



Ruby

2025 BENEFIT GUIDE

OVERALL ANNUAL BENEFIT (OVERALL ANNUAL LIMIT)	N\$1 575 000 per Beneficiary N\$1 890 000 per Family	
CATEGORY A: HOSPITALISATION BENEFIT	% 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.
Additional Hospital Benefit Cover: GPs and specialists in-hospital services are paid up to a maximum of 150% of the NAMAF tariff. OVERALL LIMIT		
	COVER	
1. Hospitalisation		Overall Annual Limit
1.1. Accommodation and Theatre		
1.2. Accommodation in Private Wards (Difference between general ward and private ward tariffs)		N\$7 500 per Beneficiary N\$16 500 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)		
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 a rehabilitation facility - Benefit available within three months from hospital discharge (Subject to prior approval)	100%	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	
2. General Practitioners and Specialists (in-hospital services) - Additional Hospital Benefit cover included except the use of equipment and equipment hire fees	100%	Overall Annual Limit
3. Specialised Radiology Procedures (in- and out-of-hospital) Additional Hospital Benefit cover excluded - Referral from a medical specialist only (referral from a GP acceptable in places where there is no medical specialist) (Subject to prior approval)	100%	Overall Annual Limit
3.1. MRI and CT Scans		N\$28 400 per Family
3.2. Nuclear Medicine		Overall Annual Limit
4. Maternity (Groups have cover from the date of joining. Individuals have a nine- month waiting period)		Overall Annual Limit
4.1. Confinement – full procedure		
4.2. Antenatal Consultation 12 consultations per Beneficiary (prorated from the date of joining) – Additional Hospital Benefit cover excluded		
4.3. Ante/Postnatal Classes and Education Six Sessions per Beneficiary per pregnancy (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 the 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) (Prorated from date of joining)	100%	N\$6 800 per Beneficiary Overall Annual Limit

6. Oncology (Subject to Case Management and MHC guidelines)							
6.1. Consultations and Procedures Out-of-Hospital							
6.2. MRI/CT Scans and Other Specialised Radiology Procedures In and Out-of-Hospital - Additional Hospital Benefit cover excluded - Referral from a medical specialist only	100%					N\$630 000 per Beneficiary Overall Annual Limit	
6.3. Radiation Oncology (Referral from a medical specialist only)							
6.4. Oncology Medication (Chemotherapy, radiotherapy, and hormone therapy)							
6.5. Hospitalisation and Related Procedures In-Hospital						Overall Annual Limit	
7. Corrective Eye Surgery – All-inclusive (Subject to prior approval and MHC guidelines) Groups have cover from the date of joining. Individuals have a one-year waiting period	100%					Overall Annual Limit	
7.1. Refractive Surgery						N\$14 550 per Beneficiary once-off N\$18 650 per Family	
7.2. Cataract Surgery and Lens Implants						N\$19 700 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. Consultations 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	
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)	100%					Overall Annual Limit	
12. Specialised Dental Surgery - Additional Hospital Benefit cover excluded (Subject to pre-authorisation)	100%					Overall Annual Limit	
12.1. Maxillo-Facial and Oral Surgery (trauma/non-elective) - All-inclusive						N\$97 150 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	
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)	
12.4. Maxillo-Facial and Oral Surgery - Internal Prosthesis (excluding dental Implant component)	100% of Cost					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	
14. Ambulance and Evacuation Services	100%					Overall Annual Limit	
14.1. Emergency Ambulance and Flights (Territory: SADC Countries) (Subject to prior approval)						Unlimited Benefit	
14.2. Ambulance/Inter-Hospital Transfer (Subject to prior approval)						N\$5 780 per Beneficiary	
15. Medical Referral (Subject to prior approval and accommodation and travelling reimbursement protocols)	70% of Cost					Overall Annual Limit	
15.1. Transport						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	
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 the date of joining, except the Optical Benefit.					
		OVERALL LIMIT					
		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
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 the 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)							
17.5. MRI and CT Scan		Payable from the MRI and CT Scan Benefit					
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
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\$5 700 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
18.2.1. Members aged 65 and below	85%	No Limit per Beneficiary Payable from Medicine and Injections					
18.2.2. Members aged 66 and above	100%						
18.3. Essential Vaccination/Immunisation (As per WHO guidelines) - Paid at maximum Namibia medicine price list on generics	100%	Payable from Medicine and Injections					
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\$192 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\$1 050 per Beneficiary							
19.1. Consultations and Procedures	100%	Payable from Primary Health Care Services					
19.2. Medicine and Injections - Paid at maximum Namibia medicine price list on generics	100%	Payable from Acute Medication					
Benefit Booster Applicable (additional benefit once limit is exceeded)							
20. Dentistry		N\$11 050 per Beneficiary N\$15 250 per Family					
20.1. Conservative and Specialised Dentistry (including dental therapy)	100%	Payable from Dentistry Benefits					
20.2. Maxillo-Facial, Oral Surgery and Dental Implants - In-practice consultation and non-surgical procedures							
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					
21. Optical Benefits		N\$3 500 per Beneficiary N\$7 880 per Family per Annum					
- Every two years (Including frame) (2025-2026)		Payable from Optical Benefits					
21.1. Optical tests	100%						
21.2. Spectacles and Lenses	100%						
21.3. Frame	100% of Cost						
21.4. Readers Spectacles	100% of Cost						
N\$110 per Beneficiary							
22. Auxiliary Services		N\$12 450	N\$13 650	N\$13 800	N\$14 050	N\$14 300	N\$14 550
N\$12 450 per Beneficiary							
22.1. Art Therapy	100%	Payable from Auxiliary Services					
22.2. Audiology/Speech Therapy	100%						
22.3. Biokinetics	100%	N\$4 250 per Beneficiary					
22.4. Chinese Medicine	100%	N\$4 250 per Beneficiary					
22.5. Chiropractor		Payable from Auxiliary Services					
22.5.1. Consultation and Procedure	100%						
22.5.2. Medicine	85%	Payable from Acute Medicine and Injections					
22.6. Clinical Psychology/Psychological Counsellor	100%	N\$4 250 per Beneficiary					
22.7. Clinical Technology	100%	Payable from Auxiliary Services					
22.8. Dietician	100%						
22.9. Hearing Aid Acoustician	100%						
22.10. Homeopathy/Naturopathy/Phytotherapy							
22.10.1. Consultation and Procedure	100%						
22.10.2. Medicine	85%	Payable from Acute Medicine and Injections					
22.11. Occupational Therapy	100%	Payable from Auxiliary Services					
22.12. Orthotist/Prosthetist	100%						
22.13. Physiotherapy	100%	N\$4 250 per Beneficiary					
22.14. Podiatry/Chiropody	100%	Payable from Auxiliary Services					
22.15. Social Worker	100%	N\$4 250 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)					
24. Artificial Limbs (Subject to prior approval)	100% of Cost	N\$19 350 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)					
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)					
27. Appliances (External) (Subject to MHC guidelines)	80% of Cost	N\$4 780 per Family					
28. Medical Devices for Diabetes Management (Subject to prior approval and MHC guidelines)							
28.1. Insulin Pumps	80%	N\$36 750 per Beneficiary every four years (2023-2026)					
28.2. Other Diabetes Devices and Related Consumables		N\$53 550 per Beneficiary					
29. Specified Illness Conditions - As per national guidelines (Sub-limits are prorated from the date of joining)		N\$32 550	N\$47 000	N\$47 000	N\$47 000	N\$47 000	N\$47 000
29.1. HIV/AIDS (As per national guidelines for antiretroviral therapy)		N\$32 550 per Beneficiary					
29.1.1. Medicine - Paid at maximum Namibia medicine price list on generics	100%	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%						
29.1.5. Pathology Tests (Subject to prior approval)	100%	N\$6 250 per Beneficiary					
29.1.6. HIV Resistance Test (Subject to prior approval)	100%	Payable from Specified Illness Conditions					
29.2. Prevention of Mother-to-Child Transmission (PMTCT) - As per national guidelines	100%						
29.3. Post-Exposure Prophylaxis (PEP) - As per national guidelines	100%						
29.4. Pre-Exposure Prophylaxis (PrEP) - As per national guidelines	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					
30.1. Medicine and Injections (Acute and Chronic) - Excluding self-medication	70%	Payable from Benefit Booster					
30.2. Dentistry and Dental Implant (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%						
31. Benefit Booster "Up" (Voluntary Buy-up Benefit) - 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.	100% of Cost	Monthly Voluntary Contribution	Extended Benefit per Annum				
		N\$300	N\$3 600				
		N\$600	N\$7 200				
		N\$900	N\$10 800				
		N\$1 200	N\$14 400				
		N\$1 500	N\$18 000				
32. Lifestyle Management Screening Tests (Subject to Clinical Guidelines and Protocols)	100%	N\$15 000 per Family					

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:
 - Acute Medicine per family limit
 - Self-Medication per family limit
 - Optical per family limit
 - 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 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+
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

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

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