

BANKMED PRIME | SUMMARY OF BENEFITS | Effective 01 JANUARY 2023

OVERALL ANNUAL BENEFIT (OVERALL ANNUAL LIMIT)			N\$1 040 000 per Beneficiary N\$1 560 000 per Family
CATEGORY A: HOSPITALISATION BENEFIT		% NAMAF TARIFF	Pre-authorisation: 100% of tariff will be paid out Without Pre-authorisation: No benefit will be paid out except in the case of emergency hospital admissions and emergencies after-hours, weekends and public holidays. Sub-limits are not Pro-rated OVERALL ANNUAL LIMIT
Additional Hospital Benefit Cover: GP's and Specialists In-hospital services are paid up to a MAXIMUM of 200% of NAMAF Tariff			
1.	Hospitalisation (Subject to Pre-authorisation)		Overall Annual Limit
	1.1 Accommodation & Theatre	100%	Sub-limit 1
	1.2 Accommodation other than a recognised hospital/medical institution (Subject to prior approval & Accommodation Expenses Reimbursement Policy)	100% of cost	Limited to N\$600 per day per Family (Applicable to RSA only) (Maximum of 2 days) Sub-limit 1
	1.3 Blood Transfusions	100%	Sub-limit 1
	1.4 Intensive and High Care - Maximum of 3 days then motivation	100%	
	1.5 Medicine, fixed tariff procedures, hospital apparatus and To Take Out Medicine (7 days supply only)	100%	
	1.6 Radiology & Pathology (in hospital) - Additional Hospital benefit Cover excluded	100%	
	1.7 Physiotherapy - Additional Hospital Benefit Cover excluded		
	1.7.1 Physiotherapy (in hospital)	100%	Sub-limit 1.7
	1.7.2 Physiotherapy (post rehabilitation) - Additional benefit once the patient is out of hospital (Subject to prior approval)	100%	Limited to N\$6 000 per family (Benefit available within 3 months from hospital discharge) Sub-limit 1.7
2.	Specialised Radiology Procedures (in & 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)		Overall Annual Limit
	2.1 MRI & CT Scans	100%	Limited to N\$23 900 per Family Sub-limit 2
	2.2 Nuclear Medicine	100%	Sub-limit 2
3.	General Practitioners and Specialists (in- hospital services, procedures & operations) - Additional Hospital Benefit Cover included	100%	Overall Annual Limit
4.	Internal Appliances & Materials (Subject to pre-authorisation)		Subject to Bankmed Namibia Internal Prosthesis Protocol Overall Annual Limit
	4.1 Artificial Eyes	100% of cost	Limited to N\$6 250 per Beneficiary every 4 years (2020/2023) Sub-limit 4
	4.2 Artificial Limb	100% of cost	Limited to N\$18 500 per Beneficiary every 4 years (2020/2023) Sub-limit 4
	4.3 Other Internal Appliances & Materials	100% of cost	Sub-limit 4
5.	Dialysis (Subject to Case Management and MHC Guidelines)	100%	Overall Annual Limit
6.	Oncology (Subject to Case Management and MHC Guidelines)	100%	Limited to N\$600 000 per Beneficiary Overall Annual Limit
	6.1 Consultations and Procedures Out-of-Hospital	100%	Sub-limit 6
	6.2 MRI/CT Scans & Other Specialised Radiology Procedures In & Out-of-Hospital - Additional Hospital Benefit Cover excluded - Referral from medical specialist only	100%	
	6.3 Radiation Oncology (Referral from medical specialist only)	100%	
	6.4 Oncology Medication (Chemotherapy, Radiotherapy and Hormone Therapy)	100%	
	6.5 Hospitalisation and Related Procedures In-Hospital	100%	
7.	Organ Transplant - Including immunosuppressant drugs (Subject to Case Management and MHC Guidelines)	100%	Overall Annual Limit
8.	Private Nursing / Frail Care / Hospice (Subject to pre-authorisation)	100%	Limited to N\$23 800 per Family Overall Annual Limit
9.	Frail Care / Hospice (Subject to pre-authorisation)	100%	Sub-limit 8
10.	Psychiatric Treatment - hospitalisation (Subject to pre-authorisation) - Referral from Psychiatrist only (Referral by GP acceptable in places where there is no Psychiatrist)	100%	Limited to N\$20 800 per Family Overall Annual Limit

11.	Alcoholism / Drug Addiction (Subject to prior approval and MHC Guidelines)	100%	Sub-limit 10
12.	Refractive Surgery (all-inclusive) (Subject to pre-authorisation & MHC Guidelines)	100%	Limited to N\$23 000 per Beneficiary (once-off benefit) Overall Annual Limit
13.	Phakic Implants (lens Implant) (all-inclusive) (Subject to pre-authorisation)	100%	Sub-limit 12
14.	Reconstructive Surgery (Medical necessity only) (Subject to pre-authorisation and strict MHC Guidelines)	100%	Overall Annual Limit
	14.1 Consultation and Procedure	100%	Limited to N\$7 000 per Family Sub-limit 14
	14.2 Hospitalisation	100%	Limited to N\$7 500 per Family Sub-limit 14
15.	Dental Surgery - Additional Hospital Benefit Cover Excluded (Subject to pre-authorisation)		Overall Annual Limit
	15.1 Dental Implants - Hospitalisation	100%	Limited to N\$9 000 per Beneficiary Limited to N\$15 750 per Family Sub-limit 15
	15.2 Maxillo Facial & Oral Surgery (Non-Elective) All-inclusive (Including dental extractions for children less than 10 years old and wisdom teeth extractions)	100%	Limited to N\$90 750 per Family Sub-limit 15
	15.3 Maxillo-Facial & Oral Surgery (Elective) Hospitalisation	100%	Limited to N\$13 000 per Family Sub-limit 15
16.	Maternity		Overall Annual Limit
	16.1 Confinement (all-inclusive) (Limited to 1 confinement per year for dep. other than the spouse) (Subject to pre-authorisation)	100%	Sub-limit 16
	16.2 Ante-natal Consultation - Additional Hospital Benefit Cover excluded	100%	Limited to 12 consultations per Beneficiary (Pro-rated from date of joining) Sub-limit 16
	16.3 Ante-natal / Post-natal Classes & Education Additional Hospital Benefit Cover excluded	100%	Limited to 6 sessions per Beneficiary per pregnancy (Pro-rated from date of joining) Sub-limit 16
	16.4 Sonar Scans - Additional Hospital Benefit Cover excluded	100%	Limited to 3 scans per Beneficiary per pregnancy Sub-limit 16
	16.5 Tests for chromosomal and foetal abnormalities - Additional Hospital Benefit Cover excluded	100%	Sub-limit 16
	16.6 Midwifery Service - Additional Hospital Benefit Cover excluded	100%	
17.	Insertion of Intrauterine Device w/ hormone (All-inclusive) (Subject to Prior approval)	100%	Limited to N\$6 250 per Beneficiary (Pro-rated from date of joining) Overall Annual Limit
18.	Stomalthrapy (All-inclusive) (Subject to Prior approval)	100%	Limited to N\$22 800 per Family Overall Annual Limit
19.	Ambulance & Evacuation Services (Subject to prior approval)		Overall Annual Limit
	19.1 Emergency Ambulance & Flights (Subject to prior approval)	100%	Unlimited Benefit
	19.2 Ambulance/Inter-hospital transfer (Subject to prior approval)	100%	Sub-limit 19
	19.2.1 Metropolitan (In-Town)	100%	Limited to N\$3 550 per Beneficiary Sub-limit 19.2
	19.2.2 Long Distance (>100km)	100%	Sub-limit 19.2
	19.3 Other Transport Transport benefit for medical services available only in RSA (Subject to prior approval and Travel Expenses Re-imburement Protocol)	60% of cost	Limited to N\$9 800 per Family Sub-limit 19
20.	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 BENEFITS		COVER % NAMAFA TARIFF	Sub-limits are pro-rated from date of joining, except Optical Benefit. OVERALL ANNUAL LIMIT
21.	General Practitioners & Specialists	100%	Limited to N\$8 500 per Beneficiary Limited to N\$16 500 per Family
	21.1 Consultations/Visits (out-of-hospital, including casualties)	100%	Sub-limit 21
	21.2 Procedures/Services (out-of-hospital)	100%	
	21.3 Materials and Disposable Items	100%	
	21.4 Radiology & Pathology (including Radiography, Sonography, Medical Laboratory Technology and Chemical Biochemistry) (Referral from Medical Practitioner)	100%	

22.	Dentistry		Limited to N\$8 750 per Beneficiary (excluding Orthodontics benefit) Limited to N\$11 000 per Family (excluding Orthodontics benefit)
	22.1 Basic Dentistry (Including Dental Therapy)	100%	Sub-limit 22
	22.2 Specialised / Advanced Dentistry	100%	
	22.3 Dental Implants		
	22.3.1 Consultation & Procedure (in-hospital)	100%	Limited to N\$11 500 per Family
	22.3.2 Consultation & Procedure (in-Practice)	150%	Limited to N\$15 000 per Family
	22.3.3 Implant Component	100%	Limited to N\$5 250 per Beneficiary Limited to N\$11 500 per Family Limited to N\$2 500 per dental implant component
	22.4 Maxillo-Facial and Oral Surgery (Elective) In-Hospital and In-Practice	100%	Sub-limit 22
22.5 Orthodontics	100%	Limited to N\$11 000 per Beneficiary (once-off benefit)	
23.	Medicine & Injections 23.1 Acute Medicine Paid at Maximum Namibia Medicine Price List on generics	80%	Limited to N\$16 350 per Beneficiary Limited to N\$30 900 per Family
	23.2 Chronic Medicine Paid at Maximum Namibia Medicine Price List on generics	80%	Limited to N\$5 950 per Beneficiary Limited to N\$12 700 per Family Sub-limit 23
	23.3 Chronic Medicine (Pensioners) Paid at Maximum Namibia Medicine Price List on generics	95%	
	23.4 Essential Vaccination/ Immunization (As per WHO Guidelines) Paid at Maximum Namibia Medicine Price List on generics	100%	Sub-limit 23
	23.5 Vitamins, Multivitamins, Minerals, homeopathic/natural/herbal medicine (Excluding supplementation during pregnancy and lactation, injections and haematinics. If prescribed, will be paid on the Acute Medicine benefit limit)	80%	Limited to N\$300 per Beneficiary Limited to N\$550 per Family Limited to N\$150 per script per beneficiary Sub-limit 23.1
	23.6 Self Medication Paid at Maximum Namibia Medicine Price List on generics	90%	Limited to N\$1 300 per Beneficiary Limited to N\$2 025 per Family Limited to N\$187 per script per beneficiary per day Sub-limit 23
24.	Specified Illness Conditions (Subject to pre-authorisation)		Limited to N\$34 550 per Beneficiary
	24.1 HIV/AIDS (As per National Guidelines for Antiretroviral Therapy) 24.1.1 Medicine Paid at Maximum Namibia Medicine Price List on generics	100%	Sub-limit 24
	24.1.2 First Full HIV Consultation / Assessment	N\$480	Once off benefit Sub-limit 24
	24.1.3 Consultation (after the first full HIV consultation / assessment)	N\$425	Limited to 6 consultations per Beneficiary Sub-limit 24
	24.1.4 HIV Counseling	100%	Limited to N\$1 350 per Beneficiary Sub-limit 24
	24.1.5 Pathology Tests (Subject to prior approval)	100%	Limited to N\$7 800 per Beneficiary Sub-limit 24
	24.1.6. HIV Resistance Test (Subject pre-authorisation)	100%	Sub-limit 24
	24.2 Prevention of Mother-to-Child Transmission (PMTCT)	100%	Sub-limit 24 As per National Guidelines
	24.3 Post-Exposure Prophylaxis (PEP)	100%	
	24.4 Pre-Exposure Prophylaxis (PrEP)	100%	
25.	Primary Health Care Services		Limited to N\$1 200 per Beneficiary Limited to N\$2 000 per Family
	25.1 Consultations & Procedures	100%	Sub-limit 25
	25.2 Medicine & Injections Paid at Maximum Namibia Medicine Price List on generics	80%	Sub-limit 23.1
26.	Auxiliary Services (Supplementary Services)		Limited to N\$10 000 per Beneficiary Limited to N\$12 500 per Family
	26.1 Art Therapy	100%	Sub-limit 26
	26.2 Audiology/Speech Therapy	100%	
	26.3 Biokinetics	100%	Limited to N\$3 900 per beneficiary Sub-limit 26
	26.4 Chinese Medicine 26.4.1 Consultation & Procedure 26.4.2 Medicine	100% 80%	Limited to N\$1 000 per beneficiary Sub-limit 26 Sub-limit 23.1
	26.5 Chiropractor 26.5.1 Consultation & Procedure 26.5.2 Medicine	100% 80%	Sub-limit 26 Sub-limit 23.1

26.	Continued		
	26.6 Clinical Psychology / Psychological Counsellor	100%	Limited to N\$3 750 per beneficiary Sub-limit 26
	26.7 Clinical Technology	100%	Sub-limit 26
	26.8 Dietician	100%	
	26.9 Hearing Aid Acoustician	100%	
	26.10 Homeopathy/Naturopathy/ Phytotherapy 26.10.1 Consultation & Procedure 26.10.2 Medicine	100% 80%	Sub-limit 26 Sub-limit 23.1
	26.11 Occupational Therapy	100%	Sub-limit 26
	26.12 Orthotist/Prosthetist	100%	
	26.13 Physiotherapy	100%	Limited to N\$3 750 per beneficiary Sub-limit 26
	26.14 Podiatry/Chiropody	100%	Sub-limit 26
	26.15 Social Worker (Motivation required)	100%	Limited to N\$3 750 per beneficiary Sub-limit 26
27.	Wheelchair (Subject to prior approval) - Inclusive of repair & maintenance	100% of cost	Limited to N\$8 500 per Beneficiary every 4 years (2023/2026)
28.	Appliances (External) (Subject to MHC guidelines)	80%	Limited to N\$3 750 per family
29.	Hearing Aids Apparatus (Subject to prior approval) - Inclusive of repair & maintenance	100% of cost	Limited to N\$20 000 per Family every 3 years (2023/2025)
30.	Medical Devices for Diabetes Management (Subject to prior approval and MHC Guidelines)		
	30.1 Insulin Pumps	80% of cost	Limited to N\$35 000 per Beneficiary every 4 years (2020/2023)
	30.2 Continuous Glucose Monitoring System / Glucose Reader)	80% of cost	Limited to N\$17 500 per Beneficiary
	30.3 Diabetes Related Consumables	80% of cost	Limited to N\$33 500 Beneficiary
31.	Optical		N\$2 650 per Beneficiary limited to every 2 years (excluding frames) (2023/2024) N\$5 300 per Family (excluding frames)
	31.1 Eye Test	100%	Limited to one eye test per Beneficiary per annum Sub-limit 31
	31.2 Bi-focal / Multi-focal Lenses	100%	Limited to N\$700 per Beneficiary every 2 years (2023/2024) (In addition to Sub-Limit 31)
	31.3 Contact lenses/Spectacle lenses	100%	Sub-limit 31
	31.4 Frame	100% of cost	Limited to N\$1 200 per Beneficiary every 4 years (2021/2024)

CONTRIBUTION TABLE				
Income Band		Family Structure		
From	To	Member	Adult	Child
0	3 100	1,583	1,362	296
3 101	3 990	1,693	1,456	317
3 991	5 160	1,812	1,549	334
5 161	6 070	2,219	1,892	408
6 071	8 150	2,394	2,058	441
8 151	10 220	2,558	2,196	477
10 221	15 200	2,695	2,307	502
15 201	20 310	2,820	2,422	532
20 311	25 460	2,954	2,532	552
25 461	30 600	3,075	2,635	578
30 601	40 600	3,105	2,666	581
40 601	50 510	3,137	2,691	589
50 511+		3,176	2,712	600