



Benefit guide 2018



Disclaimer

The new benefits, contributions and Rules of NHP for 2018, 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 2018 (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.



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Own your health

As a member of NHP, you have support in being able to afford the healthcare that you and your family need. However, there are limits to how much the Fund will pay out and what it will pay for. This guide tells you about your medical cover. If you need more detail, please let us know.

About NHP

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 seventh consecutive year (2010 to 2016).

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.

Our core principles

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 choices about choosing the medical cover that will best suit the member's needs. Member contributions determine the level of benefits, the rate at which we reimburse claims and freedom of choice when it comes to selecting doctors. 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 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.

Benefit option choices based on certain preferences

NHP understands that members have different needs and preferences, designed to suit a range of different needs, meeting those needs with quality healthcare. 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.

This User guide is a summary of the latest Fund rules. Members will receive annually a copy of the Benefit guide.

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

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 tip offs 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 NHP. 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!

G

Gold

1

Health requirement needs directly related to age



2

Increased prevalence of chronic diseases

P

Platinum

3



Greater need for comprehensive benefits for both Major Medical and Day-to-Day Expenses

T

Titanium

4

Required medical costs are covered to the greatest extent



5



Require extensive chronic medicine and orthodontic benefits

6

Know the need for medical aid

7

Family benefit requirements



8

Young family requiring the security of a structured benefit package



Traditional

S

Silver

1

Seeking value rather than expense

B

Bronze

2

Planning on starting a family or are newly married



3

Pooled benefits offering flexibility in allocating available funds



4

Know the need for medical aid

5

Required hospital costs are covered to the greatest extent



6

Moderate health requirements



7

Family benefit requirements



New generation

H

Hospital



1

Seeking value rather than expense



2



Required hospital costs are covered to the greatest extent

3

Medium income levels



4

Recommended for healthy families with a higher appetite for risk



5

Prevention is better than cure



6

Know the need for medical aid



Hospital

Primary healthcare

B

Blue Diamond

1

Obligated to use designated service providers

L

Litunga

2

Starting employment for the first time



3

Low to medium income

4

Low health requirements



5

Adequate cover for Major Medical Expenses



6

Unlimited cover for Day-to-Day Expenses



7

Chronic medication benefit
Blue Diamond only

Gold

Major Medical Expenses: Limit per category



| | NAMAF tariff or % thereof | Principal member | Per additional beneficiary | Per family | Condition |
|-------------------------------------------------------------------------------------|---------------------------|---------------------------------|----------------------------------------|---------------|-------------------|
| Overall Annual Limit | | | Unlimited | | |
| 1. Healthcare provider or medical specialists | | | | | SPA |
| 1.1. Consultations or visits: In-hospital | 225% | | | | |
| 1.2. Procedures: In-hospital | 225% | | | | |
| 2. Hospital services | | | | | SPA |
| 2.1. Accommodation and theatre | 100% | | | | |
| 2.2. Blood transfusions | 100% | | | | |
| 2.3. Dialysis | 100% | | | | |
| 2.4. Medication | 100% | | | | |
| 2.5. Accommodation: Private wards | 100% | 23 400 | | 47 300 | |
| 2.6. Accommodation other than a recognised hospital or medical institution: SA only | 100% | 590 Per day | | 590 Per day | |
| 2.7. Appliances and prosthesis: Surgical | 100% | 65 100 | | 105 000 | |
| 2.8. Refractive surgery: Full procedure - A waiting period of 12 months will apply | 100% | 27 900 | | 34 500 | |
| 2.9. Organ transplants: Full procedure | 100% | 557 000 | | 557 000 | |
| 2.10. Private nursing | 100% | 31 500 | | 63 100 | |
| 2.11. Oncology | 100% | 694 000 | | 694 000 | |
| 3. Radiology | | | | | SPA |
| 3.1. Radiology: Specialised MRI and CT scans - In-and-out of hospital combined | 100% | 34 900 | | 34 900 | |
| 3.2. Basic Radiology: In-hospital | 100% | | | | |
| 4. Pathology | | | | | |
| 4.1. Pathology: In-hospital | 100% | | | | |
| 5. Dentistry | | | | | SPA |
| 5.1. Oral surgery: Full procedure | 100% | 57 000 | | 57 000 | |
| 5.2. Maxillo facial surgery: Non-elective only | 100% | | | | |
| 5.3. Dental Implants | | | | | OAL |
| 5.3.1. Hospitalisation | 100% | 15 100 | | 15 100 | |
| 5.3.2. Implant: Consultation, procedure and cost | 100% | 16 300 | | 16 300 | 3 250 Per implant |
| 6. Psychiatric treatment | | 27 600 | | 55 800 | SPA |
| 6.1. Hospitalisation or institutionalisation | 100% | | Subject to psychiatric treatment limit | | |
| 6.2. Rehabilitation: Alcohol and drug addiction or abuse | 100% | | | | SPA |
| 7. Maternity | | | | | |
| 7.1. Confinement: Full procedure - Subject to pre-authorisation | 100% | | | | SPA |
| 7.2. Antenatal consultations | 100% | 12 visits | | 12 visits | OAL |
| 7.3. Sonar scans: 2D | 100% | 2 scans | | 2 scans | OAL |
| 7.4. Amniocentesis | 100% | | | | SPA |
| 8. Preventative care | | | | | OAL |
| 8.1. Vaccinations: As per list | 100% | | | | |
| 9. Specified illness conditions | | | 46 400 | | OAL |
| 9.1. HIV/AIDS: Including the cost of pathology tests | 100% | | | | SPA |
| 9.2. Sexually transmitted diseases | 100% | 5 830 | | 7 830 | SPA |
| 10. Ambulance services: Only for medical or trauma emergencies | | | | | SPA |
| 10.1. Emergency evacuation: Air | 100% | | | | |
| 10.2. Ambulance services | 100% | | | | |
| 10.3. Ambulance services: Inter-hospital transfer | 100% | 4 160 | 4 160 | | |
| 10.4. Other transportation | | 80% 1st transfer and subsequent | | | |
| 11. Artificial limbs or eyes | | | | | SPA |
| 11.1. Artificial limbs | 100% | | 60 300 | | |
| 11.2. Artificial eyes | 100% | | 24 100 | | |
| 12. Heart surgery: Rehabilitation | 100% | 20 200 | | 20 200 | OAL/SPA |
| 13. Insertion Mirena Device: All Inclusive - Every 3 years | 100% | | 6 000 | | OAL/SPA |

OAL = Overall Annual Limit

SPA = Subject to pre-authorisation

Day-to-Day Expenses: 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 | | 15 600 | 4 220 | | |
| 1.1. Consultations or visits: Out-of-hospital | 100% | 15 visits | 10 visits | | |
| 1.2. Procedures: Out-of-hospital | 100% | | | | |
| 1.3. Pathology or radiology: Out-of-hospital | 100% | | | | |
| 2. Medicine and injections | | | | | |
| 2.1. Acute medicine | | 8 980 | 5 220 | | |
| 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% | 1 660 | 415 | | 205 Per claim |
| 2.1.4. Vitamins, homeopathic and phytotherapy medicines - Min levy of N\$ 30: Subject to acute medicine limit | 80% | 890 | 245 | | 205 Per claim |
| 2.2. Chronic medicine | | 27 800 | | 56 100 | |
| 2.2.1. Chronic medicine approved - Min levy of N\$ 30: Subject to prior registration | 80% | | | | |
| 3. Dentistry | | 16 900 | | 33 600 | |
| 3.1. Basic dentistry: Subject to sub-limit | 100% | 9 510 | 3 260 | | |
| 3.2. Dental technicians | 100% | | | | |
| 3.3. Advanced dentistry | 100% | | | | |
| 3.3.1. Orthodontics | 100% | | | | |
| 3.3.2. Dental implants: Full procedure | 100% | | | OAL: Refer to 5.3. | |
| 4. Optical | | 5 620 | 2 090 | | |
| 4.1. Eye tests | 100% | | | | |
| 4.2. Spectacles or lenses: Frames every 2nd year | 100% | | | | Frame limited to 1 850 |
| 4.3. Orthoptics | 100% | | | | |
| 5. Auxiliary services | | 17 500 | 5 170 | | |
| 5.1. Chiroprody | 100% | | 15 visits | | |
| 5.2. Clinical psychology | 100% | | 15 visits | | |
| 5.3. Dietician | 100% | | 15 visits | | |
| 5.4. Homeopathy: Consultations 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\$ 205 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\$ 500 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 | 2 639 | 1 974 | 1 097 | 0-25 | 3 411 | 2 648 | 1 387 |
| 26-30 | 3 002 | 2 421 | 1 097 | 26-30 | 3 831 | 3 220 | 1 387 |
| 31-35 | 3 286 | 2 695 | 1 097 | 31-35 | 4 291 | 3 532 | 1 387 |
| 36-40 | 3 815 | 3 237 | 1 097 | 36-40 | 5 000 | 4 404 | 1 387 |
| 41-45 | 4 135 | 3 644 | 1 097 | 41-45 | 5 336 | 4 810 | 1 387 |
| 46-50 | 4 358 | 3 787 | 1 097 | 46-50 | 5 755 | 5 025 | 1 387 |
| 51-55 | 4 509 | 3 998 | 1 097 | 51-55 | 5 953 | 5 304 | 1 387 |
| 56-60 | 4 739 | 4 155 | 1 097 | 56-60 | 6 238 | 5 596 | 1 387 |
| 61-65 | 5 273 | 4 495 | 1 097 | 61-65 | 7 071 | 6 103 | 1 387 |
| 66+ | 5 482 | 4 627 | 1 097 | 66+ | 7 390 | 6 339 | 1 387 |

Roll-over benefit

For diligent management of your healthcare expenditure

| | |
|----------------|-------|
| Principal | 6 390 |
| Adult/Spec dep | 1 630 |
| Child | 1 630 |

Example of roll-over benefit (Principal member + spouse + 2 children) = 11 280 per year

Spec dep Special dependant

Platinum

Major Medical Expenses: Limit per category



| | NAMAF tariff or % thereof | Principal member | Per additional beneficiary | Per family | Condition |
|-------------------------------------------------------------------------------------|---------------------------|---------------------------------|----------------------------|---------------|----------------------------------------|
| Overall Annual Limit | | | Unlimited | | |
| 1. Healthcare provider or medical specialists | | | | | SPA |
| 1.1. Consultations or visits: In-hospital | 225% | | | | |
| 1.2. Procedures: In-hospital | 225% | | | | |
| 2. Hospital services | | | | | SPA |
| 2.1. Accommodation and theatre | 100% | | | | |
| 2.2. Blood transfusions | 100% | | | | |
| 2.3. Dialysis | 100% | | | | |
| 2.4. Medication | 100% | | | | |
| 2.5. Accommodation: Private wards | 100% | 14 700 | | 29 700 | |
| 2.6. Accommodation other than a recognised hospital or medical institution: SA only | 100% | 555 Per day | | 555 Per day | |
| 2.7. Appliances and prosthesis: Surgical | 100% | 58 600 | | 70 000 | |
| 2.8. Refractive surgery: Full procedure - A waiting period of 12 months will apply | 100% | 21 200 | | 27 900 | |
| 2.9. Organ transplants: Full procedure | 100% | 277 000 | | 277 000 | |
| 2.10. Private nursing | 100% | 26 000 | | 43 800 | |
| 2.11. Oncology | 100% | 521 000 | | 521 000 | |
| 3. Radiology | | | | | SPA |
| 3.1. Radiology: Specialised MRI and CT scans - In-and-out of hospital combined | 100% | 27 800 | | 27 800 | |
| 3.2. Basic Radiology: In-hospital | 100% | | | | |
| 4. Pathology | | | | | |
| 4.1. Pathology: In-hospital | 100% | | | | |
| 5. Dentistry | | | | | SPA |
| 5.1. Oral surgery: Full procedure | 100% | 51 200 | | 51 200 | |
| 5.2. Maxillo facial surgery: Non-elective only | 100% | | | | |
| 5.3. Dental Implants | | | | | OAL |
| 5.3.1. Hospitalisation | 100% | 12 100 | | 12 100 | |
| 5.3.2. Implant: Consultation, procedure and cost | 100% | 12 600 | | 12 600 | 3 250 Per implant |
| 6. Psychiatric treatment | | 22 300 | | 44 500 | SPA |
| 6.1. Hospitalisation or institutionalisation | 100% | | | | |
| 6.2. Rehabilitation: Alcohol and drug addiction or abuse | 100% | | | | Subject to psychiatric treatment limit |
| 7. Maternity | | | | | |
| 7.1. Confinement: Full procedure - Subject to pre-authorisation | 100% | | | | SPA |
| 7.2. Antenatal consultations | 100% | 12 visits | | 12 visits | OAL |
| 7.3. Sonar scans: 2D | 100% | 2 scans | | 2 scans | OAL |
| 7.4. Amniocentesis | 100% | | | | SPA |
| 8. Preventative care | | | | | OAL |
| 8.1. Vaccinations: As per list | 100% | | | | |
| 9. Specified illness conditions | | | 46 400 | | OAL |
| 9.1. HIV/AIDS: Including the cost of pathology tests | 100% | | | | SPA |
| 9.2. Sexually transmitted diseases | 100% | 4 370 | | 5 830 | SPA |
| 10. Ambulance services: Only for medical or trauma emergencies | | | | | SPA |
| 10.1. Emergency evacuation: Air | 100% | | | | |
| 10.2. Ambulance services | 100% | | | | |
| 10.3. Ambulance services: Inter-hospital transfer | 100% | 4 160 | 4 160 | | |
| 10.4. Other transportation | | 80% 1st transfer and subsequent | | | |
| 11. Artificial limbs or eyes | | | | | SPA |
| 11.1. Artificial limbs | 100% | | 42 200 | | |
| 11.2. Artificial eyes | 100% | | 21 200 | | |
| 12. Heart surgery: Rehabilitation | 100% | 16 800 | | 16 800 | OAL/SPA |
| 13. Insertion Mirena Device: All Inclusive - Every 3 years | 100% | | 6 000 | | OAL/SPA |

OAL = Overall Annual Limit

SPA = Subject to pre-authorisation

Day-to-Day Expenses: 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 | | 12 400 | 2 840 | | |
| 1.1. Consultations or visits: Out-of-hospital | 100% | 15 visits | 10 visits | | |
| 1.2. Procedures: Out-of-hospital | 100% | | | | |
| 1.3. Pathology or radiology: Out-of-hospital | 100% | | | | |
| 2. Medicine and injections | | | | | |
| 2.1. Acute medicine | | 8 030 | 1 990 | | |
| 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% | 1 320 | 225 | | 205 Per claim |
| 2.1.4. Vitamins, homeopathic and phytotherapy medicines - Min levy of N\$ 30: Subject to acute medicine limit | 80% | 690 | 200 | | 205 Per claim |
| 2.2. Chronic medicine | | 14 800 | | 29 800 | |
| 2.2.1. Chronic medicine approved - Min levy of N\$ 30: Subject to prior registration | 80% | | | | |
| 3. Dentistry | | 11 200 | | 22 300 | |
| 3.1. Basic dentistry: Subject to sub-limit | 100% | 6 690 | 1 680 | | |
| 3.2. Dental technicians | 100% | | | | |
| 3.3. Advanced dentistry | 100% | | | | |
| 3.3.1. Orthodontics | 100% | | | | |
| 3.3.2. Dental implants: Full procedure | 100% | | | OAL: Refer to 5.3. | |
| 4. Optical | | 4 510 | 1 120 | | |
| 4.1. Eye tests | 100% | | | | |
| 4.2. Spectacles or lenses: Frames every 2nd year | 100% | | | | Frame limited to 1 600 |
| 4.3. Orthoptics | 100% | | | | |
| 5. Auxiliary services | | 15 000 | 4 820 | | |
| 5.1. Chiroprody | 100% | | 15 visits | | |
| 5.2. Clinical psychology | 100% | | 15 visits | | |
| 5.3. Dietician | 100% | | 15 visits | | |
| 5.4. Homeopathy: Consultations 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\$ 205 per claim.
- Sunblock may be purchased at pharmacies under the self-medication benefit.
- Pre-authorized travelling costs for specialist referrals in Namibia partly covered if residing more than 150km from Windhoek - Accommodation included, limited to N\$ 500 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 | 2 229 | 1 647 | 838 | 0-25 | 2 699 | 2 195 | 1 161 |
| 26-30 | 2 451 | 1 794 | 838 | 26-30 | 3 034 | 2 531 | 1 161 |
| 31-35 | 2 641 | 1 910 | 838 | 31-35 | 3 437 | 3 086 | 1 161 |
| 36-40 | 2 973 | 2 193 | 838 | 36-40 | 3 801 | 3 364 | 1 161 |
| 41-45 | 3 263 | 2 526 | 838 | 41-45 | 4 229 | 3 732 | 1 161 |
| 46-50 | 3 545 | 2 665 | 838 | 46-50 | 4 601 | 3 982 | 1 161 |
| 51-55 | 3 774 | 3 030 | 838 | 51-55 | 5 035 | 4 329 | 1 161 |
| 56-60 | 4 073 | 3 464 | 838 | 56-60 | 5 373 | 4 498 | 1 161 |
| 61-65 | 4 238 | 3 727 | 838 | 61-65 | 5 702 | 4 805 | 1 161 |
| 66+ | 4 581 | 3 913 | 838 | 66+ | 6 353 | 5 483 | 1 161 |

Roll-over benefit

For diligent management of your healthcare expenditure

| | |
|----------------|-------|
| Principal | 4 830 |
| Adult/Spec dep | 1 240 |
| Child | 1 240 |

Example of roll-over benefit (Principal member + spouse + 2 children) = 8 550 per year

Spec dep Special dependant

Titanium

Major Medical Expenses: Limit per category



| | NAMAF tariff or % thereof | Principal member | Per additional beneficiary | Per family | Condition |
|-------------------------------------------------------------------------------------|---------------------------|---------------------------------|------------------------------------------|------------------|----------------|
| Overall Annual Limit | | 1 300 000 | | 1 950 000 | |
| 1. Healthcare provider or medical specialists | | | | | SPA |
| 1.1. Consultations or visits: In-hospital | 225% | | | | |
| 1.2. Procedures: In-hospital | 225% | | | | |
| 2. Hospital services | | | | | SPA |
| 2.1. Accommodation and theatre | 100% | | | | |
| 2.2. Blood transfusions | 100% | | | | |
| 2.3. Dialysis | 100% | | | | |
| 2.4. Medication | 100% | | | | |
| 2.5. Accommodation: Private wards | 100% | 10 200 | | 20 100 | |
| 2.6. Accommodation other than a recognised hospital or medical institution: SA only | 100% | 525 Per day | | 525 Per day | |
| 2.7. Appliances and prosthesis: Surgical | 100% | 45 600 | | 52 500 | |
| 2.8. Refractive surgery: Full procedure - A waiting period of 12 months will apply | 100% | 6 030 | | 7 840 | |
| 2.9. Organ transplants: Full procedure | 100% | 92 700 | | 92 700 | |
| 2.10. Private nursing | 100% | 11 900 | | 23 800 | |
| 2.11. Oncology | 100% | 521 000 | | 521 000 | |
| 3. Radiology | | | | | SPA |
| 3.1. Radiology: Specialised MRI and CT scans - In-and-out of hospital combined | 100% | 17 900 | | 17 900 | |
| 3.2. Basic Radiology: In-hospital | 100% | | | | |
| 4. Pathology | | | | | |
| 4.1. Pathology: In-hospital | 100% | | | | |
| 5. Dentistry | | | | | SPA |
| 5.1. Oral surgery: Full procedure | 100% | 45 500 | | 45 500 | |
| 5.2. Maxillo facial surgery: Non-elective only | 100% | | | | |
| 5.3. Dental Implants | | | | | OAL |
| 5.3.1. Hospitalisation | 100% | | | | |
| 5.3.2. Implant: Consultation, procedure and cost | 100% | | Subject to advanced dentistry Day-to-Day | | |
| 6. Psychiatric treatment | | 18 400 | | 37 100 | SPA |
| 6.1. Hospitalisation or institutionalisation | 100% | | Subject to psychiatric treatment limit | | |
| 6.2. Rehabilitation: Alcohol and drug addiction or abuse | 100% | | | | SPA |
| 7. Maternity | | | | | |
| 7.1. Confinement: Full procedure - Subject to pre-authorisation | 100% | | | | SPA |
| 7.2. Antenatal consultations | 100% | 12 visits | | 12 visits | OAL |
| 7.3. Sonar scans: 2D | 100% | 2 scans | | 2 scans | OAL |
| 7.4. Amniocentesis | 100% | | | | SPA |
| 8. Preventative care | | | | | OAL |
| 8.1. Vaccinations: As per list | 100% | | | | |
| 9. Specified illness conditions | | | 34 800 | | OAL |
| 9.1. HIV/AIDS: Including the cost of pathology tests | 100% | | | | SPA |
| 9.2. Sexually transmitted diseases | 100% | 3 000 | | 3 960 | SPA |
| 10. Ambulance services: Only for medical or trauma emergencies | | | | | SPA |
| 10.1. Emergency evacuation: Air | 100% | | | | |
| 10.2. Ambulance services | 100% | | | | |
| 10.3. Ambulance services: Inter-hospital transfer | 100% | 4 160 | 4 160 | | |
| 10.4. Other transportation | | 80% 1st transfer and subsequent | | | |
| 11. Artificial limbs or eyes | | | | | SPA |
| 11.1. Artificial limbs | 100% | | 24 100 | | |
| 11.2. Artificial eyes | 100% | | 12 100 | | |
| 12. Heart surgery: Rehabilitation | 100% | 14 500 | | 14 500 | OAL/SPA |
| 13. Insertion Mirena Device: All Inclusive - Every 3 years | 100% | | 6 000 | | OAL/SPA |

OAL = Overall Annual Limit

SPA = Subject to pre-authorisation

Day-to-Day Expenses: 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 | | 7 490 | 1 870 | | |
| 1.1. Consultations or visits: Out-of-hospital | 100% | 15 visits | 10 visits | | |
| 1.2. Procedures: Out-of-hospital | 100% | | | | |
| 1.3. Pathology or radiology: Out-of-hospital | 100% | | | | |
| 2. Medicine and injections | | | | | |
| 2.1. Acute medicine | | 4 890 | 610 | | |
| 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% | 945 | 185 | | 205 Per claim |
| 2.1.4. Vitamins, homeopathic and phytotherapy medicines - Min levy of N\$ 30: Subject to acute medicine limit | 80% | 550 | 180 | | 205 Per claim |
| 2.2. Chronic medicine | | 7 670 | | 12 100 | |
| 2.2.1. Chronic medicine approved - Min levy of N\$30: Subject to prior registration | 80% | | | | |
| 3. Dentistry | | 9 370 | | 16 900 | |
| 3.1. Basic dentistry: Subject to sub-limit | 100% | 5 360 | 1 340 | | |
| 3.2. Dental technicians | 100% | | | | |
| 3.3. Advanced dentistry | 100% | | | | |
| 3.3.1. Orthodontics | 100% | | | | |
| 3.3.2. Dental implants: Full procedure | 100% | | | | |
| 4. Optical | | 3 120 | 935 | | |
| 4.1. Eye tests | 100% | | | | |
| 4.2. Spectacles or lenses: Frames every 2nd year | 100% | | | | Frame limited to 1 240 |
| 4.3. Orthoptics | 100% | | | | |
| 5. Auxiliary services | | 10 600 | 620 | | |
| 5.1. Chiroprody | 100% | | 15 visits | | |
| 5.2. Clinical psychology | 100% | | 15 visits | | |
| 5.3. Dietician | 100% | | 15 visits | | |
| 5.4. Homeopathy: Consultations 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\$ 205 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 - No accommodation costs are covered.
- 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 | 1 860 | 1 182 | 612 | 0-25 | 2 153 | 1 453 | 778 |
| 26-30 | 2 000 | 1 366 | 612 | 26-30 | 2 367 | 1 687 | 778 |
| 31-35 | 2 242 | 1 615 | 612 | 31-35 | 2 659 | 1 971 | 778 |
| 36-40 | 2 411 | 1 759 | 612 | 36-40 | 2 976 | 2 201 | 778 |
| 41-45 | 2 668 | 2 010 | 612 | 41-45 | 3 234 | 2 486 | 778 |
| 46-50 | 2 865 | 2 232 | 612 | 46-50 | 3 467 | 2 674 | 778 |
| 51-55 | 2 984 | 2 370 | 612 | 51-55 | 3 628 | 2 845 | 778 |
| 56-60 | 3 243 | 2 524 | 612 | 56-60 | 4 024 | 3 077 | 778 |
| 61-65 | 3 478 | 2 720 | 612 | 61-65 | 4 253 | 3 357 | 778 |
| 66+ | 3 872 | 2 856 | 612 | 66+ | 4 565 | 3 488 | 778 |

Roll-over benefit

For diligent management of your healthcare expenditure

| | |
|----------------|-------|
| Principal | 3 250 |
| Adult/Spec dep | 670 |
| Child | 670 |

Example of roll-over benefit (Principal member + spouse + 2 children) = 5 260 per year

Spec dep Special dependant

Silver

Major Medical Expenses: Limit per category



| | NAMAF tariff or % thereof | Principal member | Per additional beneficiary | Per family | Condition |
|-------------------------------------------------------------------------------------|---------------------------------|------------------|----------------------------|-------------------------------------------|----------------|
| Overall Annual Limit | | 1 050 000 | | 1 650 000 | |
| 1. Healthcare provider or medical specialists | | | | | SPA |
| 1.1. Consultations or visits: In-hospital | 225% | | | | |
| 1.2. Procedures: In-hospital | 225% | | | | |
| 2. Chronic medicine | | 7 670 | | 12 100 | |
| 2.1. Chronic 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% | 10 200 | | 20 100 | |
| 3.6. Accommodation other than a recognised hospital or medical institution: SA only | 100% | 525 Per day | | 525 Per day | |
| 3.7. Appliances and prosthesis: Surgical | 100% | 45 600 | | 52 500 | |
| 3.8. Refractive surgery: Full procedure - A waiting period of 12 months will apply | 100% | 6 030 | | 7 840 | |
| 3.9. Organ transplants: Full procedure | 100% | 92 700 | | 92 700 | |
| 3.10. Private nursing | 100% | 11 900 | | 23 800 | |
| 3.11. Oncology | 100% | 521 000 | | 521 000 | |
| 4. Radiology | | | | | SPA |
| 4.1. Radiology: Specialised MRI and CT scans - In-and-out of hospital combined | 100% | 17 900 | | 17 900 | |
| 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% | 45 500 | | 45 500 | |
| 6.2. Maxillo facial surgery: Non-elective only | 100% | | | | |
| 6.3. Dental Implants | No benefit | | | | |
| 6.3.1. Hospitalisation | 100% | | | | |
| 6.3.2. Implant: Consultation, procedure and cost | 100% | | | Subject to advanced dentistry: Day-to-Day | |
| 7. Psychiatric treatment | | 18 400 | | 37 100 | SPA |
| 7.1. Hospitalisation or institutionalisation | 100% | | | | |
| 7.2. Rehabilitation: Alcohol and drug addiction or abuse | 100% | | | Subject to psychiatric treatment limit | SPA |
| 8. Maternity | | | | | |
| 8.1. Confinement: Full procedure - Subject to pre-authorisation | 100% | | | | SPA |
| 8.2. Antenatal consultations | 100% | 12 visits | | 12 visits | OAL |
| 8.3. Sonar scans: 2D | 100% | 2 scans | | 2 scans | OAL |
| 8.4. Amniocentesis | 100% | | | | SPA |
| 9. Preventative care | | | | | OAL |
| 9.1. Vaccinations: As per list | 100% | | | | |
| 10. Specified illness conditions | | | 34 800 | | OAL |
| 10.1. HIV/AIDS: Including the cost of pathology tests | 100% | | | | SPA |
| 10.2. Sexually transmitted diseases | 100% | 3 000 | | 3 960 | 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% | 4 160 | 4 160 | | |
| 11.4. Other transportation | 80% 1st transfer and subsequent | | | | |
| 12. Artificial limbs or eyes | | | | | SPA |
| 12.1. Artificial limbs | 100% | | 24 100 | | |
| 12.2. Artificial eyes | 100% | | 12 100 | | |
| 13. Heart surgery: Rehabilitation | 100% | 14 500 | | 14 500 | OAL/SPA |
| 14. Insertion Mirena Device: All Inclusive - Every 3 years | 100% | | 6 000 | | OAL/SPA |

OAL = Overall Annual Limit

SPA = Subject to pre-authorisation

Day-to-Day Expenses: Limit per category

| | NAMAF tariff or % thereof | Principal member | Per additional beneficiary | Per family | Condition |
|------------------------------------------------------|----------------------------------------------------------------------|------------------|----------------------------|---------------|------------------------|
| Out-of-hospital: Pooled Limit | | 12 800 | 2 700 | | OAL |
| 1. Healthcare provider or medical specialists | | | | | |
| 1.1. | Consultations or visits: Out-of-hospital | 100% | | | |
| 1.2. | Procedures: Out-of-hospital | 100% | | | |
| 1.3. | Pathology or radiology: Out-of-hospital | 100% | | | |
| 2. Medicine and injections | | | | | |
| 2.1. | Acute medicine | | | | |
| 2.1.1. | Acute: Pharmacy dispensed - Min levy of N\$ 30 | 80% | | | |
| 2.1.2. | Acute: Doctors dispensed - Min levy of N\$ 30 | 80% | | | |
| 2.1.3. | Self-medication: Over-the-counter - No levy | 100% | 890 | 175 | 205 Per claim |
| 2.1.4. | Vitamins, homeopathic or phytotherapy medicines - Min levy of N\$ 30 | 80% | 480 | 170 | 205 Per claim |
| 3. Dentistry | | 7 710 | | 15 300 | |
| 3.1. | Basic dentistry: Subject to sub-limit | 100% | | | |
| 3.2. | Dental technicians | 100% | | | |
| 3.3. | Advanced dentistry | 100% | | | |
| 3.3.1. | Orthodontics | 100% | | | |
| 3.3.2. | Dental implants: Full procedure | 100% | | | |
| 4. Optical | | 2 640 | 660 | | |
| 4.1. | Eye tests | 100% | | | |
| 4.2. | Spectacles and lenses: Frames every 2nd year | 100% | | | Frame limited to 1 120 |
| 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: Consultations 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 and 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\$ 205 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 - No accommodation costs are covered.
- No basic dentistry will be covered under the oral surgery benefit.
- All benefits are subject to availability of pooled Day-to-Day Expenses.

Contribution tables

| Employer group rates | | | | Individual rates | | | |
|----------------------|-----------|----------------|-----------|------------------|-----------|----------------|-----------|
| Age | Principal | Adult/Spec dep | Child dep | Age | Principal | Adult/Spec dep | Child dep |
| 0-25 | 1 713 | 1 090 | 565 | 0-25 | 1 984 | 1 339 | 716 |
| 26-30 | 1 844 | 1 258 | 565 | 26-30 | 2 182 | 1 554 | 716 |
| 31-35 | 2 067 | 1 490 | 565 | 31-35 | 2 453 | 1 818 | 716 |
| 36-40 | 2 221 | 1 620 | 565 | 36-40 | 2 743 | 2 029 | 716 |
| 41-45 | 2 459 | 1 853 | 565 | 41-45 | 2 982 | 2 292 | 716 |
| 46-50 | 2 641 | 2 058 | 565 | 46-50 | 3 196 | 2 465 | 716 |
| 51-55 | 2 753 | 2 184 | 565 | 51-55 | 3 345 | 2 623 | 716 |
| 56-60 | 2 990 | 2 325 | 565 | 56-60 | 3 710 | 2 839 | 716 |
| 61-65 | 3 207 | 2 507 | 565 | 61-65 | 3 922 | 3 094 | 716 |
| 66+ | 3 570 | 2 633 | 565 | 66+ | 4 209 | 3 215 | 716 |

Roll-over benefit

For diligent management of your healthcare expenditure

| | |
|----------------|-------|
| Principal | 3 250 |
| Adult/Spec dep | 670 |
| Child | 670 |

Example of roll-over benefit (Principal member + spouse + 2 children) = 5 260 per year

Spec dep Special dependant

Bronze

Major Medical Expenses: Limit per category



| | NAMAF tariff or % thereof | Principal member | Per additional beneficiary | Per family | Condition |
|-------------------------------------------------------------------------------------|---------------------------|------------------|----------------------------------------|----------------|--------------------------------------------------|
| Overall Annual Limit | | 400 000 | | 700 000 | |
| 1. Healthcare provider or medical specialists | | | | | SPA |
| 1.1. Consultations or visits: In-hospital | 225% | | | | |
| 1.2. Procedures: In-hospital | 225% | | | | |
| 2. Chronic medicine | | 3 620 | | 5 750 | |
| 2.1. Chronic 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 | No benefit | | | | |
| 3.6. Accommodation other than a recognised hospital or medical institution: SA only | No benefit | | | | |
| 3.7. Appliances and prosthesis: Surgical | 100% | 19 700 | | 39 400 | |
| 3.8. Refractive surgery: Full procedure - A waiting period of 12 months will apply | No benefit | | | | |
| 3.9. Organ transplants: Full procedure | 100% | 69 600 | | 69 600 | |
| 3.10. Private nursing | No benefit | | | | |
| 3.11. Oncology | No benefit | | | | |
| 4. Radiology | | | | | SPA |
| 4.1. Radiology: Specialised MRI and CT scans - In-and-out of hospital combined | 100% | 14 700 | | 14 700 | |
| 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% | 34 200 | | 34 200 | |
| 6.2. Maxillo facial surgery: Non-elective only | 100% | | | | |
| 6.3. Dental Implants | No benefit | | | | |
| 6.3.1. Hospitalisation | No benefit | | | | |
| 6.3.2. Implant: Consultation, procedure and cost | No benefit | | | | |
| 7. Psychiatric treatment | | 13 000 | | 25 800 | SPA |
| 7.1. Hospitalisation or institutionalisation | 100% | | | | |
| 7.2. Rehabilitation: Alcohol and drug addiction or abuse | 100% | | Subject to psychiatric treatment limit | | SPA |
| 8. Maternity | | | | | |
| 8.1. Confinement: Full procedure - Subject to pre-authorisation | 100% | | | | SPA |
| 8.2. Antenatal consultations | 100% | 12 visits | | 12 visits | OAL |
| 8.3. Sonar scans: 2D | 100% | 2 scans | | 2 scans | OAL |
| 8.4. Amniocentesis | 100% | | | | SPA |
| 9. Preventative care | | | | | OAL |
| 9.1. Vaccinations: As per list | 100% | | | | |
| 10. Specified illness conditions | | | 25 900 | 52 400 | OAL |
| 10.1. HIV/AIDS: Including the cost of pathology tests | 100% | | | | SPA |
| 10.2. Sexually transmitted diseases | 100% | | | 1 330 | 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% | 4 160 | 4 160 | | |
| 11.4. Other transportation | No benefit | | | | |
| 12. Artificial limbs or eyes | | | | | SPA |
| 12.1. Artificial limbs | 100% | | | | |
| 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% | | 6 000 | | OAL/SPA |

OAL = Overall Annual Limit

SPA = Subject to pre-authorisation

Day-to-Day Expenses: Limit per category

| | NAMAF tariff or % thereof | Principal member | Per additional beneficiary | Per family | Condition |
|------------------------------------------------------|----------------------------------------------------------------------|------------------|----------------------------|--------------|----------------------|
| Out-of-hospital: Pooled Limit | | 5 800 | 1 900 | | OAL |
| 1. Healthcare provider or medical specialists | | | | | |
| 1.1. | Consultations or visits: Out-of-hospital | 100% | | | |
| 1.2. | Procedures: Out-of-hospital | 100% | | | |
| 1.3. | Pathology or radiology: Out-of-hospital | 100% | | | |
| 2. Medicine and injections | | | | | |
| 2.1. | Acute medicine | | | | |
| 2.1.1. | Acute: Pharmacy dispensed - Min levy of N\$ 30 | 80% | | | |
| 2.1.2. | Acute: Doctors dispensed - Min levy of N\$ 30 | 80% | | | |
| 2.1.3. | Self-medication: Over-the-counter - No levy | 100% | 645 | 110 | 205 Per claim |
| 2.1.4. | Vitamins, homeopathic or phytotherapy medicines - Min levy of N\$ 30 | 80% | 345 | 110 | 205 Per claim |
| 3. Dentistry | | | 1 530 | 3 120 | |
| 3.1. | Basic dentistry: Subject to sub-limit | 100% | | | |
| 3.2. | Dental technicians | 100% | | | |
| 3.3. | Advanced dentistry | 100% | | | |
| 3.3.1. | Orthodontics | 50% | | | |
| 3.3.2. | Dental implants: Full procedure | No benefit | | | |
| 4. Optical | | | 1 670 | 415 | |
| 4.1. | Eye tests | 100% | | | |
| 4.2. | Spectacles and lenses: Frames every 2nd year | 100% | | | Frame limited to 990 |
| 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: Consultations 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 and 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\$ 205 per claim.
- Sunblock may be purchased at pharmacies under the self-medication benefit.
- Pre-authorized travelling costs for specialist referrals in Namibia partly covered if residing more than 150km from Windhoek - No accommodation costs are covered.
- No basic dentistry will be covered under the oral surgery benefit.
- All benefits are subject to availability of pooled Day-to-Day Expenses.

Contribution tables

| Employer group rates | | | | Individual rates | | | |
|----------------------|-----------|----------------|-----------|------------------|-----------|----------------|-----------|
| Age | Principal | Adult/Spec dep | Child dep | Age | Principal | Adult/Spec dep | Child dep |
| 0-25 | 1 262 | 760 | 440 | 0-25 | 1 403 | 855 | 501 |
| 26-30 | 1 320 | 833 | 440 | 26-30 | 1 482 | 943 | 501 |
| 31-35 | 1 373 | 888 | 440 | 31-35 | 1 558 | 1 059 | 501 |
| 36-40 | 1 430 | 963 | 440 | 36-40 | 1 632 | 1 170 | 501 |
| 41-45 | 1 558 | 1 013 | 440 | 41-45 | 1 783 | 1 266 | 501 |
| 46-50 | 1 581 | 1 040 | 440 | 46-50 | 1 801 | 1 320 | 501 |
| 51-55 | 1 661 | 1 115 | 440 | 51-55 | 1 899 | 1 414 | 501 |
| 56-60 | 1 734 | 1 176 | 440 | 56-60 | 2 008 | 1 440 | 501 |
| 61-65 | 2 110 | 1 300 | 440 | 61-65 | 2 478 | 1 587 | 501 |
| 66+ | 2 330 | 1 352 | 440 | 66+ | 2 838 | 1 728 | 501 |

Roll-over benefit

For diligent management of your healthcare expenditure

| | |
|----------------|-------|
| Principal | 1 680 |
| Adult/Spec dep | 340 |
| Child | 340 |

Example of roll-over benefit (Principal member + spouse + 2 children) = 2 700 per year

Spec dep Special dependant

Hospital

Major Medical Expenses: Limit per category



| | NAMAF tariff or % thereof | Principal member | Per additional beneficiary | Per family | Condition |
|-------------------------------------------------------------------------------------|---------------------------|------------------|----------------------------------------|------------------|----------------|
| Overall Annual Limit | | 1 050 000 | | 2 300 000 | |
| 1. Healthcare provider or medical specialists | | | | | SPA |
| 1.1. Consultations or visits: In-hospital | 225% | | | | |
| 1.2. Procedures: In-hospital | 225% | | | | |
| 2. Chronic medicine | | | | | |
| 2.2.1. Chronic 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% | 10 800 | | 21 400 | |
| 3.6. Accommodation other than a recognised hospital or medical institution: SA only | 100% | 525 Per day | | 525 Per day | |
| 3.7. Appliances and prosthesis: Surgical | 100% | 23 400 | | 47 300 | |
| 3.8. Refractive surgery: Full procedure - A waiting period of 12 months will apply | 100% | 6 030 | | 7 840 | |
| 3.9. Organ transplants: Full procedure | 100% | 92 700 | | 92 700 | |
| 3.10. Private nursing | 100% | 9 800 | | 19 800 | |
| 3.11. Oncology | 100% | 521 000 | | 521 000 | |
| 4. Radiology | | | | | SPA |
| 4.1. Radiology: Specialised MRI and CT scans - In-and-out of hospital combined | 100% | 17 900 | | 17 900 | |
| 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% | 45 500 | | 45 500 | |
| 6.2. Maxillo facial surgery: Non-elective only | 100% | | | | |
| 6.3. Dental Implants | No benefit | | | | |
| 6.3.1. Hospitalisation | No benefit | | | | |
| 6.3.2. Implant: Consultation, procedure and cost | No benefit | | | | |
| 7. Psychiatric treatment | | 18 400 | | 37 100 | SPA |
| 7.1. Hospitalisation or institutionalisation | 100% | | | | |
| 7.2. Rehabilitation: Alcohol and drug addiction or abuse | 100% | | Subject to psychiatric treatment limit | | SPA |
| 8. Maternity | | | | | |
| 8.1. Confinement: Full procedure - Subject to pre-authorisation | 100% | | | | SPA |
| 8.2. Antenatal consultations | 100% | 12 visits | | 12 visits | OAL |
| 8.3. Sonar scans: 2D | 100% | 2 scans | | 2 scans | OAL |
| 8.4. Amniocentesis | 100% | | | | SPA |
| 9. Preventative care | | | | | OAL |
| 9.1. Vaccinations: As per list | No benefit | | | | |
| 10. Specified illness conditions | | | 18 400 | | OAL |
| 10.1. HIV/Aids: Including the cost of pathology tests | 100% | | | | SPA |
| 10.2. Sexually transmitted diseases | 100% | 3 000 | | 3 960 | 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% | 4 160 | 4 160 | | |
| 11.4. Other transportation | | | 80% 1st transfer and subsequent | | |
| 12. Artificial limbs or eyes | | | | | |
| 12.1. Artificial limbs | No benefit | | | | |
| 12.2. Artificial eyes | No benefit | | | | |
| 13. Heart surgery: Rehabilitation | 100% | 14 500 | | 14 500 | OAL/SPA |
| 14. Insertion Mirena Device: All Inclusive - Every 3 years | 100% | | 6 000 | | OAL/SPA |

OAL = Overall Annual Limit

SPA = Subject to pre-authorisation

Day-to-Day Expenses: 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 | No benefit | | | | |
| 1.3. | Pathology or radiology: Out-of-hospital | No benefit | | | | |
| 2. | Medicine and injections | | | | | |
| 2.1. | Acute medicine | No benefit | | | | |
| 2.1.1. | Acute: Pharmacy dispensed - Min levy of N\$ 30 | No benefit | | | | |
| 2.1.2. | Acute: Doctors dispensed - Min levy of N\$ 30 | No benefit | | | | |
| 2.1.3. | Self-medication: Over-the-counter - No levy | No benefit | | | | |
| 2.1.4. | Vitamins, homeopathic or phytotherapy medicines - Min levy of N\$ 30 | No benefit | | | | |
| 3. | Dentistry | | | | | |
| 3.1. | Basic dentistry: Subject to sub-limit | No benefit | | | | |
| 3.2. | Dental technicians | No benefit | | | | |
| 3.3. | Advanced dentistry | No benefit | | | | |
| 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 and lenses: Frames every 2nd year | No benefit | | | | |
| 4.3. | Orthoptics | No benefit | | | | |
| 5. | Auxiliary services | | | | | |
| 5.1. | Chiropractic | No benefit | | | | |
| 5.2. | Clinical psychology | No benefit | | | | |
| 5.3. | Dietician | No benefit | | | | |
| 5.4. | Homeopathy: Consultations 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 and speech therapy | No benefit | | | | |
| 5.11. | Chiropractic | No benefit | | | | |
| 5.12. | Podiatry | No benefit | | | | |



- No Day-to-Day Expenses are available.
- No roll-over benefit.

Contribution tables

| Employer group rates | | | | Individual rates | | | |
|----------------------|-----------|--------------------|--------------|------------------|-----------|--------------------|--------------|
| Age | Principal | Adult/ Spec dep | Child dep | Age | Principal | Adult/ Spec dep | Child dep |
| 0-25 | 1 061 | 465 | 285 | 0-25 | 1 109 | 508 | 324 |
| 26-30 | 1 157 | 537 | 285 | 26-30 | 1 208 | 645 | 324 |
| 31-35 | 1 268 | 653 | 285 | 31-35 | 1 347 | 745 | 324 |
| 36-40 | 1 373 | 782 | 285 | 36-40 | 1 464 | 888 | 324 |
| 41-45 | 1 464 | 902 | 285 | 41-45 | 1 571 | 1 017 | 324 |
| 46-50 | 1 554 | 973 | 285 | 46-50 | 1 685 | 1 090 | 324 |
| 51-55 | 1 616 | 1 026 | 285 | 51-55 | 1 779 | 1 168 | 324 |
| 56-60 | 1 709 | 1 135 | 285 | 56-60 | 1 871 | 1 289 | 324 |
| 61-65 | 1 800 | 1 227 | 285 | 61-65 | 2 004 | 1 412 | 324 |
| 66+ | 2 002 | 1 265 | 285 | 66+ | 2 285 | 1 472 | 324 |



Blue Diamond

Major Medical Expenses: Limit per category - DSP only

| | NAMAF tariff or % thereof | Principal member | Per additional beneficiary | Per family | Condition |
|----------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|------------------|----------------------------|------------------|------------|
| Overall Annual Limit | | Unlimited | | 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. | Air evacuation | 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% | 4 160 | 4 160 | |
| 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 | 12 visits | |
| 4.2 | 2D Sonar Scans | 100% | 2 scans | 2 scans | |

DSP = Designated service provider

SPA = Subject to pre-authorisation



- 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\$ 195 per claim.
- Immunisations are only available from designated service providers, subject to the formulary.
- Members do not qualify for the Lifestyle Programme.
- No roll-over benefit.
- No preventative care benefit including Cervarix.

Contribution tables

| Employee group rates | | | | Individual rates | | | |
|----------------------|-----------|-----------------|-----------|------------------|-----------|-----------------|-----------|
| Age | Principal | Adult/ Spec dep | Child dep | Age | Principal | Adult/ Spec dep | Child dep |
| 0-25 | 452 | 380 | 181 | 0-25 | 532 | 443 | 215 |
| 26-30 | 473 | 390 | 181 | 26-30 | 552 | 465 | 215 |
| 31-35 | 504 | 406 | 181 | 31-35 | 597 | 479 | 215 |
| 36-40 | 525 | 433 | 181 | 36-40 | 620 | 505 | 215 |
| 41-45 | 546 | 449 | 181 | 41-45 | 650 | 537 | 215 |
| 46-50 | 566 | 454 | 181 | 46-50 | 679 | 559 | 215 |
| 51-55 | 585 | 476 | 181 | 51-55 | 707 | 588 | 215 |
| 56-60 | 595 | 513 | 181 | 56-60 | 715 | 631 | 215 |
| 61-65 | 640 | 546 | 181 | 61-65 | 774 | 666 | 215 |
| 66+ | 691 | 583 | 181 | 66+ | 830 | 736 | 215 |

Day-to-Day Expenses: Limit per category - DSP only

| | | NAMAF tariff or % thereof | Principal member | Per additional beneficiary | Per family | Condition |
|-----------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|---------------------|----------------------------------|------------------|----------------------|
| Out-of-hospital: Sub-limit | | | Unlimited | | 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 | | 320 Per visit | | 320 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 | | 620 Per visit | | 620 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 | | Unlimited | DSP |
| 2.1. | Acute medicine | | | | | |
| 2.1.1. | As dispensed or prescribed by certain doctors and pharmacies: Subject to the formulary | 100% | | | | |
| 2.1.2. | Self-medication: Over-the-counter | | 695 | | 695 | 195 Per claim |
| 2.2. | Chronic medicine | | | | | |
| 2.2.1. | Chronic medicine: Dispensed - As per chronic medicine formulary: Subject to prior registration | 100% | 3 200 | | 3 200 | |
| 2.3. | Antiretroviral therapy: Dispensed - Patient needs to enrol in the AfA Programme | 100% | | | | |
| 3. | Primary care dentistry: N\$ 15 per visit - New conditions | | 1 490 | | 2 970 | 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 | | 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 | | 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 | | 870 | | 870 | DSP |
| 6.1. | Optical test | 100% | | | | Limited to 85 |
| 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 785 |
| 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 | | Unlimited | |
| 9.2. | Sexually transmitted diseases | 100% | 1 280 | | 1 280 | |
| 10. | Rehabilitation: Alcohol and drug addiction or abuse | 100% | 1 280 | | 1 280 | DSP |



| | NAMAF tariff or % thereof | Principal member | Per additional beneficiary | Per family | Condition |
|----------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|------------------|----------------------------|------------------|------------|
| Overall Annual Limit | | Unlimited | | 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. | Air evacuation | 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 | Ultrasonic scan: 2D | No benefit | | | |

DSP = Designated service provider



- Travel assistance for specialist visits in Namibia only - Blue Diamond only.
- International travel benefit.
- Immunisations are only available from designated service providers, subject to the formulary.
- Members do not qualify for the Lifestyle Programme.
- No roll-over benefit.
- No preventative care benefit including Cervarix.

Contribution tables

| Group rates | | | | Individual rates | | | |
|-------------|-----------|-----------------|-----------|------------------|-----------|-----------------|-----------|
| Age | Principal | Adult/ Spec dep | Child dep | Age | Principal | Adult/ Spec dep | Child dep |
| 0-25 | 189 | 161 | 77 | 0-25 | 226 | 188 | 91 |
| 26-30 | 200 | 165 | 77 | 26-30 | 232 | 197 | 91 |
| 31-35 | 211 | 171 | 77 | 31-35 | 251 | 202 | 91 |
| 36-40 | 221 | 182 | 77 | 36-40 | 262 | 212 | 91 |
| 41-45 | 229 | 187 | 77 | 41-45 | 274 | 226 | 91 |
| 46-50 | 241 | 193 | 77 | 46-50 | 288 | 236 | 91 |
| 51-55 | 248 | 201 | 77 | 51-55 | 298 | 249 | 91 |
| 56-60 | 251 | 217 | 77 | 56-60 | 302 | 266 | 91 |
| 61-65 | 270 | 229 | 77 | 61-65 | 327 | 280 | 91 |
| 66+ | 291 | 246 | 77 | 66+ | 349 | 308 | 91 |

Day-to-Day Expenses: Limit per category - DSP only

| | | NAMAF tariff or % thereof | Principal member | Per additional beneficiary | Per family | Condition |
|-----------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|------------------|----------------------------|------------------|----------------------|
| Out-of-hospital: Sub-limit | | | Unlimited | | 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 | | 320 Per visit | | 320 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 | | Unlimited | DSP |
| 2.1. | Acute medicine | | | | | |
| 2.1.1. | As dispensed or prescribed by certain doctors and pharmacies: Subject to the formulary | 100% | | | | |
| 2.1.2. | Self-medication: Over-the-counter | No benefit | | | | |
| 2.2. | Chronic medicine | | | | | |
| 2.2.1. | Chronic medicine: Dispensed - As per chronic medicine formulary: Subject to prior registration | 100% | 2 560 | | 2 560 | |
| 2.3. | Antiretroviral therapy: Dispensed - Patient needs to enrol in the AfA Programme | 100% | | | | |
| 3. | Primary care dentistry: N\$ 15 per visit - New conditions | | 1 490 | | 2 970 | 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 | | 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 | | 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 | | 870 | | 870 | DSP |
| 6.1. | Optical test | 100% | | | | Limited to 85 |
| 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 785 |
| 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 | | Unlimited | |
| 9.2. | Sexually transmitted diseases | 100% | 1 280 | | 1 280 | |
| 10. | Rehabilitation: Alcohol and drug addiction or abuse | 100% | 1 280 | | 1 280 | DSP |

4

Steps to make the most of NHP

1



Contact us well in advance before you have to go to hospital

2



Ask your doctor to prescribe the most cost effective medicine possible

3



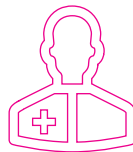
Look after yourself, eat well, exercise and have all the medical tests and vaccinations that your doctor recommends, e.g. women aged 50 to 74 years should have a mammogram every 2 years

4



Claims must be submitted within 4 months from the service delivery date

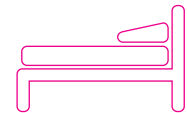
Contribution



A "contribution" is the amount that members pay into the Fund each month. Your contribution received, are 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.

Going to hospital is stressful



If yours is a planned procedure, contact us well in advance to help you get the information you need and to help you understand your cover. It will be one less thing to worry about.

Waiting periods - New members

Individual members:

- A general waiting period of 3 months will apply for all Day-to-Day and Major Medical Expenses claims excluding emergencies on all new individual members joining NHP.
- 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 Expenses 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 Expenses claims relating to maternity.

Employer group members:

- All new employer group members joining the Fund will normally be exempt from the following unless the member/dependant(s) joins the Fund 3 months after becoming eligible for membership.
- The 3 month general waiting period for all Day-to-Day and Major Medical Expenses claims, excluding emergencies.
- The 12 month condition specific period for maternity related claims.

All dependants of employer group members joining as from the fourth 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 Expenses 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 suffer 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/dependant(s) joins the Fund 3 months after becoming eligible for membership.
- A condition-specific waiting period of 12 months will apply on new individual members and on 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.

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 beneficiary 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 healthcare 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.



Own your health

It seems a lot of us take good health for granted and we do not fully appreciate what amazing, complex, highly effective things our bodies are.

Sending claims to NHP

A claim is an invoice for medical treatment submitted to the Fund for payment or reimbursement. Most doctors 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 doctor claims electronically and members receive a copy of the invoice (for members information), it is not needed to send a copy to NHP. However it remains the member's 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 doctor's name
- Is 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?

If part of an employer group, members and their dependants are entitled to benefits from the first day of joining, except when waiting periods are applicable. A general waiting period of 3 months will apply for all Day-to-Day and Major Medical Expenses benefits and claims on all new individual members joining NHP. Members must phone NHP before proceeding with any medical treatment if there is doubt whether such treatment qualifies for benefits.

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

It is important for members to understand it is his/her 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 up front, they must attach proof of payment to the claim before submitting 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 2017 will extend to 30 April 2018.

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 medical 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.

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

- Pre-authorization 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-authorization, subject to available benefits.
- Pre-authorization for treatment in hospital is only valid and restricted to conditions for which pre-authorization 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-authorization. Members must clarify with their doctor prior to applying for pre-authorization before hospital admission.

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

Why is it important to pre-authorise?

- The members' hospital stay will be subject to the specific procedures and services that were pre-authorized by NHP Managed Care. Any additional days in hospital, multiple procedures, or additional services will require further pre-authorization 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 or not available.
- Requested procedure falls under an exclusion.
- Members may have a waiting period i.e. exclusions 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, and apply for pre-authorization again with the revised details.

Important details about pre-authorization numbers:

- The pre-authorization number only applies to the specific hospital or practice, specified on pre-authorization 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-authorized procedure, if the actual information or procedure differs from what was authorised.

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

- Discuss the procedure in detail prior to hospital admission.
- Ask about for the advantages and disadvantages of undergoing such a procedure or treatment.
- Ask about the cost of the procedure or 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 is 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 rates.

Managed Care is to 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, 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 info@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 treatments with a valid chargeable NAPPI code, a registered doctor must provide these medical treatments
- Sunglasses, whether or not prescribed by an optometrist or ophthalmologist
- The difference between the actual medical costs and the NAMAFA benchmark tariff for medical services covered by the rules
- Medical aid contributions and for contribution "holidays"

Claims not eligible for payment from the roll-over benefit:

- Any non-medical expenses without a valid chargeable NAPPI code and which are not provided by a registered healthcare provider will not be covered by the accumulated roll-over benefit.
- Any medical or non-medical expenses claimed for dependants not actively registered as a dependant of the principal member.

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 with the Fund, 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 doctor'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 doctor. A minimum co-payment of N\$ 30 in respect of any prescribed medicine applies.



The chronic medication benefit is also available on Blue Diamond and Litunga benefit options.

Members with chronic conditions must inform the Fund of their conditions as soon as a doctor has diagnosed and provided a prescription for on-going medicine to ensure appropriate funding. Chronic medicine is subject to the available benefits as indicated in the Benefit guide.

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



Members must renew their chronic medication authorisation annually.

Acute medication benefit

Acute medication is medicine prescribed once off for less than a month by a doctor, 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\$ 205 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 doctor 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 pharmacy 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 doctor up to a maximum of N\$ 695 per family per year. This includes all schedule 0, 1, and 2 medication. Claims in respect of self-medication will be limited to N\$ 195 per claim.

Benefits exclude:

- 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 benefits 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 for 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\$ 720 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 beneficiary.

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 doctor, 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, which include:

- 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 beneficiaries aged 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 beneficiary every 2 years.

Colorectal cancer screening:

- For all beneficiaries aged 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 beneficiaries 20 years and older.

Sexual health

HIV:

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

Other vaccinations

Flu vaccine:

- Members of all ages will qualify for flu vaccines at a rate of 1 flu vaccination per beneficiary 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 beneficiary 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 beneficiaries with respiratory problems. 1 Vaccination per beneficiary per lifetime.

International travel benefit

This benefit provides cover for up to N\$ 10,000,000 per beneficiary 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 assistance.



In order to qualify for benefits, members must register themselves and those accompanying for the international travel benefit prior to leaving Namibia.

The international travel insurance benefit is for leisure and business travel only. 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 people 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 accompanying dependants 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 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 doctor.
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 doctor stating treatment received 12 months prior to the effective date of insurance in respect of any pre-existing medical condition.



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 family member, (usually a medical emergency a long distance from where you live) the Fund will cover the costs of transporting a member or family 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 dependent receives pre-authorised treatment but subsequently pass 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 the required claim application form by visiting NHP's website www.nhp.com.na
- Complete the application form 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



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

Emergency evacuation benefit

Although the Fund may make use of the services of any number of accredited emergency service providers the Fund maintains two dedicated 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, Swaziland, 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 and 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 should request for assistance via any of the two emergency numbers provided.

Non-emergency transfers must be pre-authorized 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 qualify as a non-emergency.

For any further enquiries in this regard, please contact NHP.

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 to just for them or include the rest of their dependants. 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 |

Own your health

Those who have an enthusiasm and interest in life stay young - no matter how 'old' they get. These people often stay the healthiest and live the longest too.

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 rest 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.

Lifestyle Programme

With effect 1 January 2018

Conditions for rebates:

- Members subscribing to gyms where swipe card devices are installed must ensure that they swipe upon entering the gym and again when they exit. Failure to do so will result in an invalid gym session being recorded and which cannot be reimbursed to the member.
- In the absence of a swipe card terminal members are expected to complete and submit a lifestyle reimbursement form.
- Members are reminded of the fact that any false claims or claims where information has been altered represent a fraudulent activity and may result in suspension or termination of membership.
- Rebates will not be back dated and will only qualify from the month that such proof has been submitted.
- Gym rebates may not be claimed for children younger than 10 years.
- Members exercising more than once per day should please note that only one gym visit per day will qualify for rebate purposes.
- Members may not claim rebates for more than one gym.
- Valid gym sessions must be at least 30 minutes in duration in order to qualify.
- Claims for rebates older than 4 months (expired) will not be reimbursed by the Fund.
- Reimbursements will be made into the main member's bank account.



Members are herewith reminded that in terms of the NAMFISA Directive PI/MAF/DIR/01/2017 gym rebates will no longer be paid for any gym attendance after 31 December 2018.

Accredited gyms:

- Infinity swipe card terminals are activated at certain gyms. In the case where gyms do not have access to the swipe card terminal, members will continue to submit their completed lifestyle reimbursement forms, after which the rebate be processed and paid directly into the main member's bank account.
- The swipe terminals are used for access control only, no slips will be printed.
- Data gathered relates to access and time spent in gym only.
- Gym visits can be viewed by logging onto the Infinity website, www.infinitynamibia.com.
- Each NHP member (including dependents) is required to swipe their NHP Infinity cards on entering and exiting the gym in order to record their gym attendance separately.

| Activity | Accredited gym rebate |
|---------------------|------------------------------------------|
| Minimum of 8 visits | 25% up to a maximum of N\$ 155 per month |
| 9 to 12 visits | 40% up to a maximum of N\$ 240 per month |
| 13 to 14 visits | 50% up to a maximum of N\$ 305 per month |
| 15 to 16 visits | 60% up to a maximum of N\$ 360 per month |
| 17 to 20 visits | 85% up to a maximum of N\$ 515 per month |

- As partner gyms are updated on a regular basis, please visit our website www.nhp.com.na for the latest updated list.

Biokineticist gyms:

- It is recommended that high risk members identified via the BRM Programme, enroll for an exercise programme with their local biokinetics gym facility where their progress can be monitored and assessed on a regular basis.
- Members are advised to consult with any biokineticist in their area for professional assessments and advice, prior to participating in any physical activity programme.
- Members are expected to complete and submit a Lifestyle reimbursement claim form in order to claim from the Fund.

| Activity | Biokinetics gyms rebate |
|---------------------|------------------------------------------|
| Minimum of 8 visits | 25% up to a maximum of N\$ 175 per month |
| 9 to 12 visits | 40% up to a maximum of N\$ 275 per month |
| 13 to 14 visits | 50% up to a maximum of N\$ 345 per month |
| 15 to 16 visits | 60% up to a maximum of N\$ 410 per month |
| 17 to 20 visits | 85% up to a maximum of N\$ 575 per month |

- As partner gyms are updated on a regular basis, please visit our website www.nhp.com.na for the latest updated list.

Own your health

Often we only really appreciate our health when we get sick or old and our bodies start to fail us. No one in poor health will no doubt shout about just how lucky those with good health are! When our bodies are in good working order and we are healthy and fit, every aspect of our life feels the benefit. We feel good and look good! Moreover, this good health contributes immensely to our happiness and living a good life.



Windhoek

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fax 061 223 904
email info@nhp.com.na
Unit 2, Demushuwa Suites
Corner of Grove and Ombika Street, Kleine Kuppe
PO Box 23064, Windhoek

Swakopmund

tel 064 405 714
fax 064 403 715
email swakop@nhp.com.na
Office number 2, 1st Floor, Food Lover's Market
50 Moses Garoeb Street
PO Box 2081, Swakopmund

Walvis Bay

tel 064 205 534
fax 064 209 959
email walvis@nhp.com.na
Office number 7, Welwitschia Hospital Centre
PO Box 653, Walvis Bay

Oshakati

tel 065 221 721
fax 061 277 412
email oshakati@nhp.com.na
Medical Complex, Main Street
PO Box 23064, Windhoek

Keetmanshoop

tel 063 225 141
fax 061 277 419
email keetmans@nhp.com.na
6th Avenue, Bird's Mansion Hotel
PO Box 1541, Keetmanshoop

website www.nhp.com.na

Emergency medical numbers

E-Med Rescue 24

tel 061 222 223

LifeLink EMS

tel 064 501 000

NHP emergency numbers

Monday to Sunday until 22:00

After hours

cell 081 372 9910

In-hospital/Pre-authorisations

cell 081 246 8436

