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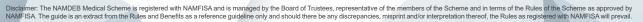
Affordable and quality health cover for employer groups

OPTION 2 BENEFIT STRUCTURE 01 JANUARY 2021 TILL 31 DECEMBER 2021

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	OPTION 2: 2021 BENEFIT & CONTRIBU	TION STRUCTURE		
B1	HOSPITALISATION	Overall Annual Limit N\$ 750, 000 pbpa limited N\$ 1,350, 000 pfpa		
	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	100% tariff Subject to		
	Blood Transfusion	Overall Annual limit		
	In-Hospital Radiology & Pathology			
	(NB: 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 protocals and pre-authorisation			
В3	IN-HOSPITAL TREATMENT & PROCEDURES: GP & SPECIAL	IST TREATMENT		
	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-authorization and clinical risk management protocols.	Subject to clinical protocols		
В5	MRI / CT SCANS (In/Out of Hospital)	N\$14 600 pbpa limited to N\$29 150 pfpa		
	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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В6	PSYCHIATRIC (MENTAL HEALTH) TREATMENT						
	Psychiatric hospital Accommodation, treatment and services. Subject to clinical protocols and preauthorisation (All-inclusive benefit including Accommodation)	Limited to 21 days pbpa and N\$ 2,300 benefit limit per day					
	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					
В7	REFRACTIVE SURGERY	N\$ 19 200 pbpa					
	Excimer Laser (All-inclusive benefit – including Accommodation)	Part of the Sub-limit B7 (Benefit payable once off)					
B8	CATARACT EYE OPERATIONS	N\$ 27 200 pbpa					
	Cataract Eye Operations (All inclusive benefit – including Accommodation)	Part of the Sub-limit B8					
В9	MATERNITY	PART OF OAL					
	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	200% of tariff					
B10	CIRCUMCISION						
	Hospital Circumcision subject to authorization	100% tariff 20% co-payment for circumcisions done In-hospital • 20% co-payment on circumcisions is not applicable on children from 0-10 years					
	Specialists circumcision (In-Hospital)	200% tariff with a 20% co-payment					
1	GP circumcision (In-Hospital)	135% tariff with a 20% co-payment					

EXPLANATION OF ABBREVIATIONS:

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B11	GASTROSCOPY & COLONOSCOPY	PART OF OAL			
	Hospital Gastroscopy/Colonoscopy	100% tariff			
	Specialist Gastroscopy/Colonoscopy (In-Hospital)	200% tariff			
	GP: Gastroscopy/Colonoscopy (In-Hospital)	100% tariff			
B12	TRAUMA COVER	PART OF OAL			
	RENAL (KIDNEY) DIALYSIS/ ORGAN TRANSPLANT/ONCOLO	GY TREATMENT			
	Hospital Admission	100% of tariff			
	Specialists In Hospital	200% of tariff			
	GP in Hospital	135% of tariff			
	GP & Specialist (In Rooms)	100% 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			
	 Dental extractions of more than 3 teeth or multiple fillings in children under the age of ten and disabled dependants. 	GP: 135% tariff			
	Removal of impacted wisdom teeth.	Specialist: 200% of Tariff			
	 (All-Inclusive Benefit - Accommodation, surgery, treatment and services). Part of Clinical protocols 	Dental Implants pb: N\$ 7,150 pbpa Per family N\$ 14,650 pbpa			
B15	AUXILLIARY SERVICES	PART OF OAL			
	Including Physiotherapy, Biokinetics, Occupational therapy in-Hospital	100% of tariff			
B16	ALTERNATIVES TO HOSPITALISATION	N\$ 13,050 pbpa			
	Frail Care, Private Nursing (home nursing and Hospice Limited)	Part of the Sub-limit B16 and limited to N\$450 per day			



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B17	STEPDOWN FACILITIES	PART OF OAL			
	Stepdown Facilities in lieu of hospitalisation	Part of OAL			
B18	AMBULANCE SERVICES	100% of cost limited to:			
	M1	N\$ 2,210 pbpa			
	M2	N\$2,910 pbpa			
	M3	N\$ 3,450 pbpa			
	M4+	N\$ 3,970 pbpa			
B19	CHRONIC MEDICATION	N\$ 8,450 pbpa			
	Chronic medication (preferred)	100% of NRP			
	Chronic medication (non-preferred)	20% levy			
B20	HIV MEDICATION	N\$ 30,400 pbpa			
	HIV Medication	100% NRP			
B21	EXTERNAL MEDICAL APPLIANCES	N\$ 13,700 pbpa			
	General appliances including artificial limbs, eyes, wheelchairs, hearing aids and all approved appliances Blood Pressure Meters – limited to 1 per beneficiary				
	every (3) three years Diabetic Monitoring Meters – limited to 1 per beneficiary every (3) three years Humidifiers – limited to 1 per beneficiary every (3) three				
	years Nebulizers – limited to 1 fill per beneficiary every (3) three years	100% of cost			
	Aero chambers/Spacers – limited to 1 fill per beneficiary every (3) three years				
	Hearing Aids - – limited to 1 pair per beneficiary every (2) two years				
	Subject to pre-authorisation				

EXPLANATION OF ABBREVIATIONS:

OAL: OVERALL ANNUAL LIMIT

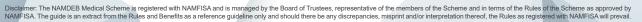
PB.: PER BENEFICIARY PBPA: PER BENEFICIARY PER ANNUM



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		01 JANUARY 2021 TILL 31 DECEMBER 202:			
	DAY TO DAY BENEFITS (O	JT-OF-HOSPITAL)			
C1	OVERALL ANNUAL LIMIT	Per Beneficiary: N\$ 18,200 pbpa limited to N\$ 39,000 pfpa. All day to day benefits are subject to the Day to Day OAL			
	GP/Specialist and Primary Health Consultations including Out patient Visits.	Limit per beneficiary: N\$ 6,500 pbpa limited to N\$ 16,250 pfpa 12 consultation pbpa limited to 30 consultations pfpa , including 5 tele/virtual consultations pbpa GP: 100% tariff Specialist: 100% of tariff Part of the Sub-limit C1			
	GP and specialists and Primary Health care Procedures in Rooms	GP: 100% of tariff Specialist: 100% of tariff Part of the Sub-limit C1			
	Antenatal consultations	7 per beneficiary per annum GP: 100% tariff Specialist: 160% of tariff Part of the Sub-limit C1			
C2	Acute Medication	N\$ 6,500 pbpa			
	Acute medication including Primary Healthcare Scripts	100% NRP			
	GP/Specialist and Primary Health Care Injections and materials including Homeopathic medication	With a 10% levy of total script			
С3	OTC MEDICATION				
	OTC medication	N\$ 2,610 pbpa, Limited to N\$ 250 per script 100% NRP, with a 10% levy of total script			
	Vitamins	N\$ 390 pbpa, Limited to N\$ 100 per script 100% NRP, with a 10% levy of total script			

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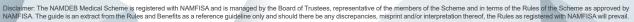




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C4	PARAMEDICAL SERVICES	N\$ 7,800 pbpa				
	Including Physiotherapy, Social Workers, Speech, Audiology, Acousticians, Dieticians, Occupational Therapy, Hom / Chiro/ Osteopathy, Podiatry, Acupuncture etc.	100% tariff Part of the sub-limit C4				
	Biokinetic	Limited to N\$ 1,450 pbpa Part of the sub-limit C4				
C 5	PSYCHOLOGY & PSYCHIATRY	N\$ 7,800 pbpa				
	Clinical Psychology, Psychiatric treatment	100% tariff Part of the Sub-limit C5				
C6	DENTISTRY	N\$ 8,450pbpa limited to N\$ 16,900 pfpa				
	Including Conservative dentistry and specialized dentistry	100% tariff Part of the Sub-limit C6				
	Selected maxillo facial procedures in rooms	100% tariff Limited to N\$ 2,210 pbpa				
	Orthodontic treatment paid	100% tariff Part of the Sub-limit C6				
С7	OPTICAL SERVICES	100% of Tariff				
		Limited every 2nd year				
	Consultation	N\$ 400 pbpa				
	Single Vision Lens per pair	N\$ 650 per pair				
	Bifocal Lens per pair	N\$ 1 350 per pair				
	Multifocal Lens per pair	N\$ 2 000 per pair				
	Contact Lenses	N\$ 1 350 per pair				
	Frames and Lens Enhancements	N\$ 2 000				
C8	RADIOLOGY & PATHOLOGY	N\$ 4,600 pbpa				
	Radiology & Pathology, diagnostic scopes, maternity scans	100% tariff, Part of the Sub-limit C8 2 Maternity scans pbpa				

EXPLANATION OF ABBREVIATIONS:





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COMPLIMEN	COMPLIMENTARY BENEFITS						
PREVENTATIVE		Part of the OAL					
Baby Immunisations	100% NRP	0 - 7 years					
Cholesterol/Test Blood Sugar (Finger Prick)		1 per beneficiary					
Mammogram		1 per female beneficiary (>40 years)					
DEXA Bone Density scan)		1 per beneficiary (> 50 years)					
Pap Smear	100% tariff	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		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 2							
Income Band		М	M + 1	M + 2	M +3	M + 4	M + 5
0	8370	1118	2087	2602	3012	3313	3589
8371	10790	1255	2334	2903	3362	3685	3993
10791	13050	1430	2643	3298	3812	4178	4525
13051	15000	1599	2970	3694	4273	4675	5066
15001	19180	1831	3375	4212	4873	5348	5795
19181	23560	1954	3623	4515	5188	5707	6183
23561	28060	2104	3899	4857	5583	6142	6652
28061	32420	2287	4233	5270	6056	6664	7218
32421	37700	2432	4504	5602	6436	7082	7671
37701	70870	2552	4725	5879	6756	7432	8050
70871	0	2837	5253	6538	7514	8263	8953

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CONTRIBUTION FOR 2021

PENSIONERS - OPTION 2							
Income Band		M	M + 1	M + 2	M +3	M + 4	M + 5
0	8370	1399	2609	3256	3768	4144	4489
8371	10790	1570	2920	3632	4207	4609	4994
10791	13050	1788	3307	4125	4767	5226	5660
13051	15000	2001	3715	4620	5344	5848	6336
15001	19180	2291	4221	5270	6095	6689	7246
19181	23560	2445	4534	5647	6488	7140	7734
23561	28060	2633	4879	6077	6983	7683	8320
28061	32420	2860	5296	6591	7574	8335	9028
32421	37700	3044	5634	7007	8050	8858	9595
37701	70870	3193	5911	7354	8451	9296	10070
70871	0	3549	6571	8177	9396	10336	11196

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@prosperitvnam.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 Lüderitz

230 Bismarck Str

P.O. Box 1178

Lüderitz

Tel: +264 63 202 143

Fax: +264 63 204 169

Windhoek

c/o Feld & Thorer Str P.O. Box 22927 Windhoek Tel: +264 83 2999 736

Fax: +264 61 222 161

Rosh Pinah Unit 1 SME Park

Ongwediva

Ongwediva Medipark Hospital

Complex, Auguste Tanyaanda Str

P.O. Box 7196

Oshakati West

Tel: +264 83 323 2080

Fax: 088 655 5514

Kokerboom Str P.O. Box 71 Rosh Pinah Tel: +264 83 323 2131 / 2130 Fax: +264 63 274 959

Swakopmund

Unit 23 The Dome Welwitchia Str P.O. Box 2869 Swakonmund Tel: +264 83 323 2050 Fax: +264 88 655 2774

Oranjemund

c/o 11th Ave & 12th Str P.O. Box 833 Oraniemund Tel: +264 83 3232 113 / 110 Fax: +264 63 232 191

Tsumeb

1150 Sam Nujoma Dr P.O. Box 791 Tsumeh Tel: +264 83 232 2070 / 2072 / 2073 Fax: +264 88 655 5509

Walvis Bay

Medical Park Hidipo Hamutenya Str P.O. Box 731 Walvis Bay Tel: +264 83 323 2000 Fax: +264 64 206 094

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