

Product Guide 2023

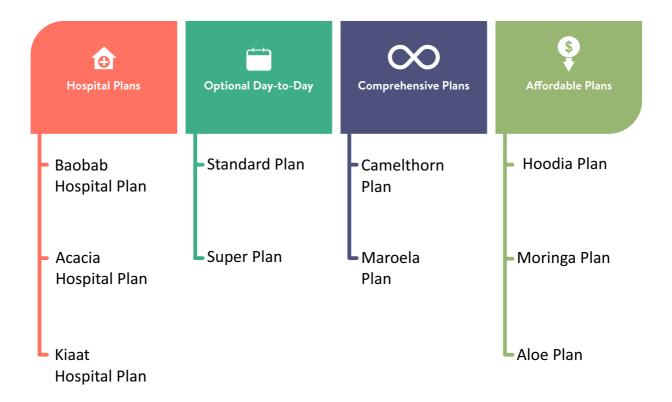


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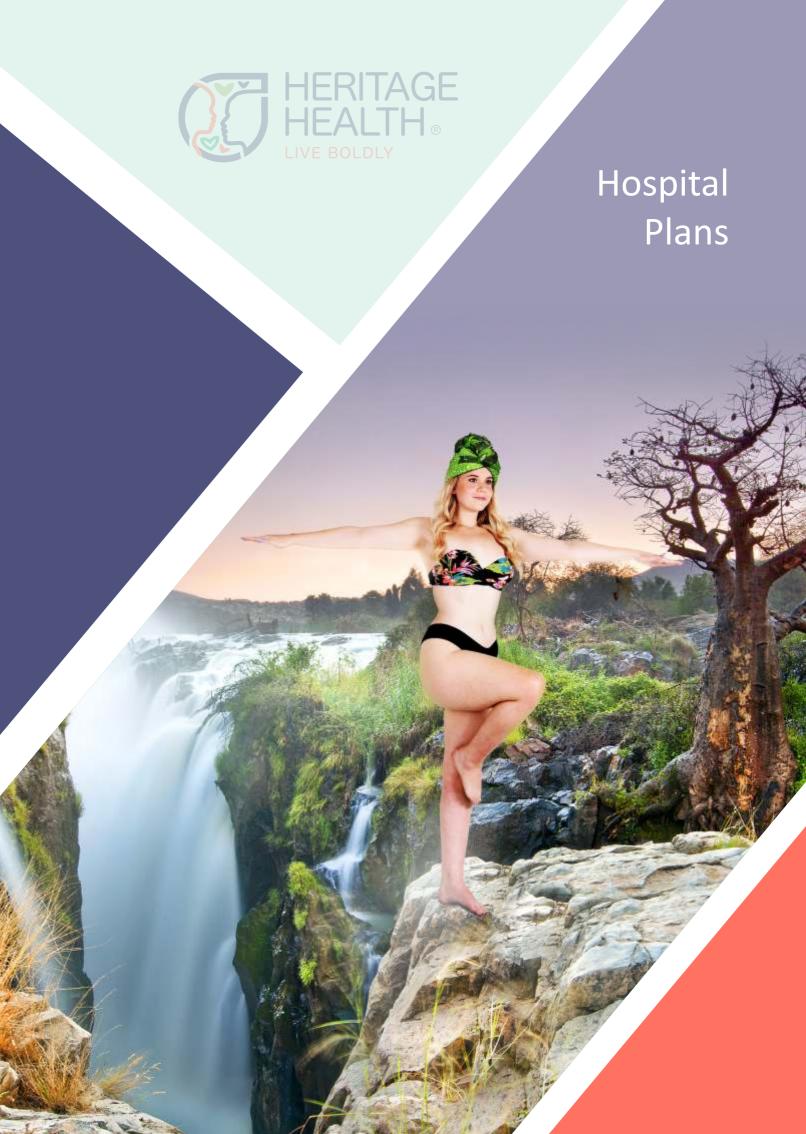
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Product Options







Baobab

Hospital Plan

Overall Annual Limit: N\$2.5million

	Namaf Tariff %	Benefits
Hospital Benefits (Subject to clinical risk management protocols)		
Accommodation and theatre	95%	250,000 per family
Accommodation private ward	95%	20,000 per family
Blood transfusions	95%	250,000 per family
Medicine while in hospital	95%	40,000 per family
Hospital casualty & Dr call out fee	95%	7,000 per family
Physiotherapy in hospital	95%	8,000 per family
Psychiatric care	95%	45,000 per family
Internal prosthesis	95% of cost	66,000 per family
(incl. cardiac, spinal and orthopedic prosthesis. Joint replacements - N\$5,000 co-payment)		
Oncology in or out hospital (including chemo and radiation treatment)	95%	350,000 per family
Organ transplant (including renal dialysis)	95%	350,000 per family
Step-down/hospice/private nursing	95%	42,000 per family
Chronic Medication Benefit (51% co-payment on Branded Medication and 30% co-payment	nent on Generic Medicat	ion)
Chronic medicine in or out of hospital	70% of NRP	15,000 per beneficiary
Chronic medicine in or out of hospital	70% of NRP	21,000 per family
Chronic medicine- Bi-annual GP & specialist consultations	95%	2 visits per beneficiary
Radiology and Pathology (In Hospital)		
Basic radiology	95%	40,000 per family
Specialised radiology(MRI/CT/pet scan/ bone density)	95%	36,000 per family
Pathology in hospital	95%	40,000 per family
Consultations and Procedures (In Hospital)		
GP/specialist consultations	150%	OAL
Surgical procedures	150%	OAL
(Scopes- gastroscopes/colonoscopes/arthroscopes- N\$ 2,500 co-payment on hospital accounts of the colonial colon	unt)	
Reconstructive Surgery	150%	18,000 per family
Admission	95%	
Surgery and procedure		
Dental Surgery	150%	10,000 per family
Admission	95%	
- Maxillo-facial & oral surgery (non-elective/trauma, all-inclusive surgery, treatment		
& services) Including dental implant surgery.		
- Dental implants (part of day-to-day benefit limit)		
Refractive Surgery	150%	20,000 per family
Admission	95%	
Including cataract surgery, glaucoma surgery, eye muscle surgery, corneal surgery	′,	
eye removal, vitreo-retinal surgery, etc.		
Excimer laser and radial keratotomy.		
Maternity Benefit		
Maternity confinement	100%	68,000 per family
Maternity procedure in theatre	225%	OAL
Neonatal care (28 days)	100%	200,000 per family
Antenatal consultations	100%	12 per pregnancy
Antenatal scans	100%	2 per pregnancy
Pediatrician visits – postnatal	100%	2 per year
Prenatal vitamins	100%	1,200 per year
Lifestyle and Wellness Benefits	95%	6,000 per family
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Subject to registration and 12-month commitment.

Dietician and biokinetics subject to authorisation and managed care programme

Reproductive health – oral and injectable contraceptives and IUD (limited over 3 years)

Wellness benefits/screenings (separate list of wellness benefits)





INDIVIDUAL RATES

Age Band	Principal Member	Adult Dependant	Child Dependant
18-25	1,620	1,480	1,140
26-30	1,730	1,620	1,140
31-35	1,910	1,750	1,140
36-40	2,100	1,940	1,140
41-45	2,380	2,210	1,140
46-50	2,660	2,460	1,140
51-55	3,010	2,780	1,140
56-60	3,620	3,360	1,140
61-65	4,510	4,170	1,140
66-75	5,530	5,110	1,140
75+	6,470	6,000	1,140

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Age Band	Principal Member	Adult Dependant	Child Dependant
18-25	1,458	1,332	1,026
26-30	1,557	1,458	1,026
31-35	1,719	1,575	1,026
36-40	1,890	1,746	1,026
41-45	2,142	1,989	1,026
46-50	2,394	2,214	1,026
51-55	2,709	2,502	1,026
56-60	3,258	3,024	1,026
61-65	4,059	3,753	1,026
66-75	4,977	4,599	1,026
75+	5,823	5,400	1,026



Acacia

Hospital Plan

Overall Annual Limit: N\$1,25 million

	Namaf Tariff %	Benefits
Hospital Benefits (Subject to clinical risk management protocols)		
Accommodation and theatre	95%	125,000 per family
Accommodation private ward	95%	No benefit
Blood transfusions	95%	125,000 per family
Medicine while in hospital	95%	30,000 per family
Hospital casualty & Dr call out fee	95%	7,000 per family
Physiotherapy in hospital	95%	8,000 per family
Psychiatric care	95%	45,000 per family
Internal prosthesis (incl. cardiac, spinal and orthopedic prosthesis. Joint replacements - N\$5,000 co-payment)	95% of cost	58,000 per family
Oncology in or out hospital (including chemo and radiation treatment)	95%	220 000 per family
Organ transplant (including renal dialysis)	95%	275,000 per family
Step-down/hospice/private nursing	95%	35,000 per family
Chronic Medication Benefit (51% co-payment on Branded Medication and 30% co-payme	nt on Generic Medicati	on)
Chronic medicine in or out of hospital	70% of NRP	9,500 per beneficiary
Chronic medicine in or out of hospital	70% of NRP	15,000 per family
Chronic medicine- Bi-annual GP & specialist consultations	95%	2 visits per beneficiary
Radiology and Pathology (In Hospital)		
Basic radiology	95%	38,000 per family
Specialised radiology (MRI/CT/pet scan/ bone density)	95%	32,000 per family
Pathology in hospital	95%	30,000 per family
Consultations and Procedures (In Hospital)		
GP/specialist consultations	150%	OAL
Surgical procedures	150%	OAL
$(Scopes-gastroscopes/colonoscopes/arthroscopes- N\$ $2,500 co-payment on hospital accourting the colonoscopes and the colonoscopes are consistent as a colonoscope and the colonoscopes are colonoscopes.$	nt)	
Reconstructive Surgery	150%	12,000 per family
Admission Surgery and procedure	95%	
Dental Surgery	150%	7,500 per family
Admission	95%	
- Maxillo-facial & oral surgery (non-elective/trauma, all-inclusive surgery, treatment & ser - Dental implants (part of day-to-day benefit limit)	vices)	
Refractive Surgery	150%	15,000 per family
Admission	95%	
Including cataract surgery, glaucoma surgery, eye muscle surgery, corneal surgery,		
eye removal, vitreo-retinal surgery, etc.		
Excimer laser and radial keratotomy.		
Maternity Benefit		
Maternity confinement	100%	55,000 per family
Maternity procedure in theatre	225%	OAL
Neonatal care (28 days)	100%	100,000 per family
Antenatal consultations	100%	6 per pregnancy
Antenatal scans	100%	2 per pregnancy
Pediatrician visits – postnatal	100%	2 per year
Prenatal vitamins	100%	1,200 per year
Lifestyle and Wellness Benefits	95%	6,000 per family
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Subject to registration and 12-month commitment.

Dietician and biokinetics subject to authorisation and managed care programme Reproductive health – oral and injectable contraceptives and IUD (limited over 3 years)

Wellness benefits/screenings (separate list of wellness benefits)





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Age Band	Principal Member	Adult Dependant	Child Dependant
18-25	1,420	1,320	960
26-30	1,540	1,420	960
31-35	1,680	1,540	960
36-40	1,870	1,650	960
41-45	2,110	1,870	960
46-50	2,350	2,040	960
51-55	2,640	2,300	960
56-60	3,210	2,760	960
61-65	3,980	3,410	960
66-75	4,870	4,130	960
75+	5,750	4,800	960

GROUP RATES

Age Band	Principal Member	Adult Dependant	Child Dependant
18-25	1,278	1,188	864
26-30	1,386	1,278	864
31-35	1,512	1,386	864
36-40	1,683	1,485	864
41-45	1,899	1,683	864
46-50	2,115	1,836	864
51-55	2,376	2,070	864
56-60	2,889	2,394	864
61-65	3,582	3,069	864
66-75	4,383	3,717	864
75+	5,175	4,320	864



Kiaat

Hospital Plan

Overall Annual Limit: N\$500,000

	Namaf Tariff %	Benefits
Hospital Benefits (Subject to clinical risk management protocols)		
Accommodation and theatre	95%	50,000 per family
Accommodation private ward		No benefit
Blood transfusions	95%	50,000 per family
Medicine while in hospital	95%	20,000 per family
Hospital casualty & Dr call out fee	95%	4,000 per family
Physiotherapy in hospital	95%	4,000 per family
Psychiatric care	95%	15,000 per family
Internal prosthesis (incl. cardiac, spinal and orthopedic prosthesis. Joint replacements - N\$5,000 co-payment)	95% of cost	30,000 per family
Oncology in or out hospital (including chemo and radiation treatment)		No Benefit
Organ transplant (including renal dialysis)		No Benefit
Step-down/hospice/private nursing	95%	28,000 per family
Chronic Medication Benefit (51% co-payment on Branded Medication and 30% co-payment	nt on Generic Medicat	ion)
Chronic medicine in or out of hospital	70% of NRP	5,000 per beneficiary
Chronic medicine in or out of hospital	70% of NRP	9,000 per family
Chronic medicine- Bi-annual GP & specialist consultations	95%	2 visits per beneficiary
Radiology and Pathology (In Hospital)		
Basic radiology	95%	25,000 per family
Specialised radiology (MRI/CT/pet scan/ bone density)	95%	20,000 per family
Pathology	95%	20,000 per family
Consultations and Procedures (In Hospital)		
GP/specialist consultations	150%	OAL
Surgical procedures	150%	OAL
(Scopes-gastroscopes/colonoscopes/arthroscopes- N\$ 2,500 co-payment on hospital accoun	nt)	
Reconstructive Surgery		No benefit
Dental Surgery		No benefit
Refractive Surgery		No benefit
Maternity Benefit		
Maternity confinement	100%	40,000 per family
Maternity procedure in theatre	225%	OAL
Neonatal care (28 days)	100%	80,000 per family
Antenatal consultations	100%	6 per pregnancy
Antenatal scans	100%	2 per pregnancy
Pediatrician visits – postnatal	100%	2 per year
Prenatal vitamins	100%	1,200 per year
Lifestyle and Wellness Benefits	95%	6,000 per family

Subject to registration and 12-month commitment.

Dietician and biokinetics subject to authorisation and managed care programme

Reproductive health – oral and injectable contraceptives and IUD (limited over 3 years)

Wellness benefits/screenings (separate list of wellness benefits)





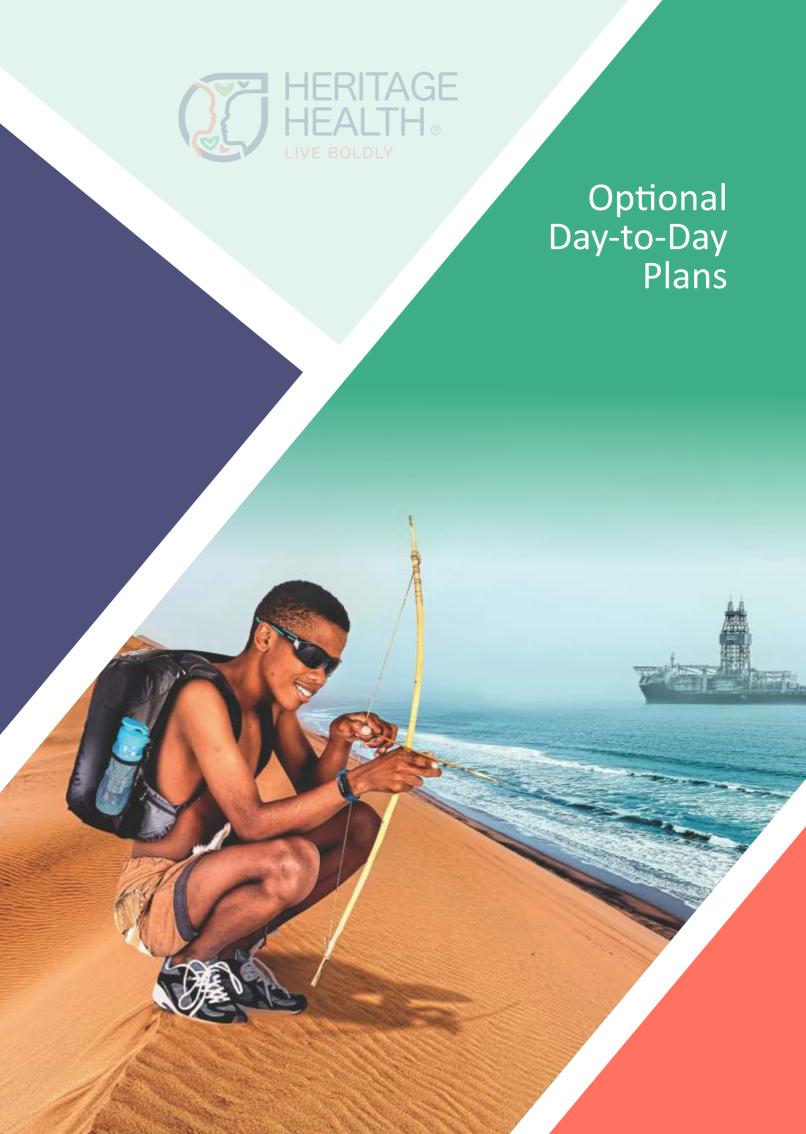
INDIVIDUAL RATES

Age Band	Principal Member	Adult Dependant	Child Dependant
18-25	1,310	1,200	860
26-30	1,360	1,270	860
31-35	1,480	1,390	860
36-40	1,620	1,490	860
41-45	1,790	1,660	860
46-50	2,030	1,880	860
51-55	2,240	2,070	860
56-60	2,660	2,460	860
61-65	3,160	2,940	860
66-75	3,690	3,420	860
75+	4,240	3,940	860

GROUP RATES

Age Band	Principal Member	Adult Dependant	Child Dependant
18-25	1,179	1,080	774
26-30	1,224	1,143	774
31-35	1,332	1,251	774
36-40	1,458	1,341	774
41-45	1,611	1,494	774
46-50	1,827	1,692	774
51-55	2,016	1,863	774
56-60	2,394	2,214	774
61-65	2,844	2,646	774
66-75	3,321	3,078	774
75+	3,816	3,546	774





Standard Day-to-Day

Annual Benefit: N\$21,000

Professional Services GP consultations 100% TP consultations TP consultati		Namaf Tariff %	Benefits
GP consultations 100% 6,500 per family Specialists consultations 100% 7,200 per beneficiary Pathology- out-of-hospital 100% 6,000 per beneficiary Pathology- out-of-hospital 100% 6,000 per beneficiary Pathology- out-of-hospital 100% 4,800 per beneficiary Radiology- out-of-hospital 100% 4,800 per beneficiary Acute Medication Benefit (51% co-payment on Branded Medication and 30% co-payment on Generic Medication 70% of NRP 8,400 per beneficiary Acute medication 70% of NRP 14 000 per family Acute medication 70% of NRP 14 000 per family Self-medication 70% of NRP 14 000 per family Optical-lenses every 2nd year 100% 1,800 per beneficiary Optical-lenses every 2nd year 100% 1,800 per beneficiary Optical-lenses every 2nd year 100% 2,500 per family Optical-lense every 2nd year 100% 3,500 per family Optical-lense every 2nd year 100% 3,500 per family Optical-lense every 2nd year 100% 13,000 per family O	Professional Services		
Specialists consultations Specialists consul	GP consultations	100%	3,800 per beneficiary
Specialists consultations 100% 12,000 per family Pathology- out-of-hospital 100% 6,000 per beneficiary Pathology- out-of-hospital 100% 10,000 per family Radiology- out-of-hospital 100% 4,800 per beneficiary Radiology- out-of-hospital 100% 8,000 per family Route medication Benefit (51% co-payment on Branded Medication and 30% co-payment or Generic Medication Part of NRP 8,400 per beneficiary Acute medication 70% of NRP 8,400 per beneficiary Cotten Medication 9,70% of NRP 8,400 per beneficiary Official Benefit 9,70% of NRP 8,400 per family Self-medication 70% of NRP 8,400 per family Self-medication 9,70% of NRP 8,400 per family Official- lenses every 2nd year 100% 1,800 per beneficiary Official- lenses every 2nd year 100% 1,800 per beneficiary Official- frame every 2nd year 100% 1,000 per beneficiary Official- frame every 2nd year 100% 2,500 per family Official- frame every 2nd year 100% 2,500 per family Official- test- one per beneficiary per year 9 per beneficiary Per year 100% 13,000 per beneficiary Dentistry- basic- fillings, extractions and oral hygiene. 100% 13,000 per family Orthodontic treatment. Note: **Consultations 2 per year per beneficiary **Y-ray limited to 4 per year per beneficiary **Y-ray limited to 4 per year per beneficiary **Y-ray limited to 4 per year per beneficiary **Y-ray limited to 0 one set in 5 years **Orthodontic treatment- 20% co payment **Orthodontic treatme	GP consultations	100%	6,500 per family
Pathology- out-of-hospital 100% 10,000 per beneficiary Pathology- out-of-hospital 100% 10,000 per family Radiology- out-of-hospital 100% 4,800 per beneficiary Radiology- out-of-hospital 100% 8,000 per family 100% 8,000 per family 100% 6,000 per family 100% 6,000 per family 100% 6,000 per family 100% 6,000 per family 100% 6 for NRP 100% 6 for NRP 1000 per family 100% 6 for NRP 100% 6 for NRP 1000 per family 100% 6 for NRP 100% 6 for N	Specialists consultations	100%	7,200 per beneficiary
Pathology- out-of-hospital 10,000 per family Radiology- out-of-hospital 100% 4,800 per beneficiary Radiology- out-of-hospital 100% 8,000 per family Advoited by 100% 8,000 per family Radiology- out-of-hospital 100% 100% 100% 100% Per family Radiology- out-of-hospital 100% 100% 100% Per family Self-medication 100% 100% 100% 100% 100% Per family Self-medication 100% 100% 100% 100% Per family Self-medication 100% 100% 100% 100% Per family Optical- lenses every 2nd year 100% 100% 1,000 per beneficiary Optical- lenses every 2nd year 100% 1,000 per beneficiary Optical- frame every 2nd year 100% 1,000 per family Optical- frame every 2nd year 100% 2,500 per family Optical- frame every 2nd year 100% 2,500 per family Optical- frame every 2nd year 100% 1,000 per family Optical- frame every 2nd year 100% 1,000 per family Optical- frame every 2nd year 100% 100% 100% Per family Optical- frame every 2nd year 100% 100% 100% Per family Optical- frame every 2nd year 100% 100% 100% Per family Optical- frame every 2nd year 100% 100% Per family Optical- frame every 2nd year 100% 100% Per family Optical- frame every 2nd year 100% 100% 100% Per family Optical- frame every 2nd year 100% 100% Per family Optical- frame every 2nd year 100% Per family Optical- frame 2nd Per family Optical- frame 2nd Per family Optical- frame 2nd Per family Optical- frame	Specialists consultations	100%	12,000 per family
Radiology- out-of-hospital 100% 8,000 per beneficiary Radiology- out-of-hospital 100% 8,000 per family 100% 8,000 per family 2000 per family 3,000 per family 4,000 per family 4	Pathology- out-of-hospital	100%	6,000 per beneficiary
Radiology- out-of-hospital 100% 8,000 per family Acute Medication Benefit (51% co-payment on Branded Medication and 30% co-payment or Generic Medication) Acute medication 70% of NRP 8,400 per beneficiary Acute medication 70% of NRP 14 000 per family Self-medication 70% of NRP 13,000 per family Self-medication 70% of NRP 3,000 per family Optical Benefit Optical- lenses every 2nd year 100% 1,800 per beneficiary Optical- lenses every 2nd year 100% 4,300 per family Optical- lenses every 2nd year 100% 2,500 per family Optical- frame every 2nd year 100% 2,500 per family Optical- frame every 2nd year 100% 2,500 per family Optical- frame every 2nd year 100% 2,500 per family Optical- frame every 2nd year 100% 2,500 per family Optical- test- one per beneficiary per year 100% 700 per beneficiary Optical- test- one per beneficiary per year 100% 15,000 per family Optical- test- one per beneficiary per year 100% 15,000 per family Optical- test- one per beneficiary per year 100% 15,000 per family Optical- test- one per beneficiary per year per beneficiary **Yency limited to a per year per beneficiary ** N-ray limited to 4 per year per beneficiary ** Preventative dentistry- 2 consultations per year ** Crowns- 3 per year with 10% co-payment ** Dentures limited to one set in 5 years ** Orthodontic treatment- 20% co payment ** External Prosthesis (Wheelchair, Crutches ect.) Appliances- hearing aids (Limited to 1 hearing aid in 5 years per ear) Appliances- hearing aids (Limited to 1 hearing aid in 5 years per ear) Appliances- other ** Paramedical Services** (Include physiotherapy, speech therapy, occupational therapy, deticians, podiatry, orthoptic treatment, audiometry, hearing aid acoustics, biokinetics, chiropractors,	Pathology- out-of-hospital	100%	10,000 per family
Acute Medication Benefit (51% co-payment on Branded Medication and 30% co-payment on Generic Medication) Acute medication 70% of NRP 8,400 per beneficiary Acute medication 70% of NRP 14 000 per family Self-medication 70% of NRP 3,000 per family Self-medication 70% of NRP 3,000 per family Optical Benefit Optical lenses every 2nd year 100% 4,300 per family Optical- lenses every 2nd year 100% 4,300 per family Optical- frame every 2nd year 100% 4,300 per family Optical- frame every 2nd year 100% 5,500 per family Optical- frame every 2nd year 100% 5,500 per family Optical- frame every 2nd year 100% 7,000 per beneficiary Optical- frame every 2nd year 100% 7,500 per family Optical- frame every 2nd year 100% 7,500 per family Optical- frame every 2nd year 100% 7,500 per family Optical- frame every 2nd year 100% 7,500 per family Optical- frame every 2nd year 100% 7,500 per family Optical- frame every 2nd year 100% 7,500 per family Optical- frame every 2nd year 100% 7,500 per family Optical- frame every 2nd year 100% 7,500 per family Optical- frame every 2nd year 100% 13,000 per family Optical- frame every 2nd year 100% 13,000 per family Optical- frame every 2nd year 100% 13,000 per family Optical- frame every 2nd year 100% 13,000 per family Optical- frame every 2nd year 100% 13,000 per family Optical- frame every 2nd year 100% 100% 0f cost 11,000 per family Optical- frame every 2nd year 100% 100% 0f cost 10,000 per family Appliances- other 100% 100% 0f cost 3,500 per family Optical- frame every 2nd year 100% 100% 0f cost 10,000 per family Optical- frame every 2nd year 100% 100% 100% 0f cost 10,000 per family Optical- frame every 2nd year 100% 100% 100% 100% 100% 100% 100% 100	Radiology- out-of-hospital	100%	4,800 per beneficiary
Acute medication 70% of NRP 8,400 per beneficiary Acute medication 70% of NRP 14 000 per family Self-medication 70% of NRP 14 000 per family Self-medication 70% of NRP 3,000 per family Optical Benefit Optical lenses every 2nd year 100% 1,800 per beneficiary Optical- lenses every 2nd year 100% 4,300 per beneficiary Optical- frame every 2nd year 100% 1,000 per beneficiary Optical- frame every 2nd year 100% 2,500 per family Optical- frame every 2nd year 100% 2,500 per family Optical- frame every 2nd year 100% 700 per beneficiary Optical- frame every 2nd year 100% 1,000 per beneficiary Optical- frame every 2nd year 100% 1,000 per beneficiary Optical- frame every 2nd year 100% 1,000 per family Optical- test- one per beneficiary per year 100% 13,000 per family Optical- test- one per beneficiary per year 100% 13,000 per family Optical- test- one per beneficiary per year 100% 13,000 per family Optical- frame every 2nd year 100% 13,000 per family Dentistry- basic- fillings, extractions and oral hygiene. 100% 15,000 per family Orthodontic treatment. Note: ***Consultations 2 per year per beneficiary **X-ray limited to 4 per year per beneficiary **X-ray limited to 4 per year per beneficiary **Preventative dentistry- 2 consultations per year **Corwns- 3 per year with 10% co-payment **Dentures limited to one set in 5 years **Orthodontic treatment- 20% co payment **External Prosthesis (Wheelchair, Crutches ect.) Appliances- bearing aids (Limited to 1 hearing aid in 5 years per ear) 100% of cost 10,000 per family Appliances- other 100% of cost 10,000 per family	Radiology- out-of-hospital	100%	8,000 per family
Acute medication 70% of NRP 14 000 per family Self-medication 70% of NRP 3,000 per family Self-medication 70% of NRP 3,000 per family Optical Benefit Optical Benefit Optical- lenses every 2nd year 100% 1,800 per beneficiary Optical- lenses every 2nd year 100% 1,000 per beneficiary Optical- frame every 2nd year 100% 2,500 per family Optical- frame every 2nd year 100% 2,500 per family Optical- frame every 2nd year 100% 2,500 per family Optical- frame every 2nd year 100% 700 per beneficiary Optical- frame every 2nd year 100% 700 per beneficiary Optical- frame every 2nd year 100% 700 per beneficiary Optical- test- one per beneficiary per year 100% 13,000 per family Optical- test- one per beneficiary per year 100% 13,000 per family Optical- test- one per beneficiary per year 100% 13,000 per family Optical- test- one per beneficiary Per year per year per year per	Acute Medication Benefit (51% co-payment on Branded Medication and 30% co-pay	yment on Generic Medication)	
Self-medication 70% of NRP 3,000 per family Optical Benefit Optical- lenses every 2nd year 100% 1,800 per beneficiary Optical- lenses every 2nd year 100% 4,300 per beneficiary Optical- frame every 2nd year 100% 1,000 per beneficiary Optical- frame every 2nd year 100% 2,500 per family Optical- frame every 2nd year 100% 2,500 per family Optical- frame every 2nd year 100% 2,500 per family Optical- frame every 2nd year 100% 2,500 per family Optical- frame every 2nd year 100% 700 per beneficiary Optical- frame every 2nd year 100% 13,000 per family Optical- frame every 2nd year 100% 13,000 per family Optical- frame every 2nd year 100% 13,000 per family Optical- frame every 2nd year 100% 13,000 per family Optical- frame every 2nd year 100% 15,000 per family Optical- frame every 2nd year 100% 15,000 per family Optical- frame every 2nd year 100% 15,000 per family Optical- frame every 2nd year 100% 15,000 per family Optical- frame every 2nd year 100% 15,000 per family Optical- frame every 2nd year 100% 15,000 per family Optical- frame every 2nd year 100% of cost 10,000 per family Optical- frame every 2nd year 100% of cost 10,000 per family Optical- frame every 2nd year 100% of cost 10,000 per family Optical- frame every 2nd year 100% of cost 10,000 per family Optical- frame every 2nd year 100% of cost 10,000 per family Optical- frame every 2nd year 100% of cost 10,000 per family Optical- frame every 2nd year 100% of cost 10,000 per family Optical- frame every 2nd year 100% of cost 10,000 per family Optical- frame every 2nd year 100% of cost 10,000 per family Optical- frame every 2nd year 100% of cost 10,000 per family Optical- frame every 2nd year 100% of cost 10,000 per family Optical- frame every 2nd year 100% of cost 10,000 per family Optical- frame every 2nd year 100% of cost 10,000 per family Optical- frame every 2nd year 100% of cost 10,000 per family Optical- frame every 2nd year 100% of cost 10,000 per family Optical- frame every 2nd year 100% of cost 10,000 per family Optical- frame every 2nd year 100% of cost	Acute medication	70% of NRP	8,400 per beneficiary
Optical Benefit Optical- lenses every 2nd year 100% 1,800 per beneficiary Optical- lenses every 2nd year 100% 4,300 per family Optical- frame every 2nd year 100% 1,000 per beneficiary Optical- frame every 2nd year 100% 2,500 per family Optical- frame every 2nd year 100% 2,500 per family Optical- frame every 2nd year 100% 2,500 per family Optical- test- one per beneficiary per year 100% 700 per beneficiary Optical- test- one per beneficiary per year 100% 13,000 per family Optical- test- one per beneficiary per year 0 100% 13,000 per family Optical- test- one per beneficiary Dentistry Benefit Dentistry Benefit Dentistry- basic- fillings, extractions and oral hygiene. 100% 15,000 per family Orthodontic treatment. Note: * Consultations 2 per year per beneficiary * Preventative dentistry- 2 consultations per year * Crowns- 3 per year with 10% co-payment * Dentures limited to 4 per year per beneficiary * Preventative dentistry- 2 consultations per year * Crowns- 3 per year with 10% co-payment * Dentures limited to one set in 5 years * Orthodontic treatment- 20% co payment * Dentures limited to one set in 5 years * Orthodontic treatment- 20% co payment * Dentures limited to 1 hearing aid in 5 years per ear) 100% of cost 11,000 per family Appliances- hearing aids (Limited to 1 hearing aid in 5 years per ear) 100% of cost 3,500 per family Appliances- other 100% of cost 3,500 per family Paramedical Services (Include physiotherapy, speech therapy, occupational therapy, dieticians, podiatry, orthoptic treatment, audiometry, hearing aid acoustics, biokinetics, chiropractors,	Acute medication	70% of NRP	14 000 per family
Optical- lenses every 2nd year Optical- lenses every 2nd year Optical- lenses every 2nd year Optical- frame every 2nd year oper beneficiary Optical- frame every 2nd year oper family Optical- frame every 2nd year oper beneficiary Optical- frame every 2nd year Optical- frame every 2	Self-medication	70% of NRP	3,000 per family
Optical- lenses every 2nd year Optical- frame every 2nd year 100% 700 per beneficiary Dentistry Benefit Dentistry - basic- fillings, extractions and oral hygiene. Dentistry - specialised - dental implants, crown, bridges, dentures and 100% 15,000 per family orthodontic treatment. Note: * Consultations 2 per year per beneficiary * X-ray limited to 4 per year per beneficiary * Preventative dentistry- 2 consultations per year * Crowns- 3 per year with 10% co-payment * Dentures limited to one set in 5 years * Orthodontic treatment- 20% co payment External Prosthesis (Wheelchair, Crutches ect.) Appliances- hearing aids (Limited to 1 hearing aid in 5 years per ear) Appliances- other 100% of cost 11,000 per family Appliances- other 100% of cost 3,500 per family Paramedical Services Supplementary and paramedical services (Include physiotherapy, speech therapy, occupational therapy, dieticians, podiatry, orthoptic treatment, audiometry, hearing aid acoustics, biokinetics, chiropractors,	Optical Benefit		
Optical- frame every 2nd year 100% 2,500 per family Optical- test- one per beneficiary per year Dentistry Benefit Dentistry- basic- fillings, extractions and oral hygiene. Dentistry- specialised - dental implants, crown, bridges, dentures and 100% 13,000 per family Orthodontic treatment. Note: * Consultations 2 per year per beneficiary * X-ray limited to 4 per year per beneficiary * Preventative dentistry- 2 consultations per year * Crowns- 3 per year with 10% co-payment * Dentures limited to one set in 5 years * Orthodontic treatment- 20% co payment External Prosthesis (Wheelchair, Crutches ect.) Appliances- hearing aids (Limited to 1 hearing aid in 5 years per ear) Appliances- other Supplementary and paramedical services (Include physiotherapy, speech therapy, occupational therapy, dieticians, podiatry, orthoptic treatment, audiometry, hearing aid acoustics, biokinetics, chiropractors,	Optical- lenses every 2nd year	100%	1,800 per beneficiary
Optical- frame every 2nd year Optical- test- one per beneficiary per year Dentistry Benefit Dentistry- basic- fillings, extractions and oral hygiene. Dentistry- specialised - dental implants, crown, bridges, dentures and orthodontic treatment. Note: * Consultations 2 per year per beneficiary * X-ray limited to 4 per year per beneficiary * Preventative dentistry- 2 consultations per year * Crowns- 3 per year with 10% co-payment * Dentures limited to one set in 5 years * Orthodontic treatment- 20% co payment External Prosthesis (Wheelchair, Crutches ect.) Appliances- hearing aids (Limited to 1 hearing aid in 5 years per ear) Appliances- other Supplementary and paramedical services (Include physiotherapy, speech therapy, occupational therapy, dieticians, podiatry, orthoptic treatment, audiometry, hearing aid acoustics, biokinetics, chiropractors,	Optical- lenses every 2nd year	100%	4,300 per family
Dentistry Benefit Dentistry - basic- fillings, extractions and oral hygiene. Dentistry- basic- fillings, extractions and oral hygiene. Dentistry- basic- fillings, extractions and oral hygiene. Dentistry- specialised - dental implants, crown, bridges, dentures and 100% 15,000 per family orthodontic treatment. Note: * Consultations 2 per year per beneficiary * X-ray limited to 4 per year per beneficiary * Preventative dentistry- 2 consultations per year * Crowns- 3 per year with 10% co-payment * Dentures limited to one set in 5 years * Orthodontic treatment- 20% co payment External Prosthesis (Wheelchair, Crutches ect.) Appliances- hearing aids (Limited to 1 hearing aid in 5 years per ear) Appliances- other 100% of cost 11,000 per family Appliances- other 100% of cost 3,500 per family Paramedical Services 100% of cost 10,000 per family Supplementary and paramedical services (Include physiotherapy, speech therapy, occupational therapy, dieticians, podiatry, orthoptic treatment, audiometry, hearing aid acoustics, biokinetics, chiropractors,	Optical- frame every 2nd year	100%	1,000 per beneficiary
Dentistry Benefit Dentistry-basic- fillings, extractions and oral hygiene. Dentistry-basic- fillings, extractions and oral hygiene. Dentistry-specialised - dental implants, crown, bridges, dentures and 100% 15,000 per family orthodontic treatment. Note: * Consultations 2 per year per beneficiary * X-ray limited to 4 per year per beneficiary * Preventative dentistry- 2 consultations per year * Crowns- 3 per year with 10% co-payment * Dentures limited to one set in 5 years * Orthodontic treatment- 20% co payment External Prosthesis (Wheelchair, Crutches ect.) Appliances- hearing aids (Limited to 1 hearing aid in 5 years per ear) Appliances- other Paramedical Services 100% of cost 10,000 per family Supplementary and paramedical services (Include physiotherapy, speech therapy, occupational therapy, dieticians, podiatry, orthoptic treatment, audiometry, hearing aid acoustics, biokinetics, chiropractors,	Optical- frame every 2nd year	100%	2,500 per family
Dentistry- basic- fillings, extractions and oral hygiene. Dentistry- specialised - dental implants, crown, bridges, dentures and 100% 15,000 per family orthodontic treatment. Note: * Consultations 2 per year per beneficiary * X-ray limited to 4 per year per beneficiary * Preventative dentistry- 2 consultations per year * Crowns- 3 per year with 10% co-payment * Dentures limited to one set in 5 years * Orthodontic treatment- 20% co payment External Prosthesis (Wheelchair, Crutches ect.) Appliances- hearing aids (Limited to 1 hearing aid in 5 years per ear) Appliances- other Paramedical Services 100% of cost 11,000 per family 100% of cost 10,000 per family Paramedical Services 100% of cost 10,000 per family Supplementary and paramedical services (Include physiotherapy, speech therapy, occupational therapy, dieticians, podiatry, orthoptic treatment, audiometry, hearing aid acoustics, biokinetics, chiropractors,	Optical- test- one per beneficiary per year	100%	700 per beneficiary
Dentistry- specialised - dental implants, crown, bridges, dentures and 100% 15,000 per family orthodontic treatment. Note: * Consultations 2 per year per beneficiary * X-ray limited to 4 per year per beneficiary * Preventative dentistry- 2 consultations per year * Crowns- 3 per year with 10% co-payment * Dentures limited to one set in 5 years * Orthodontic treatment- 20% co payment External Prosthesis (Wheelchair, Crutches ect.) Appliances- hearing aids (Limited to 1 hearing aid in 5 years per ear) Appliances- other Paramedical Services 100% of cost 11,000 per family Appliances- other 100% of cost 3,500 per family Supplementary and paramedical services (Include physiotherapy, speech therapy, occupational therapy, dieticians, podiatry, orthoptic treatment, audiometry, hearing aid acoustics, biokinetics, chiropractors,	Dentistry Benefit		
orthodontic treatment. Note: * Consultations 2 per year per beneficiary * X-ray limited to 4 per year per beneficiary * Preventative dentistry- 2 consultations per year * Crowns- 3 per year with 10% co-payment * Dentures limited to one set in 5 years * Orthodontic treatment- 20% co payment External Prosthesis (Wheelchair, Crutches ect.) Appliances- hearing aids (Limited to 1 hearing aid in 5 years per ear) Appliances- other Paramedical Services 100% of cost 10,000 per family Appliances- other 100% of cost 3,500 per family Paramedical Services 100% Supplementary and paramedical services (Include physiotherapy, speech therapy, occupational therapy, dieticians, podiatry, orthoptic treatment, audiometry, hearing aid acoustics, biokinetics, chiropractors,	Dentistry- basic- fillings, extractions and oral hygiene.	100%	13,000 per family
Note: * Consultations 2 per year per beneficiary * X-ray limited to 4 per year per beneficiary * Preventative dentistry- 2 consultations per year * Crowns- 3 per year with 10% co-payment * Dentures limited to one set in 5 years * Orthodontic treatment- 20% co payment External Prosthesis (Wheelchair, Crutches ect.) Appliances- hearing aids (Limited to 1 hearing aid in 5 years per ear) Appliances- other Appliances- other 100% of cost 11,000 per family Appliances- other 100% of cost 3,500 per family Paramedical Services 100% Supplementary and paramedical services (Include physiotherapy, speech therapy, occupational therapy, dieticians, podiatry, orthoptic treatment, audiometry, hearing aid acoustics, biokinetics, chiropractors,	Dentistry- specialised - dental implants, crown, bridges, dentures and	100%	15,000 per family
* Consultations 2 per year per beneficiary * X-ray limited to 4 per year per beneficiary * Preventative dentistry- 2 consultations per year * Crowns- 3 per year with 10% co-payment * Dentures limited to one set in 5 years * Orthodontic treatment- 20% co payment External Prosthesis (Wheelchair, Crutches ect.) Appliances- hearing aids (Limited to 1 hearing aid in 5 years per ear) Appliances- other Appliances- other Paramedical Services 100% of cost 11,000 per family 100% of cost 10,000 per family 100% of cost 3,500 per family 2009 Supplementary and paramedical services (Include physiotherapy, speech 100% of cost 10,000 per family 100% of cost 100% of cost 10,000 per family 100% of cost 100% of cost 10,000 per family 100% of cost 100% of cost 10,000 per family 100% of cost 100% of cost 100% of cost 10,000 per family 100% of cost 10,000 per family 100% of cost	orthodontic treatment.		
* X-ray limited to 4 per year per beneficiary * Preventative dentistry- 2 consultations per year * Crowns- 3 per year with 10% co-payment * Dentures limited to one set in 5 years * Orthodontic treatment- 20% co payment External Prosthesis (Wheelchair, Crutches ect.) Appliances- hearing aids (Limited to 1 hearing aid in 5 years per ear) Appliances- other Appliances- other Paramedical Services Supplementary and paramedical services (Include physiotherapy, speech therapy, occupational therapy, dieticians, podiatry, orthoptic treatment, audiometry, hearing aid acoustics, biokinetics, chiropractors,			
* Preventative dentistry- 2 consultations per year * Crowns- 3 per year with 10% co-payment * Dentures limited to one set in 5 years * Orthodontic treatment- 20% co payment External Prosthesis (Wheelchair, Crutches ect.) Appliances- hearing aids (Limited to 1 hearing aid in 5 years per ear) Appliances- other Appliances- other Paramedical Services 100% of cost 10,000 per family 100% of cost 3,500 per family 100% of cost 10,000 per family 100% of cost 100%	, , , ,		
* Crowns- 3 per year with 10% co-payment * Dentures limited to one set in 5 years * Orthodontic treatment- 20% co payment External Prosthesis (Wheelchair, Crutches ect.) Appliances- hearing aids (Limited to 1 hearing aid in 5 years per ear) Appliances- other Appliances- other 100% of cost 10,000 per family Appliances- other 100% of cost 3,500 per family Paramedical Services 100% Supplementary and paramedical services (Include physiotherapy, speech therapy, occupational therapy, dieticians, podiatry, orthoptic treatment, audiometry, hearing aid acoustics, biokinetics, chiropractors,	, , , , ,		
* Dentures limited to one set in 5 years * Orthodontic treatment- 20% co payment External Prosthesis (Wheelchair, Crutches ect.) Appliances- hearing aids (Limited to 1 hearing aid in 5 years per ear) Appliances- other Appliances- other 100% of cost 10,000 per family 100% of cost 3,500 per family Paramedical Services 100% 100% 10,000 per family Supplementary and paramedical services (Include physiotherapy, speech therapy, occupational therapy, dieticians, podiatry, orthoptic treatment, audiometry, hearing aid acoustics, biokinetics, chiropractors,	, ,		
* Orthodontic treatment- 20% co payment External Prosthesis (Wheelchair, Crutches ect.) Appliances- hearing aids (Limited to 1 hearing aid in 5 years per ear) Appliances- other Appliances- other Paramedical Services 100% of cost 10,000 per family 100% of cost 3,500 per family 100% of cost 10,000 per family 100% of cost 100% of cost 10,000 per family 100% of cost 100% of cost 100% of cost 10,000 per family 100% of cost 10	. ,		
External Prosthesis (Wheelchair, Crutches ect.) Appliances- hearing aids (Limited to 1 hearing aid in 5 years per ear) Appliances- other Appliances- other Paramedical Services Supplementary and paramedical services (Include physiotherapy, speech therapy, occupational therapy, dieticians, podiatry, orthoptic treatment, audiometry, hearing aid acoustics, biokinetics, chiropractors,	,		
Appliances- hearing aids (Limited to 1 hearing aid in 5 years per ear) Appliances- other Appliances- other 100% of cost 10,000 per family 100% of cost 3,500 per family 100% 10,000 per family 100% Supplementary and paramedical services (Include physiotherapy, speech therapy, occupational therapy, dieticians, podiatry, orthoptic treatment, audiometry, hearing aid acoustics, biokinetics, chiropractors,		100% of cost	11.000 per family
Appliances- other 100% of cost 3,500 per family Paramedical Services 100% of cost 10,000 per family Supplementary and paramedical services (Include physiotherapy, speech therapy, occupational therapy, dieticians, podiatry, orthoptic treatment, audiometry, hearing aid acoustics, biokinetics, chiropractors,			, , ,
Paramedical Services 100% 10,000 per family Supplementary and paramedical services (Include physiotherapy, speech therapy, occupational therapy, dieticians, podiatry, orthoptic treatment, audiometry, hearing aid acoustics, biokinetics, chiropractors,		100% of cost	, ,
therapy, occupational therapy, dieticians, podiatry, orthoptic treatment, audiometry, hearing aid acoustics, biokinetics, chiropractors,			, , ,
therapy, occupational therapy, dieticians, podiatry, orthoptic treatment, audiometry, hearing aid acoustics, biokinetics, chiropractors,	Supplementary and paramedical services (Include physiotherapy, speech		
treatment, audiometry, hearing aid acoustics, biokinetics, chiropractors,			
	osteopaths, homeopaths, naturopaths and herbalists)		

Monthly Contribution N\$1,600

Drug or alcohol rehabilitation

Include psychiatrist, psychologist and social worker services.

Mental Wellness

HIV/AIDS Benefit



7,000 per family

1,510 per family

1,510 per family

100%

100%

100%

Super Day-to-Day

Annual Benefit: N\$33,000

	Namaf Tariff %	Benefits
Professional Services		
GP consultations	100%	6,500 per beneficiary
GP consultations	100%	11,000 per family
Specialists consultations	100%	12,000 per beneficiary
Specialists consultations	100%	20,000 per family
Pathology- out-of-hospital	100%	10,800 per beneficiary
Pathology- out-of-hospital	100%	18,000 per family
Radiology- out-of-hospital	100%	9,000 per beneficiary
Radiology- out-of-Hospital	100%	15,000 per family
Acute Medication Benefit (51% co-payment on Branded Medication and 30% co-pay	ment on Generic Medication	
Acute medication	70% of NRP	14,400 per beneficiary
Acute medication	70% of NRP	24,000 per family
Self-medication	70% of NRP	4,500 per family
Optical Benefit		
Optical- lenses every 2nd year	100%	2,200 per beneficiary
Optical- lenses every 2nd year	100%	5,000 per family
Optical- frame every 2nd year	100%	1,500 per beneficiary
Optical- frame every 2nd year	100%	3,000 per family
Optical- test- one per beneficiary per year	100%	700 per beneficiary
Dentistry Benefit		
Dentistry- basic- fillings, extractions and oral hygiene.	100%	24,000 per family
Dentistry- specialised- dental implants, crown, bridges, dentures and	100%	30,000 per family
orthodontic treatment.		
Note:		
* Consultations 2 per year per beneficiary		
* X-ray limited to 4 per year per beneficiary		
* Preventative dentistry- 2 consultations per year		
* Crowns- 3 per year with 10% co-payment * Dentures limited to one set in 5 years		
* Orthodontic treatment- 20% co payment		
External Prosthesis (Wheelchair, Crutches etc.)	100% of cost	18,000 per family
Appliances- hearing aids (Limited to 1 hearing aid in 5 years per ear)	100% of cost	18,000 per family
Appliances- other	100% of cost	6,500 per family
Paramedical Services	100%	15,000 per family
Supplementary and paramedical services (Include physiotherapy, speech		
therapy, occupational therapy, dieticians, podiatry, orthoptic		
treatment, audiometry, hearing aid acoustics, biokinetics, chiropractors,		
osteopaths, homeopaths, naturopaths and herbalists)		
Mental Wellness	100%	12,000 per family
Include psychiatrist, psychologist and social worker services.		
HIV/AIDS Benefit	100%	1,510
Drug or alcohol rehabilitation	100%	1,510
-	25070	,

Monthly Contribution N\$2,500





Camelthorn

Comprehensive Plan

Overall Annual Limit: N\$3.2 million

N	Namaf Tariff %	Benefits
Hospital Benefits (Subject to clinical risk management protocols)		
Accommodation and theatre	95%	320,000 per family
Accommodation private ward	95%	24,000 per family
Blood transfusions	95%	320,000 per family
Medicine while in hospital	95%	50,000 per family
Hospital casualty & Dr call out fee	95%	10,000 per family
Physiotherapy in hospital	95%	7000 per family
Psychiatric care	95%	45,000 per family
Internal prosthesis	95% of cost	55,000 per family
(incl. cardiac, spinal and orthopedic prosthesis. Joint replacements - N\$5,000 co-payment)		, ,
Oncology in or out hospital (including chemo and radiation treatment)	95%	400,000 per family
Organ transplant (including renal dialysis)	95%	360,000 per family
Step-down/hospice/private nursing	95%	38,000 per family
Chronic Medication Benefit (51% co-payment on Branded Medication and 30% co-payment	on Generic Medication)	
Chronic medicine in or out of hospital	70% of NRP	18,000 per beneficiary
Chronic medicine in or out of hospital	70% of NRP	24,000 per family
Chronic medicine- Bi-annual GP & specialist consultations	95%	2 visits per beneficiary
Radiology and Pathology (In Hospital)		
Basic radiology	95%	50,000 per family
Specialised radiology (MRI/CT/pet scan/bone density)	95%	40,000 per family
Pathology	95%	50,000 per family
Consultations and Procedures (In Hospital)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
GP/specialist consultations	150%	OAL
Surgical procedures	150%	OAL
(Scopes- gastroscopes/colonoscopes/arthroscopes- N\$ 2,500 co-payment on hospital account)		
Reconstructive Surgery	150%	18,000 per family
Admission	95%	
Surgery and procedure	4500/	10.000
Dental Surgery	150%	10,000 per family
Admission	95%	
 Maxillo-facial & oral surgery (non-elective/trauma, all-inclusive surgery, treatment & service) Dental implants (part of day to day benefit limit) 	ces)	
Refractive Surgery	150%	20,000 per family
Admission	95%	
Including cataract surgery, glaucoma surgery, eye muscle surgery, corneal		
surgery, eye removal, vitreo-retinal surgery, etc.		
Excimer laser and radial keratotomy.		
Maternity Benefit		
Maternity confinement	100%	68,00 per family
Maternity procedure in theatre	225%	OAL
Neonatal care (28 days)	100%	250,000 per family
Antenatal consultations	100%	12 per pregnancy
Antenatal scans	100%	2 per pregnancy
Pediatrician visits – postnatal	100%	2 per year
Prenatal vitamins	100%	1,200 per year
Lifestyle and Wellness Benefits	95%	6,000 per family
Subject to registration and 12-month commitment.		.,
Dietician and biokinetics subject to authorisation and managed care programme		
Reproductive health – oral and injectable contraceptives and IUD (limited over 3 year	rs) 100%	5,000
Wellness benefits/screenings (separate list of wellness benefits)	-, 20070	5,500
AACHINGSS DELIGITIST SCIECTIFIES (SCHOLAGE HST OF MEIHESS DEHEIMS)		



Camelthorn

Annual Day-to-Day Benefits: N\$50,000

	Namaf Tariff %	Benefits
Professional Services		
GP consultations	100%	9,000 per beneficiar
GP consultations	100%	15,000 per famil
Specialists consultations	100%	18,000 per beneficiar
Specialists consultations	100%	30,000 per fami
Pathology- out-of-hospital	100%	11,000 per beneficia
Pathology- out-of-hospital	100%	18,000 per fami
Radiology- out-of-hospital	100%	10,000 per beneficia
Radiology- out-of-hospital	100%	16,500 per fami
Acute Medication Benefit (51% co-payment on Branded Medication and 30% co-paym	ment on Generic Medication)	
Acute medication	70% of NRP	10,000 per beneficia
Acute medication	70% of NRP	16,000 per fami
Self-medication	70% of NRP	6,000 per fami
Optical Benefit		
Optical- lenses every 2nd year Optical- lenses every 2nd year Optical- frame every 2nd year Optical- frame every 2nd year Optical- frame every 2nd year Optical- test- one per beneficiary per year	100% 100% 100% 100% 100%	4,800 per beneficia 8,000 per fami 3,600 per beneficia 6,000 per fami 750 per beneficia
Dentistry Benefit		
Dentistry benefit Dentistry- basic- fillings, extractions and oral hygiene	100%	24,000 per fami
Dentistry- specialised- dental implants, crowns, bridges, dentures and orthodontic treatments. Note: *Consultation 2 per year per beneficiary * X-ray limited to 4 per year per beneficiary * Preventative dentistry- 2 consultations per year * Crowns- 3 per year with 10% co-payment * Dentures limited to one set in 5 years * Orthodontic treatment- 20% co payment	100%	40,000 per fami
External Prosthesis (Wheelchair, Crutches, Artificial Arms/Legs/Eyes.etc.)	100% of cost	16,000 per fami
Appliances- hearing aids (Limited to 1 hearing aid in 5 years per ear)	100% of cost	18,000 per fami
Appliances- other eg glucometers, blood pressure monitors, stockings, braces	100% of cost	6,000 per fami
Paramedical Services	100%	10,000 per fami
upplementary and paramedical services (Include physiotherapy, speech therapy, ccupational therapy, dieticians, podiatry, orthoptic treatment, audiometry, hearing aid coustics, biokinetics, chiropractors, osteopaths, homeopaths, naturopaths and herbalist	is)	
Mental Wellness	100%	12,000 per famil
Include psychiatrist, psychologist and social worker services. HIV/AIDS Benefit	100%	1,51



Drug or alcohol rehabilitation

1,510

100%

Camelthorn

Monthly Contributions

INDIVIDUAL RATES			
Age Band	Principal Member	Adult Dependant	Child Dependant
18-25	3,290	2,740	1,940
26-30	3,700	3,110	1,940
31-35	4,340	3,540	1,940
36-40	4,800	4,070	1,940
41-45	5,580	4,780	1,940
46-50	6,690	5,760	1,940
51-55	7,710	6,680	1,940
56-60	9,090	7,920	1,940
61-65	10,810	9,520	1,940
66-75	12,740	11,320	1,940
75+	14,670	13,050	1,940

GROUP RATES			
Age Band	Principal Member	Adult Dependant	Child Dependant
18-25	2,961	2,466	1,746
26-30	3,330	2,799	1,746
31-35	3,906	3,186	1,746
36-40	4,320	3,663	1,746
41-45	5,022	4,302	1,746
46-50	6,021	5,184	1,746
51-55	6,939	6,012	1,746
56-60	8,181	7,128	1,746
61-65	9,729	8,568	1,746
66-75	11,466	10,188	1,746
75+	13,203	11,745	1,746



Maroela

Comprehensive Plan
Overall Annual Limit: N\$ 1,25 million

	Namaf Tariff %	Benefits
Hospital Benefits (Subject to clinical risk management protocols)		
Accommodation and theatre	95%	125,000 per family
ccommodation private ward	95%	24,000 per family
lood transfusions	95%	125,000 per family
1edicine while in hospital	95%	30,000 per family
ospital casualty & Dr call out fee	95%	6,000 per family
hysiotherapy in hospital	95%	6,000 per family
sychiatric care	95%	30,000 per family
nternal prosthesis per family ncl. cardiac, spinal and orthopedic prosthesis. Joint replacements - N\$5,000 co-payment)	95% of cost	58,000 per family
ncology in or out hospital (including chemo and radiation treatment)	95%	220,000 per family
rgan transplant (including renal dialysis)	95%	250,000 per family
tep-down/hospice/private nursing	95%	32,000 per family
hronic Medication Benefit (51% co-payment on Branded Medication and 30% co-payment	on Generic Medicatio	on)
hronic medicine in or out of hospital	70% of NRP	9,500 per beneficiary
hronic medicine in or out of hospital	70% of NRP	15,000 per family
hronic medicine- Bi-annual GP & specialist consultations	70%	2 visits per beneficiary
adiology and Pathology (In Hospital)		
asic radiology	95%	38,000 per family
pecialised radiology	95%	30,000 per family
athology	95%	30,000 per family
onsultations and Procedures (In Hospital)		
P/specialist consultations	150%	OAL
urgical procedures	150%	OAL
Scopes- gastroscopes/colonoscopes/arthroscopes- N\$ 2,500 co-payment on hospital account)		
econstructive Surgery	150%	15,000 per family
dmission urgery and procedure	95%	
ental Surgery	150%	50,000 per family
dmission	95%	
Maxillo-facial & oral surgery (non-elective/trauma, all-inclusive surgery, treatment & servi Dental implants (part of day to day benefit limit)	ices)	
efractive Surgery	150%	10,000 per family
dmission	95%	,
ncluding cataract surgery, glaucoma surgery, eye muscle surgery, corneal urgery, eye removal, vitreo-retinal surgery, etc. xcimer laser and radial keratotomy.		
Naternity Benefit	1000/	FF 000 5 "
Naternity confinement	100%	55,000 per family
laternity procedure in theatre	225%	OAL
eonatal care (28 days)	100%	100,000 per family
ntenatal consultations	100%	12 per pregnancy
ntenatal scans	100%	2 per pregnancy
ediatrician visits – postnatal	100%	2 per year
renatal vitamins	100%	1,200 per year
festyle and Wellness Benefits	95%	6,000 per family
ubject to registration and 12-month commitment. ietician and biokinetics subject to authorisation and managed care programme eproductive health – oral and injectable contraceptives and IUD (limited over 3 year /ellness benefits/screenings (separate list of wellness benefits)	rs) 95%	3,300



Maroela

Annual Day-to-Day Benefits per Family: N\$18,000

	Namaf Tariff %	Benefits
Professional Services		
GP consultations	100%	3,500 per beneficiary
GP consultations	100%	6,000 per family
Specialists consultations	100%	10,000 per beneficiary
Specialists consultations	100%	15,000 per family
Pathology- out-of-hospital	100%	6,500 per beneficiary
Pathology- out-of-hospital	100%	11,000 per family
Radiology- out-of-hospital	100%	5,000 per beneficiary
Radiology- out-of-hospital	100%	8,000 per family
Acute Medication Benefit (51% co-payment on Branded Medication and 30% co-payr	ment on Generic Medication)	
Acute medication	70% of NRP	8,000 per beneficiary
Acute medication	70% of NRP	14,000 per family
Self-medication	70% of NRP	2,500 per family
Optical Benefit		
Optical- lenses every 2nd year	100%	2,700 per beneficiary
Optical- lenses every 2nd year	100%	4,500 per family
Optical- frame every 2nd year	100%	2,500 per beneficiary
Optical- frame every 2nd year	100%	4,100 per family
Optical- test- one per beneficiary per year	100%	750 per beneficiary
Dentistry Benefit		<u> </u>
Admission	95%	
Dentistry- basic- fillings, extractions and oral hygiene	100%	12,500 per family
Dentistry- specialised- dental implants, crown, bridges, dentures and	100%	18,000 per family
orthodontic treatment.		,
Note:		
*Consultation 2 per year per beneficiary		
* X-ray limited to 4 per year per beneficiary		
* Preventative dentistry- 2 consultations per year		
* Crowns- 3 per year with 10% co-payment		
* Dentures limited to one set in 5 years		
* Orthodontic treatment- 20% co payment		
External Prosthesis (Wheelchair, Crutches, Artificial Arms/Legs/Eyes.etc.)	100% of cost	6,000 per family
Appliances- hearing aids (Limited to 1 hearing aid in 5 years per ear)	100% of cost	10,000 per family
Appliances- other	100% of cost	3,000 per family
Paramedical Services	100%	8,000 per family
Supplementary and paramedical services (Include physiotherapy, speech		
therapy, occupational therapy, dieticians, podiatry, orthoptic treatment, audiometry, hear	ing aid acoustics,	
biokinetics, chiropractors, osteopaths, homeopaths, naturopaths and herbalists)		
Mental Wellness	100%	8,000 per family
Include psychiatrist, psychologist and social worker services.		
HIV/AIDS Benefit	100%	1,510





INDIVIDUAL RATES			
Age Band	Principal Member	Adult Dependant	Child Dependant
18-25	2,740	2,260	1,170
26-30	2,860	2,370	1,170
31-35	3,010	2,500	1,170
36-40	3,200	2,590	1,170
41-45	3,470	2,820	1,170
46-50	3,710	3,020	1,170
51-55	4,030	3,280	1,170
56-60	4,600	3,750	1,170
61-65	5,400	4,420	1,170
66-75	6,310	5,130	1,170
75+	6,310	5,130	1,170

GROUP RATES			
Age Band	Principal Member	Adult Dependant	Child Dependant
18-25	2,466	2,034	1,053
26-30	2,574	2,133	1,053
31-35	2,709	2,250	1,053
36-40	2,880	2,331	1,053
41-45	3,123	2,538	1,053
46-50	3,339	2,718	1,053
51-55	3,627	2,952	1,053
56-60	4,140	3,375	1,053
61-65	4,860	3,978	1,053
66-75	5,679	4,617	1,053
75+	5,679	4,617	1,053





Hoodia

Overall Annual Limit: N\$250 000 Acute Hospitalisation services are provided by Private Hospitals

ı	Namaf Tariff %	Benefits
Hospital Benefits (Subject to clinical risk management protocols)		
Accommodation and theatre	95%	25,000 per family
Accommodation private ward	95%	3,000 per family
Blood transfusions	95%	25,000 per family
Medicine while in hospital	95%	15,000 per family
Hospital casualty & Dr call out fee	95%	3,500 per family
Physiotherapy in hospital	95%	4,000 per family
Psychiatric care	95%	15,000 per family
Internal prosthesis per family (incl. cardiac, spinal and orthopedic prosthesis. Joint replacements - N\$5,000 co-payment)	95% of cost	28,000 per family
Oncology in or out hospital (including chemo and radiation treatment)	95%	130,000 per family
Organ transplant (including renal dialysis)	3370	No benefit
Step-down/hospice/private nursing	95%	15,000 per family
Chronic Medication Benefit (51% co-payment on Branded Medication and 30% co-payment		
Chronic medicine in or out of hospital	70% of NRP	3,800 per beneficiary
Chronic medicine in or out of hospital	70% of NRP	7,000 per family
· · · · · · · · · · · · · · · · · · ·	70% OF WILL	2 visits per beneficiary
Chronic medicine- Bi-annual GP & specialist consultations	70%	2 visits per beneficiary
Radiology and Pathology (In Hospital)	050/	12.500
Basic radiology	95%	12,500 per family
Specialised radiology	95%	15,000 per family
Pathology	95%	20,000 per family
Consultations and Procedures (In Hospital)		
GP/specialist consultations	150%	OAL
Surgical procedures (Scopes-gastroscopes/colonoscopes/arthroscopes- N\$ 2,500 co-payment on hospital account)	150%	OAL
Reconstructive Surgery		No benefit
Dental Surgery	150%	20,000 per family
Admission	95%	,
- Maxillo-facial & oral surgery (non-elective/trauma, all-inclusive surgery, treatment & service - Dental implants (part of day to day benefit limit)	es)	
Refractive Surgery		No benefit
Maternity Benefit		
Maternity confinement	100%	25,000 per family
Maternity procedure in theatre	225%	OAL
Neonatal care (28 days)	100%	75,000 per family
Antenatal consultations	100%	12 per pregnancy
Antenatal scans	100%	2 per pregnancy
Pediatrician visits – postnatal	100%	2 per year
Prenatal vitamins	100%	1,200 per year
Lifestyle and Wellness Benefits	95%	6,000 per family
Subject to registration and 12-month commitment.		
Dietician and biokinetics subject to authorisation and managed care programme		
Reproductive health – oral and injectable contraceptives and IUD (limited over 3 years Wellness benefits/screenings (separate list of wellness benefits)	s) 95%	2,500



Hoodia

Annual Day-to-Day Benefits: N\$13 000

	Namaf Tariff %	Benefits
Professional Services		
GP consultations	100%	1,800 per beneficiary
GP consultations	100%	3,000 per family
Specialists consultations	100%	3,600 per beneficiary
Specialists consultations	100%	6,000 per family
Pathology- out-of-hospital	100%	3,960 per beneficiary
Pathology- out-of-hospital	100%	6,600 per family
Radiology- out-of-hospital	100%	3,480 per beneficiary
Radiology- out-of-hospital	100%	5,800 per family
Acute Medication Benefit (51% co-payment on Branded Medication and 30% co-p	ayment on Generic Medication)
Acute medication	70% of NRP	5,000 per beneficiary
Acute medication	70% of NRP	8,500 per family
Self-medication	70% of NRP	2,500 per family
Optical Benefit		
Optical- frame and lenses every 2nd year	100%	2,000 per beneficiary
Optical- frame and lenses every 2nd year	100%	2,800 per family
Optical- test- one per beneficiary per year	100%	500 per beneficiary
Dentistry Benefit		
Dentistry- basic- fillings, extractions and oral hygiene	100%	8,000 per family
Dentistry- specialised- dental implants, crown, bridges, dentures and	100%	10,500 per family
orthodontic treatment		
Note:		
*Consultation 2 per year per beneficiary		
* X-ray limited to 4 per year per beneficiary		
 Preventative dentistry- 2 consultations per year Crowns- 3 per year with 10% co-payment 		
* Dentures limited to one set in 5 years		
* Orthodontic treatment- 20% co payment		
External Prosthesis (Wheelchair, Crutches, Artificial Arms/Legs/Eyes.etc.)		No Benefit
Appliances- hearing aids (Limited to 1 hearing aid in 5 years per ear)	100%	6,200 per family
Appliances- other	100%	2,600 per family
Paramedical Services	100%	4,500 per family
Supplementary and paramedical services (Include physiotherapy, speech		
therapy, occupational therapy, dieticians, podiatry, orthoptic treatment, audiometry, h	nearing aid acoustics,	
biokinetics, chiropractors, osteopaths, homeopaths, naturopaths and herbalists)		
Mental Wellness	100%	6,000 per family
Include psychiatrist, psychologist and social worker services.		
HIV/AIDS Benefit	100%	1,510
Drug or alcohol rehabilitation	100%	1,510
5.4 ₀ 5. 4.55.101 (Chapmanon	100%	1,310





INDIVIDUAL RATES

Age Band	Principal Member	Adult Dependant	Child Dependant
18-25	1,760	1,450	580
26-30	1,760	1,450	580
31-35	1,950	1,640	580
36-40	1,950	1,640	580
41-45	2,500	2,000	580
46-50	2,500	2,000	580
51-55	2,970	2,350	580
56-60	3,050	2,400	580
61-65	3,950	3,120	580
66-75	3,950	3,120	580
75+	3,950	3,120	580

GROUP RATES

Age Band	Principal Member	Adult Dependant	Child Dependant
18-25	1,584	1,305	522
26-30	1,584	1,305	522
31-35	1,755	1,476	522
36-40	1,755	1,476	522
41-45	2,250	1,800	522
46-50	2,250	1,800	522
51-55	2,673	2,115	522
56-60	2,745	2,160	522
61-65	3,555	2,808	522
66-75	3,555	2,808	522
75+	3,555	2,808	522



Moringa

Acute Hospitalisation services are provided by State Hospitals.
Selected Day Hospital procedures are provided by Private Facilities.

	Namaf Tariff %	Benefits
Hospital Benefits (Subject to clinical risk management protocols)		
Hospital Benefits (Subject to clinical risk management protocols) Accommodation and theater in State Hospital Accommodation and theater in Private Hospital Blood transfusions Medicine while in hospital Physiotherapy in hospital Psychiatric care Internal prosthesis per family (including cardiac, spinal, orthopedic prosthesis) Oncology in or out hospital (including chemo and radiation treatment) Organ transplant (including renal dialysis)	100% State Tariff 100% Namaf Tariff 100% State Tariff 100% State Tariff	All Procedures Selected Procedures 10,000 per family 5,000 per family No benefit No benefit No benefit No benefit
Step-down/hospice/private nursing		No benefit
Chronic Medication Benefit (30% co-payment on Branded Medication; Generic Medication-	no levy. Subject to prior r	egistration)
Chronic medicine in or out of hospital N\$300 per script Specialised medication (biological drugs)	100% of NRP	2,500 per family No benefit
Radiology and Pathology (In Hospital)		
Basic radiology Specialised radiology	100% State Tariff	3,000 per family No benefit
Pathology	100% State Tariff	2,500 per family
Consultations and Procedures (In Hospital) GP/specialist consultations Surgical procedures (Scopes- gastroscopes/colonoscopes/arthroscopes- N\$ 2,500 co-payment on hospital account)	100% 100%	5,000 per family 5,000 per family
Reconstructive Surgery		No benefit
Dental Surgery - Maxillo-facial & oral surgery (non-elective/trauma, all-inclusive surgery, treatment & service - Dental implants (hospitalisation) - Dental implants (procedure) Admission	es) 95%	No benefit No benefit No benefit
Refractive Surgery		No benefit
Maternity Benefit		
Maternity confinement Maternity procedure in theatre Antenatal consultations Antenatal scans	100% 100% 100% 100%	10,000 per family 12,500 per family 6 per pregnancy 2 per pregnancy



Moringa

Annual Day-to-Day Benefits

SP consultations 100%		Namaf Tariff %	Benefits
(max 380 per consult GP consultations (max 380 per consult Specialists consultations (max 380 per consult No benefit Pathology- out-of-hospital Radiology- out-of-radiology- out-of-radiology- out-of-radiology- out-of-radiology- out-of-rad	Professional Services		
(max 380 per consult No benefit Parthology - out-of-hospital 100% Unlimited per family Acute Medication Benefit (30% co-payment on Branded Medication; Generic Medication - no levy, Subject to prior registration) Acute medication Benefit (30% co-payment on Branded Medication; Generic Medication - no levy, Subject to prior registration) Acute medication 100% of NRP 2,000 per beneficiary, Acute medication 100% of NRP 5,000 per family No benefit Optical Frame and lenses every 2nd year 100% 925 per family Optical Frame and lenses every 2nd year 100% 925 per family Optical Frame and lenses every 2nd year 100% 925 per family Optical Frame and lenses every 2nd year 100% 925 per family Optical Frame and lenses every 2nd year 100% 925 per family Optical Frame and lenses every 2nd year 100% 925 per family Optical Frame and lenses every 2nd year 100% 925 per family Optical Frame and lenses every 2nd year 100% 925 per family Optical Frame and lenses every 2nd year 925 per family Optical Frame and le	GP consultations		2,000 per beneficiary (max 380 per consult)
Pathology- out-of-hospital 100% Unlimited per family, Radiology- out-of-hospital 100% Unlimited per family, Radiology- out-of-hospital 100% Unlimited per family, Acute Medication Benefit (30% co-payment on Branded Medication; Generic Medication - no levy. Subject to prior registration) Acute medication 100% of NRP 2,000 per beneficiary, Acute medication 100% of NRP 5,000 per family, Self-medication 100% of NRP 5,000 per family, Self-medication No benefit 100% of NRP 5,000 per family, Self-medication 100% of NRP 5,000 per family, Self-medication 100% 100% 100% 100% 100% 100% 100% per family, Self-medication 100% 100% 100% 100% 100% 100% 100% 100		100%	(max 380 per consult)
Acute Medication Benefit (30% co-payment on Branded Medication; Generic Medication- no levy, Subject to prior registration) Acute Medication Benefit (30% co-payment on Branded Medication; Generic Medication- no levy, Subject to prior registration) Acute medication 100% of NRP 2,000 per beneficiary, 2,000 per beneficiary, acute medication 100% of NRP 5,000 per family, No benefit Diptical Diptical Subject of NRP 5,000 per family, No benefit 100% 100% 100% 100% 100% 100% 100% 100	·	100%	
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Dentistry- specialised Note: Dentistry * Consultations 2 per year per beneficiary * Preventative dentistry- 2 consultations per year * X-ray limited to 4 per year per beneficiary External Prosthesis Appliances- hearing aids Appliances- other Paramedical Services No benefit Supplementary and paramedical services (Include physiotherapy, speech cherapy, occupational therapy, dieticians, podiatry, orthoptic treatment, audiometry, hearing aid acoustics, biokinetics, chiropractors, osteopaths, homeopaths, naturopaths and herbalists) Mental Wellness No benefit Include psychiatrist, psychologist and social worker services. HIV/AIDS Benefit 100% 1,510	Dentistry		
Note: Dentistry * Consultations 2 per year per beneficiary * Preventative dentistry- 2 consultations per year * X-ray limited to 4 per year per beneficiary External Prosthesis Appliances- hearing aids Appliances- other Paramedical Services Supplementary and paramedical services (Include physiotherapy, speech cherapy, occupational therapy, dieticians, podiatry, orthoptic treatment, audiometry, hearing aid acoustics, poickinetics, chiropractors, osteopaths, homeopaths, naturopaths and herbalists) Mental Wellness No benefit should be sychiatrist, psychologist and social worker services. HIV/AIDS Benefit 100% 1,510	, , , , , , , , , , , , , , , , , , , ,	100%	
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* Preventative dentistry- 2 consultations per year * X-ray limited to 4 per year per beneficiary External Prosthesis Appliances- hearing aids Appliances- other Paramedical Services Supplementary and paramedical services (Include physiotherapy, speech cherapy, occupational therapy, dieticians, podiatry, orthoptic treatment, audiometry, hearing aid acoustics, poiokinetics, chiropractors, osteopaths, homeopaths, naturopaths and herbalists) Mental Wellness Include psychiatrist, psychologist and social worker services. HIV/AIDS Benefit 100% 1,510	,		
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Appliances- other Paramedical Services Supplementary and paramedical services (Include physiotherapy, speech cherapy, occupational therapy, dieticians, podiatry, orthoptic treatment, audiometry, hearing aid acoustics, polokinetics, chiropractors, osteopaths, homeopaths, naturopaths and herbalists) Mental Wellness No benefit linclude psychiatrist, psychologist and social worker services. HIV/AIDS Benefit 100% 1,510	External Prosthesis		No benefit
Appliances- other Paramedical Services Supplementary and paramedical services (Include physiotherapy, speech cherapy, occupational therapy, dieticians, podiatry, orthoptic treatment, audiometry, hearing aid acoustics, polokinetics, chiropractors, osteopaths, homeopaths, naturopaths and herbalists) Mental Wellness No benefit linclude psychiatrist, psychologist and social worker services. HIV/AIDS Benefit 100% 1,510	Appliances- hearing aids		
Supplementary and paramedical services (Include physiotherapy, speech cherapy, occupational therapy, dieticians, podiatry, orthoptic treatment, audiometry, hearing aid acoustics, poiokinetics, chiropractors, osteopaths, homeopaths, naturopaths and herbalists) Mental Wellness Include psychiatrist, psychologist and social worker services. AlV/AIDS Benefit 100% 1,510	Appliances- other		
cherapy, occupational therapy, dieticians, podiatry, orthoptic treatment, audiometry, hearing aid acoustics, colokinetics, chiropractors, osteopaths, homeopaths, naturopaths and herbalists) Mental Wellness No benefit linclude psychiatrist, psychologist and social worker services. HIV/AIDS Benefit 100% 1,510	Paramedical Services		No benefit
cherapy, occupational therapy, dieticians, podiatry, orthoptic treatment, audiometry, hearing aid acoustics, colokinetics, chiropractors, osteopaths, homeopaths, naturopaths and herbalists) Mental Wellness No benefit linclude psychiatrist, psychologist and social worker services. HIV/AIDS Benefit 100% 1,510	Supplementary and paramedical services (Include physiotherapy, speech		
Mental Wellness No benefit Include psychiatrist, psychologist and social worker services. HIV/AIDS Benefit 100% 1,510		earing aid acoustics.	
Mental Wellness Include psychiatrist, psychologist and social worker services. HIV/AIDS Benefit 100% 1,510		,	
Include psychiatrist, psychologist and social worker services. IIV/AIDS Benefit 100% 1,510	Mental Wellness		No benefit
HIV/AIDS Benefit 100% 1,510			
and the state of t		100%	1.510
	Drug or alcohol rehabilitation		1,510



Moringa

Monthly Contributions

INDIVIDUAL RATES

Age Band	Principal Member	Adult Dependant	Child Dependant
18-25	755	605	275
26-30	780	620	275
31-35	825	655	275
36-40	870	695	275
41-45	915	730	275
46-50	960	760	275
51-55	1,000	800	275
56-60	1,045	835	275
61-65	1,100	875	275
66+	1,140	915	275

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Age Band	Principal Member	Adult Dependant	Child Dependant	
18-25	680	545	248	
26-30	702	558	248	
31-35	743	590	248	
36-40	783	626	248	
41-45	824	657	248	
46-50	864	684	248	
51-55	900	720	248	
56-60	941	752	248	
61-65	990	788	248	
66+	1,026	824	248	



Aloe

Annual Day-to-Day Benefits

	Namaf Tariff %	Benefits
Hospital Annual Benefits	No In-Hospital benefits	
Annual Day to Day Benefits	Annual limit (per family)	Unlimited
Professional Services		
GP consultations	100%	2,000 per beneficiary (max 380 per consult)
GP consultations	100%	5,000 per family (max 380 per consult)
Specialists consultations		No benefit
Pathology- out-of-hospital	100%	Unlimited per family
Radiology- out-of-hospital	100%	Unlimited per family
Acute Medication Benefit (30% co-payment on Branded Medication; Gener	ic Medication- no levy. Subject to prior i	registration)
Acute medication	100% of NRP	2,000 per beneficiary
Acute medication	100% of NRP	5,000 per family
Self-medication		No benefit
Optical Benefit		
Optical- frame and lenses every 2nd year	100%	925 per family
Optical- test - one per beneficiary per year	100%	105 family
Dentistry Benefit		
Dentistry- basic (basic fillings and extractions) Dentistry- specialised Note:	100%	2,500 per family No benefit
 * Consultations 2 per year per beneficiary * Preventative dentistry- 2 consultations per year * X-ray limited to 4 per year per beneficiary 		
External Prostheses		No benefit
Appliances- hearing aids Appliances- other		
Paramedical Services		No benefit
Supplementary and paramedical services (Include physiotherapy, speech therapy, occupational therapy, dieticians, podiatry, orthoptic treatment, audiom biokinetics, chiropractors, osteopaths, homeopaths, naturopaths and herbalists	, ,	
Mental Wellness		No benefit
Include psychiatrist, psychologist and social worker services.		110 Deficit
HIV/AIDS Benefit	100%	1,510
Drug or alcohol rehabilitation	100%	1,510
Drug of alcohol rehabilitation	100%	1,510



Aloe

Monthly Contributions

INDIVIDUAL RATES

Age Band	Principal Member	Adult Dependant	Child Dependant
18-25	345	275	145
26-30	355	280	145
31-35	375	305	145
36-40	395	320	145
41-45	415	335	145
46-50	435	350	145
51-55	455	365	145
56-60	475	385	145
61-65	495	400	145
66+	515	415	145

GROUP RATES

Age Band	Principal Member	Adult Dependant	Child Dependant	
18-25	311	248	131	
26-30	320	252	131	
31-35	338	275	131	
36-40	356	288	131	
41-45	374	302	131	
46-50	392	315	131	
51-55	410	329	131	
56-60	428	347	131	
61-65	446	360	131	
66-75	464	374	131	



MORINGA AND ALOE PREAPPROVED TARIFFS

The following benefit tariff codes are pre-approved and can be done at the discretion of the treating clinician.

RADIOLOGY

Tariff Code Description

iaiiii coac	Description		
3615	Routine obstetric ultrasound 10 to 20 weeks	62100	X-ray of the left humerus
3617	Routine obstetric ultrasound at 20 to 24 weeks	62105	X-ray of the right humerus
10100	X-ray of the skull	63100	X-ray of the left elbow
11120	X-ray of the nasal bones	63105	X-ray of the right elbow
14100	X-ray of the mandible	64100	X-ray of the left forearm
20100	X-ray of soft tissue of the neck	61405	X-ray of the right forearm
30100	X-ray of the chest, single view	65100	X-ray of the left hand
30110	X-ray of the chest two views, PA and lateral	65105	X-ray of the right hand
30120	X-ray of the chest complete with additional views	65120	X-ray of the finger
30150	X-ray of the ribs	65130	X-ray of the left wrist
30155	X-ray of the chest and ribs	65135	X-ray of the right wrist
34100	X-ray mammography including ultrasound.	65140	X-ray of the left scaphoid
34101	X-ray mammography unilateral, including Ultrasound	65145	X-ray of the right scaphoid
34110	X-ray mammography study for localisation	71100	X-ray of the left femur
34120	X-ray stereotactic mammography? Localisation	71105	X-ray of the right femur
34130	X-ray stereotactic mammography? Biopsy	72100	X-ray of the left knee one or two views
34140	X-ray of biopsy specimen of the mamma	72105	X-ray of the right knee one or two views
34200	Ultrasound study of the breast	72110	X-ray of the left knee, more than two views
40100	X-ray of the abdomen	72115	X-ray of the right knee, more than two view
40105	X-ray of the abdomen supine and erect, or decubitus	72120	X-ray of the left knee including patella
40110	X-ray of the abdomen multiple views including chest	72125	X-ray of the right knee including patella
40210	Ultrasound study of the whole abdomen including the pelvis	72150	X-ray both knees standing? Single view
43250	Ultrasound study of the pregnant uterus, first trimester	73100	X-ray of the left lower leg
43260	Ultrasound study of the pregnant uterus, second trimester	73105	X-ray of the right lower leg
43270	Ultrasound study fo the pregnant uterus, third trimester, first visit	74100	X-ray of the left ankle
51110	X-ray of the cervical spine, one or two views	74105	X-ray of the right ankle
51120	X-ray of the cervical spine, more than two views	74120	X-ray of the left foot
53110	X-ray of the lumbar spine, one or two views	74125	X-ray of the right foot
53120	X-ray of the lumbar spine, more than two views	74130	X-ray of the left calcaneus
55100	X-ray of the pelvis	74135	X-ray of the right calcaneus
56100	X-ray of the left hip	74140	X-ray of both feet - standing - single view
56110	X-ray of the right hip	74145	X-ray of a toe
56120	X-ray pelvis and hips		
61100	X-ray of the left clavicle		
61105	X-ray of the right clavicle		
61110	X-ray of the left scapula		
61115	X-ray of the right scapula		
61120	X-ray of the left scapula		
61125	X-ray of the right acromio-clavicular joint		
61130	X-ray of the left shoulder		
61135	X-ray of the right shoulder		
31133	A ray of the light shoulder		



PATHOLOGY

Tariff Code Description

- 53709 Antiglobulin Test (Coomb's or trypsinzied red cells)
- 53743 Erythrocyte sedimentation rate
- 53755 Full blood count (includes items 53739,53762.53783,53785,53791)
- 53762 Haemoglobin estimation
- 53764 Grouping: A B and O antigens
- 53765 Grouping: Rh antigens
- 53783 Leucocyte differential count
- 53785 Leucocytes: total count
- 53791 Packed cell volume: Haematocrit
- 53797 Platelet count
- 53805 Prothrombin index
- 53816 T and B-cells EAC markers (per marker)
- 53865 Parasites in blood smear
- 53867 Miscellaneous (body fluids urine, exudate, etc)
- 53869 Faeces (including parasites)
- 53881 Mycobacteria
- 53887 Antibiotic susceptibility test: per organism
- 53893 Bacteriological culture: miscellaneous
- 53922 viable cell count
- 53923 Biochemical identification of bacterioum: abridged
- 53932 Antibodies to human immunodeficiency virus (HIV) ELISA
- 53946 IgM: specific antibody titer: EELISA/EMIT: per Ag
- 53948 IgG: specific antibody titer: ELISA/EMIT: per Ag
- 53949 Qualitative Kahn, VDRL or other flocculation
- 53961 Quantitative Kahn, VDRL or other flocculation
- 53961 Slide agglutination test 53974 Polymerase chain reaction
- 53999 Albumin
- 54001 Alkaline phosphatase
- 54006 Amylase
- 54009 Bilirubin: total
- 54010 Bilirubin: conjugated
- 54025 Chol/HDL/LDL/Trig
- 54026 LDL cholesterol (chemical determination)
- 54027 Cholesterol total
- 54028 HDL cholesterol
- 54032 Creatinine
- 54057 Glucose: Quantitative
- 54064 HbAiC (HPL Method)
- 54113 Potassium
- 54114 Sodium
- 54117 Protein: Total
- 54130 Asparate aminotransferase (AST)
- 54131 Alaine aminotransferase (AIT)
- 54133 Lactate dehydrogenase (LD)
- 54134 Gamma glutamyl transferase (GGT)
- 54147 Triglyceride
- 54151 Urea
- 54155 Uric acid
- 54171 sodium + potassium + chloride + CO2 + urea
- 54188 Urine dipstick, per stick (irrespective of the number of tests on stick)
- 54450 HCG; Moniclonal immunological: Qualitative
- 54451 HCG: Monoclonal immunological: Quantitive
- 54482 Free thyroxine (FT4)
- 54507 Thyrotropin (TSH)
- 54531 Hepatitis: per antigen or antibody
- 54543 collection material: per patient (not chargeable with any consultation item)
- 54566 Vaginal or cerival smears, each
- 53865 Parasites in blood smear
- 54117 Protein: Total



DENTISTRY OPTICAL

Tariff Code	Description	Tariff Code	Description
8101	Appointment	560	Accommodative Support Lens
8343	Amalgam - 3 surface	1200	Intermediate to Near Lens
8104	Examination for specific problem	250	Single Vision Standard CR39 Lens
8344 8107	Amalgam - 4 or more surface Radiographs	250	Single Vision Standard Glass Lens
8351	Resin - Ones surface	560	Bifocal CR39 Lens
8109	Infection control	560	Bifocal Glass Lens
8110	Sterile tray	1200	Multifocal CR39 Lens
8145	Local Anaesthetic	1200	Multifocal Glass Lens
8201 8352	Extraction 1st tooth Filling (small)	530	Single Vision Surfaced CR39 Lens
8202	Extraction 2nd tooth	530	Single Vision Surfaced Glass Lens
8353	Filling (medium)	600	Consultation: Refraction, Tonometry and Visual Fields
8341	Amalgam - 1 surface	500	Consultation/Refraction only
8354	Filling (large)	550	Consultation & Tonometry or Visual Field
8342	Amalgam - 2 surfaces	460	Re-Examination

DAY THEATRE PROCEDURES - LIMITED TO MORINGA

Tariff Code	Procedure
0307	Excision and repair by direct suture; excision nail fold or other
	minor procedures of similar magnitude
0311	Excision of large benign tumour (more than 5cm)
1105	Removal of adenoids
1587	Upper gastro-intestinal endoscopy
1653	Total colonoscopy
1676	Flexible sigmoidoscopy (including rectum and anus)
1677	Sigmoidoscopy: First and subsequent with or without biopsy
1949	Cystoscopy
1954	Urethroscopy
2133	Circumcision: Clamp procedure
2137	Circumcision: Surgical excision other than by clamp or dorsal slit - any age
2139	Circumcision: Dorsal slit of prepuce (independent procedure)
2272	Removal of small superficial benign lesions
2436	Hysteroscopy (excluding after-care)
2443	Dilatation and curettage (D&C) (excluding after-care)
2444	Fractional dilatation and curettage (D&C) (excluding after-care)
2799	Procedures for pain relief: Intrathecal injections for pain
2801	Procedures for pain relief: Epidural injection for pain
2802	Procedures for pain relief: Peripheral nerve block
2825	Excision: Neuroma Peripheral Excision
3287	Spinal joint and ligament injection



ADDITIONAL INFORMATION

JOINING AND RESIGNING THE FUND

Joining

Fund membership is effective from the first day of the month. Members may join during the year, as the Fund's benefit year is from 1 January to 31 December. Members may receive pro-rated benefits when joining during the course of the year. This means that annual benefit limits may be calculated according to the number of months left in the benefit year from the date of joining.

Resigning

Members are required to provide one month written notice when resigning the Fund by submitting a resignation notice by the 15th of the month and paying contributions for the notice month. Resignation notices received after the 15th will only become effective in the subsequent month.

PRE-EXISTING CONDITIONS AND NON-DISCLOSURES

- Pre-existing conditions are any medical-related condition and/or symptom for which treatment was received before joining the Fund.
- A 12-month exclusion period may be placed on such conditions, meaning that all costs incurred on any related treatment will not be covered by the Fund during this period.
- If found that, misleading or incorrect information was submitted or that relevant information such as the presence of pre-existing conditions was deliberately omitted on an application form, the Fund may in terms of its rules reunderwrite the members application or terminate the members Fund membership.

WAITING PERIODS AND EXCLUSIONS

• New Individual Members

- A general waiting period of 3 months will apply for all new members.
- A condition specific waiting period of **12 months** will apply to day-to-day and major medical expense claims relating to specific illnesses. If a principal member and/or dependant suffers 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 maternity waiting period of 12 months will apply to day-to-day and major medical expense claims relating to members that join the Fund already pregnant. All maternity related treatment is included under the 12 months waiting period.

New Employer Group Members

- The Fund **may waive** the above-mentioned waiting periods and exclusions for members/dependants that join the Fund as part of an employer group provided that they become members within 3 months after becoming eligible for membership.
- Should the 3-month cut-off period be missed the above-mentioned waiting periods and exclusions will apply.

Continued Condition-Specific Waiting Period

• A condition-specific waiting period will apply if the previous medical aid Fund imposed such a waiting period and it had not expired at the time of termination.

New Born or Adopted Dependents

- New-borns must be registered on the medical aid within 30 days of their date of birth, in order to qualify for immediate benefits.
- If a member applies to register a baby older than 30 days or newly adopted child as a dependant after 3 months following the date of birth or adoption of the child, the Fund may subject the child dependant to a waiting period.



PRE-AUTHORISATION AND MEDICATION REGISTRATION

• Major Expense Pre-Authorisation

Heritage Health members must obtain pre-authorisation before any major medical benefit will cover any claims. For all planned or emergency hospital admission, specialised radiology, or selected procedures members must contact the Fund to confirm their authorisation number.

Hospital pre-authorisation is a process where a member applies to the Fund prior to hospital admission. Members must obtain pre-authorisation at least 72 hours before hospital admission for a planned procedure. In the case of an emergency requiring hospital admission, authorisation is mandatory within 48 hours after hospital admission.

• Travel Expense Pre-Authorisation

The Fund reimburses members for travel expenses if treatment can only be done outside the town where they normally reside. Travel expenses will only be reimbursed upon pre-authorisation. The following information is required for pre-authorisation.

- A referral letter from the treating doctor
- The date of the treatment appointment
- Completed Travel Reimbursement form with supporting documents
 - o Proof of expenses paid
 - Travel documents (e.g., ticket)
 - o Pre-authorisation letter from the Fund

The maximum reimbursement fee for travel expenses whether by own private vehicle, by air or by bus is N\$ 7,500 per family per annum.

• Chronic Medication Registration

Chronic Medication

Chronic medication is medicine needed to treat a long-term illness. It is taken on a regular basis, usually daily, for a period of 3 months or longer. To ensure appropriate funding, members with chronic conditions should inform the Fund of their conditions as soon as a healthcare provider has diagnosed and provided a prescription for chronic medication. Chronic medication is subject to the available benefits as indicated under each benefit option. When chronic benefits are depleted, the available acute medication benefit is then utilised.

Acute Medication

Acute medication is medicine prescribed once off for less than a month by a healthcare provider, or medicine for conditions not listed or recognised as chronic conditions by the Fund.

Self-Medication

Self-medication is also referred to as over-the-counter (OTC) medication. It is medicine bought from a pharmacy without a doctor's prescription.

Medication Co-Payment Information

It is important to note that you have a choice between branded and generic medication items and by choosing a branded item you will be subjected to a 51% co-payment. To avoid this co-payment *please ask your healthcare service provider for a generic alternative*. When purchasing a generic alternative, you will only be subjected to a 30% co-payment. This rule does not apply to Moringa and Aloe plans.



CLAIMS AND CONTRIBUTIONS

Published Tariffs

• Should members make use of service providers charging above the rates published in the product benefit booklet, members will need to Fund any charges over and above these rates out of their own pockets.

Claims Submission

 Claims should be submitted within 4 months from the date on which the services were rendered, otherwise members may lose their right to payment in respect of these claims.

Contribution Payment

- Contributions are payable in advance by no later than the 7th of each month. Debit orders will be deducted on the 1st of every month, except if the 1st day of the month falls on a weekend or public holiday.
- The Fund may suspend the payment of claims if members are more than 30 days behind with the contribution payments. After 3 months of suspension, the Fund may terminate membership if contributions are in arrears for more than 90 days.

ADDITIONAL INSURANCE BENEFITS

• International Medical Travel Insurance

The Fund through International Medical Travel Insurance provides for *emergency* medical expenses for members and/or their dependants traveling internationally. The cover is limited to N\$ 10 million per incident, up to a maximum of 90 days per trip, and 180 days in total per annum in a foreign country. The International Medical Travel Insurance does not apply to any non-emergency and planned elective surgery or procedure. *This benefit does not apply to Moringa and Aloe products*.

• Emergency Evacuation

The Fund through Rescue Me Insurance, offers emergency evacuation services by road and by air to all active members. All authorised air ambulance flights and long-distance road ambulance transport services are covered. All emergency services required for life sustaining during evacuation are covered.

CHANGING PERSONAL DETAILS OR BENEFIT OPTIONS

• Changing Personal Details

The Fund requires that members provide up-to-date personal and banking details. Kindly inform the Fund should there be any changes in the following;

- Contact details
- Banking details
- Marital status
- Addition or termination of dependants
- Passing away of the principal member or any registered dependant(s)

The Fund will not be held liable for any service not provided to the member due to the member's failure to furnish or update their relevant details.

• Changing Benefit Options

Members can submit requests to change benefit option up to the 15th of January of the new benefit year. Members will receive new membership cards should they change their benefit option.



Wellness Benefits

Wellness services are paid from the hospital benefits on all plans, except Moringa and Aloe Plans.

Category	Sub-Category	Age Band	Frequency .	Namaf Tariff rate
Immunisation	- Influenza Vaccination	All	Annually	100%
program	- Baby Immunisation	First 6 years of life	Ministry of Health Protocols	100%
	- Tetanus	All	Annually	100%
	- Pneumococcal	Age 60 years & older, only high risk people	Annually	100%
Screening	- BMI	Adults	Once every year	100%
benefit	- Blood sugar test (finger prick)	Adults	Once every year	100%
	- Blood Pressure test	Adults	Once every year	100%
	- Cholesterol test (finger prick)	Adults	Once every year	100%
Early	General physical exam	Adults 30-59 years	1 medical exam every 3 years	100%
Detection tests		Adults 60-69 years	1 medical exam every 2 years	100%
(at a GP)	Pap smear	Adults 70 years / older	1 medical exam every year	100%
	- consultation	Females 15 years +	Once every year	100%
	- pathology test	Females 15 years +	Once every year	100%
	Prostate Specific	Males 40-49 years	Every 5 years	100%
	Antigen (PSA) Test	Males 50-59 years	Every 3 years	100%
	(Pathologist)	Males 60-69 years	Every 2 years	100%
		Males 70 years / older	Every year	100%
	Free prostate Specific	Males 40-49 years	Every 5 years	100%
	Antigen (Free PSA)	Males 50-59 years	Every 3 years	100%
	Only if PSA is raised	Males 60-69 years	Every 2 years	100%
	(Pathologist)	Males 70 years / older	Every year	100%
	Only if finger prick is			
	Raised above 6mmo/L	A 1. Is		1000/
	- LDL	Adults	Once every year	100%
	- basic total	Adults	Once every year	100%
	- HDL	Adults	Once every year	100%
	- Triglyceride	Adults	Once every year	100%
	-Lipogram Only if finger prick is Raised above 11mmo/L	Adults	Once every year	100%
	- Blood sugar- Quantitive	Adults	Once every year	100%
	Mammogram (Includes sonar)	Females 40 years +	Once every 2 years	100%
	Bone Densitometry	Adults 50 years +	Once every 3 years	100%
	Glaucoma test	Adults 40-49 years Adults 50 years +	Once every 2 years Once every year	100%



Chronic Condition List

	Moringa	Hoodia, Maroela, Kiaat	Camelthorn
	& Aloe	& Acacia	& Baobab
Addison's disease	l Yes	l Yes	l Yes
Ankylosing spondylitis	No benefit	Yes	Yes
Asthma	Yes	Yes	Yes
Attention Deficit Hyperactivity Disorder	No benefit	Yes	Yes
Behest's disease	No benefit	No benefit	Yes
Benign Prostatic hypertrophy	No benefit	Yes	Yes
Bipolar mood disorder	Yes	Yes	Yes
Bronchiectasis	Yes	Yes	Yes
Cardiac failure	Yes	Yes	Yes
Cardiomyopathy	Yes	Yes	Yes
Chronic Obstructive Pulmonary Disease	Yes	Yes	Yes
Chronic renal disease	Yes	Yes	Yes
Connective tissue disorder (mixed)	No benefit	No benefit	Yes
Cook all disease	Yes	Yes	Yes
Crohn's disease Cushing's disease	Yes No benefit	Yes No benefit	Yes Yes
Cystic fibrosis	No benefit	No benefit	Yes
Delusional disorder	No benefit	No benefit	Yes
Dermatomyositis	No benefit	Yes	Yes
Diabetes insipidus	Yes	Yes	Yes
Diabetes mellitus types 1 and 2	Yes	Yes	Yes
Dysrhythmias	Yes	Yes	Yes
Epilepsy	Yes	Yes	Yes
Gastro oesophageal/reflux	Yes	Yes	Yes
Generalised anxiety disorder	No benefit	Yes	Yes
Glaucoma	Yes	Yes	Yes
Haemophilia	Yes	Yes	Yes
Huntington's disease	No benefit	No benefit	Yes
Hyperlipidaemia	Yes	Yes	Yes
Hyperparathyroidism	Yes	Yes	Yes
Hypertension	Yes	Yes	Yes
Hypothyroidism	Yes	Yes	Yes
Major depression	Yes No benefit	Yes No benefit	Yes Yes
Motor neurone disease Multiple sclerosis	Yes	Yes	Yes
Muscular dystrophy and other inherited myopathies	No benefit	No benefit	Yes
Myasthenia gravis	No benefit	No benefit	Yes
Obsessive compulsive disorder	No benefit	No benefit	Yes
Osteoporosis	Yes	Yes	Yes
Paget's disease	No benefit	Yes	Yes
Panic disorder	No benefit	Yes	Yes
Paraplegia	No benefit	No benefit	Yes
Parkinson's disease	Yes	Yes	Yes
Pemphigus	No benefit	No benefit	Yes
Pituitary micro adenomas	No benefit	No benefit	Yes
Polyarthritis Noosa	No benefit	Yes	Yes
Post-traumatic stress disorder	No benefit	No benefit	Yes
Psoriasis/dermatitis/eczema	No benefit	Yes	Yes
Psoriatic arthritis	No benefit	Yes	Yes
Pulmonary interstitial fibrosis	No benefit No benefit	No benefit No benefit	Yes Yes
Quadriplegia Rheumatoid arthritis	Yes	Yes	Yes
Schizophrenia	Yes	Yes	Yes
Sjogren's syndrome	No benefit	No benefit	Yes
Stroke	Yes	Yes	Yes
Systemic lupus Erythematosus	Yes	Yes	Yes
Systemic sclerosis	No benefit	No benefit	Yes
Thrombocytopenia purpura	No benefit	No benefit	Yes
Trigeminal Neuralgia	No benefit	No benefit	Yes
Ulcerative colitis	Yes	Yes	Yes
Valvar heart disease	No benefit	No benefit	Yes
Wegener's granulomatosis	No benefit	No benefit	Yes



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