

| Overall Annual Benefit (Overall Annual Limit) | CARE | N\$520 000 per Beneficiary N\$ 780 000 per Family |
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| Category A: Hospitalisation Benefit | % 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 & 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 | | |
| 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) | 100% | Sub-limit 1 |
| 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/out of hospital) Additional Hospital Benefit Cover excluded Referral from a medical specialist only (referral from GP acceptable in places where there is no medical specialist). Subject to prior approval | | Overall Annual Limit |
| 2.1 MRI & CT Scans | 100% | Limited to N\$11 950 per Family Sub-limit 2 |
| 2.2 Nuclear Medicine | 100% | Sub-limit 2 |
| 3. General Practitioners and Specialists (in-hospital services, procedures 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 | | No Benefit |
| 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) | | |
| 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) | | |
| 6.4 Oncology Medication (Chemotherapy, Radiotherapy and Hormone Therapy) | 100% | Sub-limit 6 |
| 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 |

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| 13. Phakic Implants (Lens Implant) (All-inclusive) (Subject to pre-authorisation) | | No Benefit |
| 14. Re-constructive Surgery (Medical Necessity Only) (all-inclusive) (Subject to prior approval and strict MHC Guidelines) | | No Benefit |
| 15. Dental Surgery Additional Hospital Benefit Cover excluded (Subject to pre-authorisation) | | Overall Annual Limit |
| 15.1. Dental Implants - Hospitalisation | | No Benefit |
| 15.2 Maxillo-Facial & Oral Surgery (Non-Elective 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. Stomach therapy (All-inclusive) (Subject to Prior approval) | | No Benefit |
| 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 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 |
| 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) | 100% | Sub-limit 21 As per National Guidelines |
| 21.3 Post-Exposure Prophylaxis (PEP) | | |
| 21.4 Pre-Exposure Prophylaxis (PrEP) | | |

| Category B: Day-to-day Benefits | % NAMA Tariff | OVERALL SUB-BENEFIT LIMIT Limited to N\$13 500 per Beneficiary Limited to N\$27 000 per Family Conditions: Sub-limits are pro-rated from date of joining, except optical benefit OVERALL ANNUAL LIMIT |
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| 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) | 100% | Sub-limit 22 |
| 22.3 Materials and Disposable Items | | |
| 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 | 90% | Limited to N\$437 per Family Limited to N\$78 per script per Beneficiary per day Sub-limit 24 |
| 25. Primary Health Care Services | | Limited to N\$1 500 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) | | |

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| 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 | | 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. |

Contribution Table

| 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 |