

Overall Annual Benefit (Overall Annual Limit)		ESSENCE	Unlimited Benefit
Category A: Hospitalisation Benefit	% NAMAFA Tariff	Pre-authorization: 100% of tariff will be paid out. Without pre-authorization: No benefit will be paid out except in the case of emergency hospital admissions and emergencies after hours, weekends and public holidays. Sub-limits are not pro-rated. OVERALL ANNUAL LIMIT.	
Additional Hospital Benefit Cover: GPs and Specialists In-hospital services are paid up to a MAXIMUM of 215% of NAMAFA tariff			
1. Hospitalisation (Subject to pre-authorization)		Overall Annual Limit	
1.1 Accommodation and Theatre	100%	Sub-limit 1	
1.2 Accommodation other than a recognised hospital or Medical Institution	100% of cost	Limited to N\$600 per day per Family (Maximum of 2 days) Sub-limit 1	
1.3 Blood Transfusions	100%	Sub-limit 1	
1.4 Intensive and High Care Maximum 3 days, then motivation			
1.5 Medicine, fixed tariff procedures, hospital apparatus and to take out medicine (7 days supply only)			
1.6 Radiology and Pathology In Hospital Additional hospital benefit cover excluded			
1.7 Physiotherapy Additional Hospital Benefit Cover excluded	100%	Sub-limit 1.7	
1.7.1 Physiotherapy In Hospital			
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-authorization)		Subject to Bankmed Namibia Internal Prosthesis Protocol; Overall Annual Limit	
4.1 Artificial Eyes	100% of cost	Limited to N\$ 16 430 per Beneficiary every 4 years (2020/2023); Sub-limit 4	
4.2. Artificial Limb	100% of cost	Limited to N\$ 32 860 per Beneficiary every 4 years (2020/2023); Sub-limit 4	
4.3 Other Internal Appliances and Materials	100% of cost	Sub-limit 4	
5. Dialysis (Subject to Case Management and MHC Guidelines)	100%	Overall Annual Limit	
6. Oncology (Subject to Case Management and MHC Guidelines)	100%	Limited to N\$ 750 000 per Beneficiary Overall Annual Limit	
6.1 Consultations and Procedures Out-of-Hospital	100%	Sub-limit 6	
6.2 MRI/CT Scans and Other Specialised Radiology Procedures In/Out-Of-Hospital - Additional Hospital Benefit Cover excluded - Referral from medical specialist only	100%	Sub-limit 6	
6.3 Radiation Oncology (Referral from medical specialist only)	100%	Sub-limit 6	
6.4 Oncology Medication (Chemotherapy, Radiotherapy and Hormone Therapy)			
6.5 Hospitalisation and Related Procedures (In-Hospital)	100%	Overall Annual Limit	
7. Organ Transplant Including Immune-Suppressant Drugs (Subject to Case Management and MHC Guidelines)			
8. Private Nursing/Frail Care/Hospice (Subject to pre-authorization)	100%	Limited to N\$37 250 per Family Overall Annual Limit	
9. Frail Care/Hospice (Subject to pre-authorization)	100%	Sub-limit 8	
10. Psychiatric Treatment- Hospitalisation (Subject to pre-authorization) Referral from Psychiatrist only (referral by GP acceptable in places where there is no Psychiatrist)	100%	Limited to N\$31 700 per Family Overall Annual Limit	
11. Alcoholism and 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-authorization)	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-authorization)		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-authorization)	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. Stomalthery (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-imbursment 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

Category B: Day-to-day Benefits	100% NAMAF Tariff	Sub-limits are pro-rated from date of joining, except Optical Benefit OVERALL ANNUAL LIMIT
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, Medi- cal Laboratory Technology and Chemical Biochemistry) (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.

Contribution Table

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