



NAMDEB

Medical Aid Scheme

◆ DEBMARINE NAMIBIA | ◆ NDTC | ◆ NAMDEB

Affordable and quality health cover for employer groups

OPTION 1 BENEFIT STRUCTURE 01 JANUARY 2021 TILL 31 DECEMBER 2021

NAMDEB BENEFIT GUIDE OPTION 01

01 JANUARY 2021 TILL 31 DECEMBER 2021

OPTION 1: 2021 BENEFIT & CONTRIBUTION STRUCTURE

B1	HOSPITALISATION	Overall Annual Limit N\$ 1,250,000 per beneficiary Limited to N\$ 2,100,000 per annum per family
	Private Hospitals, including medicines, materials, hospital apparatus and 7 days take out medication	100% tariff Subject to Overall Annual limit
	Provincial Hospitals, including medicines, materials, hospital apparatus and 7 days take out medication	
	Blood Transfusion	
	In-Hospital Radiology & Pathology (Hospitalisation is subject to prior approval)	
B2	POST-OPERATIVE BENEFIT	
	Post –operative wound dressing following a major operation. Limited to 6 weeks treatment	100% tariff Subject to Overall Annual limit
	Subject to clinical protocols and pre-authorisation	
B3	IN-HOSPITAL TREATMENT AND PROCEDURES	
	Specialist In-Hospital Treatment	200% of tariff
	GP Treatment & Procedures	135% of tariff
	GP In-Hospital visits	150% of tariff
B4	INTERNAL PROSTHESIS	
	Internal Prosthesis - example: Knee/Hip/Pacemakers. Including intra-ocular lenses. Subject to pre-authorisation and clinical risk management protocols.	Subject to clinical protocols
B5	MRI/CT SCANS (In/Out of Hospital)	N\$ 19,450 pbpa
	In and Out of Hospital Benefit. Subject to pre-approval and Clinical protocols.	Part of the Sub-limit B5

EXPLANATION OF ABBREVIATIONS:

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B6	MENTAL HEALTH (PSYCHIATRY)	
	Psychiatric hospital accommodation, treatment and services. Subject to clinical protocols and pre-authorisation (All-inclusive benefit including Accommodation)	Limited to 21 days and N\$ 2,900 per day pbpa
	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 B6
B7	REFRACTIVE SURGERY	
	Excimer Laser (All-inclusive benefit – including Accommodation)	N\$ 32,000 pbpa
		Part of the Sub-limit B7 (Benefit payable once off)
B8	CATARACT EYE OPERATIONS	
	Cataract Eye Operations (All-inclusive benefit – including Accommodation)	N\$ 45,300 pbpa
		Part of the Sub-limit B8
B9	MATERNITY	
	Hospital Caesarean (Non-Emergency)	100% tariff with a 10% co-payment
	GP and specialist Caesarean (Non-Emergency)(In-Hospital)	200% of tariff with a 10% co-payment
	Hospital Confinement / Caesarean (Emergency)	100% of tariff
	GP and Specialist Confinement / Caesarean(Emergency(Hospital)	200% of tariff
B10	CIRCUMCISION	
	Hospital Circumcision subject to authorisation	100% tariff 20% co-payment for circumcisions done in hospital <ul style="list-style-type: none"> • 20% co-payment on circumcisions not applicable on children from 0-10 years
	Specialists circumcision (In-Hospital)	200% tariff, with a 20% co-payment
	GP circumcision (In-Hospital)	135% tariff with a 20% co-payment

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B11	GASTROSCOPY & COLONOSCOPY	PART OF OAL
	Hospital Gastroscopy/Colonoscopy	100% tariff
	Specialist Gastroscopy/Colonoscopy (Hospital)	200% tariff
	GP: Gastroscopy/Colonoscopy (Hospital)	135% tariff
B12	TRAUMA COVER	PART OF OAL
	RENAL (KIDNEY) DIALYSIS/ ORGAN TRANSPLANT/ ONCOLOGY TREATMENT	
	Hospital Admission	100% of tariff
	Specialists (Hospital)	200% of tariff
	Specialist in Rooms	100% of tariff
	GP (Out of Hospital)	100% of tariff
	GP (In-Hospital)	135% of tariff
	Medication	100% NRP
B13	MVA/THIRD PARTY	PART OF OAL
	MVA/Third Party(In-Hospital)	100% tariff
	Specialist treatment and services (In-Hospital)	200% NRP
	GP treatment and services (In-Hospital)	135% tariff
	MVA Medication	100% NRP
B14	MAXILLO FACIAL	PART OF OAL
	Non-Elective Maxillo Facial/Oral Surgery - Trauma.	Hospital : 100% tariff
	<ul style="list-style-type: none"> 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 	GP : 135% tariff
		Specialist : 200% of tariff
		Dental Implant : N\$ 14,050 pbpa
B15	AUXILLIARY SERVICES	PART OF OAL
	Including Physiotherapy, Biokinetics, Occupational therapy in Hospital	100% of tariff
B16	ALTERNATIVES TO HOSPITALISATION	N\$ 20,500 pbpa
	Frail Care, Private Nursing (home nursing and Hospice Limited)	Part of the Sub-limit B16 and limited to 460 per day

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B17	STEPDOWN FACILITIES	PART OF OAL
	Stepdown Facilities (Part of clinical protocols)	Part of OAL
B18	AMBULANCE SERVICES	100% of cost limited to:
	M1	N\$ 2,950 pbpa
	M2	N\$ 3,820 pbpa
	M3	N\$ 4,500 pbpa
	M4+	N\$ 5,230 pbpa
B19	CHRONIC MEDICATION	N\$ 35,750 pbpa
	Chronic medication (preferred)	no levy
	Chronic medication (non-preferred)	20% levy
B20	HIV MEDICATION	N\$ 30,400 pbpa
	HIV Medication	100% NRP
B21	EXTERNAL MEDICAL APPLIANCES	N\$ 23,500 pbpa
	<p>General appliances including artificial limbs, eyes, wheelchairs, hearing aids and all approved appliances</p> <p>Blood Pressure Meters – limited to 1 per beneficiary every (3) three years</p> <p>Diabetic Monitoring Meters – limited to 1 per beneficiary every (3) three years</p> <p>Humidifiers – limited to 1 per beneficiary every (3) three years</p> <p>Nebulizers – limited to 1 fill per beneficiary every (3) three years</p> <p>Aero chambers/Spacers – limited to 1 fill per beneficiary every (3) three years</p> <p>Hearing Aids - – limited to 1 pair per beneficiary every (2) two years</p> <p>Subject to pre-authorisation</p>	100% of cost

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OUT OF HOSPITAL (DAY TO DAY BENEFITS)		
C1	OVERALL ANNUAL LIMIT	Per Beneficiary: N\$ 33,400 Limited to N\$ 78,900 per family per annum. * All day to day benefits are subject to the Day to Day OAL
	GP/Specialist and Primary Health Consultations including Out patient Visits.	16 pbpa limited to 36 per family pfpa including 5 tele/virtual consultations pbpa GP: 100% tariff Specialist: 160% of tariff Part of the Sub-limit C1
	GP and specialists and Primary Health care Procedures in Rooms	N\$18,800 pbpa GP: 100% of tariff Specialist: 100% of tariff Part of the Sub-limit C1
	Antenatal consultations	10 per beneficiary per annum GP: 100% tariff Specialist: 160% of tariff Part of the Sub-limit C1
C2	ACUTE MEDICATION	N\$ 13,650 pbpa * benefit subject to day to day overall limit
	Acute medication including Primary Healthcare Scripts	100% NRP 10% levy per prescription
	GP/Specialist and Primary Health Care Injections and materials	
	Homeopathic medication	
C3	SELF-MEDICATION	
	OTC medication	N\$ 6,900 pbpa * benefit subject to day to day overall limit Limited to N\$ 280 per script 100% NRP 10% levy per prescription
	Vitamins	N\$ 580 pbpa * benefit subject to day to day overall limit Limited to N\$120 per script 100% NRP 10% levy per prescription

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C4	PARAMEDICAL SERVICES	N\$ 15,150 pbpa * benefit subject to day to day overall limit
	Including Physiotherapy, Social Workers, Speech, Audiology, Acousticians, Dieticians, Occupational Therapy, Homeopath / Chiropractic / Osteopathy, Podiatry, Acupuncture etc.	100% tariff Part of the sub-limit C4
	Biokinetic	Limited to N\$ 2,900 pbpa * benefit subject to day to day overall limit Part of the sub-limit C4
C5	PSYCHOLOGY & PSYCHIATRY	N\$ 15,000 pbpa * benefit subject to day to day overall limit
	Clinical Psychology, Psychiatric treatment	100% tariff Part of the Sub-limit C5
C6	DENTISTRY	N\$ 13,300 pbpa limited to N\$ 28 200 Per family * benefit subject to day to day overall limit
	Including Conservative dentistry and specialized dentistry	100% tariff , part of C6 Sub-limit
	Selected maxillo facial procedures in rooms	100% tariff, Limited to N\$2,800 pbpa * benefit subject to day to day overall limit
	Orthodontic treatment paid	100% tariff, part C6 Sub-limit
C7	OPTICAL SERVICES	100% of Tariff Every 2nd year
	Consultation	N\$ 500 pbpa
	Single Vision Lens per pair	N\$ 800 per pair
	Bifocal Lens per pair	N\$ 1 700 per pair
	Multifocal Lens per pair	N\$ 2 500 per pair
	Contact Lenses	N\$ 1 700 per pair
	Frames and Lens Enhancements	N\$ 2 500

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C8	RADIOLOGY & PATHOLOGY	N\$ 14,050 pbpa * benefit subject to day to day overall limit
	Radiology & Pathology, diagnostic scopes, maternity scans	100% tariff Part of the Sub-limit C8
C8	Benefit Accumulator	
	Benefit Accumulator	5% of the difference between the actual day-to-day claims paid and the overall annual limit (OAL). Threshold (maximum claims to qualify): M0: N\$6 670 M1: N\$13 330 M2: N\$19 750 M3: N\$23 690 M4: N\$27 650 M5+: N\$31 600

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COMPLIMENTARY BENEFITS			
	Preventative		Part of the OAL
	Baby Immunisations	100% NRP	0 - 7 years
	Cholesterol/Test Blood Sugar(Finger Prick)	100% tariff	1 per beneficiary
	Mammogram		1 per female beneficiary (>40 years)
	DEXA Bone Density scan)		1 per beneficiary (> 50 years)
	Pap Smear		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
	Pneumococcal Vaccine	1 per beneficiary adults (>65 years) Children 9<5 years)	
	Flu Vaccines		1 Flu vaccination per beneficiary per year.

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CONTRIBUTION FOR 2021 (EFFECTIVE 01 APRIL)

Non-Pensioners - Option 1							
Income Band		M	M + 1	M + 2	M + 3	M + 4	M + 5
0	8370	1903	3550	4426	5126	5636	6106
8371	10790	2075	3862	4802	5561	6093	6602
10791	13050	2300	4255	5307	6133	6720	7282
13051	15000	2472	4592	5713	6607	7229	7832
15001	19180	2726	5023	6270	7255	7959	8623
19181	23560	2910	5392	6718	7721	8496	9202
23561	28060	3019	5594	6968	8008	8811	9543
28061	32420	3204	5932	7382	8482	9334	10109
32421	37700	3330	6164	7666	8809	9694	10498
37701	70870	3454	6394	7954	9141	10056	10893
70871	0	3753	6950	8650	9939	10934	11845

Pensioners - Option 1							
Income Band		M	M + 1	M + 2	M + 3	M + 4	M + 5
0	8370	2364	4413	5502	6369	7005	7588
8371	10790	2579	4798	5966	6912	7572	8204
10791	13050	2859	5286	6597	7623	8353	9050
13051	15000	3071	5709	7099	8211	8984	9734
15001	19180	3387	6241	7791	9014	9892	10717
19181	23560	3615	6702	8350	9596	10558	11435
23561	28060	3751	6953	8660	9954	10949	11860
28061	32420	3981	7373	9173	10542	11600	12563
32421	37700	4139	7658	9526	10946	12047	13046
37701	70870	4292	7944	9885	11362	12497	13538
70871	0	4665	8638	10748	12352	13587	14720

IMPORTANT INFORMATION

CLAIM SUBMISSION PERIOD

All claims should be submitted within four (4) months from the date on which the service was rendered, otherwise the healthcare provider or member may lose the right to payment in respect of these claims.

PROVIDER CLAIM INQUIRIES

Kindly contact the nearest branch office or the provider call centre for claim related inquiries.

Provider Call Centre: +264 83 299 9000
stephanie.bezuidenhoudt@prosperitynam.com
claudia@tjizoo@prosperitynam.com

MANAGED HEALTHCARE

Hospital pre-authorisation: +264 83 299 9500
hpa@prosperitynam.com
Hospital clinical updates: +264 83 299 9500
hcu@prosperitynam.com
Emergency After-hour: +264 81 145 7233

MEMBER BENEFIT CONFIRMATION: MRI/CT/PET SCAN

+264 83 299 9000
scansauth@prosperitynam.com

REGISTRATION

HIV management programme: +264 83 299 9718
care@prosperitynam.com
Maternity programme: +264 83 299 9500

CHRONILINE

Chronic medicine registration: +264 83 299 9991
chronic@prosperitynam.com
General pharmacy queries: +264 83 299 9990

MEDINET EDI SUBMISSIONS

(only EDI data file, no queries)
medinet@prosperitynam.com

PRACTICE REGISTRATIONS AND UPDATES

hp1@prosperitynam.com

CONTACT DETAILS

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