

BANKMED ESSENCE HOSPITAL | SUMMARY OF BENEFITS | Effective 01 JANUARY 2023

OVERALL ANNUAL BENEFIT (OVERALL ANNUAL LIMIT)			N\$1 600 000 per Beneficiary N\$2 400 000 per Family
CATEGORY A: HOSPITALISATION BENEFIT		% NAMAFA TARIFF	Pre-authorization: 100% of tariff will be paid out Without Pre-authorization: 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 NAMAFA Tariff			
1.	Hospitalisation (Subject to Pre-authorization)		Overall Annual Limit
	1.1 Accommodation & Theatre	100%	Sub-limit 1
	1.2 Accommodation other than a recognised hospital/medical institution	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		Sub-limit 1.7
	1.7.1 Physiotherapy (in hospital)	100%	
	1.7.2 Physiotherapy (post rehabilitation) - Additional benefit once the patient is out of hospital (Subject to prior approval)	100%	
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\$35 000 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-authorization)		Subject to Bankmed Namibia Internal Prosthesis Protocol Overall Annual Limit
	4.1 Artificial Eyes	100% of cost	Limited to N\$16 430 per Beneficiary every 4 years (2020/2023) Sub-limit 4
	4.2 Artificial Limb	100% of cost	Limited to N\$32 860 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\$750 000 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-authorization)	100%	Limited to N\$37 250 per Family Overall Annual Limit
9.	Frail Care / Hospice (Subject to pre-authorization)	100%	Sub-limit 8
10.	Psychiatric Treatment – hospitalisation (Subject to pre-authorization) - Referral from Psychiatrist only (Referral by GP acceptable in places where there is no Psychiatrist)	100%	Limited to N\$31 700 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-authorization & MHC Guidelines)	100%	Limited to N\$35 000 per Beneficiary (once off benefit) Overall Annual Limit
13.	Phakic Implants (lens Implant) (all-inclusive) (Subject to pre-authorization)	100%	Sub-limit 12
14.	Reconstructive Surgery (Medical necessity only) (Subject to pre-authorization and strict MHC Guidelines)	100%	Overall Annual Limit
	14.1 Consultation and Procedure	100%	Limited to N\$14 300 per Family Sub-limit 14
	14.2 Hospitalisation	100%	Limited to N\$15 000 per Family Sub-limit 14
15.	Dental Surgery - Additional Hospital Benefit Cover Excluded (Subject to pre-authorization)		Overall Annual Limit
	15.1 Dental Implants – Hospitalisation	100%	Limited to N\$9 500 per Beneficiary Limited to N\$16 750 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\$133 250 per Family Sub-limit 15
	15.3 Maxillo-Facial & Oral Surgery (Elective) All inclusive		No benefit
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-authorization)	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\$28 750 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)		Sub-limit 19
	19.2.1 Metropolitan (In-Town)	100%	Limited to N\$5 500 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-imbusement 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
21.	Specified Illness Conditions (Subject to pre-authorization)		Limited to N\$34 550 per Beneficiary Overall Annual Limit
	21.1 HIV/AIDS (As per National Guidelines for Antiretroviral Therapy)		Sub-limit 21
	21.1.1 Medicine - Paid at Maximum Namibia Medicine Price List on generics	100%	
	21.1.2 First Full HIV Consultation / Assessment	N\$480	Once off benefit Sub-limit 21
	21.1.3 Consultation (after the first full HIV consultation / assessment)	N\$425	Limited to 6 consultations per Beneficiary Sub-limit 21
	21.1.4 HIV Counselling	100%	Limited to N\$1 350 per Beneficiary Sub-limit 21
	21.1.5 Pathology Tests (Subject to prior approval)		Limited to N\$7 800 per beneficiary Sub-limit 21

21.	Continued		
	21.1.6 HIV Resistance Test (Subject pre-authorisation)	100%	Sub-limit 21
	21.2 Prevention of Mother-to-Child Transmission (PMTCT)	100%	Sub-limit 21 As per National Guidelines
	21.3 Post-Exposure Prophylaxis (PEP)	100%	
	21.4 Pre-Exposure Prophylaxis (PrEP)	100%	
22.	Wheelchair (Subject to prior approval) - Inclusive of repair & maintenance	100% of cost	Limited to N\$13 250 per Beneficiary every 4 years (2023/2025) Overall Annual Limit
23.	Appliances (External) (Subject to MHC guidelines)	80%	Limited to N\$4 500 per family Overall Annual Limit
24.	Hearing Aids Apparatus (Subject to prior approval) - Inclusive of repair & maintenance	100% of cost	Limited to N\$30 000 per Family every 3 years (2023/2025) Overall Annual Limit
25.	Medical Devices for Diabetes Management (Subject to prior approval and MHC Guidelines)		No benefit

CATEGORY B: DAY TO DAY POOLED BENEFITS		COVER % NAMAF TARIFF	N\$5 200 per Beneficiary per Annum N\$10 400 per Family per Annum OVERALL ANNUAL LIMIT Benefits are prorated from Date of Joining Ex Gratia not Applicable
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26.	General Practitioners & Specialists 26.1 Consultations/Visits 26.2 Procedures/Services 26.3 Materials and Disposable Items 26.4 Radiology & Pathology	100%	Paid from Day to Day Pooled Benefit
27.	Dentistry 27.1 Basic /Conservative Dentistry 27.2 Specialised / Advanced Dentistry	100%	
	27.3 Dental Implants 27.3.1 Consultation & Procedure 27.3.2 Implant Component		No benefit
	27.4 Maxillo-Facial and Oral Surgery (Elective) - In-Hospital and In-Practice		
	27.5 Orthodontics		
28.	Medicine & Injections 28.1 Acute Medicine 28.2 Chronic Medicine	80%	Paid from Day to Day Pooled Benefit Paid at Maximum Namibia Medicine Price List on generics
	28.3 Chronic Medicine (Pensioners)	95%	
	28.4 Self Medication	90%	
	28.5 Essential Vaccination / Immunization (As per WHO Guidelines Paid at Maximum Namibia Medicine Price List on generics	100%	
	28.6 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%	
29.	Primary Health Care Services 29.1 Consultations	100%	Paid from Day to Day Pooled Benefit
	29.2 Medicine & Injections	80%	Paid from Day to Day Pooled Benefit Medicines paid at Maximum Namibia Medicine Price List on generics
30.	Auxiliary Services (Supplementary Services) 30.1 Art Therapy 30.2 Audiology/Speech Therapy 30.3 Biokineticist 30.4 Chinese Medicine 30.5 Chiropractor 30.5.1 Consultation & Procedure 30.5.2 Medicine 30.6 Clinical Psychology / Psychological Counsellor 30.7 Clinical Technology 30.8 Dietician 30.9 Hearing Aid Acoustician 30.10 Homeopathy/Naturopathy/ Phytotherapy 30.10.1 Consultation & Procedure 30.10.2 Medicine 30.11 Occupational Therapy 30.12 Orthotist/Prosthetist 30.13 Physiotherapy 30.14 Podiatry/Chiropody 30.15 Social Worker	100%	Paid from Day to Day Pooled Benefit

31.	Optical		Limited to N\$1 950 per Beneficiary every 2 years (excluding frames) (2023/2024) Limited to N\$3 900 per Family (excluding frames) Paid from Day to Day Pooled Benefit
	31.1 Eye Test	100%	Sub-limit 31
	31.2 Contact lenses/Spectacle lenses	100%	
	31.3 Bifocal / Multi-focal Lenses	100%	
	31.3 Frame	100% of cost	Limited to N\$750 per Beneficiary every 4 years (2021/2024) Paid from Day to Day Pooled Benefit

CONTRIBUTION TABLE				
Income Band		Family Structure		
From	To	Member	Adult	Child
0	3 100	1,554	1,250	290
3 101	3 990	1,651	1,329	305
3 991	5 160	1,758	1,405	322
5 161	6 070	2,142	1,708	391
6 071	8 150	2,313	1,859	425
8 151	10 220	2,463	1,978	453
10 221	15 200	2,591	2,077	483
15 201	20 310	2,712	2,176	514
20 311	25 460	2,835	2,274	536
25 461	30 600	2,948	2,363	560
30 601	40 600	2,974	2,389	562
40 601	50 510	3,004	2,409	571
50 511+		3,035	2,424	585