



Affordable and quality health cover for employer groups

OPTION 2 BENEFIT STRUCTURE 01 JANUARY 2019 TILL 31 DECEMBER 2019

OPTION 2: 2019 BENEFIT & CONTRIBUTION STRUCTURE			
B1	HOSPITALISATION	Overall Annual Limit N\$750, 000 per beneficiary Per family N\$1,350, 000 per annum	
	Private Hospitals including medicines, materials, hospital apparatus and 7 days take out medication Provisional Hospitals including medicines, materials, hospital apparatus and 7 days take out medication Blood Transfusion In Hospital Radiology & Pathology	100% tariff Subject to Overall Annual limit	
B2	(NB: Hospitalisation is subject to prior approval) IN HOSPITAL TREATMENT & PROCEDURES: GP & SPECIALI	ST TREATMENT	
	Specialist In Hospital Treatment GP Treatment & Procedures	200% of tariff	
	GP In hospital visits	150% of tariff	
В3	INTERNAL PROSTHESIS		
	Internal Prosthesis - example: Knee/Hip/Pacemakers. Including intra occular lenses. Subject to preauthorization and clinical risk management protocols.	Subject to clinical protocols	
B4	MRI/CT SCANS (In/Out Hsp)	13 670 per beneficiary Family 27 350	
	In and Out of Hospital Benefit. Subject to pre-approval and Clinical protocols.	Part of the Sub-limit B4	
B5	PSYCHIATRIC TREATMENT	23 200 per family	
	Psychiatric hospital Accommodation, treatment and services. Subject to clinical protocols and preauthorisation (All inclusive benefit including Accommodation))	Part of the Sub-limit of B5	
	Alcohol & Drug Addiction, addiction Therapy, related Pathology and medication. (Part of treatment plan protocols) (All inclusive benefit including Accommodation)	Part of the Sub-limit of B5	

В6	01 JANUARY 2019 TILL 31 DECEMBER 2019		
Вб	REFRACTIVE SURGERY	18 000 per beneficiary	
	Evelency Local	Down of the Cub live t DC	
	Excimer Laser (All inclusive benefit – including Accommodation)	Part of the Sub-limit B6 (once off)	
D.7			
B7	CATARACT EYE OPERATIONS	25 500 per beneficiary	
	Cataract Eye Operations	Part of the Sub-limit B7	
	(All inclusive benefit – including Accommodation)	rait of the Sub-limit by	
B8	MATERNITY	PART OF OAL	
DO	IVIAIERINIIT	PART OF OAL	
	Hospital Caesarean (Non-Emergency)	100% tariff with a 10% co-payment	
	Trospitur edesureum (Non Emergency)	200% of tariff with a	
	GP and specialist Caesarean(Non-Emergency)(Hsp)	10% co-payment	
	Hospital Confinement/Caesarean (Emergency)	100% of tariff	
	GP and Specialist Confinement/Caesarean	200% of tariff	
В9	CIRCUMCISION		
DJ	Hospital Circumcision subject to authorization	100% tariff	
	Thospital circumcision subject to authorization	20% co-payment for circumcisions done in	
		hospital	
		·	
		200% tariff	
	Specialists circumcision(In Hospital)	with a 20% co-payment	
		100% tariff	
	GP circumcision(In Hospital)	with a 20% co-payment	
B10	GASTROSCOPY & COLONOSCOPY	PART OF OAL	
	Hospital Gastroscopy/Colonoscopy	100% tariff	
		2000/ 1 155	
	Specialist Gastroscopy/Colonoscopy(Hospital)	200% tariff 100% tariff	
	GP: Gastroscopy/Colonoscopy(Hospital)	100% tariff	
B11	TRAUMA COVER	PART OF OAL	
	RENAL (KIDNEY) DIALYSIS/ ORGAN TRANSPLANT/ONCOLO	OGY TREATMENT	
	Hospital Admission	100% of tariff	
	Specialists In Hospital	200% of tariff	
	GP in Hospital	100% of tariff	
	GP & Specialist (In Rooms)	100% of tariff	
	Medication	100% NRP	
		N\$ 15 levy per prescribed item	

B12	MVA/THIRD PARTY	PART OF OAL
	MVA/Third Party(Hospital)	100% tariff
	Specialist treatment and services (In Hospital)	200% NRP
	GP treatment and services (Hospital)	100% tariff
		100% NRP
	MVA Medication	N\$ 15 levy per prescribed item
B13	MAXILLO FACIAL	PART OF OAL
	 Non-Elective Maxillo Facial/Oral Surgery - Trauma. Dental extractions of more than 3 teeth or multiple fillings in children under the age of ten and disabled dependants. Removal of impacted wisdom teeth. (All Inclusive Benefit - Accommodation, surgery, treatment and services). Part of Clinical protocols 	Hospital: 100% tariff
		GP: 100% tariff
		Specialist: 200% of Tariff
		Dental Implants pb: 6,710 Per family 13,710
B14	AUXILLIARY SERVICES	PART OF OAL
	Including Physiotherapy, Biokenetics, Occupational therapy in Hospital	100% of tariff
B17	ALTERNATIVES TO HOSPITALISATION	12 190 pb
	Frail Care, Private Nursing (home nursing and Hospice Limited	Part of the Sub-limit B16 and limited to N\$ 450 per day
B18	STEPDOWN FACILITIES	PART OF OAL
	Stepdown Facilities	Limited to 5 days after hospitalisation
B19	AMBULANCE SERVICES	100% of cost limited to:
	M1	2,080
	M2	2,730
	M3	3240
	M4+	3,720
B20	Chronic Medication	7,930
	Chronic medication (preferred)	100% of NRP
	Chronic medication (non- preferred)	20% levy
B21	HIV MEDICATION	28,490
	HIV Medication	100% NRP

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B22	EXTERNAL MEDICAL APPLIANCES	11, 970) per beneficiary	
	General appliances including artificial limbs, eyes, wheelchairs, hearing aids and all approved appliance	10	00% of cost	
	DAY TO DAY BENEFITS (OUT-OF-HOSPITAL)			
C1	OVERALL ANNUAL LIMIT		90 Per family N\$37,450 All its are subject to OAL	
	GP/Specialist and Primary Health Consultations including Out patient Visits.	10 per beneficiary per fa GP: 10 Specialist:	y: 6,090 family 15,250 c annum limited to 36 per amily 00% tariff 100% of tariff e Sub-limit C1	
	GP and specialists and Primary Health care Procedures in Rooms	Specialist:	% of tariff 100% of tariff e Sub-limit C1	
	Antenatal consultations	GP: 10 Specialist:	ciary per annum 00% tariff 160% of tariff e Sub-limit C1	
C2	Acute Medication		eneficiary	
	Acute medication including Primary Healthcare Scripts GP/Specialist and Primary Health Care Injections	100	, 090 % NRP per prescribed item	
	and materials including Homeopathic medication			
С3	OTC MEDICATION			
	OTC medication	•	ed to 230 per script 5 levy per prescribed item	
	Vitamins	• •	to N\$ 80 per script 5 levy per prescribed item	
C4	Paramedical Services	7,320 per	beneficiary	
	Including Physiotherapy, Social Workers, Speech, Audiology, Acousticians, Dieticians, Occupational Therapy, Hom/ Chiro/ Osteopathy, Podiatry, Acupuncture etc.		% tariff e sub-limit C4	
	Biokinetic	Part of the Additional benefits to b	00 per beneficiary e sub-limit C4 be allocated on submission otment plan	

C 5	Psychology & Psychiatry	7,320 per beneficiary
	Clinical Psychology , Psychiatric treatment	100% tariff Part of the Sub-limit C5
C6	Dentistry	Per beneficiary 7,930 , Per family 15,850
	Including Conservative dentistry, specialized dentistry and	100% tariff Part of the Sub-limit C6
	Selected maxillo facial procedures in rooms	100% tariff Limited to 2,080 per beneficiary
	Orthodontic treatment paid	80% tariff Part of the Sub-limit C6
С7	Optical Services	4 270 per beneficiary every 2 nd year
	Frames Eye Test	100% cost 890 per beneficiary part of sublimit C7 100% tariff 1eye tests per beneficiary
	Lenses	100% of tariff part of sublimit C7
C8	RADIOLOGY & PATHOLOGY	Per beneficiary 4,270
	Radiology & Pathology, diagnostic scopes, maternity scans	100% tariff, Part of the Sub-limit C8 2 Maternity scans pb

Com	Complimentary Benefits		
Preventative		Part of the OAL	
Baby Immunisations	100% NRP	0 - 7 years	
Cholestrol/Test Blood Sugar(Finger Prick)	Cholestrol/Test Blood Sugar(Finger Prick)	1 per beneficiary	
Mammogram		1 per female beneficiary (>40 years)	
DEXA Bone Density scan)	100% tariff	1 per beneficiary (> 50 years)	
Pap Smear	100 /6 (a)	1 per female beneficiary (>15 years)	
Glaucoma Screening		1 per beneficiary (>40 years)	
Prostate Screening		1 per male beneficiary (>40 years)	
HPV Vaccine	— 100% NRP	3 per beneficiary once in a lifetime Females 9 - 26 years	
Pneumoccocal Vaccine	100% NRP	1 per beneficiary adults (>65 years) Children \9<5 years)	
Flu Vaccines		1 Flu vaccination per beneficiary per year.	



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