

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 | | % 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 (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-authorization) | | 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-authorization) | 100% | Limited to N\$23 800 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\$20 800 per Family Overall Annual Limit |

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| 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. | Stomatotherapy (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-imbursment 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 % NAMA 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% | |

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| 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% | Limited to N\$9 100 per Beneficiary Limited to N\$16 150 per Family 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 |

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| 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 | | | | |
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| 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 |