

Overall Annual Benefit (Overall Annual Limit)		HOSPITAL	Unlimited Benefit
Category A: Hospitalisation Benefit	% NAMA 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: GPs and Specialists In-hospital services are paid up to a MAXIMUM of 215% of NAMA tariff			
1. Hospitalisation (Subject to pre-authorization)		Overall Annual Limit	
1.1 Accommodation and Theatre	100%	Sub-limit 1	
1.2 Accommodation other than a recognised hospital or Medical Institution	100% of cost	Limited to N\$600 per day per Family (Maximum of 2 days) Sub-limit 1	
1.3 Blood Transfusions	100%	Sub-limit 1	
1.4 Intensive and High Care Maximum 3 days, then motivation			
1.5 Medicine, fixed tariff procedures, hospital apparatus and to take out medicine (7 days supply only)			
1.6 Radiology and Pathology (in-hospital) Additional hospital benefit cover excluded			
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\$35 000 per Family Sub-limit 2	
2.2 Nuclear Medicine	100%	Sub-limit 2	
3. General Practitioners and Specialists (in-hospital services, procedures and operations)	100%	Overall Annual Limit	
4. Internal Appliances and 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 and 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 and other specialised Radiology procedures In/out of hospital - additional Hospital Benefit Cover excluded - referral from medical specialist only	100%	Sub-limit 6	
6.3 Radiation Oncology (Referral from medical specialist only)	100%	Sub-limit 6	
6.4 Oncology Medication (Chemotherapy, Radiotherapy and Hormone Therapy)			
6.5 Hospitalisation and related procedures In Hospital			
7. Organ Transplant Including Immune-suppressant 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 and Drug Addiction (Subject to prior approval and MHC Guidelines)	100%	Sub-limit 10	

12. Refractive Surgery (all-inclusive) (Subject to prior approval and MHC Guidelines)	100%	Limited to N\$30 000 per Beneficiary (once-off benefit) Overall Annual Limit
13. Phakic Implants (Lens Implant) (All-inclusive) (Subject to pre-authorisation)	100%	Limited to N\$36 150 per Beneficiary (once-off benefit) Overall Annual Limit
14. Reconstructive Surgery (Medical Necessity Only) (Subject to prior approval 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%	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\$9 500 per Beneficiary Limited to N\$16 750 per Family Sub-limit 15
15.2 Maxillo-Facial & Oral Surgery (Elective & 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
16. Maternity		Overall Annual Limit
16.1 Confinement Limited to 1 confinement per year for dependants 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 and Education Additional Hospital Benefit Cover excluded	100%	Limited to 6 consultations 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		
16.6 Midwifery Service Additional Hospital Benefit Cover excluded	100%	Sub-limit 16
17. Insertion of Intrauterine Device w/ Hormone (Mirena) - All-inclusive (subject to prior approval)	100%	Limited to N\$6 250 per Beneficiary (Pro-rated from date of joining) Overall Annual Limit
18. Stomal therapy (All-inclusive) (Subject to prior approval)	100%	Limited to N\$ 28 750 per Family Overall Annual Limit
19. Ambulance and Evacuation Services (Subject to prior approval)		Overall Annual Limit
19.1 Emergency Ambulance and Flights (Subject to Prior approval)	100%	Unlimited Benefit
19.2 Ambulance/Inter-hospital transfer (Subject to prior approval)	100%	Sub-limit 19
19.3 Other Conveyances Transport benefit for medical services available only in RSA (Subject to prior approval)	80% 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)		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		
21.1.6 HIV Resistance Test (Subject to pre-authorisation)	100%	Sub-limit 21
21.2 Prevention of Mother-to-Child Transmission (PMTCT)		
21.3 Post-Exposure Prophylaxis (PEP)	100%	Sub-limit 21 As per National Guidelines
21.4 Pre-Exposure Prophylaxis (PrEP)		

22. Wheelchair (Subject to prior approval) Inclusive of repair and maintenance	100% of cost	Limited to N\$13 250 per Beneficiary every 4 years (2019/2022) 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 and maintenance	100% of cost	Limited to N\$30 000 per Family every 3 years (2020/2022) Overall Annual Limit
25. Medical Devices for Diabetes Management (Subject to prior approval and MHC Guidelines)		No Benefit

Category B: Day-to-day Benefits	% NAMA 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
26. General Practitioners and 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 and Procedure 27.3.2 Implant Component		No Benefit
27.4. Orthodontics		
28. Medicine and 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/Immunisation (As per WHO Guidelines) Paid at Maximum Namibia Medicine Price List on Generics	100%	
29. Primary Health Care Services		
29.1 Consultations	100%	Paid from Day-to-Day Pooled Benefit
29.2 Medicine and Injections	80%	Paid from Day-to-Day Pooled Benefit Paid at Maximum Namibia Medicine Price List on generics
30. Auxiliary Services (Supplementary Services)		Paid from Day-to-Day Pooled Benefit
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		
31. Optical	100%	Limited to N\$3 900 per Family (excluding frames) (2021/2022) Limited to N\$1 950 per Beneficiary every 2 years (excluding frames) (2021/2022) Paid from Day to Day Pooled Benefit

31.1 Eye Test	100%	Sub-limit 31
31.2 Contact lenses/Spectacle lenses		
31.3 Bi-focal/Multi-focal Lenses		
31.4 Frame	100% of cost	Limited to N\$750 per Beneficiary every 4 years (2021/2024) Paid from Day to Day Pooled Benefit
32. Health SmartCard	No Additional Costs. Each Dependant will receive his/her own SmartCard. Benefits can be verified at Service Providers 24/7. In case of Emergency, Member and Dependents can be identified without Health Smartcard. Next of Kin can be contacted immediately.	

Category C: Additional Fund Benefits (Day-to-day expenses)	% NAMAF Tariff	BENEFIT BOOSTER Benefits available only once day-to-day benefit claims paid from Day-to-Day Pooled Benefit (Category B) plus rejected day to day claims exceed 35% of the annual premium. Calculated according to NAMAF Tariff Amount and not Claimed Amount.
33. Benefit Booster Applicable if Medicine and Injections, Dentistry, GP's and Specialists, Primary Health Care and Auxiliary Services benefits are depleted		Limited to N\$3 000 per Family Limited to N\$1 625 per Beneficiary
33.1 Medicine and Injections (Acute and Chronic) Excluding Self-Medication	70%	Sub-limit 33
33.2 Medicine and Injections (Chronic Pensioner)	90%	
33.3 Dentistry (Excluding Dental Implants and Orthodontic)	70%	
33.4 General Practitioners and Specialists (Consultations/Visits and Procedures/Services out-of-hospital, including casualties)	80%	
33.5 Primary Health Care	80%	
33.6 Auxiliary Services	70%	

Contribution Table

Income Band		Family Structure		
From	To	Member	Adult	Child
0	2 950	1 413	1 136	264
2 951	3 800	1 501	1 208	277
3 801	4 910	1 598	1 277	293
4 911	5 780	1 947	1 553	355
5 781	7 760	2 103	1 690	386
7 761	9 730	2 239	1 798	412
9 731	14 480	2 355	1 888	439
14 481	19 340	2 465	1 978	467
19 341	24 250	2 577	2 067	487
24 251	29 140	2 680	2 148	509
29 141	38 670	2 704	2 172	511
38 671	48 100	2 731	2 190	519
48 101+		2 759	2 204	532