

# 2022

## BENEFIT GUIDE



**OUR VISION**

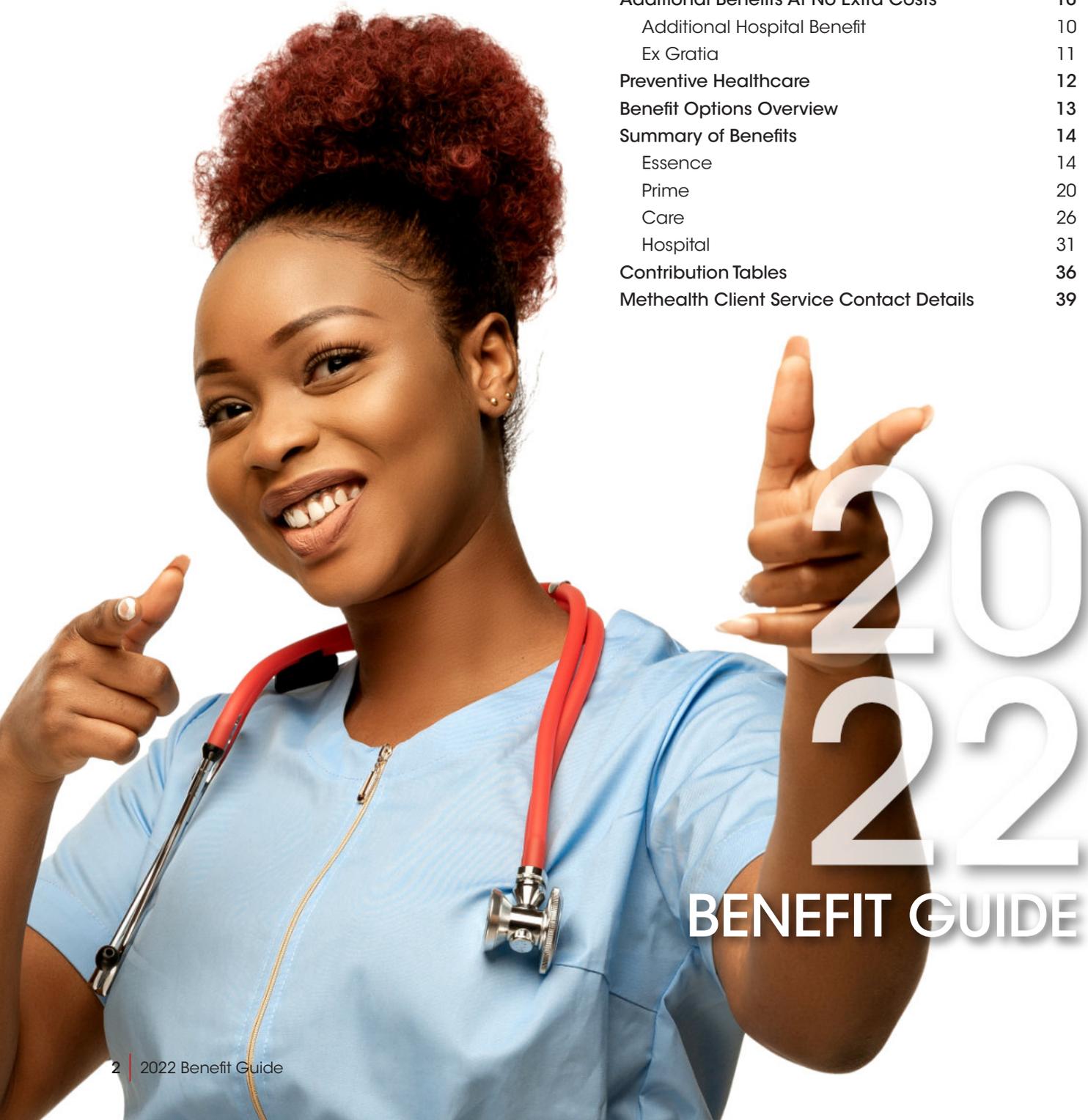
To be first choice in the financial services sector, by offering excellent healthcare options based on choice, reliability, flexibility and value.

**OUR MISSION**

We will continue to create innovative products that fit all levels of current and future lifestyle demands, without compromise.

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# FUND MANAGEMENT

## MEET THE TEAM



**André Smit**  
Chairperson  
(Bank Windhoek)



**Helen Potgieter**  
Vice Chairperson  
(First National Bank)



**Elize Fahl**  
Principal Officer



**Aileen Botha**  
Trustee  
(Bank Windhoek)



**Elifas T. Kamati**  
Trustee  
(Bank of Namibia)



**Muhindua Kaura**  
Trustee  
(AgriBank)



**J.C. Kruger**  
Trustee  
(Bytes Technology)



**Gerald Loubser**  
Trustee (Welwitschia  
Insurance Brokers)



**Johan du Plessis**  
Trustee  
(First National Bank)



**Alfred Simasiku**  
Trustee  
(AgriBank)



**Theopolitine Veii**  
Trustee  
(Bank of Namibia)

# MESSAGE FROM THE CHAIRPERSON

As Chairperson of Bankmed Namibia Board of Trustees, it's my greatest pleasure to share important information with the members of Bankmed Namibia.

Though 2021 proved to be a tough year due to the third COVID-19 wave which resulted in high claims, the fund remained resilient and continued to cover claims sufficiently. We would like to wholeheartedly thank members for their patience.

After careful consideration and taking the recent effects of the third COVID-19 wave into account, the Board of Trustees took a decision to apply a weighted average increase of 6.5% in contributions with effect from 1 January 2022.

In an effort to assist members and adhere to all COVID-19 regulations, the fund:

- Implemented telephonic consultations.
- Hosted a virtual annual general meeting.
- Separate limit added for MRI/CAT scans and other specialised radiology procedures for oncology.
- Purchased oxygenators to lend to members diagnosed with COVID-19 and required home-based care at no cost to the member.



## Healthcare Fraud, Waste and Abuse

### Why is it important for a member of a medical aid to report fraud and waste?

Fraud, Waste and Abuse threatens the future of healthcare in Namibia.

As a result of unreported fraud, the annual medical contributions will become so expensive that members will hardly be able to afford Medical Aid Premiums in the future.

It is reported in South Africa that fraudulent activity and billing abuse likely costs medical aid schemes several billion Rand per year.

These precious funds could be used to pay for the critical healthcare needs of our medical aid members.

Healthcare fraud is a criminal offense not only tarnishing the good name of honest Health Professionals but is a grave injustice against all members of a Fund, increasing premiums and depriving members of better benefits.

### Reporting fraud, waste and abuse to Bankmed

(a) The Administrator has a dedicated Fraud Tip-off line. The Methealth Tip-off line is available 24/7, and callers may choose to remain anonymous.

The hotline accepts tips and complaints from all sources about potential fraud, waste, abuse and mismanagement in the medical aid industry. To report suspected fraud or abuse, a Bankmed member can:

1. Call the Methealth Fraud tip-off line at 0800 000 001.
2. Visit the Methealth Website using the link [http://www.methealth.com.na/contact\\_us](http://www.methealth.com.na/contact_us) and click "Report Fraud/Irregularities".

Tips received via the Fraud line will be made a priority and be investigated by Bankmed. Feedback is given to the Bankmed Trustees on a monthly basis on all cases that are investigated. The Trustees are also provided with our findings and Methealth's action on each investigated case.

### What is the impact of fraud, waste and abuse on the medical aid sector?

It is expected that up to 10% of all medical aid claims are fraudulent, abusive or wasteful in nature.

Medical Billing & Coding errors/Up-coding and other acts of medical abuse and fraud could result in severe financial losses for Bankmed (or any Registered Medical Aid Fund). Basic medical coding errors have the potential to cost Bankmed hundreds of thousands or more in lost revenue.

The reality is that, continuous Fraud threatens the future of healthcare. Negative member as well as health professional behaviour have a negative impact on the available funds of a medical scheme and needs to be identified to ensure the sustainability of medical aid funds in Namibia.

**Some common Healthcare Provider Fraud schemes include:**

- Billing for a non-covered service as a covered service
- Misrepresenting dates of service
- Misrepresenting locations of service
- Misrepresenting provider of service
- Waiving of deductibles and/or co-payments to attract more patients
- Incorrect reporting of diagnoses or procedure
- Overutilisation of services
- Corruption (kickbacks and bribery)
- Billing for services not rendered/billing for fictitious services
- False or unnecessary issuance of prescription drugs
- Healthcare providers performing cosmetic surgery on scheme members (generally not covered by the scheme) and then claiming for a procedure which is covered
- "Conveyer-Belt practices" where a Health Provider sees for example up to 70 patients a day
- Providing or referring patients for unnecessary or substandard services/tests /X-raysPathology etc



Fraud and scams in the Healthcare Insurance Industry is widespread. Always be alert not to fall for any of the above examples of fraud on your medical aid.

SAVE our toll-free number and report any suspected fraudulent billing on your claims to 0800 0000 001.

Fill in the claim form, which is available from any Methealth Namibia Administrators client service office, as well as from your doctor, or visit our website ([www.methealth.com.na](http://www.methealth.com.na)). Please ensure that the form is completed correctly to enable Bankmed Namibia to process your AHB claim without any delays.

**Availability of your Member Data and Bankmed information**

If you have not yet registered on our website, simply visit the website [www.bankmednamibia.com.na](http://www.bankmednamibia.com.na), and use your membership number to create your own password. Access can be obtained with your membership number and your personal unique password. Your member benefits are available immediately.

The Fund will distribute copies of the 2022 Member Guide to all business units of your employer group for ease of reference. Or you can visit the Bankmed website at [www.bankmednamibia.com.na](http://www.bankmednamibia.com.na).

The Board of Trustees, Principal Officer and Administrators continue to strive for improved benefits, timeous services and the effective management of the Fund for the benefit of its members.

We offer our best wishes and happiness to you and your families as we all look forward to a successful 2022.

Yours Sincerely,

  
**André Smit**  
Chairperson

# GENERAL FUND INFORMATION

## Managed Healthcare

### Services Offered

The Managed Healthcare Department is the market leader in providing professional health-care service to Members and Funds administered by Methealth Namibia Administrators. Qualified professional nurses, pharmacists, pharmacist assistants, as well as medical and dental advisors enable the Administrator to provide excellent services to the Fund and its Members.

The Department offers the following services:

- Member and practice claims profile management,
- Ex Gratia case management,
- Medication Management Programme (Chronic Disease Management Programme and Drug Utilisation Review),
- Hospital Benefit Management (Hospital Admission Pre-authorisation, Case Management Programme and Retrospective Review),
- Roaming Case Management (review updates, length of stay and high cost cases in hospitals),
- Hospital bedside visit services,
- Dental Management Programme,

- Clinical auditing of claims, claims revision and the subsequent identification of claims tendencies and questionable practices, and
- Pro-active management of high-cost cases by identifying high-risk patients.

### HIV/AIDS Programme

As continuous and uninterrupted treatment is critical to infected individuals, this section of the programme ensures optimum treatment for a full year within the allocated benefit per individual. To have the above-mentioned benefit, HIV/AIDS positive members in consultations with their doctors must register for the programme as soon as their tested HIV positive. For detailed information, please contact our HIV/AIDS Management Programme Case Managers at 061 375 950 during working hours.

### HIV/AIDS Psycho-Social Programme

Methealth Namibia Administrators and Bankmed Namibia allocated a number that reaches our HIV/AIDS Counsellors directly. This makes the programme accessible to all members that are registered on the HIV Disease Management Programme. The HIV/AIDS counsellors can be reached via the office number 061 375950.



## Hospital Bedside Support

Bankmed Namibia offers specialised supportive bedside assistance for members in hospital. The Patient Care Co-ordinator provides compassionate counselling that addresses Members' immediate and specific needs.

## Chronic Medication Programme

Chronic medication is repetitive or life-sustaining medicine, usually prescribed for a period of six months or longer. Bankmed Namibia covers medication costs for chronic ailments listed in the Fund's List of Chronic Conditions up to a certain maximum. Bankmed Namibia pays for only one month's supply of chronic medication at a time. If the medication you are taking does not meet the criteria for chronic medication benefits, your chronic medication claim will still be paid out, but under your prescribed acute medication benefit.



## List of Chronic Conditions

The following chronic conditions are recognised by the Fund:

Acne, Addison's Disease, Allergic Rhinitis, Alzheimer's Disease, Anaemia, Analgesics for chronic pain management, Angina, Ankylosing Spondylitis, Anorexia Nervosa, Antibacterial, antiviral and anti-fungal infections (treatment longer than 3 months), Asthma, Attention Deficit Disorder (ADD), Barrett's Oesophagus, Benign Prostatic Hyperplasia, Bipolar Mood Disorder, Bronchiectasis, Bulimia Nervosa, Cancer, Cardiac Arrhythmias, Cardiomyopathy, Chronic Bronchitis, Chronic Obstructive Pulmonary Disease (COPD), Chronic Renal Disease, Congestive Cardiac Failure, Conn's Syndrome, Coronary Artery Disease, Crohn's Disease, Cushing's Syndrome, Cystic Fibrosis, Deep Vein Thrombosis, Dermatomyositis, Diabetes Mel-



litus/Insipidus, Eczema, Emphysema, Endocarditis, Epilepsy, Glaucoma, Gout, /Hyperuricaemia, Haemophilia and other blood clotting disorders, Hypercholesterolaemia, Hypertension, Hypoparathyroidism, Hypothyroidism, Ischaemic Heart Disease, Major Depression, Hormone Replacement Therapy (Menopause or during pregnancy), Migraine (Prophylactics), Motor Neuron Disease, Multiple Sclerosis, Muscular Dystrophy, Myasthenia Gravis, Narcolepsy, Obsessive Compulsive Disorder, Osteoporosis (Bone density test required), Paget's Disease of the Bone, Pancreatic Disease, Panic Disorder, Paraplegia and Quadriplegia (Associated Medicine), Parkinson's Disease, Peripheral Vascular Disorders, Pituitary Adenoma, Polyarteritis Nodosa, Post Traumatic Stress Syndrome, Psoriasis, Pulmonary Interstitial Fibrosis, Rheumatoid Arthritis, Schizophrenia (If managed by a Psychiatrist), Scleroderma, Stroke, Systemic Lupus Erythematosus, Thromboangitis Obliterans, Thrombocytopenic Purpura, Tourette's Syndrome, Tuberculosis, Ulcerative Colitis, Unipolar Mood Disorder, Upper and lower Gastro-Intestinal Tract, Disorders Valvular Hear Disease, Zollinger-Ellison Syndrome.

## Emergency Evacuation Services

The Fund offers emergency air and road ambulance evacuation services to Bankmed Namibia Members. All air ambulance flights and long-distance road ambulance transport services are covered for the SADC Region. The cover provides the most effective and efficient emergency evacuation services. All emergency services for life-sustaining conditions that require emergency transport are covered.

Please note that Members can make use of any registered emergency evacuation provider in Namibia of their choice.

Where the service provider chosen by the Member has an agreement for direct payment with Bankmed Namibia, the process will be:

1. The Member contacts the ambulance or evacuations provider,
2. The Provider contacts the Fund for pre-authorisation,
3. The service is delivered to the Member,
4. The evacuation provider submits the claim to the Fund for settlement,
5. The Fund settles the claim directly with the provider.

Where the service provider chosen by the Member does not have an agreement for direct payment with Bankmed Namibia, the process will be:

1. The Member contacts the ambulance or evacuations provider,
2. The service is delivered to the Member, then
3. The Member submits the claim to the Fund for settlement at the Fund's prescribed tariffs.

The Member shall remain liable for any amount more than the Fund's prescribed tariffs and more than the Member's available benefit.



## Self-Medication

Self-medication is medicine that can be obtained from the pharmacy for minor ailments. These are medicines that have a scheduling status of 0 - 2. Self-medication can be utilised when you know

what your ailment is and what medication to use for your condition; for example, having a headache or a cold. You can visit your nearest pharmacy and buy the medication to treat yourself. You will, however, still need to get advice from the pharmacist before buying any medicine for self-medication.

Please remember that medicine for self-medication should not be used for lengthy periods of time and if your condition persists, you should consult your doctor. Your pharmacist can claim the self-medication directly from the Fund.

## Covered External Medical Appliances

The following external medical appliances are covered by the Fund (a prescription from a medical practitioner is required):

Orthopaedic Footwear (only if prescribed by an orthopaedic surgeon and part of Case Management), Deep Vein Thrombosis Stockings, Crutches, Walking Frame/Aid with or without wheels (only if used as part of Case Management), Cervical Collars, Back, Leg, Arm and Neck Braces, Arch Supports and Inner Soles (or prescribed by chiropractor), Oxygen (only if used as part of Case Management), Oxygen Cylinders (only if used as part of Case Management), Oxygen Refill (only if used as part of Case Management), Oxygen Accessories (only if used as part of Case Management), Oxygen Concentrators (only if used as part of Case Management), Nebuliser/Humidifier, Peak Flow Meter (only if used as part of Case Management), Glucometers (one per family per annum), Blood Pressure Apparatus (one per family per annum), Urinal or Bedpan, Medic Alert Registration, Traction Apparatus, Mastectomy Brassiere and Prosthesis (payable from Oncology All-inclusive benefit), Pressure Bandage for Burns, Peripheral Nerve Stimulator for Chronic Pain (only if used as part of Case Management), Stoma Accessories (only if used as part of Case Management, payable from Stomatherapy benefit), CPAP Apparatus for Sleep Apnea (only if used as part of Case Management), CPAP monitor (only if used as part of Case Management), Toilet Seat Raisers, Mouth Guard (up to a maximum of N\$400 per beneficiary per annum), wig for cancer patients (payable from all-inclusive Oncology benefit), Oxymeter, Adult Nappies (subject to Case Management), Rentals of external appliances (subject to Case Management).

# LIFESTYLE MANAGEMENT PROGRAMME

A healthy lifestyle is a continuous process of making healthy choices daily. It requires commitment to live a more balanced and healthier lifestyle, and we therefore want to assist you in breaking those bad habits that cause unnecessary health problems.

The Bankmed Lifestyle Programme can assist you in obtaining overall health and wellness. Members suffering from the following lifestyle diseases can join the programme:

- High blood pressure
- Diabetes mellitus
- High cholesterol
- Cardiovascular disease
- Gout and/or
- Obesity

The Lifestyle Management program is a program designed to assist members to improve lifestyle choices to prevent or reduce the progression of chronic diseases and learn how to utilize all the community resources available to further reduce risk. Taking a holistic approach into consideration the Lifestyle Management aims to understand how people can change unhealthy habits into health habits by:

- Reducing the risk of heart attack, stroke, diabetes, cancer, and many other preventable chronic diseases,
- Optimize fitness,
- Achieve and maintain a healthier weight,
- Improve blood pressure and cholesterol values,
- Manage stress better,
- Improving mental health,
- Stop using tobacco,
- Choose healthier foods,
- Master other health issues important to individuals.

In addition, the Lifestyle Management Program continues to bring routine medical check-ups directly to the member. The Corporate Lifestyle Management program is amongst the most vital investments that an employer can make – this enables the employers to invest in the physical and mental wellbeing of their employees.

## Book a Lifestyle Management Day

- Employer group contacts the Lifestyle Management department and request a corporate lifestyle screening.
- Appointment/dates are scheduled to ensure maximum staff attendance.
- The Lifestyle Management team will go to the employer group and perform the basic general screenings: random glucose, random blood cholesterol, blood pressure, weight, waist circumference and calculate the Body mass index (BMI).

During the screenings each member will receive a full consultation on their results; and if any health irregularities are identified, the following procedure is followed:

- Referral from the Lifestyle management department to see a dietician or biokineticist.
- Referral to a general practitioner for medication management.
- Health advice is given to staff with regards to healthy lifestyle choices and exercise.

The vision of the Lifestyle Management team is to continuously provide members and employers groups with relevant information on healthy lifestyle choices, how to use health professionals to assist in accomplishing a healthier lifestyle and create awareness on mental health and other health related issues.

# ADDITIONAL BENEFITS

## AT NO EXTRA COSTS

### **Additional Hospital Benefit**

#### **What is the Additional Hospital Benefit (AHB)?**

The Additional Hospital Benefit provides for an amount payable over and above the scheduled fee payable for all doctors performing any kind of procedure whilst the Member is in hospital. Normally this excess is payable by the Member, but Bankmed Namibia realises what the possible financial implications can be for a Member who must pay this amount from his/her own pocket. To assist, Bankmed Namibia pays the NAMA Tariff +115%. Bankmed Namibia is one of the only Funds offering Members this benefit at no extra cost.

#### **How is AHB Paid?**

Contracted-in doctors are paid directly from Bankmed Namibia when the doctor submits the claim.

#### **Doctors that are not contracted-in**

The doctor is paid the normal Medical Aid Fund tariff (NAMA Tariff) directly from Bankmed Namibia. This, however, does not prevent the doctor from charging more than the Medical Aid tariff. The account from the doctor for the additional amount will be sent to the Member who will now have the following responsibility:

#### **Step 1:**

Before having a medical procedure done in hospital, ask your doctor whether he/she will be charging more than Medical Aid Fund tariff.

#### **Step 2:**

After the procedure has been done and you were charged more than the Medical Aid Fund tariff, please get a copy of the account directly from your doctor.

#### **Step 3:**

Fill in the claim form, which is available from any Methealth Namibia Administrators client service office, as well as from your doctor, or





visit our website [www.methealth.com.na](http://www.methealth.com.na). Please ensure that the form is completed correctly to enable Bankmed Namibia to process your AHB claim without any delays.

**Step 4:**

Attach your doctor's account to the claim form.

**Step 5:**

Submit your claim form with the doctor's account attached to any Methealth Namibia Administrators client service office.

No AHB claims will be paid if the claim form is submitted four (4) months or more after the date on which the procedure was done. The Member can claim first and then pay the doctor when the money has been received from Bankmed Namibia.

**Ex Gratia**

Ex Gratia is a benefit awarded to Members to cover claims if the benefit has been depleted and there is a valid reason for the depletion.

**When to Apply for Ex Gratia**

Members can apply for Ex Gratia when their available amount for a certain benefit has been depleted and the Member really does not have the funds to pay the outstanding amount.

**How to Apply for Ex Gratia**

The Bankmed Namibia Ex Gratia application form needs to be completed which is available from the Bankmed website and all Methealth Namibia branches. Payslips need to be attached in order for the Ex Gratia Committee to fully investigate the Member's financial position. The application form is then submitted to Bankmed Namibia for further investigation.

**How Ex Gratia is Awarded**

Ex Gratia is awarded to Members who truly cannot afford the medical bills for a medical procedure which they need to undergo, or day-to-day benefits have been exceeded. The Managed Healthcare Department does a thorough investigation into each case, which is presented to the Ex Gratia Committee for a final decision. The decision is communicated to Members by means of a letter/text message.

When Ex Gratia is awarded, the following criteria are taken into consideration:

- Years of membership with Bankmed Namibia,
- Number of registered dependants,
- Combined income of the main member and spouse,
- Total amount of Ex Gratia applied for (within tariff),
- Member claims history,
- Other factors, for example cost-saving and cost-effective treatment.

# PREVENTATIVE HEALTHCARE



## What is preventative healthcare?

Prevention really is better than cure. It is continually looking after yourself to make sure that you are healthy, instead of trying to look after yourself when you are already ill. Preventative healthcare is the single most effective way to ensure long term health and wellness. It is being aware of your body and mind and identifying symptoms you may feel and taking action where necessary to ensure that you are in the best possible health.

## How can it work for me?

Practicing preventative care through interventions such as early detection, living a healthy lifestyle and taking care of yourself will ensure that you are healthy and well for many years to come. Not only could you feel better and be more productive, but you could also live a long and productive life.

## How do I do it?

A few ways in which preventative healthcare can be implemented are:

- Following a healthy diet,
- Exercising regularly and keeping fit,
- Being mindful and reducing stress,
- Taking the necessary vitamins and minerals,
- Early detection – getting tested on a regular basis or as prescribed by your healthcare practitioner,
- Joining the Bankmed Namibia Lifestyle programme.

Bankmed, through its Lifestyle Management programme, aims to assist members to maintain a healthy lifestyle with initiatives such as healthy lifestyle programmes, healthy diets and exercise tips, diabetes management programmes, mental health workshops and counselling on issues like alcohol usage, quit smoking and depression. The aim is to assist members in practicing preventative care for the improvement in their overall health.

# BENEFIT OPTIONS OVERVIEW

Bankmed Essence provides a comprehensive range of benefits at a higher monthly premium.

essence

- Comprehensive range of benefits
- 100% of NAMA Tariffs
- Unlimited overall annual cover
- High chronic medication benefits
- Good individual benefit amounts
- Competitive contributions
- Available to all Bankmed Members
- Provision for Ex Gratia

Bankmed Prime provides a comprehensive range of benefits at a moderate monthly premium.

prime

- Comprehensive range of benefits
- Comprehensive hospitalisation benefits
- 100% of NAMA Tariffs
- N\$ 1 560 000 overall annual cover per Family
- Good individual benefit amounts
- Competitive contributions
- Available to all Bankmed Members
- Provision for Ex Gratia

Bankmed Care provides a fairly comprehensive range of benefits at a lower monthly premium.

care

- Adequate range of benefits
- 100% of NAMA Tariffs
- N\$ 780 000 overall annual cover per Family
- Promotes use of primary healthcare facilities (clinics)
- Limited individual benefit amounts
- Limited private hospitalisation
- Provision for Ex Gratia

Bankmed Essence Hospital is a new generation option that caters for comprehensive hospital cover with day-to-day medical expenses limited to N\$5 000 per beneficiary and N\$10 000 per family.

hospital

- Comprehensive range of benefits
- Comprehensive hospitalisation benefits
- 100% NAMA Tariffs
- Unlimited overall annual cover
- Competitive contributions and provision for Ex Gratia
- Available to all Bankmed Members

# General Fund Information

## ESSENCE: Summary of Benefits

Overall Annual Benefit (Overall Annual Limit)		Unlimited Benefit
<b>Category A: Hospitalisation Benefit</b>	% 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: GPs and Specialists In-hospital services are paid up to a MAXIMUM of 215% of NAMAF tariff		
1. Hospitalisation (Subject to pre-authorisation)		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%	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-authorisation)		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/CTScans and Other Specialised Radiology Procedures In/Out-Of-Hospital - Additional Hospital Benefit Cover excluded - Referral from medical specialist only		
6.3 Radiation Oncology (Referral from medical specialist only)		
6.4 Oncology Medication (Chemotherapy, Radiotherapy and Hormone Therapy)		
6.5 Hospitalisation and Related Procedures (In-Hospital)	100%	Overall Annual Limit
7. Organ Transplant Including Immunesuppresant Drugs (Subject to Case Management and MHC Guidelines)		
8. Private Nursing/Frail Care/Hospice (Subject to pre-authorisation)	100%	Limited to N\$37 250 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\$31 700 per Family Overall Annual Limit
11. Alcoholism and Drugs 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. Re-constructive 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 Overall Annual Limit Sub-limit 15
15.2 Maxillo-Facial and Oral Surgery (Elective and 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 (all-inclusive) Limited to 1 confinement per year for dependant 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 Test for chromosomal and foetal abnormalities Additional Hospital Benefit Cover Excluded	100%	Sub-limit 16
16.6 Midwifery Service Additional Hospital Benefit Cover Excluded		
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. Stomalththerapy (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
19.2 Ambulance/Inter-hospital transfer (Subject to prior approval)	100%	Sub-limit 19
19.3 Other Transport Transport benefit for medical services available only in RSA (Subject to prior approval and Travel Expenses Re-imburement Protocol)	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

<b>Category B: Day-to-day Benefits</b>	100% NAMAF Tariff	Sub-limits are pro-rated from date of joining, except Optical Benefit <b>OVERALL ANNUAL LIMIT</b>
21. General Practitioners and Specialists	100%	Limited to N\$26 500 per Family Limited to N\$13 250 per Beneficiary
21.1 Consultations/Visits (Out-of-Hospital, including casualties)	100%	Sub-limit 21
21.2 Procedures/Services (Out-of-Hospital)		
21.3 Materials and Disposable Items		
21.4 Radiology and Pathology (including Radiography, Sonography, Medical Laboratory Technology and Chemical Blochemistry) (Referral from Medical Practitioner)		
Benefit Booster applicable (Additional benefit once limit is exceeded)		Refer to Sub-limit 32

22. Dentistry		Limited to N\$14 250 per Family (excluding Orthodontics benefit) Limited to N\$10 500 per Beneficiary (excluding Orthodontics benefit)
22.1 Basic Dentistry (including Dental Therapy)	100%	Sub-limit 22
22.2 Specialised / Advanced Dentistry		
22.3. Dental Implants		
22.3.1. Consultation and Procedure (In-Hospital)	100%	Limited to N\$14 000 per Family
22.3.2. Consultation and Procedure (In-Practice)	150%	Limited to N\$18 500 per Family
22.3.3. Implant Component	100%	Limited to N\$14 500 per Family Limited to N\$7 500 per Beneficiary
Benefit Booster applicable (Additional benefit once limit is exceeded)		Refer to Sub-limit 32
22.4. Orthodontics	100%	Limited to N\$18 000 per Family (once-off benefit)
23. Medicine and Injections		Limited to N\$54 000 per Family Limited to N\$27 900 per Beneficiary
23.1 Acute Medicine Paid at Maximum Namibia Medicine Price List on generics	80%	Limited to N\$15 600 per Family Limited to N\$7 800 per Beneficiary Sub-limit 23
23.2 Chronic Medicine Paid at Maximum Namibia Medicine Price List on generics	80%	Limited to N\$36 400 per Family Limited to N\$18 450 per Beneficiary 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
Benefit Booster applicable (Additional benefit once limit is exceeded)		Refer to Sub-limit 32
23.5 Self Medication Paid at Maximum Namibia Medicine Price List on generics	90%	Limited to N\$2 340 per Family Limited to N\$1 760 per Beneficiary Sub-limit 23
		Limited to N\$223 per script per Beneficiary per day Sub-limit 23
24. Specified Illness Conditions (Subject to pre-authorisation)		Limited to N\$34 550 per Beneficiary Overall Annual Limit
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 Counselling	100%	Limited to N\$1 350 per Beneficiary Sub-limit 24
24.1.5 Pathology Tests	100%	Sub-limit 24
24.1.6 HIV Resistance Test (Subject to pre-authorisation)		

24.2 Prevention of Mother-to-Child Transmission (PMTCT)	100%	Sub-limit 24 As per National Guidelines
24.3 Post-Exposure Prophylaxis (PEP)		
24.4 Pre-Exposure Prophylaxis (PrEP)		
25. Primary Health Care Services		Limited to N\$2 500 per Family Limited to N\$1,500 per Beneficiary
25.1 Consultations and Procedures	100%	Sub-limit 25
25.2 Medicine and Injections Paid at Maximum Namibia Medicine Price List on generics	80%	Sub-limit 23.1
Benefit Booster applicable (Additional benefit once limit is exceeded)		Refer to Sub-limit 32
26. Auxiliary Services (Supplementary Services)		Limited to N\$17 500 per Family Limited to N\$11 750 per Beneficiary
26.1 Art Therapy	100%	Sub-limit 26
26.2 Audiology/Speech Therapy		
26.3. Biokinetics	100%	Limited to N\$5 250 per Beneficiary Sub-limit 26
26.4 Chinese Medicine 26.4.1 Consultation and Procedure 26.4.2 Medicine	100% 80%	Limited to N\$1 500 per Beneficiary Sub-limit 26 Sub-limit 23.1
26.5 Chiropractor 26.5.1 Consultation and Procedure 26.5.2 Medicine	100% 80%	Sub-limit 26 Sub-limit 23.1
26.6 Clinical Psychology/Psychological Counsellor	100%	Limited to N\$5 250 per Beneficiary Sub-limit 26
26.7 Clinical Technology	100%	Sub-limit 26
26.8 Dietician		
26.9 Hearing Aid Acoustician		
26.10 Homeopathy/Naturopathy/Phytotherapy 26.10.1 Consultation and 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		
26.13. Physiotherapy	100%	Limited to N\$5 250 per Beneficiary Sub-limit 26
26.14 Podiatry/Chiropody	100%	Sub-limit 26
26.15 Social Worker (motivation required)	100%	Limited to N\$5 250 per Beneficiary Sub-limit 26
27. 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)
28. Appliances (External) (Subject to MHC guidelines)	80%	Limited to N\$4 500 per Family

29. 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)
30. Medical Devices for Diabetes Management (Subject to prior approval and MHC Guidelines)		
30.1 Insulin Pumps	80% of cost	Limited to N\$40 000 per Beneficiary every 4 years (2020/2023)
30.2 Continuous Glucose Monitoring System/Glucose Reader	80% of cost	Limited to N\$20 000 per Beneficiary
30.3 Diabetes Related Consumables	80% of cost	Limited to N\$36 000 per Beneficiary
31. Optical		Limited to N\$3 700 per Beneficiary every 2 years (excluding frames) (2021/2022) Limited to N\$7 400 per Family (excluding frames)
31.1 Eye Test	100%	Limited to one eye test per Beneficiary per annum Sub-limit 31
31.2 Contact lenses/Spectacle lenses	100%	Sub-limit 31
31.3 Bi-focal/Multi-focal lenses	100%	Limited to N\$1 000 per Beneficiary every 2 years (2021/2022) Sub-limit 31
31.4 Frame	100% of cost	Limited to N\$1 400 per Beneficiary every 4 years (2021/2024)
32. 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
32.1 Medicine and Injections (Acute and Chronic) Excluding Self-Medication	70%	Sub-limit 32
32.2 Medicine and Injections (Chronic Pensioner)	90%	
32.3 Dentistry and Dental Implants (excluding Orthodontic)	70%	
32.4 General Practitioners and Specialists (Consultations/Visits and Procedures/Services out-of- hospital, including casualties)	80%	
32.5 Primary Health Care	80%	
32.6 Auxiliary Services	70%	
33. 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 a Health Smartcard. Next of Kin can be contacted immediately.

# PRIME: Summary of Benefits

<b>Overall Annual Benefit (Overall Annual Limit)</b>		<b>N\$1 040 000 per Beneficiary N\$1 560 000 per Family</b>
<b>Category A: Hospitalisation Benefit</b>	% 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: GPs and Specialists In-hospital services are paid up to a MAXIMUM of 215% of NAMAF tariff		
1. Hospitalisation (Subject to pre-authorisation)		Overall Annual Limit
1.1 Accommodation and Theatre	100%	Sub-limit 1
1.2 Accommodation other than a recognised hospital or Medical Institution (Subject to prior approval and accommodation expenses reimbursement policy)	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%	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 and CT Scans	100%	Limited 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 and Operations) Additional Hospital Benefit Cover included	100%	Overall Annual Limit
4. Internal Appliances and 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 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\$ 600 000 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		
6.3 Radiation Oncology (Referral from medical specialist only)		
6.4 Oncology Medication (Chemotherapy, Radiotherapy and Hormone Therapy)		
6.5 Hospitalisation and Related Procedures In-Hospital	100%	Overall Annual Limit
7. Organ Transplant Including Immunesuppresant Drugs (Subject to Case Management and MHC Guidelines)		
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 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\$16 000 per Beneficiary (once-off benefit) Overall Annual Limit
13. Phakic Implants (Lens Implant) (All-inclusive) (Subject to pre-authorisation)	100%	Limited to N\$23 650 per Beneficiary (once-off benefit) Overall Annual Limit
14. Re-constructive 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\$7 000 per Family Sub-limit 14
14.2 Hospitalisation	100%	Sub-limit 14
15. Dental Surgery Additional Hospital Benefit Cover excluded (Subject to pre-authorisation)	100%	Overall Annual Limit
15.1. Dental Implants – Hospitalisation		
15.2 Maxillo-Facial and Oral Surgery (Elective & Non-Elective) - All-inclusive (including dental extractions for children less than 10 years old and wisdom teeth extractions)		
16. Maternity		Overall Annual Limit
16.1 Confinement (all-inclusive) 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 Test for chromosomal and foetal abnormalities Additional Hospital Benefit Cover excluded	100%	Sub-limit 16
16.6 Midwifery Service Additional Hospital Benefit Cover excluded		
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. Stomalththerapy (All-inclusive) (Subject to prior approval)	100%	Limited to N\$ 22 800 per Family Overall Annual Limit
19. Ambulance and Evacuation Services (Subject to prior approval)	100%	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 Transport Transport benefit for medical services available only in RSA (Subject to prior approval and Travel Expenses Re- imbursement Protocol)	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

<b>Category B: Day-to-day Benefits</b>	Cover % NAMA Tariff	Sub-limits are pro-rated from date of joining, except Optical Benefit. <b>OVERALL ANNUAL LIMIT</b>
21. General Practitioners and Specialists	100%	Limited to N\$16 500 per Family Limited to N\$8 500 per Beneficiary
21.1 Consultations/Visits (out-of-hospital, including casualties)	100%	Sub-limit 21
21.2 Procedures/Services (Out-of-Hospital)		
21.3 Materials and Disposable Items		
21.4 Radiology and Pathology, including Radiography, Sonography, Medical Laboratory Technology and Chemical Blochemistry. (Referral from Medical Practitioner)		
Benefit Booster applicable (Additional benefit once limit is exceeded)		Refer to Sub-limit 32
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		
22.3. Dental Implants		
22.3.1. Consultation and Procedure In-Hospital	100%	Limited to N\$11 500 per Family
22.3.2. Consultation and 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
Benefit Booster applicable (Additional benefit once limit is exceeded)		Refer to Sub-limit 32
22.4. Orthodontics	100%	Limited to N\$11 000 per Beneficiary (once-off benefit)

23. Medicine and Injections		Limited to N\$16 350 per Beneficiary Limited to N\$30 900 per Family
23.1 Acute 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
23.2 Chronic Medicine Paid at Maximum Namibia Medicine Price List on Generics	80%	Limited to N\$9 100 per Beneficiary Limited to N\$16 150 per Family Sub-limit 23
23.3 Chronic Medicine (Pensioners) Paid at Maximum Namibia Medicine Price List on Generics	95%	
23.4 Essential Vaccination/Immunisation (As per WHO Guidelines) Paid at Maximum Namibia Medicine Price List on Generics	100%	Sub-limit 23
Benefit Booster applicable (Additional benefit once limit is exceeded)		Refer to Sub-limit 32
23.5 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 Sub-limit 23
		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 Counselling	100%	Limited to N\$1 350 per Beneficiary Sub-limit 24
24.1.5 Pathology Tests	100%	Sub-limit 24
24.1.6 HIV Resistance Test (Subject to prior approval)		
24.2 Prevention of Mother-to-Child Transmission (PMTCT)	100%	Sub-limit 24 As per National Guidelines
24.3 Post-Exposure Prophylaxis (PEP)		
24.4 Pre-Exposure Prophylaxis (PrEP)		
25. Primary Health Care Services		Limited to N\$1 200 per Beneficiary Limited to N\$2 000 per Family
25.1 Consultations and Procedures	100%	Sub-limit 25
25.2 Medicine and Injections Paid at Maximum Namibia Medicine Price List on Generics	80%	Sub-limit 23.1
Benefit Booster applicable (Additional benefit once limit is exceeded)		Refer to Sub-limit 32
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		
26.3. Biokinetics	100%	Limited to N\$3 900 per Beneficiary Sub-limit 26
26.4 Chinese Medicine 26.4.1 Consultation and 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 and Procedure 26.5.2 Medicine	100% 80%	Sub-limit 26 Sub-limit 23.1
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		
26.9 Hearing Aid Acoustician		
26.10 Homeopathy/Naturopathy/Phytotherapy 26.10.1 Consultation & Procedure		
26.10.2 Medicine	80%	Sub-limit 23.1
26.11 Occupational Therapy	100%	Sub-limit 26
26.12 Orthotist/Prosthetist		
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
Benefit Booster applicable (Additional benefit once limit is exceeded)		Refer to Sub-limit 32
27. Wheelchair (Subject to prior approval) Inclusive of repair and maintenance	100% of cost	Limited to N\$8 500 per Beneficiary every 4 years (2019/2022)
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 and maintenance	100% of cost	Limited to N\$20 000 per Family every 3 years (2020/2022)
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 per Beneficiary
31. Optical		N\$ 2 650 per Beneficiary limited to every 2 years (excluding frames) (2021/2022) 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 Contact lenses/Spectacle lenses	100%	Sub-limit 31
31.3 Bi-focal/Multi-focal lenses	100%	Limited to N\$700 per Beneficiary every 2 years (2021/2022) (in addition to sub-limit 31)
31.4 Frame	100% of cost	Limited to N\$1 200 per Beneficiary every 4 years (2021/2024)
32. Benefit Booster Applicable if Medicine and Injections, Dentistry, GP's and Specialists, Primary Health Care and Auxiliary Services benefits are depleted		Limited to N\$1 175 per Beneficiary Limited to N\$1 875 per Family

32.1 Medicine and Injections (Acute & Chronic) Excluding Self-Medication	70%	Sub-limit 32
32.2. Medicine and Injections (Chronic Pensioner)	90%	
32.3 Dentistry and Dental Implants (Excluding Orthodontic)	70%	
32.4 General Practitioners and Specialists (Consultations/visits and procedures/services Out-of-Hospital, including casualties)	80%	
32.5 Primary Health Care	80%	
32.6 Auxiliary Services	70%	
33. Health SmartCard	<p>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.</p>	



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# CARE: Summary of Benefits

<b>Overall Annual Benefit (Overall Annual Limit)</b>		<b>N\$520 000 per Beneficiary N\$ 780 000 per Family</b>
<b>Category A: Hospitalisation Benefit</b>	<b>% NAMAF Tariff</b>	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. <b>OVERALL ANNUAL LIMIT.</b>
Additional Hospital Benefit Cover: GPs and Specialists In-hospital services are paid up to a <b>MAXIMUM</b> of 215% 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 or Medical Institution (subject to prior approval and accommodation expenses reimbursement policy)		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)		No Benefit
2. Specialised Radiology Procedures (in/outof 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 and operations) Additional Hospital Benefit Cover included	100%	Overall Annual Limit
4. Internal Appliances and 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 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\$ 400 000 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		
6.3 Radiation Oncology (Referral from medical specialist only)		
6.4 Oncology Medication (Chemotherapy, Radiotherapy and Hormone Therapy)		
6.5 Hospitalisation and related procedures (in-hospital)	100%	Overall Annual Limit
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 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)		No Benefit
13. Phakic Implants (Lens Implant) (All-inclusive) (Subject to pre-authorisation)		
14. Re-constructive Surgery (Medical Necessity Only) (all-inclusive) (Subject to prior approval and strict MHC Guidelines)		
15. Dental Surgery Additional Hospital Benefit Cover excluded (Subject to pre-authorisation)		
15.1. Dental Implants - Hospitalisation		No Benefit
15.2 Maxillo-Facial & Oral Surgery (Non-Elective only) - 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
16. Maternity		Overall Annual Limit
16.1 Confinement (all-inclusive) 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 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%	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. Stomalthrapy (All-inclusive) (Subject to Prior approval)		No Benefit
19. Ambulance and 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
19.3 Other Transport Transport benefit for medical services available only in RSA (Subject to prior approval and Travel Expenses Re-imburement Protocol)	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)		
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	100%	Sub-limit 21
21.1.6 HIV Resistance Test (Subject to prior approval)		
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)		

<b>Category B: Day-to-day Benefits</b>	% NAMAF Tariff	<b>OVERALL SUB-BENEFIT LIMIT</b> 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 <b>OVERALL ANNUAL LIMIT</b>
22. General Practitioners and Specialists		Limited to N\$9 500 per Family Limited to N\$4 750 per Beneficiary
22.1 Consultations/Visits (out of hospital, including casualties)	100%	Limited to 16 consultations per Family Limited to 8 consultations per Beneficiary
22.2 Procedures/Services (Out of hospital)		
22.3 Materials and Disposable Items	100%	Sub-limit 22
22.4. Radiology and Pathology (including Radiography, Sonography, Medical Laboratory Technology and Chemical Biochemistry). Referral from Medical Practitioner required.		

23. Dentistry		Limited to N\$3 700 per Family (excluding Orthodontics) Limited to N\$1 300 per Beneficiary (excluding Orthodontics)
23.1. Basic Dentistry (including Dental Therapy) (Check ups, X-rays, preventative treatment, removal of teeth, simple filling)	100%	Sub-limit 23
23.2. Specialised/Advanced Dentistry (Root canal treatment, plastic dentures, periodontal treatment crown & bridge work & metal & soft bases dentures)		
23.3. Dental Implants (Consultation, Procedure and Implant Component)		No Benefit
23.4. Orthodontics		
24. Medicine and Injections		
24.1 Acute Medicine Paid at Maximum Namibia Medicine Price List on Generics	90%	Limited to N\$13 200 per Family Limited to N\$6 550 per Beneficiary
24.2 Chronic Medicine Paid at Maximum Namibia Medicine Price List on Generics	100%	
24.3 Chronic Medicine (Pensioners) Paid at Maximum Namibia Medicine Price List on Generics	95%	
24.4 Essential Vaccination/Immunisation (As per WHO Guidelines) Paid at Maximum Namibia Medicine Price List on Generics	100%	Sub-limit 24
24.5 Self-Medication Paid at Maximum Namibia Medicine Price List on Generics	95%	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\$1 500 per Family Limited to N\$1 000 per Beneficiary
25.1 Consultations and Procedures	100%	Sub-limit 25
25.2 Medicine and Injections Paid at Maximum Namibia Medicine Price List on Generics	100%	Sub-limit 24
26. Auxiliary Services (Supplementary Services)		Limited to N\$4 000 per Family Limited to N\$1 600 per Beneficiary
26.1 Appliances (External) (Subject to MHC guidelines)	100% of cost	Sub-limit 26
26.2 Art Therapy	100%	
26.3 Audiology/Speech Therapy		
26.4 Biokinetics		
26.5. Chinese Medicine 26.5.1 Consultation and Procedure 26.5.2 Medicine	100% 80%	Limited to N\$500 per Beneficiary Sub-limit 26 Sub-limit 23.1
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		
26.9 Dietician		
26.10 Hearing Aid Acoustician		
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		
26.14 Physiotherapy		
26.15 Podiatry/Chiropody		
26.16 Social Worker (Motivation required)		
27. Wheelchair (Subject to prior approval) Inclusive of repair and maintenance	100% of cost	Limited to N\$2 650 per Beneficiary every 4 years (2019/2022)
28. Hearing Aids Apparatus (Subject to prior approval) Inclusive of repair and maintenance	100% of cost	Limited to N\$15 000 per Family every 3 years (2020/2022)
29. Medical Devices for Diabetes Management (Subject to prior approval and MHC Guidelines)		No benefit
30. Optical		Limited to N\$3 900 per Family (excluding frames) Limited to N\$1 950 per Beneficiary every 2 years (excluding frames) (2021/2022)
30.1 Eye Test	100%	Limited to one eye test per Beneficiary per annum Sub-limit 30
30.2 Bi-focal/Multi-focal Lenses	100%	Sub-limit 30
30.3 Contact lenses/Spectacle lenses		
30.4 Frame	100% of cost	Limited to N\$750 per Beneficiary every 4 years (2021/2024)
31. Health SmartCard	<p>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.</p>	

# HOSPITAL: Summary of Benefits

Overall Annual Benefit (Overall Annual Limit)		Unlimited Benefit
<b>Category A: Hospitalisation Benefit</b>	% 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. <b>OVERALL ANNUAL LIMIT.</b>
Additional Hospital Benefit Cover: GPs and Specialists In-hospital services are paid up to a MAXIMUM of 215% of NAMAF tariff		
1. Hospitalisation (Subject to pre-authorisation)		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-authorisation)		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		
6.3 Radiation Oncology (Referral from medical specialist only)		
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-authorisation)	100%	Limited to N\$37 250 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\$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	100%	Sub-limit 16
16.6 Midwifery Service Additional Hospital Benefit Cover excluded		
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. Stomalthrapy (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	100%	Sub-limit 21
21.1.6 HIV Resistance Test (Subject to pre-authorisation)		
21.2 Prevention of Mother-to-Child Transmission (PMTCT)	100%	Sub-limit 21 As per National Guidelines
21.3 Post-Exposure Prophylaxis (PEP)		
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

<b>Category B: Day-to-day Benefits</b>	% 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	100%	
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.	

<b>Category C: Additional Fund Benefits (Day-to-day expenses)</b>	% NAMAF Tariff	<b>BENEFIT BOOSTER</b> 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 TABLES

1.1 PRINCIPAL MEMBER's SUBSCRIPTIONS shall be paid based on either income or the age of the PRINCIPAL MEMBERS as shown above and below respectively. All Members of Recognised Institutions (including PENSIONERS) shall pay SUBSCRIPTIONS based on either income or age but not both.

1.2 The Member's portion and the Recognised Institution's portion of the subscriptions as show above is payable monthly in advance and shall be paid to the FUND by no later than the seventh day of the month in respect of which they are due.

1.3 If a PRINCIPAL MEMBER's SUBSCRIPTIONS are in arrears for more than 7 (seven) days, the FUND will impose interest at the current prime rate (according to the Fund's bankers) minus 5% per annum, on the subscription payable in the month thereafter for as long as the contribution is outstanding.

1.4 If a PRINCIPAL MEMBER's SUBSCRIPTIONS are in arrears for more than 30 (thirty) the BENEFITS of such PRINCIPAL MEMBER shall be suspended pending full payment of all arrear SUBSCRIPTIONS.

1.5 Membership to the Fund is mandatory for all Members of Recognised Institutions, except where an employee belongs to his or her spouse's medical aid fund.

## 1.6 PENSIONER CONTRIBUTIONS

Upon retirement, the member's premium will be calculated based on 60% of the member's last basic salary paid by the member's employer. In the case of members retired who are on age-based tables, contributions will continue to be on aged based contributions.

## ESSENCE

Income Band		Family Structure		
From	To	Member	Adult	Child
0	2 950	2 006	1 611	352
2 951	3 800	2 143	1 725	375
3 801	4 910	2 295	1 834	398
4 911	5 780	2 809	2 240	483
5 781	7 760	3 031	2 437	523
7 761	9 730	3 237	2 599	565
9 731	14 480	3 412	2 732	596
14 481	19 340	3 570	2 866	631
19 341	24 250	3 739	3 000	654
24 251	29 140	3 891	3 120	683
29 141	38 670	3 930	3 158	687
38 671	48 100	3 972	3 186	697
48 101+		4 020	3 209	710

## PRIME

Income Band		Family Structure		
From	To	Member	Adult	Child
0	2 950	1 439	1 238	269
2 951	3 800	1 539	1 324	288
3 801	4 910	1 647	1 408	304
4 911	5 780	2 017	1 720	371
5 781	7 760	2 176	1 871	401
7 761	9 730	2 325	1 996	434
9 731	14 480	2 450	2 097	456
14 481	19 340	2 564	2 202	484
19 341	24 250	2 685	2 302	502
24 251	29 140	2 795	2 395	525
29 141	38 670	2 823	2 424	528
38 671	48 100	2 852	2 446	535
48 101+		2 887	2 465	545

## CARE

Income Band		Family Structure		
From	To	Member	Adult	Child
0	2 950	635	507	127
2 951	3 800	635	507	127
3 801	4 910	635	507	127
4 911	5 780	1 327	1 061	266
5 781	7 760	1 520	1 219	304
7 761	9 730	1 673	1 344	335
9 731	14 480	1 765	1 418	354
14 481+		1 861	1 495	374

## HOSPITAL

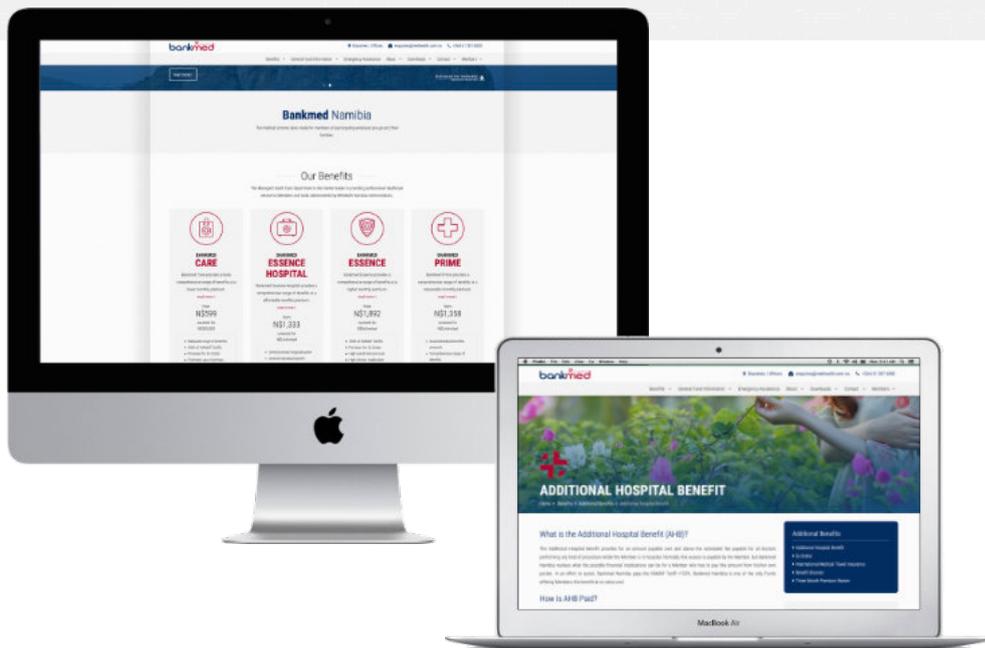
Income Band		Family Structure		
From	To	Member	Adult	Child
0	2 950	1 413	1 136	264
2 951	3 800	1 501	1 208	277
3 801	4 910	1 598	1 277	293
4 911	5 780	1 947	1 553	355
5 781	7 760	2 103	1 690	386
7 761	9 730	2 239	1 798	412
9 731	14 480	2 355	1 888	439
14 481	19 340	2 465	1 978	467
19 341	24 250	2 577	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



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# METHEALTH CLIENT SERVICE

## CONTACT DETAILS



### **Windhoek**

Methealth Head Office  
Maerua Office Park  
Phone: (061) 287 6000/6001/6006/6061  
Fax (061) 287 6091  
Email: enquiries@methealth.com.na

### **Myhealth Administrators**

Phone: (061) 375 950  
Fax: (061) 375 969  
Email: casemanagers@mhnambibia.com

### **Health Professionals Help Desk**

P.O. Box 24792, Windhoek / Maerua Park  
Phone: (061) 287 6000  
Fax: (061) 287 6162

### **Managed Health Care**

Phone: (061) 287 6226  
Fax: (061) 287 6176  
Email: mhc@methealth.com.na

### **The Lifestyle Management Centre**

Phone: (061) 287 6174  
Fax: (061) 287 6176  
Email: wellness@methealth.com.na

### **MMN House Branch**

Phone: (061) 297 3222  
Fax: (061) 294 7352  
Email: enquiries@methealth.com.na

### **Keetmanshoop**

Tel: (063) 224 905/908  
Fax: (063) 224 897  
Email: keetmans@methealth.com.na

### **Lüderitz Branch**

Phone: (063) 203 525  
Fax: (063) 203 561  
Email: luderitz1@methealth.com.na

### **Ondangwa Branch**

Phone: (065) 240 409  
Fax: (065) 240 155  
ondangwa@methealth.com.na

### **Oranjemund Branch**

Phone: (063) 234 140  
Fax: (063) 234 146  
Email: oranjemund1@methealth.com.na

### **Oshakati Branch**

Phone: (065) 220 774 / 177  
Fax: (065) 220 779  
Email: oshakati1@methealth.com.na

### **Rosh Pinah Branch**

Phone: (063) 274 901  
Fax: (063) 274 902  
Email: roshpinah@methealth.com.na

### **Rundu Branch**

Phone: (066) 255 035 / 267 344  
Fax: (066) 255 607  
rundu@methealth.com.na

### **Swakopmund Branch**

Phone: (064) 402 529  
Fax: (064) 405 235  
Email: swakop1@methealth.com.na

### **Tsumeb Branch**

Phone: (067) 221 767  
Fax: (067) 222 812  
Email: tsumeb@methealth.com.na

### **Walvis Bay Branch**

Phone: (064) 200 563/200 276/200 253  
Fax: (064) 200 376  
Email: walvis1@methealth.com.na



Tel +264 61 287 6000

Fax +264 61 287 6176

[enquiries@methealth.com.na](mailto:enquiries@methealth.com.na)

[www.bankmednamibia.com.na](http://www.bankmednamibia.com.na)

Methealth Office Park, Maerua Park  
cnr. Jan Jonker/Robert Mugabe  
Windhoek Namibia