

Summary of Changes 2025





Diamond Arrow Award
Highest rated medical aid in Namibia 2010 - 2024

Administered by



Medscheme

Namibia



Important

Members should note that this document should be read in addition to the information contained in the Benefit Guide as well as the User Guide.

The User Guide represents a summary of the Fund Rules. Members are provided with the User Guide only when, and upon, joining the Fund. Any subsequent changes to the Fund Rules, as well as changes to the Benefits and Contributions per option, will be announced in the Summary of Changes document. It is therefore important for members to retain this document for future reference. For an updated copy of the User Guide please enquire with your nearest NHP branch or visit the website: www.nhp.com.na.

This document contains a summary of changes to the benefits and contributions as approved by the Board of Trustees and is applicable to the Rules of the Fund for 2025.

Members are advised to refer to the User Guide and Benefit Guide as a reference tool, for interpretation of Fund Rules and Benefit limits. Any questions should be addressed to the Fund's Administrators.

Please Note

The Fund will not be held liable, if a member's rights are prejudiced or forfeited as a result of their failure or neglect to comply with the Rules of the Fund which may arise from failure or neglect to read the communications issued by the Fund.

Disclaimer

E & OE (errors and omissions excepted).

Whilst every care has been taken to ensure that the information in this document is correct, errors and omissions may occur and the Fund cannot be held accountable for any reliance placed on the information contained herein.

The Fund's Client Services may be contacted to confirm any information contained in this document.

The new Benefits, Contributions and Rules of the NHP Fund for 2025, as approved by the Fund's Board of Trustees, are subject to final approval by the Registrar of Medical Aid Funds/NAMFISA. Members are advised that the new Benefits and Contributions became effective on 1 January 2025 as approved by the Registrar/NAMFISA, despite possible dissemination of revised information to the market before the effective date.

Should any proposed changes to Benefits and Contributions not be approved, members will be informed accordingly.

Benefit changes for 2025

The effective NHP Fund increase for 2025 has been approved by the NHP Board of Trustees at an overall Fund average of 5.9% with effect from 1 January 2025.

Please Note

The increases per option may be more or less than the Fund average increase announced above. The reason for different average increases per option is due to the unique demographic profile, claims experience, ageing profile and utilisation assumptions per option.

This compares to a Fund average increase of 9.99% for 2024 and 8.9% for 2023. The Fund has set the contribution levels for the benefit options in 2025, considering the following factors, amongst others:

- 2024 financial and claims experience;
- Demographic and risk profile changes over the period;
- The Fund's strategy and current financial position;
- Changes in benefits;
- Solvency and reserve building requirements;
- Industry developments;
- Contribution rate increase of 5.9% across all options.

Furthermore, the Fund is committed to contribution levels that are more affordable compared to competing funds, a higher priority than enriching benefits. However, the Fund's claiming experience has been lower than expected during 2024 and therefore the Fund can afford to enhance its benefits for the 2025 benefit year without negatively impacting its long-term sustainability.

The primary aim of the Fund is to ensure that it is adequately priced to meet claims expenditure and benefit obligations. This objective needs to be balanced against competitiveness, to ensure that the Fund is able to retain its current membership as well as attract new members. This balance is often difficult to achieve given the highly price-sensitive and competitive environment in which the Fund operates, which is further strained by the cost of healthcare services generally exceeding inflation.

The 2025 benefit changes and contribution increases, as approved by the Board of Trustees are:

Increase the following benefit limits by more than inflation:

1. Overall Annual Limit on Silver, Hospital and Bronze

Overall Annual Benefit Limits				
Option	2024 per principal	2025 per principal	2024 per family	2025 per family
Silver	1 270 000	1 500 000	2 030 000	2 131 500
Bronze	570 000	750 000	930 000	1 100 000
Hospital	1 270 000	1 800 000	2 830 000	2 971 500

2. Oncology benefit limits on Gold and Platinum

Oncology Benefit Limits		
Option	2024 per family	2025 per family
Gold	905 000	1 000 000
Platinum	679 000	800 000

3. Refractive surgery benefit on Titanium, Silver and Hospital

Refractive Surgery Benefit Limits				
Option	2024 per principal	2025 per principal	2024 per family	2025 per family
Titanium	7 430	12 000	9 670	14 500
Silver	7 430	12 000	9 670	14 500
Hospital	7 430	12 000	9 670	14 500

4. Psychiatric treatment on all options offering this benefit

Psychiatric Treatment Benefit Limits		
Option	2024 per principal	2025 per principal
Gold	37 200	42 000
Platinum	30 200	34 500
Titanium	24 800	29 500
Silver	24 800	29 500
Bronze	17 700	21 000
Hospital	24 800	29 500

5. Basic dentistry benefit on Bronze

Basic Dentistry Benefit Limits				
Option	2024 per principal	2025 per principal	2024 per family	2025 per family
Bronze	2 260	3 500	4 620	6 500

6. Diabetic device consumables benefit on Gold, Platinum and Titanium

Diabetic Device Consumables Benefit Limits		
Option	2024 per beneficiary	2025 per beneficiary
Gold	44 400	60 000
Platinum	41 800	55 000
Titanium	39 200	50 000

Please Note

***Beneficiaries can only access these benefits if they are registered as diabetics on the Fund's Chronic Care Programme.**

7. 0% increase on various benefit limits

The following benefit limits will be kept constant from 2024 to 2025:

- Chronic medicine benefit limits on Gold, Platinum, Titanium and Silver;
- Acute medicine benefit limits on Platinum and Titanium, and;
- Out-of-hospital auxiliary benefit limits on Gold and Platinum.

8. Ex-gratia criteria for orthognathic surgery applications

Orthognathic surgery benefits for beneficiaries on NHP is provided through the Fund's oral surgery benefits provided by the various benefit options. Beneficiaries requiring orthognathic surgery should apply for ex-gratia consideration.

The following criteria will apply:

- No financial underwriting will be conducted;
- Grants will be only once per beneficiary per lifetime;
- Approval will be based on the clinical necessity.
 - o I.e., provide full coverage for clinical necessity.
 - o Clinical necessity will be reviewed by a dental expert.
- Grants will be for only one beneficiary per family in a given calendar year.
- Only applications for beneficiaries between the ages of 18 and 21 will be considered.

9. Monetary benefit limits on the consultation and script benefits on Blue Diamond and Litunga

The quantity limits for GP consultations and medicine scripts are replaced by monetary limits as follows:

Monetary Benefit Limits – GP Consultations		
Option	2025 per principal	2025 per family
Blue Diamond	5 352	13 380
Litunga	5 352	13 380

Monetary Benefit Limits – Medicine Scripts		
Option	2025 per principal	2025 per family
Blue Diamond	3 024	7 560
Litunga	3 024	7 560

10. Chinese medicine and acupuncture benefits under the auxiliary services benefit for all options

This benefit is now added to the out-of-hospital auxiliary services benefits for all options. This benefit does not have a separate benefit limit but falls under the larger auxiliary services benefit limits.

11. Separating non-surgical appliances from auxiliary benefits on the Gold, Platinum, Titanium and Silver options

Non-surgical appliances, excluding artificial limbs and artificial eyes, are one of the many subcategories of benefits that fall under the auxiliary services benefit limit. As such, the non-surgical appliances benefit is now split from auxiliary services and becomes a standalone benefit payable from OAL on the Gold, Platinum, Titanium and Silver options only.

The following standalone benefit limits are applicable for the various options:

Principal member			
Option	Wheelchair (Every 3 years)	Hearing aid (Every 3 years)	Other external appliances
Gold	22 000	45 000 (22 500 per ear)	15 000
Platinum	18 000	37 500 (18 750 per ear)	10 000
Titanium	10 500	30 000 (15 000 per ear)	7 500
Silver	6 000	27 500 (13 750 per ear)	5 000

Family			
Option	Wheelchair (Every 3 years)	Hearing aid (Every 3 years)	Other external appliances
Gold	33 000	67 500 (22 500 per ear)	22 500
Platinum	27 000	56 250 (18 750 per ear)	15 000
Titanium	15 750	45 000 (15 000 per ear)	11 250
Silver	9 000	41 250 (13 750 per ear)	7 500

*The non-surgical appliances benefit on the rest of the options remain unchanged.

12. Blood pressure monitor benefits offered by all options that offer this benefit

The blood pressure monitor (BPM) benefit limit increases from N\$635 to N\$850 per family once every three years and subject to registration on the Fund's Chronic Care Programme.

13. General Fund rule update

NHP implemented mandatory registration on the Fund's Chronic Care Programme before any chronic benefits can be accessed with effect from 1 October 2024. This opens up opportunities to manage the Fund's chronic beneficiaries. In addition, the Fund can monitor adherence as well as drive interventions on these beneficiaries.

All benefits for chronic-related appliances are subject to registration on the Fund's Chronic Care Programme.

14. Pharmacy Reimbursement rate reduction from SEP + 50% to SEP + 40%

NHP reviewed the impact of reducing the pharmacy reimbursement rate from SEP + 50% to SEP + 40% as part of the benefit changes for 2025. This is an initiative to reduce the claims costs of the Fund.

15. Suspension of implementation of ICD coding structure

The Fund had previously communicated the implementation of mandatory utilization of ICD codes as a compulsory measure for all claims to be paid, effective 1 January 2025.

As confirmed with NAMAf, their feasibility studies reflect that the industry is not ready for implementation of mandatory ICD coding structure. Therefore, claims without ICD codes will not be rejected and shall only be identified with a system claims processing error code.

16. Changes to Fund exclusions

For full Fund exclusion list, refer to the User Guide, page 32.

17. Changing of benefit options

At the end of each benefit year/calendar year, members can submit requests to change benefit options, up to the end of January, for the new benefit year. If you are part of a NHP registered employer group, then members will need approval from their employer group.

All applicable forms must be completed and submitted by no later than 31 January 2025.

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We're about you



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Contact details



GET IN TOUCH

Head office: Windhoek

Walk-in assistance: Erf 1319 Grove Street, Kleine Kuppe
Tel: 061 285 5400
Website: www.nhp.com.na
Postal: PO Box 23064, Windhoek
Operating hours: Monday to Friday 07:45 - 17:00

Fraud hotline - Confidential

Tel: 0800 647 000
Email: medschemenamibia@whistleblowing.co.za

NHP emergency numbers

(Monday to Sunday until 22:00)
After hours: 081 372 9910
In-hospital: 081 145 8580

BRANCHES

Swakopmund

Tel: 064 405 714
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Walk-in assistance: Office number 2, 1st floor,
Food Lovers Market, 50 Moses Garoeb Street
Postal: PO Box 2081, Swakopmund

Walvis Bay

Tel: 064 205 534
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Walk-in assistance: Office No. 7, Welwitschia Hospital Centre
Postal: PO Box 653, Walvis Bay

Ongwediva

Tel: 065 238 950
Email: oshakati@nhp.com.na
Walk-in assistance: Unit 1, Central Park (opposite Medipark),
Auguste Tanyaanda Street
Postal: PO Box 23064, Windhoek

Keetmanshoop

Tel: 063 225 141
Email: keetmans@nhp.com.na
Walk-in assistance: Unit 12, No. 17, Hampie Plichta Street,
Desert Plaza
Postal: PO Box 1541, Keetmanshoop

DEDICATED

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DEDICATED

Oncology Disease Management Programme

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Wellness

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CLINICAL RISK

Chronic Medicine Management

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Beneficiary Risk Management

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SUPPORT

Membership

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Optical

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