Medicine and Injections, Dentistry, GPs and Specialists, Primary Health Care and Auxiliary Services benefits are depleted		N\$2 035 per beneficiary N\$3 150 per Family					N\$2 680 per beneficiary N\$4 950 per Family					
30.1. Medicine and Injections (Acute and Chronic) – Excluding self-medication	70%	Payable from Benefit Booster					Payable from Benefit Booster					
30.2. Dentistry (Excluding orthodontics)	70%											
30.3. General Practitioners and Specialists (Consultations/visits and procedures/services out-of-hospital, including casualties)	80%											
30.4. Primary Health Care	80%											
30.5. Auxiliary Services	70%											

Additional Benefits and Services on Your Option

Premium Contributions and Benefit Adjustments for 2025

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		 Ruby		 Sapphire	
		Monthly Voluntary Contribution	Extended Benefit per Annum	Monthly Voluntary Contribution	
31. Benefit Booster “Up” (Voluntary Buy-up Benefit) <ul style="list-style-type: none"> Members can choose to enrol in the voluntary Benefit Booster Up each year before 15 January. Members who join the Fund during the year can also opt for the Benefit Booster Up, with prorated adjustments. Once opted in, the Extended Benefit Booster cannot be cancelled for the rest of the year. The available benefit is equal to the voluntary contributions paid (accumulative). 95% of the accumulated voluntary contributions will roll over to the next financial year. Any unused Benefit Booster Up will be forfeited and will not be refunded if the principal member resigns from the fund or passes away Members who choose to switch to a Traditional or Hospital Plan can use their remaining voluntary contributions to fund the Traditional or Hospital Plan Day-to-Day Back Up Benefit. Similarly, the remainder can be transferred to any other traditional option. The Extended Benefit Booster can be used to cover depleted benefits, charges exceeding benchmark tariffs, exclusions, and other claims that were validly rejected. 	100% of Cost	N\$300	N\$3 600	N\$300	
		N\$600	N\$7 200	N\$600	
		N\$900	N\$10 800	N\$900	
		N\$1 200	N\$14 400	N\$1 200	
		N\$1 500	N\$18 000	N\$1 500	
32. Lifestyle Management Screening Tests (Subject to Clinical Guidelines and Protocols)	100%	N\$15 000 per Family		N\$15 000 per Family	

Additional Benefits and Services on Your Option

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CATEGORY C: BACK-UP BENEFIT		COVER					
		M	M1	M2	M3	M4	M5+
Threshold Limit		5 520	6 250	6 480	6 720	6 950	7 180

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. Acute Medicine per family limit
 2. Self-Medication per family limit
 3. Optical per family limit
 4. 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 2026 benefit year.
- The Back-up benefit is calculated as 25% 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 2026 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 2026.
- 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

	M	M1	M2	M3	M4	M5+
A. The total amount paid by NMC (at the end of April 2025 for 2024 claims) for the following family limits: <ul style="list-style-type: none"> • Medicine and Injections • Optical • Auxiliary Services 	2 500	4 250	25 500	7 250	8 500	6 000
B. Threshold Limit	5 520	6 250	6 480	6 720	6 950	7 180
C. Difference: Threshold Limit (B) – Total Paid Amount (A)	3 020	2 000	0	0	0	1 180
D. Back-Up Benefit = 25% of C (Available from 01 May 2025)	755	500	Does not qualify because the Total Benefit Amount (A) is more than the Threshold Limit (B)			295

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OVERALL ANNUAL BENEFIT (OVERALL ANNUAL LIMIT)		 Emerald +	 Amber +
		N\$ 1 575 000 per beneficiary N\$ 1 890 000 per Family	Unlimited Benefit
CATEGORY A: Benefits For Major Medical Expenses		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	Overall Annual Limit
1.1. Accommodation and Theatre			
1.2. Accommodation in private wards (Difference between general ward and private ward tariffs)		N\$7 500 per beneficiary N\$16 500 per Family	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	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	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	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	Payable from the Day-to-Day Back-Up Benefit



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			 Emerald +	 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\$31 500 per Family	N\$41 500 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			
	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%		
	4.4. Sonar Scans Three scans per beneficiary per Pregnancy - Additional Hospital Benefit cover excluded		Payable from Maternity Benefit	Payable from Maternity Benefit
	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	N\$6 800 per beneficiary Overall Annual Limit

Important Information You Need to Know

Additional Benefits and Services on Your Option

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




Top-Level Options: Ruby, Sapphire, Emerald Plus and Amber Plus

Accessible Information and Downloads

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 Emerald +	 Amber +
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	6. Oncology (Subject to Case Management and MHC Guidelines)	100%	N\$630 000 per beneficiary Overall Annual Limit	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	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\$14 550 per beneficiary once-off N\$18 650 per Family	N\$24 250 per beneficiary once-off N\$31 100 per Family
	7.2. Cataract Surgery and Lens Implants		N\$19 700 per eye per beneficiary once-off	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)	100%	Overall Annual Limit	
	8.1. Consultation and Procedures		N\$7 100 per Family	
	8.2. Hospitalisation		Overall Annual Limit	
	9. Private Nursing/Frail Care/Hospice (Subject to Case Management)	100%	N\$22 850 per Family Overall Annual Limit	N\$40 600 per Family Overall Annual Limit
	10. Psychiatric Treatment – Hospitalisation (Subject to prior approval)	100%	N\$34 500 per Family Overall Annual Limit	
	11. Alcoholism/Drug Addiction (Subject to prior approval and MHC Guidelines)			

Important Information You Need to Know

Additional Benefits and Services on Your Option

Premium Contributions and Benefit Adjustments for 2025

Entry-Level Options: Topaz and Topaz Plus









Mid-Level Options: Opal, Jade, Emerald and Amber

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			 Emerald +	 Amber +
	12. 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\$97 150 per Family	N\$138 600 per Family
	12.2. Maxillo-Facial and Oral Surgery - (Including Dental Implants) (other/elective) - All-inclusive		N\$30 750 per beneficiary N\$38 100 per Family N\$5 000 for all dental implant component per tooth	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 (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 Hospital Benefit	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	N\$28 750 per Family 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\$5 780 per beneficiary	N\$5 780 per beneficiary
	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
	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
	17. Lifestyle Management Screening Tests (Subject to Clinical Guidelines and Protocols)	100%	N\$15 000 per Family	N\$15 000 per Family

Important Information You Need to Know

Additional Benefits and Services on Your Option

Premium Contributions and Benefit Adjustments for 2025

Entry-Level Options: Topaz and Topaz Plus







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Client Services Contact Details



		 Emerald +		 Amber +	
CATEGORY B: DAY-TO-DAY BENEFIT		100% Tariff	Limited to: NS8 050 Member only NS13 700 Member + Adult NS9 650 Member + Child NS15 300 Member + Adult+ Child Additional NS1 600 benefit for each additional Child OVERALL ANNUAL LIMIT Benefits are prorated from Date of Joining Ex Gratia not Applicable	Limited to: NS12 100 member only NS20 150 Member + Adult NS15 300 Member + Child NS23 350 Member + Adult+ Child Additional NS3 200 for each additional Child OVERALL ANNUAL LIMIT Benefits are prorated from Date of Joining Ex Gratia not Applicable	
			OVERALL ANNUAL LIMIT Benefits are prorated from date of joining. Ex Gratia not Applicable.		
<p>Rules on Day-to-Day Back-up Benefit:</p> <p>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) 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)	100%	Paid from Day-to-day Back-Up Benefit	Paid from Day-to-day Back-Up Benefit	
	19. Medicine and Injections (Paid at Maximum Namibia Medicine Price List on generics) 19.1. Acute Medicine and Injections 19.2. Chronic Medicine and Injections 19.3. Essential Vaccination/Immunisation (as per WHO guidelines) 19.4. Self-Medication	100%	Paid from Day-to-day Back-Up Benefit	Paid from Day-to-day Back-Up Benefit	
	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 Day-to-day Back-Up Benefit	Paid from 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 Day-to-day Back-Up Benefit	Paid from Day-to-day Back-Up Benefit	

Additional Benefits and Services on Your Option

Premium Contributions and Benefit Adjustments for 2025

Entry-Level Options: Topaz and Topaz Plus






Mid-Level Options: Opal, Jade, Emerald and Amber

Top-Level Options: Ruby, Sapphire, Emerald Plus and Amber Plus

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			 Emerald +	 Amber +
	22. Optical 22.1. Optical Tests 22.2. Spectacles and Lenses 22.3. Frame 22.4. Reader Spectacles	100%	Paid from Day-to-day Back-Up Benefit	Paid from 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 Acoustica 23.10.Homeopathy/Naturopathy/Phytotherapy 23.10.1. Consultation and Procedure 23.10.1. Medicine 23.11.Occupational Therapy 23.12.Orthotist/Prosthetist 23.13.Physiotherapy 23.14.Podiatry/Chiropody 23.15.Social Worker	100%	Paid from Day-to-day Back-Up Benefit	Paid from Day-to-day Back-Up Benefit
	24. Medical and Surgical Appliances (External)	100% of Cost	Paid from Day-to-day Back-Up Benefit	Paid from Day-to-day Back-Up Benefit

Important Information You Need to Know

Additional Benefits and Services on Your Option

Premium Contributions and Benefit Adjustments for 2025

Entry-Level Options: Topaz and Topaz Plus

Mid-Level Options: Opal, Jade, Emerald and Amber

Top-Level Options: Ruby, Sapphire, Emerald Plus and Amber Plus

Accessible Information and Downloads

Client Services Contact Details



Contribution Tables

Ruby Individual Contributions				
Age Band		Main	Adult	Child
0	25	2,962	2,026	922
26	30	3,303	2,313	922
31	35	3,634	2,561	922
36	40	4,099	2,917	922
41	45	4,499	3,237	922
46	50	4,861	3,525	941
51	55	5,318	3,850	941
56	60	5,686	4,148	941
61	65	6,077	4,447	941
66	100	6,458	4,766	941

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

Emerald Plus Individual Contributions				
Age Band		Main	Adult	Child
0	25	1,936	1,270	448
26	30	2,076	1,369	448
31	35	2,223	1,472	448
36	40	2,378	1,570	447
41	45	2,541	1,694	447
46	50	2,693	1,803	447
51	55	2,879	1,940	447
56	60	3,039	2,051	447
61	65	3,191	2,167	447
66	100	3,361	2,278	447

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

Ruby Group Contributions				
Age Band		Main	Adult	Child
0	25	2,704	1,770	781
26	30	2,996	1,973	781
31	35	3,202	2,157	781
36	40	3,498	2,385	781
41	45	3,857	2,670	781
46	50	4,106	2,859	826
51	55	4,430	3,133	826
56	60	4,746	3,367	826
61	65	5,031	3,593	826
66	100	5,055	3,614	826

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

Emerald Plus Group Contributions				
Age Band		Main	Adult	Child
0	25	1,936	1,270	448
26	30	2,076	1,369	448
31	35	2,202	1,417	448
36	40	2,321	1,479	447
41	45	2,435	1,577	447
46	50	2,583	1,684	447
51	55	2,645	1,738	447
56	60	2,759	1,829	447
61	65	2,935	1,946	447
66	100	2,988	1,984	447

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

Important Information You Need to Know

Additional Benefits and Services on Your Option

Premium Contributions and Benefit Adjustments for 2025

Entry-Level Options: Topaz and Topaz Plus

Mid-Level Options: Opal, Jade, Emerald and Amber

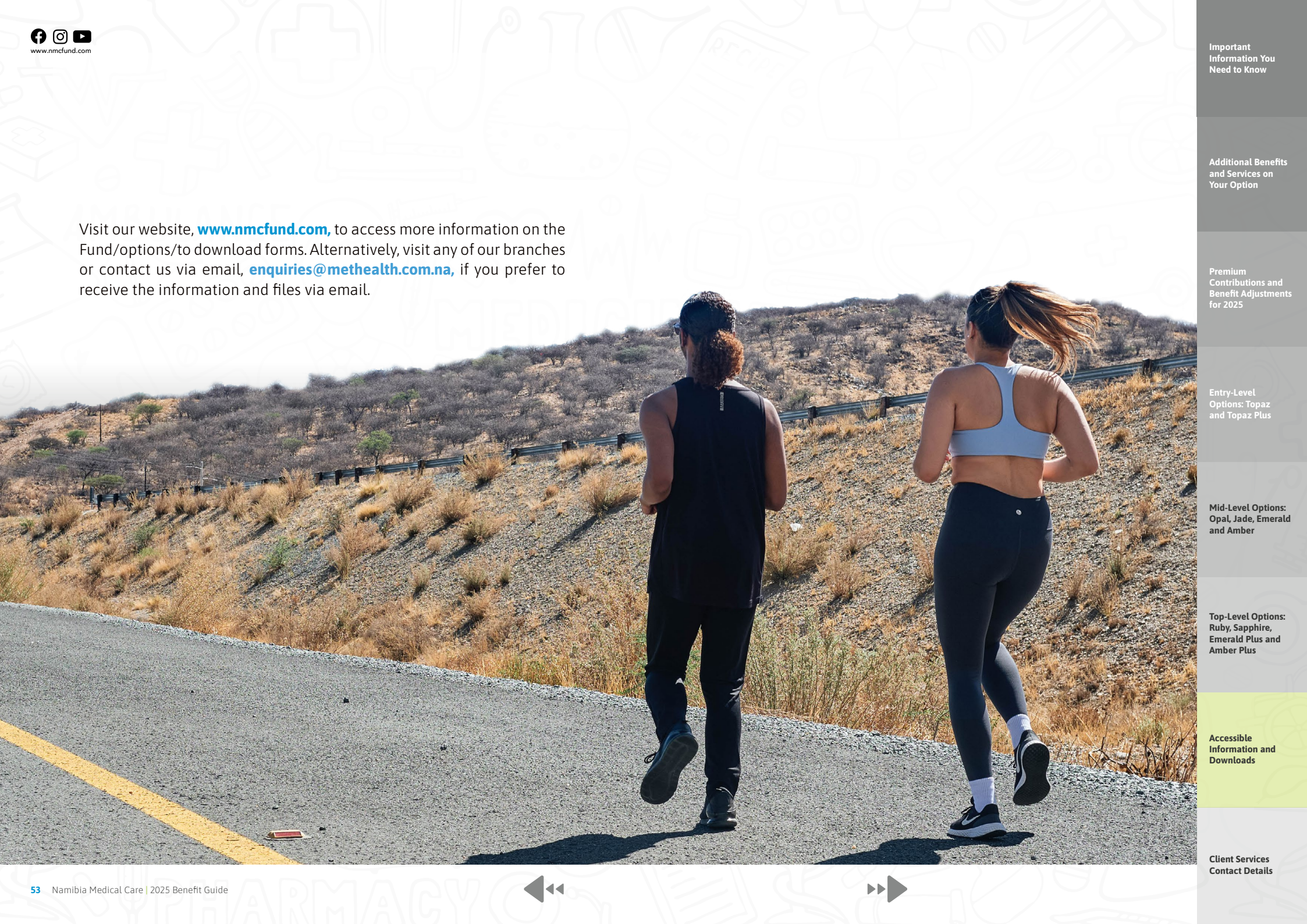
Top-Level Options: Ruby, Sapphire, Emerald Plus and Amber Plus

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Important Information You Need to Know

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Premium Contributions and Benefit Adjustments for 2025

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Accessible Information and Downloads

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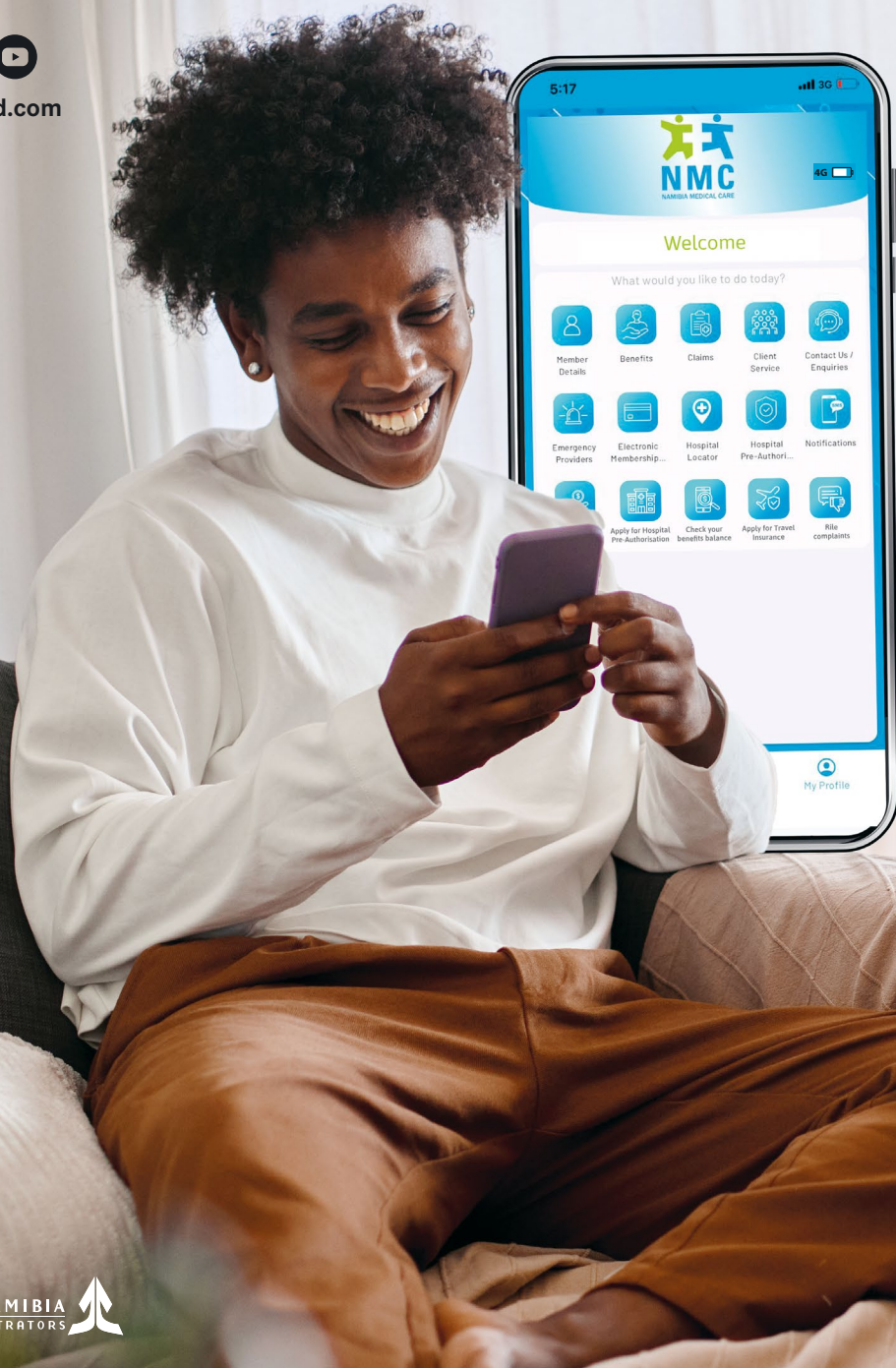
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