

FINAL  
**BANKMED NAMIBIA**  
**SUMMARY OF BENEFITS**  
Effective 01 January 2006

OVERALL ANNUAL BENEFIT (OVERALL LIMIT)		COVER	N\$500 000: MEMBER				
			N\$750 000: MEMBER + 1+				
			M	M + 1	M + 2	M + 3	M + 4 +
<b>CATEGORY A: HOSPITALISATION BENEFIT</b>		% NAMA TARIFF	Pre-notification: 100% of tariff will be paid out. Without Pre-notification: 90% of tariff will be paid out Sub-limits are not Pro-rated <b>OVERALL LIMIT</b>				
1.	<b>Hospitalisation</b> (Subject to Pre- authorisation) 1.1 Accommodation & Theatre 1.2 Accommodation other than a recognised hospital/medical institution 9Subject to prior approval) 1.3 Blood Transfusions 1.4 Intensive and High Care - Maximum of 3 days then motivation 1.5 Medicine, fixed tariff procedures, hospital apparatus and To Take Out medicine (7 days supply only) 1.6 MRI & CAT Scans (in & out of hospital, including materials) (Subject to pre-authorisation) 1.7 Radiology & Pathology (in hospital) 1.8 Oncology (Including Radiotherapy & chemotherapy medication) 1.9 Physiotherapy ( in hospital) 1.10 Confinements (limited to 1 confine- ment per year for dep. Other than the spouse)	100% 100% of cost  100% 100% 100% 100% 100% 100% 100% 100% 100%	Overall Limit N\$250/day  Overall Limit Overall Limit Overall Limit Overall Limit Overall Limit Overall Limit Overall Limit Overall Limit Overall Limit	Overall Limit N\$250/day  Overall Limit Overall Limit Overall Limit Overall Limit Overall Limit Overall Limit Overall Limit Overall Limit Overall Limit	Overall Limit N\$250/day  Overall Limit Overall Limit Overall Limit Overall Limit Overall Limit Overall Limit Overall Limit Overall Limit Overall Limit	Overall Limit N\$250/day  Overall Limit Overall Limit Overall Limit Overall Limit Overall Limit Overall Limit Overall Limit Overall Limit Overall Limit	Overall Limit N\$250/day  Overall Limit Overall Limit Overall Limit Overall Limit Overall Limit Overall Limit Overall Limit Overall Limit Overall Limit
2.	<b>General Practitioners and Specialists (in hospital services, procedures &amp; operations)</b>	100%	Overall Limit	Overall Limit	Overall Limit	Overall Limit	Overall Limit
3.	<b>Internal Appliances &amp; Materials</b> (subject to pre-authorisation) 3.1 Artificial Eyes  3.2 Artificial Limb  3.3 Other Internal Appliances & Materials	100% of cost  100% of cost  100% of cost	<b>N\$30 000</b>  N\$6 000 Sub-limit 3  N\$6 000 Sub-limit 3  Sub-limit 3	<b>N\$30 000</b>  N\$6 000 Sub-limit 3  N\$6 000 Sub-limit 3  Sub-limit 3	<b>N\$30 000</b>  N\$6 000 Sub-limit 3  N\$6 000 Sub-limit 3  Sub-limit 3	<b>N\$30 000</b>  N\$6 000 Sub-limit 3  N\$6 000 Sub-limit 3  Sub-limit 3	<b>N\$30 000</b>  N\$6 000 Sub-limit 3  N\$6 000 Sub-limit 3  Sub-limit 3
4.	<b>Dialysis</b> (Subject to pre-authorisation )	100%	Overall Limit	Overall Limit	Overall Limit	Overall Limit	Overall Limit
5.	<b>Organ Transplant</b> (Subject to pre- authorisation) - Including immunosuppresant drugs and services rendered to the donor	100%	N\$100 000	N\$100 000	N\$100 000	N\$100 000	N\$100 000
6.	<b>Maxillo-facial &amp; Oral Surgery</b> (excluding dental implants & Orthognatic Surgery) (Subject to pre-authorisation )	100%	Overall Limit	Overall Limit	Overall Limit	Overall Limit	Overall Limit
7.	<b>Hospice Facilities</b> (Subject to pre- authorisation)	100%	Overall Limit	Overall Limit	Overall Limit	Overall Limit	Overall Limit
8.	<b>Private Nursing</b> (Subject to pre- authorisation)	100%	Limited to 25 000 per Family				
9.	<b>Frail Care</b> (Subject to pre- authorisation)	50%	Limited to N\$25 000 per Family				
10.	<b>Mid-wifery Service</b>	100%	Overall Limit				

FINAL

			Maximum of N\$500 for disposables				
11.	<b>Psychiatric Treatment in hospital</b> (Subject to pre-authorisation) - Referral from Psychiatrist only (Referral by GP acceptable in places where there is no Psychiatrist)	100%	Limited to N\$8 000 per family				
12.	<b>Refractive Surgery</b> (all-inclusive) (Subject to pre-authorisation)	100%	N\$6 000 per eye per beneficiary (once-off benefit) <b>Two year membership</b>				
13.	<b>Phakic Implants (lens Implant)</b> (all-inclusive) (Subject to prior approval)		N\$30 000 per beneficiary (once off benefit) <b>Two year membership</b>				
14.	<b>Breast Reduction</b> (Subject to pre-authorisation)	100%	<b>Limited to N\$4 000 per family</b> Two year membership				
15.	<b>Ambulance &amp; Evacuation Services</b>						
	16.1 Emergency Ambulance & Flights	100%	Overall Limit	Overall Limit	Overall Limit	Overall Limit	Limit
	16.2 Ambulance/Inter-hospital transfer	100%	Overall Limit	Overall Limit	Overall Limit	Overall Limit	Overall Limit
	16.3 Other Conveyances Transport benefit for medical services available only in RSA (Subject to pre-authorisation)	80% of cost	Overall Limit	Overall Limit	Overall Limit	Overall Limit	Overall Limit

FINAL

		COVER	M	M + 1	M + 2	M + 3	M + 4 +	
<b>CATEGORY B: DAY TO DAY BENEFITS</b>		<b>% NAMAF TARIFF</b>	<b>Sub-limits are pro-rated from date of joining, except Optical Benefit. OVERALL LIMIT</b>					
<b>16.</b>	<b>General Practitioners &amp; Specialists</b>		<b>N\$4 450</b>	<b>N\$7 050</b>	<b>N\$8 900</b>	<b>N\$9 450</b>	<b>N\$9 450</b>	
	16.1 Consultations/Visits (out-of-hospital)	100%	Sub-limit 16	Sub-limit 16	Sub-limit 16	Sub-limit 16	Sub-limit 16	
	16.2 Procedures/Services (out-of-hospital)	100%	Sub-limit 16	Sub-limit 16	Sub-limit 16	Sub-limit 16	Sub-limit 16	
	16.3 Materials and Disposable Items	100%	Sub-limit 16	Sub-limit 16	Sub-limit 16	Sub-limit 16	Sub-limit 16	
	16.4 Radiology & Pathology	100%	Sub-limit 16	Sub-limit 16	Sub-limit 16	Sub-limit 16	Sub-limit 16	
<b>17.</b>	<b>Dentistry</b>		<b>N\$4 200</b>	<b>N\$5 750</b>	<b>N\$6 800</b>	<b>N\$6 800</b>	<b>N\$6 800</b>	
			Limited to N\$4 200 per beneficiary					
	17.1 Basic Dentistry (Check ups, x-rays, preventative treatment, removal of teeth, simple filling)	100%	Sub-limit 17	Sub-limit 17	Sub-limit 17	Sub-limit 17	Sub-limit 17	
	17.2 Specialised / Advanced Dentistry (Root canal treatment, plastic dentures, periodontal treatment, implants, crown & bridge work, metal & soft bases dentures& orthognatic surgery)	100%	Sub-limit 17	Sub-limit 17	Sub-limit 17	Sub-limit 17	Sub-limit 17	
	17.3 Orthodontics	100%	N\$8 900 per beneficiary (once-off benefit)					
<b>18.</b>	<b>Medicine</b>		<b>N\$15 750</b>	<b>N\$24 500</b>	<b>N\$26 000</b>	<b>N\$27 000</b>	<b>N\$27 000</b>	
	18.1 Acute Medicine Paid at Namibia Maximum Price on generics	80%	N\$4 500	N\$6 500	N\$7 500	N\$8 000	N\$8 000	
			Limited to N\$4 200 per Beneficiary					
	18.2 Chronic Medicine Paid at Namibia Maximum Price on generics	80%						
	18.3 Chronic Medicine (Pensioners) Paid at Namibia Maximum Price on generics	100%	N\$10 500	N\$17 000	N\$17 500	N\$18 000	N\$18 000	
			Limited to N\$10 500 per Beneficiary					
	17.4 Self Medication	100%	N\$1 000 N\$75 / script Sub-limit 18	N\$1 000 N\$75 / script Sub-limit 18	N\$1 000 N\$75 / script Sub-limit 18	N\$1 000 N\$75 / script Sub-limit 18	N\$1 000 N\$75 / script Sub-limit 18	
<b>19.</b>	<b>Specified Illness Conditions (Subject to pre-authorisation)</b>		<b>Limited to N\$25 000 per beneficiary</b>					
	19.1 HIV/AIDS		Sub-limit 19 Limited to 6 consultations per beneficiary					
	19.1.1 Medicine	100%	Sub-limit 19					
	19.1.2 Consultation	N\$180	Sub-limit 19					
	19.1.3 Pathology Tests	100%	Sub-limit 19					
	19.2 Prophylactic Treatment – mother to child	100%	Sub-limit 19					
	19.3 Rape Cover	100%	Sub-limit 19					
	19.4 Needle-stick Injuries	100%	Sub-limit 19					
	19.5 Sexually Transmitted Diseases	100%	Sub-limit 19					
	19.6 Drug & Alcohol Addiction	100%	Sub-limit 19					
			Limited to N\$3 000 per family subject to report to HR Head Office					
<b>20.</b>	<b>Primary Health Care Services</b>							
	20.1 Consultations	100%	Sub-limit 16	Sub-limit 16	Sub-limit 16	Sub-limit 16	Sub-limit 16	
	20.2 Medicine & Injections Paid at Namibia Maximum Price on generics	100%	Sub-limit 18.1	Sub-limit 18.1	Sub-limit 18.1	Sub-limit 18.1	Sub-limit 18.1	
<b>21.</b>	<b>Auxiliary Services (Supplementary Services)</b>		<b>N\$7 000</b>	<b>N\$9 500</b>	<b>N\$10 500</b>	<b>N\$11 000</b>	<b>N\$11 000</b>	
	21.1 Appliances							
	21.1.1 Any Appliances	100% of Cost	N\$2 500 Sub-limit 21	N\$2 500 Sub-limit 21	N\$2 500 Sub-limit 21	N\$2 500 Sub-limit 21	N\$2 500 Sub-limit 21	
	21.1.2 Hearing Aids	100%	N\$7 000	N\$7 000	N\$7 000	N\$7 000	N\$7 000	

**FINAL**

	- Inclusive of repair and maintenance	of Cost	Sub-limit 21	Sub-limit 21	Sub-limit 21	Sub-limit 21	Sub-limit 21
	21.2 Audiology/Speech Therapy	100%	Sub-limit 21	Sub-limit 21	Sub-limit 21	Sub-limit 21	Sub-limit 21
	21.3 Hearing Aid Acoustician	100%	Sub-limit 21	Sub-limit 21	Sub-limit 21	Sub-limit 21	Sub-limit 21
	21.4 Chiropractitioners						
	21.4.1 Consultation & Procedure	100%	Sub-limit 21	Sub-limit 21	Sub-limit 21	Sub-limit 21	Sub-limit 21
	21.4.2 Medicine	80%	Sub-limit 18.1	Sub-limit 18.1	Sub-limit 17.1	Sub-limit 18.1	Sub-limit 18.1
	21.5 Podiatrist	100%	Sub-limit 21	Sub-limit 21	Sub-limit 21	Sub-limit 21	Sub-limit 21
	21.6 Clinical Psychologist	100%	Sub-limit 21	Sub-limit 21	Sub-limit 21	Sub-limit 21	Sub-limit 21
	21.7 Dietician (Subject to pre- authorisation)	100%	Sub-limit 21	Sub-limit 21	Sub-limit 21	Sub-limit 21	Sub-limit 21
	- Referral from GP						
	21.8 Homeopaths						
	21.8.1 Consultation & Procedure	100%	Sub-limit 21	Sub-limit 21	Sub-limit 21	Sub-limit 21	Sub-limit 21
	21.8.2 Medicine	80%	Sub-limit 18.1	Sub-limit 18.1	Sub-limit 18.1	Sub-limit 18.1	Sub-limit 18.1
	21.9 Occupational Therapy	100%	Sub-limit 21	Sub-limit 21	Sub-limit 21	Sub-limit 21	Sub-limit 21
	21.10 Biokinetics (Subject to pre- authorisation)	100%	Sub-limit 21	Sub-limit 21	Sub-limit 21	Sub-limit 21	Sub-limit 21
	- Referral from GP						
	21.11 Physiotherapy	100%	Sub-limit 21	Sub-limit 21	Sub-limit 21	Sub-limit 21	Sub-limit 21
	21.12 Social Workers	100%	Sub-limit 21	Sub-limit 21	Sub-limit 21	Sub-limit 21	Sub-limit 21
	21.13 Orthotist/Prosthetist	100%	Sub-limit 21	Sub-limit 21	Sub-limit 21	Sub-limit 21	Sub-limit 21
	21.14 Phytotherapy						
	21.14.1 Consultation & Procedure	100%	Sub-limit 21	Sub-limit 21	Sub-limit 21	Sub-limit 21	Sub-limit 21
	21.14.2 Medicine	80%	Sub-limit 18.1	Sub-limit 18.1	Sub-limit 18.1	Sub-limit 18.1	Sub-limit 18.1
<b>22.</b>	<b>Wheelchair</b>	100% of cost	N\$10 000 per beneficiary every 4 years	N\$10 000 per beneficiary every 4 years	N\$10 000 per beneficiary every 4 years	N\$10 000 per beneficiary every 4 years	N\$10 000 per beneficiary every 4 years
<b>23.</b>	<b>Optical</b> (For financial year 2005/2006)		<b>N\$2 250</b>	<b>N\$4 500</b>	<b>N\$5 500</b>	<b>N\$6 000</b>	<b>N\$6 000</b>
			N\$2 250 per Beneficiary limited to every 2 years – 2005/2006 (including frames)				
	23.1 Eye Test	100%	Limited to one eye test per beneficiary per annum Sub limit 23 Sub limit 23				
	23.2 Contact lenses/Spectacle lenses	100%					
	23.3 Frame	100% of cost	Limited to N\$800 Sub-limit 23				