

**BANKMED CARE | SUMMARY OF BENEFITS | Effective 01 JANUARY 2023**

OVERALL ANNUAL BENEFIT (OVERALL ANNUAL LIMIT)			N\$520 000 PER BENEFICIARY N\$780 000 PER FAMILY
CATEGORY A: HOSPITALISATION BENEFIT		% NAMAFA TARIFF	<b>Pre-authorisation:</b> 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 NAMAFA 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)		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)		No benefit
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\$11 950 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		No Benefit
	4.2 Artificial Limb		
	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\$400 000 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\$12 350 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\$8 550 per Family Overall Annual Limit
11.	Alcoholism / Drug Addiction (Subject to prior approval and MHC Guidelines)	100%	Sub-limit 10

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)		No Benefit
13.	Phakic Implants (lens Implant) (all-inclusive) (Subject to pre-authorisation)		
14.	Reconstructive Surgery (Medical necessity only) (Subject to pre-authorisation and strict MHC Guidelines)	100%	
15.	Dental Surgery - Additional Hospital Benefit Cover Excluded (Subject to pre-authorisation)		Overall Annual Limit
	15.1 Dental Implants – Hospitalisation		No Benefit
	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\$63 000 per Family (Benefit for Trauma only) 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-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)		No Benefit
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\$2 250 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
21.	Specified Illness Conditions (Subject to pre-authorisation)		Limited to N\$34 550 per Beneficiary Overall Annual Limit
	21.1 HIV/AIDS (As per National Guidelines for Antiretroviral Therapy)		
	21.1.1 Medicine - Paid at Maximum Namibia Medicine Price List on generics	100%	Sub-limit 21
	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\$1 150 per Beneficiary Sub-limit 21
	21.1.5 Pathology Tests (Subject to prior approval)	100%	Limited to N\$7 800 per Beneficiary Sub-limit 21
	21.1.6 HIV Resistance Test (Subject to 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%	

<b>CATEGORY B: DAY TO DAY BENEFITS</b>	<b>COVER % NAMAF TARIFF</b>	<b>Overall Sub-Benefit Limit Limited to N\$13 500 per Beneficiary Limited to N\$27 000 per Family Conditions: Sub-limits are pro-rated from date of joining, Except Optical Benefit OVERALL ANNUAL LIMIT</b>
--	---	--

22.	General Practitioners & Specialists	100%	Limited to N\$4 750 per beneficiary Limited to N\$9 500 per Family
	21.1 Consultations/Visits (out-of-hospital, including casualties)	100%	Limited to 8 Consultations per Beneficiary Limited to 16 Consultations per Family
	21.2 Procedures/Services (out-of-hospital)	100%	Sub-limit 22
	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%	
23.	Dentistry	100%	Limited to N\$1 300 per Beneficiary (excluding Orthodontics Benefit) Limited to N\$3 700 per Family (excluding Orthodontics)
	23.1 Basic Dentistry (Including Dental Therapy)	100%	Sub-limit 23
	23.2 Specialised / Advanced Dentistry	100%	
	23.3 Dental Implants (Consultation, Procedure & Implant Component)		No benefit
	22.4 Maxillo-Facial and Oral Surgery (Elective) In-Hospital and In-Practice	100%	
	22.5 Orthodontics	100%	
24.	Medicine & Injections 24.1 Acute Medicine Paid at Maximum Namibia Medicine Price List on generics	90%	Limited to N\$6 550 per Beneficiary Limited to N\$13 200 per Family
	24.2 Chronic Medicine Paid at Maximum Namibia Medicine Price List on generics	80%	
	24.3 Chronic Medicine (Pensioners) Paid at Maximum Namibia Medicine Price List on generics	95%	
	24.4 Essential Vaccination/ Immunization (As per WHO Guidelines) Paid at Maximum Namibia Medicine Price List on generics	100%	Sub-limit 24
	24.5 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)	90%	Limited to N\$120 per Beneficiary Limited to N\$230 per Family Sub-limit 24
	24.6 Self Medication Paid at Maximum Namibia Medicine Price List on generics	90%	Limited to N\$437 per Family Limited to N\$78 per script per beneficiary per day Sub-limit 24
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\$1 600 per Beneficiary Limited to N\$4 000 per Family
	26.1 Appliances (External) (Subject to MHC guidelines)	100% of cost	Sub-limit 26
	26.2 Art Therapy	100%	
	26.3 Audiology/Speech Therapy	100%	
	26.4 Biokinetics	100%	
	26.5 Chinese Medicine 26.4.1 Consultation & Procedure 26.4.2 Medicine	100% 80%	Limited to N\$500 per beneficiary Sub-limit 26 Sub-limit 24
	26.6 Chiropractor 26.6.1 Consultation & Procedure 26.6.2 Medicine	100% 90%	Sub-limit 26 Sub-limit 24
	26.7 Clinical Psychology / Psychological Counsellor	100%	Sub-limit 26
	26.8 Clinical Technology	100%	
	26.9 Dietician	100%	
	26.10 Hearing Aid Acoustician	100%	
	26.11 Homeopathy/naturopathy/Phytotherapy 26.11.1 Consultation & Procedure 26.11.2 Medicine	100% 90%	Sub-limit 26 Sub-limit 24
	26.12 Occupational Therapy	100%	Sub-limit 26
	26.13 Orthotist/Prosthetist	100%	
	26.14 Physiotherapy	100%	
	26.15 Podiatry/Chiropody	100%	
	26.16 Social Worker (Motivation required)	100%	
27.	Wheelchair (Subject to prior approval) Inclusive of repair & maintenance	100% of cost	Limited to N\$2 650 per beneficiary every 4 years (2023/2026)
28.	Hearing Aids Apparatus (Subject to prior approval) Inclusive of repair & maintenance	100% of cost	Limited to N\$15 000 per Family every 3 years (2023/2025)
29.	Medical Devices for Diabetes Management (Subject to prior approval and MHC Guidelines)		No Benefit
30.	Optical		N\$1 950 per Beneficiary limited to every 2 years (excluding frames) (2023/2022) Limited to N\$3 900 per Family (excluding frame) 4
	30.1 Eye Test	100%	Limited to one eye test per Beneficiary per annum Sub-limit 30
	31.2 Bi-focal / Multi-focal Lenses	100%	Sub-limit 30
	30.3 Contact lenses/Spectacle lenses	100%	
	30.4 Frame	100% of cost	Limited to N\$750 per Beneficiary every 4 years (2021/2024)

CONTRIBUTION TABLE				
Income Band		Family Structure		
From	To	Member	Adult	Child
0	3 100	699	558	140
3 101	3 990	699	558	140
3 991	5 160	699	558	140
5 161	6 070	1,460	1,167	292
6 071	8 150	1,671	1,341	335
8 151	10 220	1,840	1,479	368
10 221	15 200	1,941	1,560	389
15 201+		2,047	1,645	412