



# **NAMDEB**

**Medical Aid Scheme**

◆ DEBMARINE NAMIBIA | ◆ NDTC | ◆ NAMDEB

Affordable and quality health cover for employer groups

## **OPTION 2**

### **BENEFIT STRUCTURE**

**01 JANUARY 2021 TILL 31 DECEMBER 2021**

083 2999 000  
[www.prosperityhealth.com](http://www.prosperityhealth.com)

Administered by  **PROSPERITY  
HEALTH**

# NAMDEB BENEFIT GUIDE OPTION 02

01 JANUARY 2021 TILL 31 DECEMBER 2021

<b>OPTION 2: 2021 BENEFIT &amp; CONTRIBUTION STRUCTURE</b>		
<b>B1</b>	<b>HOSPITALISATION</b>	<b>Overall Annual Limit N\$ 750, 000 pbpa limited N\$ 1,350, 000 pfpa</b>
	Private Hospitals, including medicines, materials, hospital apparatus and 7 days take out medication	100% tariff Subject to Overall Annual limit
	Provisional Hospitals, including medicines, materials, hospital apparatus and 7 days take out medication	
	Blood Transfusion	
	In-Hospital Radiology & Pathology	
	<b>(NB: Hospitalisation is subject to prior approval)</b>	
<b>B2</b>	<b>POST –OPERATIVE BENEFIT</b>	
	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	
<b>B3</b>	<b>IN-HOSPITAL TREATMENT &amp; PROCEDURES: GP &amp; SPECIALIST TREATMENT</b>	
	Specialist In-Hospital Treatment	200% of tariff
	GP Treatment & Procedures	135% of tariff
	GP In-Hospital visits	150% of tariff
<b>B4</b>	<b>INTERNAL PROSTHESIS</b>	
	Internal Prosthesis - example: Knee/Hip/Pacemakers. Including intra ocular lenses. Subject to pre-authorization and clinical risk management protocols.	Subject to clinical protocols
<b>B5</b>	<b>MRI / CT SCANS (In/Out of Hospital)</b>	<b>N\$14 600 pbpa limited to N\$29 150 pfpa</b>
	In and Out of Hospital Benefit. Subject to pre-approval and Clinical protocols.	Part of the Sub-limit B5

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<b>B6</b>	<b>PSYCHIATRIC (MENTAL HEALTH) TREATMENT</b>	
	Psychiatric hospital Accommodation, treatment and services. Subject to clinical protocols and pre-authorization <b>(All-inclusive benefit including Accommodation)</b>	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) <b>(All-inclusive benefit including Accommodation)</b>	Part of the Sub-limit of B6
<b>B7</b>	<b>REFRACTIVE SURGERY</b>	<b>N\$ 19 200 pbpa</b>
	Excimer Laser <b>(All-inclusive benefit – including Accommodation)</b>	Part of the Sub-limit B7 (Benefit payable once off)
<b>B8</b>	<b>CATARACT EYE OPERATIONS</b>	<b>N\$ 27 200 pbpa</b>
	Cataract Eye Operations <b>(All inclusive benefit – including Accommodation)</b>	Part of the Sub-limit B8
<b>B9</b>	<b>MATERNITY</b>	<b>PART OF OAL</b>
	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
<b>B10</b>	<b>CIRCUMCISION</b>	
	Hospital Circumcision subject to authorization	100% tariff 20% co-payment for circumcisions done In-hospital • <b>20% co-payment on circumcisions is not applicable on children from 0-10 years</b>
	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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<b>B11</b>	<b>GASTROSCOPY &amp; COLONOSCOPY</b>	<b>PART OF OAL</b>
	Hospital Gastroscopy/Colonoscopy	100% tariff
	Specialist Gastroscopy/Colonoscopy (In-Hospital)	200% tariff
	GP: Gastroscopy/Colonoscopy (In-Hospital)	100% tariff
<b>B12</b>	<b>TRAUMA COVER</b>	<b>PART OF OAL</b>
	<b>RENAL (KIDNEY) DIALYSIS/ ORGAN TRANSPLANT/ONCOLOGY TREATMENT</b>	
	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
<b>B13</b>	<b>MVA/THIRD PARTY</b>	<b>PART OF OAL</b>
	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
<b>B14</b>	<b>MAXILLO FACIAL</b>	<b>PART OF OAL</b>
	Non-Elective Maxillo Facial/Oral Surgery - Trauma. <ul style="list-style-type: none"> <li>Dental extractions of more than 3 teeth or multiple fillings in children under the age of ten and disabled dependants.</li> <li>Removal of impacted wisdom teeth.</li> <li>(All-Inclusive Benefit - Accommodation, surgery, treatment and services). Part of Clinical protocols</li> </ul>	Hospital : 100% tariff
		GP : 135% tariff
		Specialist : 200% of Tariff
		Dental Implants pb: N\$ 7,150 pbpa Per family N\$ 14,650 pbpa
<b>B15</b>	<b>AUXILLIARY SERVICES</b>	<b>PART OF OAL</b>
	Including Physiotherapy, Biokinetics, Occupational therapy in-Hospital	100% of tariff
<b>B16</b>	<b>ALTERNATIVES TO HOSPITALISATION</b>	<b>N\$ 13,050 pbpa</b>
	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
	<p><b>General appliances including artificial limbs, eyes, wheelchairs, hearing aids and all approved appliances</b></p> <p><b>Blood Pressure Meters – limited to 1 per beneficiary every (3) three years</b></p> <p><b>Diabetic Monitoring Meters – limited to 1 per beneficiary every (3) three years</b></p> <p><b>Humidifiers – limited to 1 per beneficiary every (3) three years</b></p> <p><b>Nebulizers – limited to 1 fill per beneficiary every (3) three years</b></p> <p><b>Aero chambers/Spacers – limited to 1 fill per beneficiary every (3) three years</b></p> <p><b>Hearing Aids - - limited to 1 pair per beneficiary every (2) two years</b></p> <p><b>Subject to pre-authorisation</b></p>	100% of cost

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DAY TO DAY BENEFITS (OUT-OF-HOSPITAL)		
<b>C1</b>	<b>OVERALL ANNUAL LIMIT</b>	<b>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</b>
	GP/Specialist and Primary Health Consultations including Out patient Visits.	<b>Limit per beneficiary: N\$ 6,500 pbpa limited to N\$ 16,250 pfpa</b> 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
<b>C2</b>	<b>Acute Medication</b>	<b>N\$ 6,500 pbpa</b>
	Acute medication including Primary Healthcare Scripts	100% NRP With a 10% levy of total script
	GP/Specialist and Primary Health Care Injections and materials including Homeopathic medication	
<b>C3</b>	<b>OTC MEDICATION</b>	
	OTC medication	<b>N\$ 2,610 pbpa, Limited to N\$ 250 per script</b> 100% NRP, with a 10% levy of total script
	Vitamins	<b>N\$ 390 pbpa, Limited to N\$ 100 per script</b> 100% NRP, with a 10% levy of total script

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<b>C4</b>	<b>PARAMEDICAL SERVICES</b>	<b>N\$ 7,800 pbpa</b>
	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
<b>C5</b>	<b>PSYCHOLOGY &amp; PSYCHIATRY</b>	<b>N\$ 7,800 pbpa</b>
	Clinical Psychology, Psychiatric treatment	100% tariff Part of the Sub-limit C5
<b>C6</b>	<b>DENTISTRY</b>	<b>N\$ 8,450pbpa limited to N\$ 16,900 pfpa</b>
	Including Conservative dentistry and specialized dentistry	100% tariff Part of the Sub-limit C6
	Selected maxillo facial procedures in rooms	100% tariff Limited to <b>N\$ 2,210</b> pbpa
	Orthodontic treatment paid	100% tariff Part of the Sub-limit C6
<b>C7</b>	<b>OPTICAL SERVICES</b>	<b>100% of Tariff</b> <b>Limited every 2nd year</b>
	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
<b>C8</b>	<b>RADIOLOGY &amp; PATHOLOGY</b>	<b>N\$ 4,600 pbpa</b>
	Radiology & Pathology, diagnostic scopes, maternity scans	100% tariff, Part of the Sub-limit C8 2 Maternity scans pbpa

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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	3 per beneficiary once in a lifetime Females 9 - 26 years
	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 2							
Income Band		M	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

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## 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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