Benefit guide 2019

nhp™

We're about you

While you spend time with family and friends, let us take care of your medical aid needs

At NHP, we offer a range of affordable and highly competitive healthcare benefit options tailored to suit your needs. Both corporate and individual NHP clients may choose from any of these benefit options. Our products can also be tailored to suit corporate requirements.

Administered by

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Disclaimer

The new benefits, contributions and rules of NHP for 2019, 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 will only become effective on 1 January 2019 (and only after approval by the Registrar of Medical Aid funds/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.

Errors and omissions excepted (E&OE). 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, tel 061 285 5400 may be contacted to confirm any information contained in the guide.

Over the years, NHP has grown sustainably, enabling us to build a reputable name in the medical aid industry. Our focus is to provide 'value-for-money' healthcare benefits designed to cover the members' needs. We offer services of exceptional quality to a growing membership base from senior management to the entry-level worker.

It is gratifying, to be honoured with the PMR.africa Diamond Arrow Award for Excellence in the Namibian medical aid industry for the 9th consecutive year (2010 to 2018).

NHP also received the PMR.africa Diamond Arrow Award for the institution conducting business in the most ethical way in 2017 and 2018.

NHP is still raising the bar in the medical aid industry to the point where we have grown our membership base to an average of 30, 000 principal members providing healthcare benefits to almost 63, 000 lives.

While many things change our core principles remain the same

Access to quality treatment

NHP is dedicated to giving members access to quality treatment and healthcare. We want members' choice of benefit option to deliver the best healthcare benefits they can afford. Most importantly, we want to give members peace of mind about what benefits are available - when members' need them.

Affordable cover and value for money

NHP aims to help members make informed decisions about choosing the medical cover that will best suit their needs. Member contributions determine the level of benefits, the rate at which we reimburse claims and freedom of choice when it comes to selecting healthcare providers. We believe that value for money is about offering affordable, quality benefits. This means that even when increases in medical costs are unavoidable, we work hard to manage these increases to keep members healthcare choices affordable.

We are here for members when in need to make caring for their health easier

We take the needs of our members to heart and focus on providing the best possible service and member care. We strive to provide members with regular updates and information to help make the most of their health and medical care. We continually review our benefit design structure to ensure we have everything needed to make the best healthcare decisions for the member and his/her family possible. NHP focuses on offering members access to quality healthcare through efficient and sustainable management of resources, for life.

Rules of the Fund

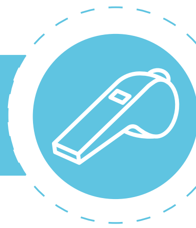
The rules will assist members to understand the Fund and to make the best use of benefits. It is very important for members to have a clear understanding of the rules in order to avoid misunderstandings and prevent resultant mistakes.

New members will receive a copy of the User Guide upon joining the Fund. In the event of a dispute, the latest official Fund rules, as registered will apply.

The User Guide is a summary of the latest Fund rules. Members will receive a copy of the Benefit guide on an annual basis.

The annual Summary of Changes document notifies members of changes to benefit options and the increase in monthly contributions for the following benefit year. It is important to retain the annual Summary of Changes document for future reference.

Blow the whistle on fraud



Report any suspicious activity to our Whistleblower Hotline, 0800 NHP 000 (0800 647 000).

NHP adopts a zero tolerance to fraud

NHP's objective is to curb incidences of fraud and other inappropriate behaviour while building member awareness. It is estimated that between 5 and 15% of the total cost of medical expenditure (i.e. claims paid on behalf of members) can be attributed to either fraud, waste and abusive behaviour of members and/or healthcare providers.

NHP actively investigates all allegations and tipoffs relating to fraud such as unethical behaviour, abuse and over servicing in terms of the utilisation of benefits. If you suspect fraud by a fellow member or healthcare provider please report it to NHP using the contact details below. You can choose to remain anonymous or to provide your personal details. Please note that all your personal information will be treated with confidentiality.

Fraud *is defined as the wilful misrepresentation of the facts in order to illegally obtain financial gain at the expense of someone else, where*

Waste *is the useless expenditure or consumption (money, goods, time, effort, resources) for which no true value is received, and*

Abuse *is an act that is inconsistent with sound medical or business practice.*

Should you have information of any of the above mentioned examples please do not hesitate to report these to the Fund. All information received will be treated in strict confidence.

Members should be on the lookout for these most common types of fraud and abuse:

- *Over servicing*
- *Duplication of claims*
- *Unbundling - Incorrect reporting of diagnoses or procedures*
- *NAMAF benchmark tariff manipulation*
- *Alteration of treatment dates - Falsifying documents*
- *Unnecessary treatments or dispensing of medications*
- *False claims*
- *Collusion*
- *Claiming for supposed procedures*
- *Corruption - Kickbacks and/or bribery*

The majority of these types of fraud and abuse can be found on the member's monthly remittance statement and, if required, members may even request a detailed statement should the information on the statement not be sufficient. In other words, does the statement or claim correspond with the service or medication received?

Members should always read their monthly remittance statements and any other written documents, provided by the healthcare providers, hospital or pharmacy:

- *Read and understand any explanation of benefits received.*
- *Take note of the amount claimed. Is it unusually high in charges, compared to regular services?*

Report any suspicious activity on membership or services provided:

- *We need all NHP members to help in identifying possible cases of fraud and abuse.*
- *The member only knows of the services received.*
- *If members see any discrepancy on any document, contact the Fund to question it.*

Members should note that the Fund reserves the right to implement the following procedures against members and healthcare providers guilty of fraudulent or abusive practices:

- *Criminal proceedings will commence in the event of fraudulent claims submitted by member(s) and/or healthcare provider(s).*
- *The Fund will institute civil litigation against the member(s) and/or healthcare provider(s) in order to recoup any money forfeited by means of such fraudulent acts.*
- *The Fund will terminate membership with immediate effect, if found guilty of any fraudulent or abusive behaviour.*
- *The Fund will contact the employer about the employee's abusive and/or fraudulent behaviour.*
- *Members' and/or healthcare provider details if found guilty of fraudulent or abusive behaviour, are given to NAMAF for potential blacklisting with other medical aid funds.*

It is in your best interest to report any instances of possible fraudulent, wasteful and abusive claiming practices.

Save your benefits for a better tomorrow!

Our Traditional benefit options at a glance

Three benefit options

Our Traditional benefit options are Gold, Platinum and Titanium.

Peace of mind

Is typically aimed at young families requiring the security of a structured benefit package and is best suited for members who are older and whose health risk is high.

Comprehensive cover

Is ideal if you need comprehensive cover for both Major Medical and Day-to-Day Expenses.

Chronic Lifestyle Disease Extender

Provides additional healthcare cover for Day-to-Day Expenses associated with chronic lifestyle diseases such as diabetes, cholesterol and hypertension.

This benefit is only available on the Traditional benefit options.

Roll-Over benefit

When you claim less than a certain threshold amount included in your Day-to-Day benefits, you will build-up a Roll-Over benefit which can be used to pay for healthcare treatment and medical costs.

We’ve got you covered

While you spend time with family and friends, let us take care of your medical aid needs

We take pride in providing the best medical aid cover to our members. NHP ensures added value to your healthcare experience, making sure we’ve got you covered.

Speak to one of our consultants today to help you choose the best benefit option that suits your healthcare needs.

We’re about you!

Gold

Major Medical benefits: Expense limit per category

		NAMAF tariff or % thereof	Principal member	Per additional beneficiary	Per family	Condition
	Overall Annual Limit (OAL)			**Unlimited**		
1.	**Healthcare provider or medical specialists**					**SPA**
1.1	Consultations or visits: In-hospital	225%				
1.2	Procedures: In-hospital	225%				
2.	**Chronic medicine**		**29,600**		**59,800**	
2.1	Chronic medicine approved - Min levy of N$30: Subject to prior registration	80%				
3.	**Hospital services**					**SPA**
3.1	Accommodation and theatre	100%				
3.2	Blood transfusions	100%				
3.3	Dialysis	100%				
3.4	Medication	100%				
3.5	Accommodation: Private wards	100%	25,000		50,400	
3.6	Accommodation other than a recognised hospital or medical institution: SA only	100%			750 per day	
3.7	Appliances and prosthesis: Surgical	100%	69,400		112,000	
3.8	Refractive surgery: Full procedure - A waiting period of 12 months will apply	100%	29,800		36,800	
3.9	Organ transplants: Full procedure	100%			594,000	
3.10	Private nursing	100%	67,300		67,300	
3.11	Oncology	100%			740,000	
4.	**Radiology**					**SPA**
4.1	Radiology: Specialised MRI and CT scans - In-and-out of hospital combined	100%			37,200	
4.2	Basic Radiology: In-hospital	100%				
5.	**Pathology**					
5.1	Pathology: In-hospital	100%				
6.	**Dentistry**					**SPA**
6.1	Oral surgery: Full procedure	100%			60,800	
6.2	Maxillo facial surgery: Non-elective only	100%				
6.3	Dental Implants					OAL
6.3.1	Hospitalisation	100%			16,100	
6.3.2	Implant: Consultation, procedure and cost	100%			17,400	3,470 per implant
7.	**Psychiatric treatment**		**32,200**		**59,500**	**SPA**
7.1	Hospitalisation or institutionalisation	100%				
7.2	Rehabilitation of alcohol and drug addiction or abuse	100%				SPA
8.	**Maternity**					
8.1	Confinement: Full procedure - Subject to pre-authorisation	100%				SPA
8.2	Antenatal consultations	100%			12 Visits	OAL
8.3	Sonar scans: 2D	100%			2 Scans	OAL
8.4	Amniocentesis	100%				SPA
8.5	Panorama Prenatal test	100%				SPA
9.	**Preventative Care**					**OAL**
9.1	Vaccinations: As per list	100%				
10.	**Specified illness conditions**			**49,500**		**OAL**
10.1	HIV/AIDS: Including the cost of pathology tests	100%				SPA
10.2	Sexually transmitted diseases	100%	6,220		8,350	SPA
11.	**Ambulance services: Only for medical or trauma emergencies**					**SPA**
11.1	Emergency evacuation: Air	100%				
11.2	Ambulance services	100%				
11.3	Ambulance services: Inter-hospital transfer	100%	4,440	4,440		
11.4	Other transportation	80%				
12.	**Artificial limbs or eyes**					**SPA**
12.1	Artificial limbs	100%		64,300		
12.2	Artificial eyes	100%		25,700		
13.	**Heart surgery: Rehabilitation**	**100%**			**21,500**	**OAL**
14.	**Insertion Mirena Device: All Inclusive - Every 3 years**	**100%**		**6,400**		**OAL**
15.	**Stoma Care products**	**100%**			**30,000**	**OAL**
16.	**Back and Neck Rehabilitation Programme**	**100%**		**Subject to DBC protocol**		**OAL**

OAL = Overall Annual Limit   SPA = Subject to pre-authorisation   DBC = Document Based Care

Day-to-Day benefits: Expense limit per category

		NAMAF tariff or % thereof	Principal member	Per additional beneficiary	Per family	Condition
	Out-of-hospital: Sub-limit					**OAL**
1.	**Healthcare provider or medical specialists**		**16,600**	**4,500**		
1.1	Consultations or visits: Out-of-hospital	100%	15 Visits	10 Visits		
1.2	Procedures: Out-of-hospital services	100%				
1.3	Pathology or Radiology: Out-of-hospital	100%				
1.4	Chronic Lifestyle Disease Extender benefit	100%	Additional benefits as specified			OAL
2.	**Medicine and Injections**					
2.1	Acute medicine		9,580	5,570		
2.1.1	Acute medicine: Pharmacy dispensed - Min levy of N$30	80%				
2.1.2	Acute medicine: Doctors dispensed - Min levy of N$30	80%				
2.1.3	Self-medication: Over-the-counter - No levy Subject to Acute medicine limit	100%	1,770	445		220 per claim
2.1.4	Vitamins, homeopathic, phytotherapeutic and naturopathic medicines: Min levy of N$30 - Subject to acute medicine limit	80%	950	260		220 per claim
3.	**Dentistry**		**18,000**		**35,800**	
3.1	Basic dentistry: Subject to sub-limit	100%	10,100	3,480		
3.2	Dental technicians	100%				
3.3	Advanced dentistry					
3.3.1	Orthodontics	100%				
3.3.2	Dental implants: Full procedure	100%		OAL: Refer to 6.3		
4.	**Optical**		**5,990**	**2,230**		
4.1	Eye tests	100%				
4.2	Spectacles or lenses: Frames every 2nd year	100%				Frame limited to 2,160
4.3	Orthoptics	100%				
5.	**Auxiliary services**		**18,700**	**5,510**		
5.1	Chiropody	100%		15 Visits		
5.2	Clinical psychology	100%		15 Visits		
5.3	Dietician	100%		15 Visits		
5.4	Homeopathy, Naturopathy and Phytotherapy: Consultation only	100%		15 Visits		
5.5	Occupational therapy	100%		15 Visits		
5.6	Social workers	100%		15 Visits		
5.7	Appliances: Non-surgical	100%				SPA
5.8	Physiotherapy	100%		15 Visits		
5.9	Biokinetics	100%		15 Visits		
5.10	Audiology or speech therapy	100%		15 Visits		
5.11	Chiropractic	100%		15 Visits		
5.12	Podiatry	100%		15 Visits		

- Flu vaccines are covered as part of the Preventative Care benefit.
- Vitamins under specific conditions to be authorised from the Chronic medication benefit.
- Limited benefit for vitamins available under 2.1.4. above, without a prescription.
- NHP pays for contraceptives (oral and injections) limited to N$ 220 per claim.
- Sunblock may be purchased at pharmacies under the Self-medication benefit.
- Pre-authorised travelling costs for specialist referrals in Namibia partly covered if residing more than 150km from Windhoek - Accommodation included, limited to N$ 750 per night, maximum of 2 nights per family per annum.
- No basic dentistry will be covered under the Oral surgery benefit.

Contribution tables

Employer group rates				Individual rates			
Age	Principal	Adult/ Spec dep	Child dep	Age	Principal	Adult/ Spec dep	Child dep
0-25	2,821	2,110	1,173	0-25	3,646	2,831	1,483
26-30	3,209	2,588	1,173	26-30	4,095	3,442	1,483
31-35	3,513	2,881	1,173	31-35	4,587	3,776	1,483
36-40	4,078	3,460	1,173	36-40	5,345	4,708	1,483
41-45	4,420	3,895	1,173	41-45	5,704	5,142	1,483
46-50	4,659	4,048	1,173	46-50	6,152	5,372	1,483
51-55	4,820	4,274	1,173	51-55	6,364	5,670	1,483
56-60	5,066	4,442	1,173	56-60	6,668	5,982	1,483
61-65	5,637	4,805	1,173	61-65	7,559	6,524	1,483
66+	5,860	4,946	1,173	66+	7,900	6,776	1,483

Roll-Over benefit

For diligent management of your healthcare expenditure

Principal	6,810
Adult/Spec dep	1,740
Child	1,740

Example of Roll-Over benefit (Principal member + spouse + 2 children) = 12,030 per year

Spec dep = Special dependant

Platinum

Major Medical benefits: Expense limit per category

		NAMAF tariff or % thereof	Principal member	Per additional beneficiary	Per family	Condition
	Overall Annual Limit (OAL)			**Unlimited**		
1.	**Healthcare provider or medical specialists**					**SPA**
1.1	Consultations or visits: In-hospital	225%				
1.2	Procedures: In-hospital	225%				
2.	**Chronic medicine**		**17,300**		**31,800**	
2.1	Chronic medicine approved - Min levy of N$30: Subject to prior registration	80%				
3.	**Hospital services**					**SPA**
3.1	Accommodation and theatre	100%				
3.2	Blood transfusions	100%				
3.3	Dialysis	100%				
3.4	Medication	100%				
3.5	Accommodation: Private wards	100%	15,700		31,700	
3.6	Accommodation other than a recognised hospital or medical institution: SA only	100%			750 per day	
3.7	Appliances and prosthesis: Surgical	100%	62,500		74,700	
3.8	Refractive surgery: Full procedure - A waiting period of 12 months will apply	100%	22,600		29,800	
3.9	Organ transplants: Full procedure	100%			295,000	
3.10	Private nursing	100%	46,700		46,700	
3.11	Oncology	100%			556,000	
4.	**Radiology**					**SPA**
4.1	Radiology: Specialised MRI and CT scans - In-and-out of hospital combined	100%			32,400	
4.2	Basic Radiology: In-hospital	100%				
5.	**Pathology**					
5.1	Pathology: In-hospital	100%				
6.	**Dentistry**					**SPA**
6.1	Oral surgery: Full procedure	100%			54,600	
6.2	Maxillo facial surgery: Non-elective only	100%				
6.3	Dental Implants					OAL
6.3.1	Hospitalisation	100%			12,900	
6.3.2	Implant: Consultation, procedure and cost	100%			13,400	3,470 per implant
7.	**Psychiatric treatment**		**26,000**		**47,500**	**SPA**
7.1	Hospitalisation or institutionalisation	100%				
7.2	Rehabilitation of alcohol and drug addiction or abuse	100%				SPA
8.	**Maternity**					
8.1	Confinement: Full procedure - Subject to pre-authorisation	100%				SPA
8.2	Antenatal consultations	100%			12 Visits	OAL
8.3	Sonar scans: 2D	100%			2 Scans	OAL
8.4	Amniocentesis	100%				SPA
8.5	Panorama Prenatal test	100%				SPA
9.	**Preventative Care**					**OAL**
9.1	Vaccinations: As per list	100%				
10.	**Specified illness conditions**			**49,500**		**OAL**
10.1	HIV/AIDS: Including the cost of pathology tests	100%				SPA
10.2	Sexually transmitted diseases	100%	4,660		6,220	SPA
11.	**Ambulance services: Only for medical or trauma emergencies**					**SPA**
11.1	Emergency evacuation: Air	100%				
11.2	Ambulance services	100%				
11.3	Ambulance services: Inter-hospital transfer	100%	4,440	4,440		
11.4	Other transportation	80%				
12.	**Artificial limbs or eyes**					**SPA**
12.1	Artificial limbs	100%		45,000		
12.2	Artificial eyes	100%		22,600		
13.	**Heart surgery: Rehabilitation**	**100%**			**17,900**	**OAL**
14.	**Insertion Mirena Device: All Inclusive - Every 3 years**	**100%**		**6,400**		**OAL**
15.	**Stoma Care products**	**100%**			**30,000**	**OAL**
16.	**Back and Neck Rehabilitation Programme**	**100%**		**Subject to DBC protocol**		**OAL**

OAL = Overall Annual Limit SPA = Subject to pre-authorisation DBC = Document Based Care

Day-to-Day benefits: Expense limit per category

		NAMAF tariff or % thereof	Principal member	Per additional beneficiary	Per family	Condition
	Out-of-hospital: Sub-limit					**OAL**
1.	**Healthcare provider or medical specialists**		**13,200**	**3,030**		
1.1	Consultations or visits: Out-of-hospital	100%	15 Visits	10 Visits		
1.2	Procedures: Out-of-hospital services	100%				
1.3	Pathology or Radiology: Out-of-hospital	100%				
1.4	Chronic Lifestyle Disease Extender benefit	100%	Additional benefits as specified			OAL
2.	**Medicine and Injections**					
2.1	Acute medicine		9,370	2,320		
2.1.1	Acute medicine: Pharmacy dispensed - Min levy of N$30	80%				
2.1.2	Acute medicine: Doctors dispensed - Min levy of N$30	80%				
2.1.3	Self-medication: Over-the-counter - No levy Subject to Acute medicine limit	100%	1,540	260		220 per claim
2.1.4	Vitamins, homeopathic, phytotherapeutic and naturopathic medicines: Min levy of N$30 - Subject to Acute medicine limit	80%	735	215		220 per claim
3.	**Dentistry**		**13,100**		**26,000**	
3.1	Basic dentistry: Subject to sub-limit	100%	7,130	1,790		
3.2	Dental technicians	100%				
3.3	Advanced dentistry					
3.3.1	Orthodontics	100%				
3.3.2	Dental implants: Full procedure	100%		OAL: Refer to 6.3		
4.	**Optical**		**5,260**	**1,310**		
4.1	Eye tests	100%				
4.2	Spectacles or lenses: Frames every 2nd year	100%				Frame limited to 1,870
4.3	Orthoptics	100%				
5.	**Auxiliary services**		**16,000**	**5,140**		
5.1	Chiropody	100%		15 Visits		
5.2	Clinical psychology	100%		15 Visits		
5.3	Dietician	100%		15 Visits		
5.4	Homeopathy, Naturopathy and Phytotherapy: Consultation only	100%		15 Visits		
5.5	Occupational therapy	100%		15 Visits		
5.6	Social workers	100%		15 Visits		
5.7	Appliances: Non-surgical	100%				SPA
5.8	Physiotherapy	100%		15 Visits		
5.9	Biokinetics	100%		15 Visits		
5.10	Audiology or speech therapy	100%		15 Visits		
5.11	Chiropractic	100%		15 Visits		
5.12	Podiatry	100%		15 Visits		

- Flu vaccines are covered as part of the Preventative Care benefit.
- Vitamins under specific conditions to be authorised from the Chronic medication benefit.
- Limited benefit for vitamins available under 2.1.4. above, without a prescription.
- NHP pays for contraceptives (oral and injections) limited to N$ 220 per claim.
- Sunblock may be purchased at pharmacies under the Self-medication benefit.
- Pre-authorised travelling costs for specialist referrals in Namibia partly covered if residing more than 150km from Windhoek - Accommodation included, limited to N$ 750 per night, maximum of 2 nights per family per annum.
- No basic dentistry will be covered under the Oral surgery benefit.

Contribution tables

Employer group rates				Individual rates			
Age	Principal	Adult/ Spec dep	Child dep	Age	Principal	Adult/ Spec dep	Child dep
0-25	2,383	1,761	896	0-25	2,885	2,346	1,241
26-30	2,620	1,918	896	26-30	3,243	2,706	1,241
31-35	2,823	2,042	896	31-35	3,674	3,299	1,241
36-40	3,178	2,344	896	36-40	4,063	3,596	1,241
41-45	3,488	2,700	896	41-45	4,521	3,990	1,241
46-50	3,790	2,849	896	46-50	4,918	4,257	1,241
51-55	4,034	3,239	896	51-55	5,382	4,628	1,241
56-60	4,354	3,703	896	56-60	5,744	4,808	1,241
61-65	4,530	3,984	896	61-65	6,095	5,137	1,241
66+	4,897	4,183	896	66+	6,791	5,861	1,241

Roll-Over benefit

For diligent management of your healthcare expenditure

Principal	5,150
Adult/Spec dep	1,320
Child	1,320

Example of Roll-Over benefit (Principal member + spouse + 2 children) = 9,110 per year

Spec dep = Special dependant

Titanium

Major Medical benefits: Expense limit per category

		NAMAF tariff or % thereof	Principal member	Per additional beneficiary	Per family	Condition
	Overall Annual Limit (OAL)		**1,400,000**		**2,100,000**	
1.	**Healthcare provider or medical specialists**					**SPA**
1.1	Consultations or visits: In-hospital	225%				
1.2	Procedures: In-hospital	225%				
2.	**Chronic medicine**		**8,180**		**12,900**	
2.1	Chronic medicine approved - Min levy of N$30: Subject to prior registration	80%				
3.	**Hospital services**					**SPA**
3.1	Accommodation and theatre	100%				
3.2	Blood transfusions	100%				
3.3	Dialysis	100%				
3.4	Medication	100%				
3.5	Accommodation: Private wards	100%	10,900		21,400	
3.6	Accommodation other than a recognised hospital or medical institution: SA only	100%			750 per day	
3.7	Appliances and prosthesis: Surgical	100%	48,600		56,000	
3.8	Refractive surgery: Full procedure - A waiting period of 12 months will apply	100%	6,430		8,360	
3.9	Organ transplants: Full procedure	100%			98,900	
3.10	Private nursing	100%	25,400		25,400	
3.11	Oncology	100%			556,000	
4.	**Radiology**					**SPA**
4.1	Radiology: Specialised MRI and CT scans - In-and-out of hospital combined	100%			19,100	
4.2	Basic Radiology: In-hospital	100%				
5.	**Pathology**					
5.1	Pathology: In-hospital	100%				
6.	**Dentistry**					**SPA**
6.1	Oral surgery: Full procedure	100%			48,500	
6.2	Maxillo facial surgery: Non-elective only	100%				
6.3	Dental Implants					
6.3.1	Hospitalisation	100%		Subject to Advanced dentistry - Day-to-Day		
6.3.2	Implant: Consultation, procedure and cost	100%				
7.	**Psychiatric treatment**		**21,500**		**39,600**	**SPA**
7.1	Hospitalisation or institutionalisation	100%				
7.2	Rehabilitation of alcohol and drug addiction or abuse	100%				SPA
8.	**Maternity**					
8.1	Confinement: Full procedure - Subject to pre-authorisation	100%				SPA
8.2	Antenatal consultations	100%			12 Visits	OAL
8.3	Sonar scans: 2D	100%			2 Scans	OAL
8.4	Amniocentesis	100%				SPA
8.5	Panorama Prenatal test	100%				SPA
9.	**Preventative Care**					**OAL**
9.1	Vaccinations: As per list	100%				
10.	**Specified illness conditions**			**37,100**		**OAL**
10.1	HIV/AIDS: Including the cost of pathology tests	100%				SPA
10.2	Sexually transmitted diseases	100%	3,200		4,220	SPA
11.	**Ambulance services: Only for medical or trauma emergencies**					**SPA**
11.1	Emergency evacuation: Air	100%				
11.2	Ambulance services	100%				
11.3	Ambulance services: Inter-hospital transfer	100%	4,440	4,440		
11.4	Other transportation	80%				
12.	**Artificial limbs or eyes**					**SPA**
12.1	Artificial limbs	100%		25,700		
12.2	Artificial eyes	100%		12,900		
13.	**Heart surgery: Rehabilitation**	**100%**			**15,500**	**OAL**
14.	**Insertion Mirena Device: All Inclusive - Every 3 years**	**100%**		**6,400**		**OAL**
15.	**Stoma Care products**	**100%**			**30,000**	**OAL**
16.	**Back and Neck Rehabilitation Programme**	**100%**		**Subject to DBC protocol**		**OAL**

OAL = Overall Annual Limit SPA = Subject to pre-authorisation DBC = Document Based Care

Day-to-Day benefits: Expense limit per category

		NAMAF tariff or % thereof	Principal member	Per additional beneficiary	Per family	Condition
	Out-of-hospital: Sub-limit					**OAL**
1.	**Healthcare provider or medical specialists**		**7, 990**	**1,990**		
1.1	Consultations or visits: Out-of-hospital	100%	15 Visits	10 Visits		
1.2	Procedures: Out-of-hospital services	100%				
1.3	Pathology or Radiology: Out-of-hospital	100%				
1.4	Chronic Lifestyle Disease Extender benefit	100%	Additional benefits as specified			OAL
2.	**Medicine and Injections**					
2.1	Acute medicine		5,220	650		
2.1.1	Acute medicine: Pharmacy dispensed - Min levy of N$30	80%				
2.1.2	Acute medicine: Doctors dispensed - Min levy of N$30	80%				
2.1.3	Self-medication: Over-the-counter - No levy Subject to Acute medicine limit	100%	1,100	215		220 per claim
2.1.4	Vitamins, homeopathic, phytotherapeutic and naturopathic medicines: Min levy of N$30 - Subject to Acute medicine limit	80%	585	190		220 per claim
3.	**Dentistry**		**9,990**		**18,000**	
3.1	Basic dentistry: Subject to sub-limit	100%	5,720	1,430		
3.2	Dental technicians	100%				
3.3	Advanced dentistry					
3.3.1	Orthodontics	100%				
3.3.2	Dental implants: Full procedure	100%				
4.	**Optical**		**3,640**	**1,090**		
4.1	Eye tests	100%				
4.2	Spectacles or lenses: Frames every 2nd year	100%				Frame limited to 1,320
4.3	Orthoptics	100%				
5.	**Auxiliary services**		**11,300**	**660**		
5.1	Chiropody	100%		15 Visits		
5.2	Clinical psychology	100%		15 Visits		
5.3	Dietician	100%		15 Visits		
5.4	Homeopathy, Naturopathy and Phytotherapy: Consultation only	100%		15 Visits		
5.5	Occupational therapy	100%		15 Visits		
5.6	Social workers	100%		15 Visits		
5.7	Appliances: Non-surgical	100%				SPA
5.8	Physiotherapy	100%		15 Visits		
5.9	Biokinetics	100%		15 Visits		
5.10	Audiology or speech therapy	100%		15 Visits		
5.11	Chiropractic	100%		15 Visits		
5.12	Podiatry	100%		15 Visits		

- Flu vaccines are covered as part of the Preventative Care benefit.
- Vitamins under specific conditions to be authorised from the Chronic medication benefit.
- Limited benefit for vitamins available under 2.1.4. above, without a prescription.
- NHP pays for contraceptives (oral and injections) limited to N$ 220 per claim.
- Sunblock may be purchased at pharmacies under the Self-medication benefit.
- Pre-authorised travelling costs for specialist referrals in Namibia partly covered if residing more than 150km from Windhoek - Accommodation included, limited to N$750 per night, maximum of 2 nights per family per annum.
- No basic dentistry will be covered under the Oral surgery benefit.

Contribution tables

Employer group rates				Individual rates			
Age	Principal	Adult/ Spec dep	Child dep	Age	Principal	Adult/ Spec dep	Child dep
0-25	2,007	1,237	660	0-25	2,323	1,568	839
26-30	2,158	1,459	660	26-30	2,554	1,820	839
31-35	2,383	1,516	660	31-35	2,869	2,127	839
36-40	2,601	1,670	660	36-40	3,211	2,375	839
41-45	2,871	1,887	660	41-45	3,489	2,682	839
46-50	3,056	2,023	660	46-50	3,741	2,885	839
51-55	3,220	2,276	660	51-55	3,915	3,070	839
56-60	3,499	2,424	660	56-60	4,342	3,320	839
61-65	3,753	2,935	660	61-65	4,589	3,622	839
66+	4,178	3,082	660	66+	4,926	3,764	839

Roll-Over benefit

For diligent management of your healthcare expenditure

Principal	3,470
Adult/Spec dep	715
Child	715

Example of Roll-Over benefit (Principal member + spouse + 2 children) = 5,615 per year

Spec dep = Special dependant

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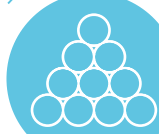
Our New Generation benefit options at a glance

Two benefit options

Our New Generation benefit options are Silver and Bronze.

Moderate cover

Is best suited to members whose health risk can be described as low, requiring moderate medical cover with comprehensive benefits for both Major Medical and pooled Day-to-Day Expenses.



Pooled benefits

Day-to-Day benefits are not reserved on a per beneficiary basis, but rather per family, allowing members of the family access to the overall pooled benefit limit.

Roll-Over benefit

When you claim less than a certain threshold amount included in your Day-to-Day benefits, you will build-up a Roll-Over benefit which can be used to pay for healthcare treatment and medical costs.

We've got you covered

While you spend time pursuing your passions, let us take care of your medical aid needs

We take pride in providing the best medical aid cover to our members. NHP ensures added value to your healthcare experience, making sure we've got you covered.

Speak to one of our consultants today to help you choose the best benefit option that suits your healthcare needs.

We're about you!

Silver

Major Medical benefits: Expense limit per category

		NAMAF tariff or % thereof	Principal member	Per additional beneficiary	Per family	Condition
	Overall Annual Limit (OAL)		**1,100,000**		**1,750,000**	
1.	**Healthcare provider or medical specialists**					**SPA**
1.1	Consultations or visits: In-hospital	225%				
1.2	Procedures: In-hospital	225%				
2.	**Chronic medicine**		**8,180**		**12,900**	
2.1	Chronic medicine approved - Min levy of N$30: Subject to prior registration	80%				
3.	**Hospital services**					**SPA**
3.1	Accommodation and theatre	100%				
3.2	Blood transfusions	100%				
3.3	Dialysis	100%				
3.4	Medication	100%				
3.5	Accommodation: Private wards	100%	10,900		21,400	
3.6	Accommodation other than a recognised hospital or medical institution: SA only	100%			750 per day	
3.7	Appliances and prosthesis: Surgical	100%	48,600		56,000	
3.8	Refractive surgery: Full procedure - A waiting period of 12 months will apply	100%	6,430		8,360	
3.9	Organ transplants: Full procedure	100%			98,900	
3.10	Private nursing	100%	25,400		25,400	
3.11	Oncology	100%			556,000	
4.	**Radiology**					**SPA**
4.1	Radiology: Specialised MRI and CT scans - In-and-out of hospital combined	100%			19,100	
4.2	Basic Radiology: In-hospital	100%				
5.	**Pathology**					
5.1	Pathology: In-hospital	100%				
6.	**Dentistry**					**SPA**
6.1	Oral surgery: Full procedure	100%			48,500	
6.2	Maxillo facial surgery: Non-elective only	100%				
6.3	Dental Implants					
6.3.1	Hospitalisation	100%		Subject to Advanced dentistry - Day-to-Day		
6.3.2	Implant: Consultation, procedure and cost	100%				
7.	**Psychiatric treatment**		**21,500**		**39,600**	**SPA**
7.1	Hospitalisation or institutionalisation	100%				
7.2	Rehabilitation of alcohol and drug addiction or abuse	100%				SPA
8.	**Maternity**					
8.1	Confinement: Full procedure - Subject to pre-authorisation	100%				SPA
8.2	Antenatal consultations	100%			12 Visits	OAL
8.3	Sonar scans: 2D	100%			2 Scans	OAL
8.4	Amniocentesis	100%				SPA
8.5	Panorama Prenatal test	100%				SPA
9.	**Preventative Care**					**OAL**
9.1	Vaccinations: As per list	100%				
10.	**Specified illness conditions**			**37,100**		**OAL**
10.1	HIV/AIDS: Including the cost of pathology tests	100%				SPA
10.2	Sexually transmitted diseases	100%	3,200		4,220	SPA
11.	**Ambulance services: Only for medical or trauma emergencies**					**SPA**
11.1	Emergency evacuation: Air	100%				
11.2	Ambulance services	100%				
11.3	Ambulance services: Inter-hospital transfer	100%	4,440	4,440		
11.4	Other transportation	80%				
12.	**Artificial limbs or eyes**					**SPA**
12.1	Artificial limbs	100%		25,700		
12.2	Artificial eyes	100%		12,900		
13.	**Heart surgery: Rehabilitation**	**100%**			**15,500**	**OAL**
14.	**Insertion Mirena Device: All Inclusive - Every 3 years**	**100%**		**6,400**		**OAL**
15.	**Stoma Care products**	**100%**			**30,000**	**OAL**
16.	**Back and Neck Rehabilitation Programme**	**100%**		**Subject to DBC protocol**		**OAL**

OAL = Overall Annual Limit SPA = Subject to pre-authorisation DBC = Document Based Care

Day-to-Day benefits: Expense limit per category

		NAMAF tariff or % thereof	Principal member	Per additional beneficiary	Per family	Condition
	Out-of-hospital: Sub-limit		**14,900**	**3,100**		**OAL**
1.	**Healthcare provider or medical specialists**					
1.1	Consultations or visits: Out-of-hospital	100%				
1.2	Procedures: Out-of-hospital services	100%				
1.3	Pathology or Radiology: Out-of-hospital	100%				
1.4	Chronic Lifestyle Disease Extender benefit	No benefit				
2.	**Medicine and Injections**					
2.1	Acute medicine					
2.1.1	Acute medicine: Pharmacy dispensed - Min levy of N$30	80%				
2.1.2	Acute medicine: Doctors dispensed - Min levy of N$30	80%				
2.1.3	Self-medication: Over-the-counter - No levy Subject to Acute medicine limit	100%	1,040	205		220 per claim
2.1.4	Vitamins, homeopathic, phytotherapeutic and naturopathic medicines: Min levy of N$30 - Subject to Acute medicine limit	80%	510	180		220 per claim
3.	**Dentistry**		**8,220**		**16,300**	
3.1	Basic dentistry: Subject to sub-limit	100%				
3.2	Dental technicians	100%				
3.3	Advanced dentistry					
3.3.1	Orthodontics	100%				
3.3.2	Dental implants: Full procedure	100%				
4.	**Optical**		**3,080**	**770**		
4.1	Eye tests	100%				
4.2	Spectacles or lenses: Frames every 2nd year	100%				Frame limited to 1,190
4.3	Orthoptics	100%				
5.	**Auxiliary services**					
5.1	Chiropody	100%		15 Visits		
5.2	Clinical psychology	100%		15 Visits		
5.3	Dietician	100%		15 Visits		
5.4	Homeopathy, Naturopathy and Phytotherapy: Consultation only	100%		15 Visits		
5.5	Occupational therapy	100%		15 Visits		
5.6	Social workers	100%		15 Visits		
5.7	Appliances: Non-surgical	100%				SPA
5.8	Physiotherapy	100%		15 Visits		
5.9	Biokinetics	100%		15 Visits		
5.10	Audiology or speech therapy	100%		15 Visits		
5.11	Chiropractic	100%		15 Visits		
5.12	Podiatry	100%		15 Visits		

- Flu vaccines are covered as part of the Preventative Care benefit.
- Vitamins under specific conditions to be authorised from the Chronic medication benefit.
- Limited benefit for vitamins available under 2.1.4. above, without a prescription.
- NHP pays for contraceptives (oral and injections) limited to N$ 220 per claim.
- Sunblock may be purchased at pharmacies under the Self-medication benefit.
- Pre-authorised travelling costs for specialist referrals in Namibia partly covered if residing more than 150km from Windhoek - Accommodation included, limited to N$750 per night, maximum of 2 nights per family per annum.
- No basic dentistry will be covered under the Oral surgery benefit.
- All benefits are subject to availability of pooled Day-to-Day benefits.

Contribution tables

Employer group rates				Individual rates			
Age	Principal	Adult/ Spec dep	Child dep	Age	Principal	Adult/ Spec dep	Child dep
0-25	1,831	1,130	604	0-25	2,121	1,431	765
26-30	1,971	1,331	604	26-30	2,333	1,661	765
31-35	2,176	1,386	604	31-35	2,622	1,943	765
36-40	2,374	1,524	604	36-40	2,932	2,169	765
41-45	2,621	1,723	604	41-45	3,188	2,450	765
46-50	2,791	1,848	604	46-50	3,417	2,635	765
51-55	2,943	2,078	604	51-55	3,576	2,804	765
56-60	3,196	2,212	604	56-60	3,966	3,035	765
61-65	3,428	2,680	604	61-65	4,193	3,307	765
66+	3,816	2,815	604	66+	4,499	3,437	765

Roll-Over benefit

For diligent management of your healthcare expenditure

Principal	3,470
Adult/Spec dep	715
Child	715

Example of Roll-Over benefit (Principal member + spouse + 2 children) = 5,615 per year

Spec dep = Special dependant

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Bronze

Major Medical benefits: Expense limit per category

		NAMAF tariff or % thereof	Principal member	Per additional beneficiary	Per family	Condition
	Overall Annual Limit (OAL)		**500,000**		**800,000**	
1.	**Healthcare provider or medical specialists**					**SPA**
1.1	Consultations or visits: In-hospital	225%				
1.2	Procedures: In-hospital	225%				
2.	**Chronic medicine**		**3,860**		**6,130**	
2.1	Chronic medicine approved - Min levy of N$30: Subject to prior registration	80%				
3.	**Hospital services**					**SPA**
3.1	Accommodation and theatre	100%				
3.2	Blood transfusions	100%				
3.3	Dialysis	No benefit				
3.4	Medication	100%				
3.5	Accommodation: Private wards	100%	5,500		11,000	
3.6	Accommodation other than a recognised hospital or medical institution: SA only	100%			750 per day	
3.7	Appliances and prosthesis: Surgical	100%	21,000		42,000	
3.8	Refractive surgery: Full procedure - A waiting period of 12 months will apply	No benefit				
3.9	Organ transplants: Full procedure	100%			74,200	
3.10	Private nursing	100%	11,500		11,500	
3.11	Oncology	No benefit				
4.	**Radiology**					**SPA**
4.1	Radiology: Specialised MRI and CT scans - In-and-out of hospital combined	100%			15,700	
4.2	Basic Radiology: In-hospital	100%				
5.	**Pathology**					
5.1	Pathology: In-hospital	100%				
6.	**Dentistry**					**SPA**
6.1	Oral surgery: Full procedure	100%			36,500	
6.2	Maxillo facial surgery: Non-elective only	100%				
6.3	Dental Implants					
6.3.1	Hospitalisation	No benefit				
6.3.2	Implant: Consultation, procedure and cost	No benefit				
7.	**Psychiatric treatment**		**15,200**		**27,500**	**SPA**
7.1	Hospitalisation or institutionalisation	100%				
7.2	Rehabilitation of alcohol and drug addiction or abuse	100%				SPA
8.	**Maternity**					
8.1	Confinement: Full procedure - Subject to pre-authorisation	100%				SPA
8.2	Antenatal consultations	100%			12 Visits	OAL
8.3	Sonar scans: 2D	100%			2 Scans	OAL
8.4	Amniocentesis	100%				SPA
8.5	Panorama Prenatal test	100%				SPA
9.	**Preventative Care**					**OAL**
9.1	Vaccinations: As per list	100%				
10.	**Specified illness conditions**			**27,600**	**55,900**	**OAL**
10.1	HIV/AIDS: Including the cost of pathology tests	100%				SPA
10.2	Sexually transmitted diseases	100%			1,420	SPA
11.	**Ambulance services: Only for medical or trauma emergencies**					**SPA**
11.1	Emergency evacuation: Air	100%				
11.2	Ambulance services	100%				
11.3	Ambulance services: Inter-hospital transfer	100%	4,440	4,440		
11.4	Other transportation	80%				
12.	**Artificial limbs or eyes**					**SPA**
12.1	Artificial limbs	100%	Subject to Auxiliary services - Day-to-Day			
12.2	Artificial eyes	100%				
13.	**Heart surgery: Rehabilitation**	**100%**	**Subject to Auxiliary services - Day-to-Day**			
14.	**Insertion Mirena Device: All Inclusive - Every 3 years**	**100%**		**6,400**		**OAL**
15.	**Stoma Care products**	**100%**			**30,000**	**OAL**
16.	**Back and Neck Rehabilitation Programme**	**100%**		**Subject to DBC protocol**		**OAL**

OAL = Overall Annual Limit   SPA = Subject to pre-authorisation   DBC = Document Based Care

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Day-to-Day benefits: Expense limit per category

		NAMAF tariff or % thereof	Principal member	Per additional beneficiary	Per family	Condition
	Out-of-hospital: Sub-limit		**6,200**	**2,000**		**OAL**
1.	**Healthcare provider or medical specialists**					
1.1	Consultations or visits: Out-of-hospital	100%				
1.2	Procedures: Out-of-hospital services	100%				
1.3	Pathology or Radiology: Out-of-hospital	100%				
1.4	Chronic Lifestyle Disease Extender benefit	No benefit				
2.	**Medicine and Injections**					
2.1	Acute medicine					
2.1.1	Acute medicine: Pharmacy dispensed - Min levy of N$30	80%				
2.1.2	Acute medicine: Doctors dispensed - Min levy of N$30	80%				
2.1.3	Self-medication: Over-the-counter - No levy Subject to Acute medicine limit	100%	750	130		220 per claim
2.1.4	Vitamins, homeopathic, phytotherapeutic and naturopathic medicines: Min levy of N$30 - Subject to Acute medicine limit	80%	370	115		220 per claim
3.	**Dentistry**		**1,780**		**3,640**	
3.1	Basic dentistry: Subject to sub-limit	100%				
3.2	Dental technicians	100%				
3.3	Advanced dentistry					
3.3.1	Orthodontics	50%				
3.3.2	Dental implants: Full procedure	No benefit				
4.	**Optical**		**1,950**	**485**		
4.1	Eye tests	100%				
4.2	Spectacles or lenses: Frames every 2nd year	100%				Frame limited to 1,060
4.3	Orthoptics	100%				
5.	**Auxiliary services**					
5.1	Chiropody	100%		15 Visits		
5.2	Clinical psychology	100%		15 Visits		
5.3	Dietician	100%		15 Visits		
5.4	Homeopathy, Naturopathy and Phytotherapy: Consultation only	100%		15 Visits		
5.5	Occupational therapy	100%		15 Visits		
5.6	Social workers	100%		15 Visits		
5.7	Appliances: Non-surgical	100%				SPA
5.8	Physiotherapy	100%		15 Visits		
5.9	Biokinetics	100%		15 Visits		
5.10	Audiology or speech therapy	100%		15 Visits		
5.11	Chiropractic	100%		15 Visits		
5.12	Podiatry	100%		15 Visits		

- *Flu vaccines are covered as part of the Preventative Care benefit.*
- *Vitamins under specific conditions to be authorised from the Chronic medication benefit.*
- *Limited benefit for vitamins available under 2.1.4. above, without a prescription.*
- *NHP pays for contraceptives (oral and injections) limited to N$ 220 per claim.*
- *Sunblock may be purchased at pharmacies under the Self-medication benefit.*
- *Pre-authorised travelling costs for specialist referrals in Namibia partly covered if residing more than 150km from Windhoek - Accommodation included, limited to N$750 per night, maximum of 2 nights per family per annum.*
- *No basic dentistry will be covered under the Oral surgery benefit.*
- *All benefits are subject to availability of pooled Day-to-Day benefits.*

Contribution tables

Employer group rates				Individual rates			
Age	Principal	Adult/ Spec dep	Child dep	Age	Principal	Adult/ Spec dep	Child dep
0-25	1,349	812	470	0-25	1,500	914	536
26-30	1,411	890	470	26-30	1,584	1,008	536
31-35	1,468	949	470	31-35	1,666	1,132	536
36-40	1,529	1,029	470	36-40	1,745	1,251	536
41-45	1,666	1,083	470	41-45	1,906	1,353	536
46-50	1,690	1,112	470	46-50	1,925	1,411	536
51-55	1,776	1,192	470	51-55	2,030	1,512	536
56-60	1,854	1,257	470	56-60	2,147	1,539	536
61-65	2,256	1,390	470	61-65	2,649	1,697	536
66+	2,491	1,445	470	66+	3,034	1,847	536

Roll-Over benefit

For diligent management of your healthcare expenditure

Principal	1,790
Adult/Spec dep	365
Child	365

Example of Roll-Over benefit (Principal member + spouse + 2 children) = 2,885 per year

Spec dep = Special dependant

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Our Hospital benefit option at a glance

Comprehensive hospital cover

The Hospital benefit option gives members comprehensive cover for private hospitalisation should an illness or accident occur.

Peace of mind

For members who are medium income earners, the Hospital benefit option is their little peace of mind that they are covered should they be hospitalised.

Recommended

For healthy families with a higher appetite for risk. If you take responsibility for your own health and know that prevention is better than cure, it will work for you.

No Day-to-Day Medical Expenses

The Hospital benefit option offers no benefits in respect of Day-to-Day Medical Expenses.

We've got you covered

While you spend time making memories with loved ones, let us take care of your medical aid needs

We take pride in providing the best medical aid cover to our members. NHP ensures added value to your healthcare experience, making sure we've got you covered.

Speak to one of our consultants today to help you choose the best benefit option that suits your healthcare needs.

We're about you!

Hospital

Major Medical benefits: Expense limit per category

		NAMAF tariff or % thereof	Principal member	Per additional beneficiary	Per family	Condition
	Overall Annual Limit (OAL)		**1,100 000**		**2,450 000**	
1.	**Healthcare provider or medical specialists**					**SPA**
1.1	Consultations or visits: In-hospital	225%				
1.2	Procedures: In-hospital	225%				
2.	**Chronic medicine**					
2.1	Chronic medicine approved - Min levy of N$30: Subject to prior registration	No benefit				
3.	**Hospital services**					**SPA**
3.1	Accommodation and theatre	100%				
3.2	Blood transfusions	100%				
3.3	Dialysis	100%				
3.4	Medication	100%				
3.5	Accommodation: Private wards	100%	11,500		22,800	
3.6	Accommodation other than a recognised hospital or medical institution: SA only	100%			750 per day	
3.7	Appliances and prosthesis: Surgical	100%	25,000		50,400	
3.8	Refractive surgery: Full procedure - A waiting period of 12 months will apply	100%	6,430		8,360	
3.9	Organ transplants: Full procedure	100%			98,900	
3.10	Private nursing	100%	21,100		21,100	
3.11	Oncology	100%			556,000	
4.	**Radiology**					**SPA**
4.1	Radiology: Specialised MRI and CT scans - In-and-out of hospital combined	100%			19,100	
4.2	Basic Radiology: In-hospital	100%				
5.	**Pathology**					
5.1	Pathology: In-hospital	100%				
6.	**Dentistry**					**SPA**
6.1	Oral surgery: Full procedure	100%			48,500	
6.2	Maxillo facial surgery: Non-elective only	100%				
6.3	Dental Implants					
6.3.1	Hospitalisation	No benefit				
6.3.2	Implant: Consultation, procedure and cost	No benefit				
7.	**Psychiatric treatment**		**21,500**		**39,600**	**SPA**
7.1	Hospitalisation or institutionalisation	100%				
7.2	Rehabilitation of alcohol and drug addiction or abuse	100%				
8.	**Maternity**					
8.1	Confinement: Full procedure - Subject to pre-authorisation	100%				SPA
8.2	Antenatal consultations	100%			12 Visits	OAL
8.3	Sonar scans: 2D	100%			2 Scans	OAL
8.4	Amniocentesis	100%				SPA
8.5	Panorama Prenatal test	100%				SPA
9.	**Preventative care**					**OAL**
9.1	Vaccinations: As per list	No benefit				
10.	**Specified illness conditions**			**19,600**		**OAL**
10.1	HIV/AIDS: Including the cost of pathology tests	100%				SPA
10.2	Sexually transmitted diseases	100%	3,200		4,220	SPA
11.	**Ambulance services: Only for medical or trauma emergencies**					**SPA**
11.1	Emergency evacuation: Air	100%				
11.2	Ambulance services	100%				
11.3	Ambulance services: Inter-hospital transfer	100%	4,440	4,440		
11.4	Other transportation	80%				
12.	**Artificial limbs or eyes**					
12.1	Artificial limbs	No benefit				
12.2	Artificial eyes	No benefit				
13.	**Heart surgery: Rehabilitation**	**100%**			**15,500**	
14.	**Insertion Mirena Device: All Inclusive - Every 3 years**	**100%**		**6,400**		**OAL**
15.	**Stoma Care products**	**100%**			**30,000**	**OAL**
16.	**Back and Neck Rehabilitation Programme**	**100%**		**Subject to DBC protocol**		**OAL**

OAL = Overall Annual Limit SPA = Subject to pre-authorisation DBC = Document Based Care

Day-to-Day benefits: Expense limit per category

		NAMAF tariff or % thereof	Principal member	Per additional beneficiary	Per family	Condition
	Out-of-hospital: Sub-limit					
1.	**Healthcare provider or medical specialists**					
1.1	Consultations or visits: Out-of-hospital	No benefit				
1.2	Procedures: Out-of-hospital services	No benefit				
1.3	Pathology or Radiology: Out-of-hospital	No benefit				
1.4	Chronic Lifestyle Disease Extender benefit	No benefit				
2.	**Medicine and Injections**					
2.1	Acute medicine					
2.1.1	Acute medicine: Pharmacy dispensed - Min levy of N$30	No benefit				
2.1.2	Acute medicine: Doctors dispensed - Min levy of N$30	No benefit				
2.1.3	Self-medication: Over-the-counter - No levy Subject to Acute medicine limit	No benefit				
2.1.4	Vitamins, homeopathic, phytotherapeutic and naturopathic medicines: Min levy of N$30 - Subject to Acute medicine limit	No benefit				
3.	**Dentistry**					
3.1	Basic dentistry: Subject to sub-limit	No benefit				
3.2	Dental technicians	No benefit				
3.3	Advanced dentistry					
3.3.1	Orthodontics	No benefit				
3.3.2	Dental implants: Full procedure	No benefit				
4.	**Optical**					
4.1	Eye tests	No benefit				
4.2	Spectacles or lenses: Frames every 2nd year	No benefit				
4.3	Orthoptics	No benefit				
5.	**Auxiliary services**					
5.1	Chiropody	No benefit				
5.2	Clinical psychology	No benefit				
5.3	Dietician	No benefit				
5.4	Homeopathy, Naturopathy and Phytotherapy: Consultation only	No benefit				
5.5	Occupational therapy	No benefit				
5.6	Social workers	No benefit				
5.7	Appliances: Non-surgical	No benefit				
5.8	Physiotherapy	No benefit				
5.9	Biokinetics	No benefit				
5.10	Audiology or speech therapy	No benefit				
5.11	Chiropractic	No benefit				
5.12	Podiatry	No benefit				

- No Day-to-Day benefits are available.
- No Roll-Over benefit.
- Pre-authorised travelling costs for specialist referrals in Namibia partly covered if residing more than 150km from Windhoek - Accommodation included, limited to N$750 per night, maximum of 2 nights per family per annum.

Contribution tables

Employer group rates				Individual rates			
Age	Principal	Adult/ Spec dep	Child dep	Age	Principal	Adult/ Spec dep	Child dep
0-25	1,145	502	308	0-25	1,197	548	350
26-30	1,248	579	308	26-30	1,303	696	350
31-35	1,368	705	308	31-35	1,453	804	350
36-40	1,481	844	308	36-40	1,580	958	350
41-45	1,580	973	308	41-45	1,695	1,097	350
46-50	1,677	1,050	308	46-50	1,818	1,176	350
51-55	1,744	1,107	308	51-55	1,920	1,260	350
56-60	1,844	1,225	308	56-60	2,019	1,391	350
61-65	1,942	1,324	308	61-65	2,162	1,524	350
66+	2,160	1,365	308	66+	2,466	1,588	350

Spec dep = Special dependant

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Our Primary Healthcare benefit options at a glance

Two benefit options

Our Primary healthcare benefit options are Blue Diamond and Litunga.

Peace of mind

It is ideal for individuals who cannot afford full medical cover but still want peace of mind concerning primary healthcare services.

Designated service providers

Provides members and families with basic Day-to-Day benefits at affordable prices through a network of contracted designated service providers and registered nurses.

Day-to-Day Expenses

Unlimited cover for Day-to-Day primary healthcare services subject to the use of contracted designated service providers.

Major Medical Expenses

Only Blue Diamond members are covered for basic Major Medical Expenses.

We've got you covered

While you spend time on new adventures, let us take care of your medical aid needs

We take pride in providing the best medical aid cover to our members. NHP ensures added value to your healthcare experience, making sure we've got you covered.

Speak to one of our consultants today to help you choose the best benefit option that suits your healthcare needs.

We're about you!

nhp

Blue Diamond

Major Medical benefits: Expense limit per category - DSP only

		NAMAF tariff or % thereof	Principal member	Per additional beneficiary	Per family	Condition
	Overall Annual Limit (OAL)				**Unlimited**	
1.	**Doctors and specialists**					**SPA**
1.1	Consultations and visits: In-hospital	100%				
1.2	Procedures: In-hospital	100%				
2.	**Hospital services**					**SPA**
2.1	You can be admitted into the state hospital facility (private wing) but it has to first be approved by NHP. Subject to pre-authorisation	100%				
2.2	Selected private hospitals: Limited access benefit for treatment	100%				
2.2.1	Ward fees	60%				
2.3	Routine and scheduled surgical and hospitalisation events	100%				
3.	**Ambulance services: Only for medical or trauma emergencies**					**SPA**
3.1	Emergency evacuation: Air	100%				
3.2	In an emergency you are covered for ambulance services but only in Namibia	100%				
3.3	You are covered for transport between 2 hospitals	100%	4,440	4,440		
3.4	Other transportation	No benefit				
4.	**Maternity**					**SPA**
4.1	When you are pregnant, you can go visit certain doctors 12 times per pregnancy - Subject to pre-authorisation	100%			12 Visits	
4.2	Sonar scans: 2D	100%			2 Scans	
5.	**Back and Neck Rehabilitation Programme**	**100%**		**Subject to DBC protocol**		**OAL**

OAL = Overall Annual Limit SPA = Subject to pre-authorisation DBC = Document Based Care DSP = Designated service providers

- Travel assistance for specialist visits in Namibia only, limited to 2 per family per year - Blue Diamond only.
- International travel benefit.
- NHP pays for contraceptives (oral and injections) limited to N$ 210 per claim.
- Immunisations are only available from designated service providers.
- No Roll-Over benefit.
- No Preventative Care benefit including Cervarix.

Contribution tables

Employer group rates				Individual rates			
Age	Principal	Adult/ Spec dep	Child dep	Age	Principal	Adult/ Spec dep	Child dep
0-25	481	404	193	0-25	566	471	229
26-30	503	415	193	26-30	587	495	229
31-35	536	432	193	31-35	635	510	229
36-40	559	461	193	36-40	660	537	229
41-45	581	478	193	41-45	692	571	229
46-50	602	483	193	46-50	722	595	229
51-55	622	506	193	51-55	752	626	229
56-60	633	546	193	56-60	761	671	229
61-65	681	581	193	61-65	824	709	229
66+	735	620	193	66+	883	783	229

Spec dep = Special dependant

Day-to-Day benefits: Expense limit per category - DSP only

		NAMAF tariff or % thereof	Principal member	Per additional beneficiary	Per family	Condition
	Out-of-hospital: Sub-limit				**Unlimited**	
1.	**Doctors and specialists**					**DSP**
1.1	Consultations and visits: Obtained from certain doctors, during normal working hours - N$ 15 per visit	100%				
1.1.1	Nurse: N$ 15 per visit - New conditions					
1.1.2	General practitioner: Unlimited consultations at certain doctors - N$ 15 per visit: New conditions				340 per visit	
1.1.3	Medical specialist - Upon referral from doctor: N$ 15 per visit					
1.1.4	Medical specialist: Travel assistance benefit - Windhoek or Swakopmund	100%			660 per visit	
1.2	Out-of-hospital services	100%				
1.3	Limited to 2 after-hour consultations at certain doctors: Per family per year	100%				
2.	**Medicine and injections**				**Unlimited**	**DSP**
2.1	Acute medicine					
2.1.1	As dispensed or prescribed by certain doctors and pharmacies	100%				205 per script
2.1.2	Self-medication: Over-the-counter	100%			740	210 per claim
2.2	Chronic medicine					
2.2.1	Chronic medicine: Dispensed: Subject to prior registration	100%			3,410	
2.3	Antiretroviral therapy: Dispensed - Patient needs to enrol in the AfA Programme	100%				
3.	**Primary care dentistry: N$ 15 per visit - New conditions**		**1,590**		**3,170**	**DSP**
3.1	Subject to use of certain dentists: According to a list of approved dental codes	100%				
3.1.1	Consultations, primary extractions, fillings level 1 to 3, fluoride treatment, instructions on oral hygiene scaling and polishing					
3.1.2	Plastic dentures: Limited to 1 set per family per 24 months					
3.1.3	Surgical removal of teeth, root canal treatment and dentures: Subject to pre-authorisation					
3.2	Specialised dentistry	No benefit				
4.	**Radiology**				**Unlimited**	**DSP**
4.1	Black and white x-rays as requested by certain doctors: According to a list of approved radiology codes	100%				
5.	**Pathology**				**Unlimited**	**DSP**
5.1	Basic blood tests as requested by certain doctors: According to a list of approved pathology codes	100%				
6.	**Optical: N$ 15 per visit - New conditions**				**930**	**DSP**
6.1	Optical test	100%				Limited to 90
6.2	Spectacles and lenses: Limited to 1 pair of glasses per family per 24 months - When joining NHP, you cannot claim for glasses for the first 6 months	100%				Claim limited to 835
7.	**Mother and child healthcare services**					**DSP**
7.1	Family planning, immunisations, pre-and-post-antenatal care	100%				
8.	**Counselling and health education**					**DSP**
8.1	Instruction on prevention of certain illnesses, oral hygiene, poisons, HIV/AIDS etc.	100%				
9.	**Specified illness conditions**					**DSP**
9.1	HIV/AIDS: Aids and HIV Positivity, Pathology, HIV counselling and testing, Prophylactic medicine for prevention of HIV virus, transmission in the case of needle-prick, rape or infection of mother (mother-to-child prevention)	100%			Unlimited	
9.2	Sexually transmitted diseases	100%			1,370	
10.	**Rehabilitation: Alcohol and drug addiction or abuse**	**100%**			**1,370**	**DSP**

Litunga

Major Medical benefits: Expense limit per category - DSP only

		NAMAF tariff or % thereof	Principal member	Per additional beneficiary	Per family	Condition
	Overall Annual Limit (OAL)				Unlimited	
1.	Doctors and specialists					SPA
1.1	Consultations and visits: In-hospital	No benefit				
1.2	Procedures: In-hospital	No benefit				
2.	Hospital services					SPA
2.1	You can be admitted into the state hospital facility (private wing) but it has to first be approved by NHP. Subject to pre-authorisation	No benefit				
2.2	Selected private hospitals: Limited access benefit for treatment	No benefit				
2.2.1	Ward fees	No benefit				
2.3	Routine and scheduled surgical and hospitalisation events	No benefit				
3.	Ambulance services: Only for medical or trauma emergencies					SPA
3.1	Emergency evacuation: Air	No benefit				
3.2	In an emergency you are covered for ambulance services but only in Namibia	No benefit				
3.3	You are covered for transport between 2 hospitals	No benefit				
3.4	Other transportation	No benefit				
4.	Maternity					SPA
4.1	When you are pregnant, you can go visit certain doctors 12 times per pregnancy - Subject to pre-authorisation	No benefit				
4.2	2D Sonar scans	No benefit				
5.	Back and Neck Rehabilitation Programme	100%		Subject to DBC protocol		OAL

OAL = Overall Annual Limit SPA = Subject to pre-authorisation DBC = Document Based Care DSP = Designated service providers

- Travel assistance for specialist visits in Namibia only - Blue Diamond only.
- International travel benefit.
- Immunisations are only available from designated service providers.
- No Roll-Over benefit.
- No Preventative Care benefit including Cervarix.

Contribution tables

Employer group rates				Individual rates			
Age	Principal	Adult/ Spec dep	Child dep	Age	Principal	Adult/ Spec dep	Child dep
0-25	201	171	82	0-25	240	200	97
26-30	213	176	82	26-30	247	210	97
31-35	225	182	82	31-35	267	215	97
36-40	235	194	82	36-40	279	226	97
41-45	244	199	82	41-45	292	240	97
46-50	256	205	82	46-50	306	251	97
51-55	264	214	82	51-55	317	265	97
56-60	267	231	82	56-60	321	283	97
61-65	287	244	82	61-65	348	298	97
66+	310	262	82	66+	371	328	97

Spec dep = Special dependant

Day-to-Day benefits: Expense limit per category - DSP only

		NAMAF tariff or % thereof	Principal member	Per additional beneficiary	Per family	Condition
	Out-of-hospital: Sub-limit				**Unlimited**	
1.	**Doctors and specialists**					**DSP**
1.1	Consultations and visits: Obtained from certain doctors, during normal working hours - N$15 per visit	100%				
1.1.1	Nurse: N$15 per visit: New conditions					
1.1.2	General practitioner: Unlimited consultations at certain doctors - N$15 per visit: New conditions				340 per visit	
1.1.3	Medical specialist - Upon referral from doctor: N$15 per visit	No benefit				
1.1.4	Medical specialist: Travel assistance benefit - Windhoek or Swakopmund	No benefit				
1.2	Out-of-hospital services	100%				
1.3	Limited to 2 after-hour consultations at certain doctors: Per family per year	No benefit				
2.	**Medicine and injections**				**Unlimited**	**DSP**
2.1	Acute medicine					
2.1.1	As dispensed or prescribed by certain doctors and pharmacies	100%				205 per script
2.1.2	Self medication: Over-the-counter	No benefit				
2.2	Chronic medicine					
2.2.1	Chronic medicine: Dispensed: Subject to prior registration	100%			2,730	
2.3	Antiretroviral therapy: Dispensed - Patient needs to enrol in the AfA Programme	100%				
3.	**Primary Care dentistry: N$15 per visit - New conditions**		**1,590**		**3,170**	**DSP**
3.1	Subject to the use of certain dentists: According to a list of approved dental codes	100%				
3.1.1	Consultations, primary extractions, fillings level 1 to 3, fluoride teatment, instructions on oral hygiene scaling and polishing					
3.1.2	Plastic dentures: Limited to 1 set per family per 24 months					
3.1.3	Surgical removal of teeth, root canal treatment and dentures: Subject to pre-authorisation					
3.2	Specialised dentistry	No benefit				
4.	**Radiology**				**Unlimited**	**DSP**
4.1	Black and white x-rays as requested by certain doctors: According to a list of approved radiology codes	100%				
5.	**Pathology**				**Unlimited**	**DSP**
5.1	Basic blood tests as requested by certain doctors: According to a list of approved pathology codes	100%				
6.	**Optical: N$15 per visit - New conditions**				**930**	**DSP**
6.1	Optical test	100%				Limited to 90
6.2	Spectacles and lenses: Limited to 1 pair of glasses per family per 24 months - When joining NHP, you cannot claim for glasses for the first 6 months	100%				Claim limited to 835
7.	**Mother and child healthcare services**					**DSP**
7.1	Family planning, immunisation	100%				
8.	**Counselling and health education**					**DSP**
8.1	Instruction of prevention of certain illnesses, oral hygiene, poisons, HIV/AIDS, etc.	100%				
9.	**Specified illness conditions**					**DSP**
9.1	HIV/AIDS: Aids and HIV Positivity, Pathology, HIV councelling and testing, Prophylactic medicine for prevention of HIV virus, transmission in the case of needle-prick, rape or infection of mother (mother-to-child prevention)	100%			Unlimited	
9.2	Sexually transmitted diseases	100%			1,370	
10.	**Rehabilitation: Alcohol and drug addiction or abuse**	**100%**			**1,370**	**DSP**

Steps to make the most of NHP

STEP 01
Contact us well in advance before you have to go into hospital.

STEP 02
Ask your doctor to prescribe the most cost effective medicine possible.

STEP 03
Look after yourself, eat well, exercise and have all the medical tests and vaccinations that your doctor recommends, e.g. women aged 50 to 74 years should have a mammogram every 2 years.

STEP 04
Submit your claims within 4 months from the treatment date.

Contribution

A "contribution" is the amount that members pay into the Fund each month. Your contribution received, is utilised to pay for medical expenses. By putting everyone's money together, NHP helps to make healthcare cover accessible for everyone who can afford to pay his/her monthly contributions.

You must discuss your treatment with us in detail, so that we can help you to understand what we will pay for and what we will not pay for. We might not cover the costs if we have not agreed to the treatment plan for you.

Waiting periods - New members

Individual members:

- A general waiting period of 3 months will apply for all Day-to-Day and Major Medical Expense claims excluding emergencies on all new individual members joining NHP. This means that members, within their first 3 months as new members to the Fund, will only qualify for emergency in-hospital treatment and emergency procedures performed in emergency rooms/ casualty wards.
- A general waiting period of 6 months will apply for the optical benefit on the Blue Diamond and Litunga benefit options.
- A general waiting period of 3 months for all Day-to-Day and Major Medical Expense claims will apply in respect of aged parents joining the Fund as a dependant, in addition to a 12 month condition specific waiting period for pre-existing conditions.
- A condition specific waiting period of 12 months will apply to Day-to-Day and Major Medical Expense claims relating to maternity.

Employer group members:

- All new employer group members joining the Fund will normally be exempt from the waiting period unless the member/dependants joins the Fund 3 months after becoming eligible for membership.
  - The 3 month general waiting period applies to- all Day-to-Day and Major Medical Expense claims, excluding emergencies. In the event of an employer group member only joining after the 3 month window period then, a general waiting period of 3 months will apply for all Day-to-Day and Major Medical Expense claims excluding emergency in-hospital treatment and emergency procedures performed in emergency rooms/casualty wards.
  - The 12 month condition specific period for maternity related claims.

All dependants of employer group members joining as from the 4th month after the principal member or 3 months after becoming eligible to qualify as a dependant will be subjected to a 3 month general waiting period on all Day-to-Day and Major Medical Expense claims, excluding emergencies, as well as a 12 month condition specific waiting period for maternity related claims.

Condition-specific:

- If a principal member and/or dependant suffers from a specific illness, the Fund has the right to exclude benefits for this specific condition for a period of up to 12 months.
- A condition-specific waiting period will apply if the previous medical aid fund had imposed such waiting period and it had not expired at the time of termination.

Non-disclosure consequences:

- If found that false information has been submitted or that any relevant information has deliberately been omitted on an application, the Fund may correct this in terms of its rules, which may include re-underwriting or termination of membership.

Refractive surgery:

- A 12 month waiting period will apply on all members across all benefit options where the benefit is available, including members previously covered by other medical aid funds.

Maternity:

- All new employer group members joining the Fund will normally be exempt from the following unless the member/dependants join the Fund 3 months after becoming eligible for membership.
- A condition-specific waiting period of 12 months will apply to new individual members and to a member who joins NHP already pregnant, until and including delivery. All maternity related treatment falls under the 12 month waiting period. This also applies to members previously covered by other medical aid funds.

Newborn:

- The principal member is required to register a newborn as a child dependant within 30 days from the date of birth.
- If a member applies to register a newborn or newly adopted child as a dependant after 3 months following the date of birth or adoption of the child, the Fund may subject the child dependant to a general waiting period. A medical declaration completed by a doctor will be required for the child dependant.

Changing benefit options

Members can submit requests to change benefit options up to the end of January for the new benefit year. Members will need approval from their employer if membership falls under an employer group.

Members will receive new membership cards, with the new benefit option selected, whilst the membership number remains the same.

Keeping NHP updated with changes to membership

It is very important to notify NHP of any changes in personal and dependant(s) details. Not informing NHP timeously of changes can for example, affect the payment of refunds if the banking details are incorrect or the deduction of contributions if there is an addition or termination of dependant(s). In addition, in order to keep members informed of critical and membership information, we need to be able to reach them.

Please let us know if any of the following membership details change:

- *Address, telephone number or other contact details*
- *Banking details*
- *Marital status*
- *Addition or termination of dependants*
- *Passing away of the principal member or any registered dependant(s)*

Members must notify the Fund of any change of address, including email address as well as cellphone details immediately and without delay. The Fund will not be held liable if a member's rights are prejudiced or forfeited as a result of neglect to comply with the requirements of this rule. The Fund will not be held liable for any information not delivered to the member due to the member's failure to furnish and update his/her latest contact details, inclusive of banking details.

Important

Sending claims to NHP

A claim is an invoice for medical treatment submitted to the Fund for payment or reimbursement. Most healthcare providers have the ability to send claims electronically, ensuring a shorter processing time. Alternatively, members or healthcare providers must submit claims in hard copy format.

If the member's healthcare provider, claims electronically and members receive a copy of the invoice (for members information), it is not necessary to send a copy to NHP. However it remains the members responsibility to ensure that all accounts are submitted within 4 months from the service date.

Checklist to make sure the correct information is submitted to avoid payment delays:

- Is it a detailed account bearing the practice name?
- Does it clearly state the facility practice number?
- Does it include the facility address?
- Does it specify the consulting healthcare provider's name?
- Are the admission and discharge dates correct?
- Is the diagnosis stated?
- What are the relevant NAPPI codes at primary and secondary level?
- Does it state the treatment provided?
- Please, confirm that membership details are correct:
  - Principal members name and surname
  - Patients name and surname
  - Membership number clearly stated
  - Dependant code
  - ID number or date of birth
- Are the patient's details the same as those stated on the NHP membership card?

Submission of claims for medical treatment within 4 months after the treatment date

It is important for members to understand that it is their obligation to follow-up and ensure all claims are submitted within the required 4 month period. All claims submitted after this period will be stale and will not qualify for payment. Members remain liable to the doctor for treatment and the full balance of the invoice, irrespective of whether such claim was paid.

If members pay the doctor upfront, they must attach proof of payment to the claim before submitting the claim for processing. Members should make copies for their own records.

Members and/or doctors have 60 days to resubmit any rejected claim following the date of rejection. The Fund will not accept any amended claim after the given 60 days. The claim run-off period for treatment up to 31 December 2018 will extend to 30 April 2019.

The same principle to process and pay for claims will apply for updates, motivations and any other additional information requested in accordance with the rules of the Fund.

It is thus the member's responsibility to ensure and check that accounts submitted the first time are in full.

Stale claims

A stale claim is an invoice not submitted in its entirety, returned for correction but not resubmitted and is older than 4 months from the date of treatment. The Fund shall inform the member why the claim is rejected giving the member a certain amount of time to correct and resubmit such claim.

It is the member's responsibility to ensure and check that accounts submitted the first time are in full.

Members MUST have pre-authorisation

Members must get pre-authorisation before their Major Medical Expenses will cover any claim, e.g. a planned or emergency hospital admission, specialised radiology, or selected procedures. If in doubt, members are to contact NHP to find out if they require pre-authorisation.

Pre-authorisation for in-hospital admissions

Hospital pre-authorisation is a process where a member applies to the Fund, before hospital admission, for pre-authorisation of any procedure or treatment in hospital. The pre-authorisation process assesses the medical necessity and appropriateness of the planned procedure or treatment according to clinical protocols, guidelines prior to hospital admission.

Obtaining hospital pre-authorisation remains the member's responsibility. Members must obtain pre-authorisation at least

72 hours before hospital admission. In the case of an emergency requiring hospital admission, authorisation is mandatory within 48 hours after hospital admission. Should a member fail to obtain pre-authorisation, the Fund will pay only at 90% of the NAMAF benchmark tariff for any claims related to the hospital admission.

Important:

- *Pre-authorisation does not guarantee payment for other associated costs.*
- *Benefits according to what are permitted in terms of clinical protocols and guidelines of the rules of the Fund are covered.*
- *Treatment must commence within 30 days of pre-authorisation, subject to available benefits.*
- *Pre-authorisation for treatment in hospital is only valid and restricted to conditions for which pre-authorisation has been requested for and subsequently granted.*
- *Certain in-hospital expenses incurred as part of the planned procedure might be an exclusion from the member's in-hospital benefit.*
- *Certain procedures, medication and new technology used in hospital may require a separate pre-authorisation. Members must clarify with their healthcare provider prior to applying for pre-authorisation before hospital admission.*

Any treatment falling outside of the scope of such pre-authorised treatment will require an update and further pre-authorisation.

Why is it important to pre-authorise?

- *The members' hospital stay will be subject to the specific procedures and services that were pre-authorised by the Managed Care department. Any additional days in hospital, multiple procedures, or additional services will require further pre-authorisation or motivation.*
- *No further benefits will be covered or paid unless a longer stay or revised requirements are authorised by the Fund.*
- *There might be requirements for additional information.*

Why are certain pre-authorisations for hospital admissions or specific procedures declined?

- *The requested procedure excludes cover under the members specific benefit option.*
- *The procedure does not qualify for funding from the in-hospital benefit, instead is funded from the out-of-hospital benefit.*
- *The procedure is not appropriate at the specific time.*
- *It is a combination procedure.*
- *Benefits are depleted (if applicable).*
- *Requested procedure falls under an exclusion.*
- *Members may have a waiting period or exclusion(s) imposed when joining the Fund.*

Members must contact NHP in the event of a postponement of admission or procedure, or if being re-admitted with the same condition, re-applying for pre-authorisation with the revised details.

Important details about pre-authorisation numbers:

- *The pre-authorisation number only applies to the specific hospital or practice, specified on pre-authorisation request. If there are any changes to details, members must notify the Fund.*
- *Contact NHP for any benefit related services out of hospital, e.g. if physiotherapy is required after discharge from hospital.*
- *The Fund has the right to cancel a pre-authorised procedure, if the actual information or procedure differs from what was pre-authorised.*

Ask questions and get information before agreeing to a procedure or treatment:

- *Discuss the procedure in detail prior to hospital admission.*
- *Ask about the advantages and disadvantages of undergoing such a procedure or treatment.*
- *Ask about the cost of the procedure/treatment, if possible ask to get a quote indicating the NAMAF benchmark tariff codes to be used for that specific procedure or treatment and contact NHP to assess if this will be covered by their available benefit limits and how much will the co-payment be after GAP cover.*
- *Where multiple procedures during the same procedure are performed these could be covered at different percentages as set out in the guidelines.*
- *Ask for alternatives before opting for surgery.*
- *Ask if the healthcare provider charges according to the medical aid fund benchmark tariffs.*
- *Ask who the anaesthetist is and ask if he/she bills at medical aid fund rates.*

The Managed Care department must be contacted on the first working day following any after hour emergency related procedures.

Roll-Over benefit

If a member claims less than a certain threshold amount included in their Day-to-Day benefits, they can build up a Roll-Over benefit that they can use to pay for healthcare treatment and medical costs. Claims paid in accordance to the Day-to-Day benefits of each benefit option, taking into account the threshold level, will first be debited against the Roll-Over benefit where after the normal Day-to-Day benefits will be utilised.

At the end of April, in the following benefit year, if the previous year's Day-to-Day benefit claims excluding costs for chronic medication are less than the Roll-Over benefit threshold amount, the remaining balance will be transferred into the members accumulated Roll-Over benefit account.

- *Members Roll-Over benefit accumulates in their name for as long as they are members of NHP.*
- *A Roll-Over benefit instruction claims form for manual Roll-Over refunds must be completed and can be sent via fax 061 223 904 or emailed to claims@nhp.com.na.*
- *If members select the automated claims process, the completed form can be sent via fax 061 230 465 or emailed to members@nhp.com.na.*

Whilst being a member of NHP, any positive balance accumulated in their Roll-Over benefit account can pay for:

- *Routine medical costs.*
- *Outstanding member's portions.*
- *Treatment normally excluded from benefits.*
- *Medical expenses with a valid chargeable Tariff or Nappi Code which are usually excluded by the Fund. These medical services must be provided by a registered healthcare provider.*
- *The difference between the actual medical costs and the NAMAF tariff for medical services covered by the Rules.*
- *Medical aid contributions.*
- *Claims in respect of benefits for sickness conditions, medical procedures or medicines excluded (Including exclusions from the Optical and Dental Benefits) may be paid from a positive balance on the accumulated Roll-Over Benefit.*
- *Medical expenses in respect of new dependants where a waiting period may apply.*

Claims not eligible for payment from the Roll-Over benefit:

- *Non-medical expenses without a valid chargeable code and Nappi code which is not rendered by a registered medical service provider.*
- *Any medical or non-medical expenses claimed for beneficiaries not actively registered as dependants of the main member.*
- *Green Cross shoes.*
- *Sunglasses, whether or not prescribed by a registered optomotrist or ophthalmologist.*

Upon resignation from an employer group, the member may elect to continue membership with the Fund, either as an individual or as a member of another employer group, in which case the accumulated Roll-Over benefit transfers to the new membership without forfeiture of the accumulated benefit.

Chronic medication benefit

Chronic medication is medicine needed to treat a long-term illness, which is taken on a regular basis (usually daily). This is an additional benefit over and above any Day-to-Day benefits allowed for by the choice of benefit option.

This benefit relates to medicine only and does not include the healthcare provider's consultations. It should be noted that a 20% levy applies to all chronic medicine prescribed, irrespective of whether it is dispensed by a pharmacy or any other registered healthcare provider. A minimum co-payment of N$ 30 in respect of any prescribed medicine applies.

The Chronic medication benefit is available on the Blue Diamond and Litunga.

Members with chronic conditions must inform the Fund of their condition as soon as a healthcare provider has diagnosed and provided a prescription for on-going medicine to ensure appropriate funding. Chronic medicine is subject to the available benefits as indicated under each benefit option.

When benefits are used up, the available acute medication benefit is then utilised. To ensure payment, medication must be prescribed by a registered healthcare provider for a period of 3 months or longer.

Members must renew their chronic medication authorisation annually.

Chronic Lifestyle Disease Extender benefit

This is a new benefit available as from 1 January 2019 and limited to specific ambulatory healthcare services for beneficiaries diagnosed with one or more of the following medical conditions:

- *Hypertension*
- *Hypercholesterolemia*
- *Diabetes Mellitus Type 2*

The intention is to assist high risk chronic members to remain under treatment for the period of cover in terms of each benefit year subject to being on a qualifying benefit option and being registered on the programme. Where a member may be diagnosed with more than one of the above conditions, the allowable services for multiple conditions shall be determined by combining the services for each disease. The quantity limits will however remain as the number approved for each individual disease.

The treatment covered by this benefit includes:

- *Additional consultation(s) by healthcare providers restricted to the prescribed frequency of treatment codes.*
- *Chronic Medicines, inclusive diabetic disposables such as syringes, needles, strips and lancets for registered patients.*
- *Additional pathology and radiology tests.*

The Chronic Lifestyle Disease Extender benefit will only be activated once all other acute- and chronic medication benefits as well as any available Accumulated Roll-Over benefits have been depleted.

The Chronic Lifestyle Disease Extender benefit is only available to members on the Gold, Platinum and Titanium benefit options. High risk members on the Silver and Bronze benefit options, subject to approval and furthermore registration on the Beneficiary Risk Management Programme, may apply for this benefit. Members on the Hospital, Blue Diamond and Litunga benefit options will not have access to this benefit.

Acute medication benefit

Acute medication is medicine prescribed once off for less than a month by a healthcare provider, or medicine for conditions not listed or recognised as chronic conditions by the Fund, e.g. antibiotics prescribed for tonsillitis. Immunisations not covered under the Preventative Care benefit will be payable from the acute medication benefit.

A 20% levy applies to all prescribed acute medication. A minimum co-payment of N$ 30 in respect of any prescribed acute medication applies.

Oral and parenteral contraceptives limited to N$ 220 per claim, subject to the acute medication benefit.

Self-medication benefit

Self-medication referred to as over-the-counter (OTC) medication, is medicine bought from a pharmacy without a prescription. Only medication that a pharmacist legally dispenses without a prescription from a healthcare provider qualifies under this benefit. This includes all schedule 0, 1 and 2 medication and includes the typical cold and flu medicine, such as cough medicine and decongestants, including vitamins with a NAPPI code.

Claims in respect of self-medication vary per benefit option. Members are able to use their self-medication benefit at pharmacies without having to pay first and claim later, instead the pharmacist can claim electronically from the Fund. No levy will be applied in respect of self-medication, subject to the claim being within the per claim limit.

Claims for over-the-counter medicine are subject to the acute medication benefit.

Benefits included:

- *This benefit includes sun block with a NAPPI code purchased at a pharmacy.*
- *Members on the Blue Diamond benefit option may obtain legally dispensed medication by a pharmacist without a prescription from a healthcare provider up to a maximum of N$ 740 per family per year. This includes all schedule 0, 1, and 2 medication. Claims in respect of self-medication will be limited to N$ 210 per claim.*

Benefits excluded:

- *Consultations charged by a pharmacist*
- *Medication acquired off the shelf in supermarkets*

Preventative Care benefit

Gold, Platinum, Titanium, Silver, Bronze, subject to OAL

Designed to cover high risk conditions in almost every life-stage the preventative care benefit pays for expenses normally covered from the Day-to-Day benefit.

The intention is to shift the focus from curative, to preventative healthcare. There is a need to introduce broader evidence based preventative care benefits in an affordable manner in order to address the burden of disease amongst members of the Fund.

If diagnosed early and managed, the outcome could change significantly for the better.

Women's health

Breast cancer screening:

- *Mammograms: Breast cancer screenings for females aged 50 to 74 years. The Fund will pay for 1 mammogram every 2 years.*
- *Pap smears: For cervical cancer, tests for females aged 21 to 65 years. The Fund will pay for 1 pap smear every 3 years.*
- *Cervical vaccination is available.*

The Fund will pay for immunisations against the HP virus e.g. Cervarix, Gardasil on the following conditions:

- *Subject to 80% of the NMPL up to a maximum amount of N$ 767 per script, claimed from the preventative care benefit.*
- *No age motivation will be required for NHP members.*
- *The Fund will pay for a maximum of 3 injections per female dependant.*

Children's health

Immunisations:

- *The preventative care benefit will cover for child immunisations for child dependants up to the age of 10 years, resulting in a considerable amount of Day-to-Day benefit savings. Members must know that, depending on the healthcare provider, a co-payment may be required, which NHP will not fund. Please note that various limits apply.*

The following childhood immunisations will be paid for children 10 years and younger:

- *Polio*
- *Diphtheria*
- *Pertussis*
- *Tetanus*
- *Haemophilus influenza type B*
- *Measles*
- *Mumps*
- *Rubella*
- *Varicella (chickenpox)*
- *Pneumococcal disease*
- *Rotavirus*
- *Hepatitis A and B*
- *Meningococcal disease*

Men's health

Prostate-Specific Antigen (PSA) testing:

- *Test for the likelihood of prostate cancer. The Fund will pay for 1 test every 2 years for male dependants aged from 50 years and older.*

Senior health

Bone densitometry:

- *For females aged from 65 years and males aged from 70 years. The Fund will pay for 1 osteoporosis screening per dependant every 2 years.*

Colorectal cancer screening:

- *For all dependants aged from 50 to 75 years, limited to 1 faecal occult blood test every year, 1 flexible sigmoidoscopy screening every 5 years and 1 colonoscopy screening every 10 years.*

Cardiac health

Cholesterol screening - Full lipogram:

- *The Fund will pay for 1 lipogram every 4 years, for dependants 20 years and older.*

Sexual health

HIV:

- *The Fund will pay for 1 HIV test per dependant per year.*

Vaccinations

Flu vaccine:

- *Members of all ages will qualify for flu vaccines at a rate of 1 flu vaccination per dependant per year.*

Employer groups hosting flu vaccine campaigns for their employees must know that the Fund will not be responsible for the cost of the enrolled registered nurse(s) if offered on-site. Employer groups must contact the Fund in this regard before embarking on a flu vaccine campaign directed for their employees.

This benefit excludes:

- *More than 1 flu vaccination per dependant per year.*
- *Childhood vaccinations to children older than 10 years.*
- *Other vaccinations not listed above are payable from the Acute medication benefit.*

Pneumococcal vaccine:

- *Only for ages 65 years and above for beneficiary with respiratory problems, 1 vaccination per beneficiary per lifetime.*

International travel benefit

This benefit provides cover for up to N$ 10,000,000 per dependant for medical emergencies whilst travelling outside Namibia and overseas. Cover includes costs related to medical and related

expenses, emergency medical assistance, medical evacuation and repatriation, return of dependant's children and emergency medical assistance.

In order to qualify for the International Travel benefit, members must register themselves and their dependants accompanying them before leaving Namibia.

The International travel benefit is for leisure and business travel only, planned medical treatment will not be covered. Benefits are limited to a maximum travel period of 90 days and 30 days and N$ 500,000 per case if there is a pre-existing condition. Cover is only available to members and registered dependants between the ages of 3 months to 80 years.

Upon receipt of the above mentioned information, the Fund will issue a letter to the principal member involved, confirming the terms and conditions of medical cover during the intended overseas visit or visit to South Africa and neighbouring countries.

During the overseas visit, the member will be liable for all expenses related to normal medical treatment.

Failure of members to give full disclosure in respect of any pre-existing illnesses prior to departure may result in treatment of a possible illness or injury being rejected by the insurer.

Prerequisites

1. *Complete application for international travel assistance, submitting copies of all passport(s) and flight tickets for all persons travelling.*
2. *Registration of the principal member and all dependants, including children, must be finalised prior to leaving Namibia.*
3. *Obtain a cover letter and a copy of the policy document from NHP, which shows the policy number and emergency contact details as well as the conditions of cover.*
4. *Obtain an embassy letter for extended travel.*

How to claim

1. *Always obtain a reference number if in a medical emergency or need to claim.*
2. *Obtain a comprehensive medical report with diagnosis from the treating healthcare provider.*
3. *Keep all invoices and submit all proof of the medical costs paid for and a copy of the airline ticket(s).*
4. *When members return, they should complete and submit a claim form attaching all supporting documents.*
5. *Submit a report from the local healthcare provider stating treatment received 12 months prior to the effective date of insurance in respect of any pre-existing medical condition.*

The risk of this product is fully underwritten by a registered insurer as required by the Medical Aid and Insurance Acts.

Repatriation benefit

Should something unexpected happen to a member or dependant member, (usually a medical emergency a long distance from where you live) the Fund will cover the costs of transporting a member or dependant member back home. The Fund will either pay the transport costs in cash or through an agreement with a preferred transport company.

For all repatriation enquiries, please contact the NHP Call Centre.

The repatriation benefit will cover the cost of repatriation in case of:

- *Emergency transportation within South Africa and Namibia whether by means of bus transport or commercial flight, where a patient is still alive after an emergency treatment.*
- *Emergency transportation within South Africa and Namibia where the patient passed away and the mortal remains are repatriated to the town of residence in Namibia.*
- *Mortal remains repatriation inclusive from the place of death in Namibia to the mortuary or nearest town within Namibian borders will be paid to a maximum of N$ 15,000 per event.*
- *The Fund will pay one commercial flight ticket or refund any fuel costs for repatriation in South Africa and Namibia after a medical emergency evacuation per annum.*
- *Repatriation of mortal remains in Namibia or South Africa is covered if a member or a dependant receives pre-authorised treatment but subsequently passess away.*

The benefit payment is subject to provision of the following documentation:

- *Valid claim form to be completed*
- *Certified copy of the death certificate of the insured*

Premium Waiver

The NHP Premium Waiver is an inclusive benefit that ensures dependants retain membership for 3 months after the passing of the principal member.

To qualify for benefits, the remaining dependant(s) must:

- *Download and complete the required claim form by visiting NHP's website www.nhp.com.na and fax it to 061 230 465 or email to members@nhp.com.na.*
- *Submit a death certificate in respect of the deceased.*
- *Submit proof of paid up membership with the Fund.*

Emergency evacuation benefit

Although the Fund may make use of the services of any number of accredited emergency service providers the Fund maintains two accredited emergency contact numbers at E-Med Rescue 24 and LifeLink EMS. Both E-Med Rescue 24 and LifeLink EMS are locally owned emergency medical evacuation companies with the appropriate infrastructure in place to provide adequate cover and peace of mind to all NHP members.

If a member experiences a serious medical emergency, they must call:
E-Med Rescue 24 in Windhoek, tel 061 222 223
LifeLink EMS in Swakopmund, tel 064 501 000

Should E-Med Rescue 24 or LifeLink EMS not have ambulances available or a physical presence in the members town of residence, then members will still be required to contact them at the above mentioned numbers and they in return will arrange with any other emergency medical evacuation provider, to be of assistance during an emergency.

International EMS Cover

Outside Namibian borders

NHP members will enjoy cover for medical emergencies, both by road and air evacuation, in Namibia, Botswana, Kenya, Lesotho, Malawi, Mozambique, South Africa, eSwatini, Tanzania, Zambia, Zimbabwe and Angola. In addition, members will also be covered by emergency medical evacuation in the event of a motor vehicle accident.

Members requiring emergency medical assistance should provide the following information at the time of requesting such assistance:

- *Membership number*
- *Personal particulars*
- *The place and telephone number where the patient or his/her representative can be reached*
- *A brief description of the emergency*
- *The nature of the assistance required*

Both E-Med Rescue 24 and LifeLink EMS are accredited service providers to the Fund. Members should note that assistance for emergency evacuation may only be requested from either E-Med Rescue 24 or LifeLink EMS and not from any other medical service provider, such as Municipal Emergency Ambulances, without prior approval from the Fund.

Members must correctly identify themselves as a NHP member. Under all circumstances NHP members must request for assistance via any of the two emergency numbers provided.

Non-emergency transfers must be pre-authorised by the Fund's medical service provider call centre prior to the transfer of the patient. An authorisation number will be allocated to the case and issued to the healthcare provider at the time of the request for transportation. Authorisation numbers will not be issued for cases where the member has already been transferred.

Transfer from the hospital to home qualifies as a non-emergency.

For further enquiries, please contact NHP Call Centre.

Funeral benefit - Optional

Underwritten by Sanlam Namibia

The last thing a member should worry about is the funeral expenses following a sudden illness. NHP members have the option to obtain funeral cover at a very competitive rate. The funeral cover is not part of the normal medical aid fund benefits.

The risk of this product is fully underwritten by a registered insurer as required by the Medical Aid and Insurance Acts.

Members must indicate whether funeral cover should apply just for them or include their dependant(s). The Funeral Cover monthly contribution will be additional to the normal monthly contributions.

Monthly contributions

Per principal member	N$ 9.50 per month
Per family	N$ 16.70 per month

Funeral benefit breakdown

Principal member	N$ 15,000 each
Qualifying spouse	N$ 15,000 each
Children 15+ and adults	N$ 15,000 each
Children 6 to 14 years	N$ 7,500 each
Still-born to 5 years	N$ 3,750 each

Oncology Programme

Gold, Platinum, Titanium, Silver, Hospital

It will be to the members' advantage to contact the Managed Care department before starting any treatment, once diagnosed with cancer. Members will be required to submit the treatment plan, blood tests, x-ray report and histology report to the clinical team as all oncology treatment is subject to pre-authorisation and case management.

The Oncology Programme will not only help a member to manage the high costs associated with treatment, but members will receive help, support and education on their condition from the Oncology Case Manager.

By enrolling on the programme, members will qualify for the annual Oncology benefit limit. It will also ensure that healthcare services related to oncology, such as the doctor's consultations, general and specialised radiology and pathology during follow-up visits to the doctor will come from the member's Oncology benefit. By obtaining authorisation, members are also ensuring that their treatment is effectively managed within their available benefits.

In most cases, this limit will be sufficient to cover well-managed costs. If a treatment plan is rejected, the member will not have access to the oncology benefit limit, and all cancer-related claims, will cover from the members' Day-to-Day benefit, if available.

The Oncology Case Manager will address any concerns with the treating oncologist.

Aid for AIDS (AfA) Programme

Acquired Immunodeficiency Syndrome (AIDS) is a chronic, potentially life-threatening condition caused by the Human Immunodeficiency Virus (HIV). By affecting the immune system, this virus interferes with the body's ability to fight organisms that cause infection and other diseases.

There is currently no cure for HIV/AIDS, but there is medicine available that can dramatically slow down the progression of the disease.

The AfA Programme is available to all members at no additional cost. All interaction between the members and the AfA Programme is kept strictly confidential in order to reassure the member that his/her status will remain confidential. The AfA Programme provides comprehensive benefits for the treatment of HIV/AIDS.

Registration

A member or dependent should register on the AfA Programme in order to qualify for benefits. A member must forward a clinical summary to the Fund. This summary must contain the relevant history, clinical findings, results of the HIV/AIDS diagnostic test as well as all the CD4 and viral load test results. Members must submit any additional test results that have a bearing on the clinical picture or the impact the disease, e.g. tests including full blood counts, liver function tests and specimens sent for microscopy.

When on the AfA Programme, members can be assured that they are being looked after by a team that value and respect ones privacy.

Contact details

tel	061 285 5423
fax	061 271 674
email	info@afa.com.na
Postal	PO Box 5948, Ausspannplatz, Windhoek

An application form can be downloaded from the website www.nhp.com.na. The healthcare provider can also contact us directly on behalf of the member.

Wellness Programme

Our Wellness Programme goals are to improve the health profile of our corporate organisations as well as improve the productivity of their employees. This, in return, improves the employees' perception of their workplace and organisation.

The Wellness Programme also helps members be aware of their lifestyle choices and risks. They have access to information and support that will improve their lifestyle, health profile and quality of life.

We use a specific health risk assessment that's made up of the normal biometric screenings (blood pressure, glucose level, body mass index (BMI) and cholesterol test) as well as a lifestyle questionnaire. Our health check unit captures the results and members get an individual report classifying their risks into 8 different kinds.

The employer organisation will receive a system generated report that summarises the health profile of the group. Once the biometric screenings are complete, the assessments are loaded and we can start the interventions.

Back and Neck Rehabilitation Programme

This is a new benefit applicable to members on all options (including the Blue Diamond and Litunga benefit options) and further subject to application and pre-authorisation. The benefit is intended to fund the cost of Document Based Care (DBC) conservative treatment for chronic back and neck ailments.

Access to this benefit is limited to the identification processes below:

- *Referral by the treating general practitioner or specialist of eligible members who would benefit from the DBC back and neck Programme, as opposed to surgery in the first instance and post-surgical rehabilitation.*
- *Pre-emptive identification of eligible beneficiaries.*
- *Pre-emptive identification through requests for hospital authorisation relating to surgery.*
- *Identification of eligible employee as part of Wellness Day screenings, with subsequent referral to the DBC Programme.*

The benefit makes provision for consultations by the General Practitioner and treatment by the Physiotherapist and Biokineticist.

The treatment protocol includes:

- *Initial assessment*
- *1st Cycle of treatment sessions and interim assessment by medical doctor*
- *2nd Cycle of treatment sessions and re-assessment by medical doctor*
- *Bi-monthly maintenance sessions, if approved.*

Funding of this conservative treatment is funded from the Major Medical Expense risk benefit and not from Day-to-Day, since this programme offers conservative treatment for back and neck related conditions.

Notes

NHP Contact information

Get in touch

Head office: Windhoek

Tel	061 285 5400
Fax	061 223 904
Website	www.nhp.com.na
Walk-in assistance	Unit 2, Demushuwa Suites Corner of Grove and Ombika Street Kleine Kuppe
Postal address	PO Box 23064, Windhoek
Operating hours	Monday to Friday 07:45 - 17:00 Saturday 08:00 - 13:00

Fraud hotline - Confidential

Tel	0800 647 000
Email	fraud@medscheme.com.na

NHP emergency numbers

(Monday to Sunday until 22:00)

After hours	081 372 9910
In-hospital	081 246 8436

Dedicated emergency medical assistance

E-Med Rescue 24	061 222 223
LifeLink EMS	064 501 000

Branches

Windhoek: Sanlam Walk-in Centre

Tel	085 268 3400
Email	moutonr@medscheme.com.na
Walk-in assistance	Ground floor, Sanlam Centre 145 Independence Avenue

Swakopmund

Tel	064 405 714
Fax	064 403 715
Email	swakop@nhp.com.na
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
Fax	064 209 959
Email	walvis@nhp.com.na
Walk-in assistance	Office No. 7, Welwitschia Hospital Centre
Postal	PO Box 653, Walvis Bay

Oshakati

Tel	065 221 721
Fax to email	061 277 412
Email	oshakati@nhp.com.na
Walk-in assistance	Medical Complex, Main Street
Postal	PO Box 23064, Windhoek

Keetmanshoop

Tel	063 225 141
Fax to email	061 277 419
Email	keetmans@nhp.com.na
Walk-in assistance	Bird's Mansion Hotel, 6th Avenue
Postal	PO Box 1541, Keetmanshoop

Dedicated

Aid for AIDS (AfA) Programme

Tel	061 285 5423
Fax	061 271 674
Email	info@afa.com.na

Oncology Programme

Tel	061 285 5422
Fax	061 277 408
Email	oncology@nhp.com.na

Wellness / BRM / Lifestyle Programme

Tel	061 285 5437
Fax	061 231 282
Email	wellness@nhp.com.na

Clinical risk

Chronic Medicine Management

Tel	061 285 5417
Fax	061 277 408
Email	chronicapp@nhp.com.na

Support

Membership

(Applications, contributions and amendments)

Tel	061 285 5400
Fax	061 230 465
Email	members@nhp.com.na

Ex-Gratia

exgratia@nhp.com.na

Optical

optics@nhp.com.na

Claims

Tel	061 285 5400
Fax	061 223 904
Email	claims@nhp.com.na

Hospital pre-authorisation

Tel	061 285 5400
Fax	061 277 408
Email	cases@nhp.com.na

International Travel Insurance

Tel	061 285 5400
Fax	061 223 904
Email	nhptravel@nhp.com.na

New business

Tel	061 285 5407
Fax	061 231 282
Email	newbusiness@nhp.com.na

Healthcare providers

Tel	061 285 5444
Fax	061 277 404
Email	providers@nhp.com.na