

NAPOTEL
MEDICAL AID FUND
NAMIBIA POST AND TELECOM HOLDINGS LTD



BENEFIT STRUCTURE

MAIN

EFFECTIVE 01 JANUARY 2023



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Administered by  PROSPERITY
HEALTH

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B1	HOSPITAL BENEFITS GROUP (Subject to clinical risk management protocols and pre-authorization)		N\$ 847, 500 per family per annum
	Private Hospitals including medicines, materials, hospital apparatus and 7 days take out medication	100% tariff	Part of the Overall Annual limit
	Provincial Hospitals including medicines, materials, hospital apparatus and 7 days take out medication		
	Step-down Nursing Facilities in lieu of hospitalization		
	GP Consultation, treatment & services	200% tariff	
	Specialist consultations, treatment and services		
	Surgical Procedures done in rooms Theaters: Doctors rooms- selective surgical procedures: Part of pre- authorisation and clinical protocols.	200% tariff	
	Blood Transfusion	100% tariff	N\$ 11, 700 pbpa
	Pathology		N\$ 11, 700 pbpa
	Radiology		N\$ 11, 700 pbpa
B2	Internal Medical Prosthesis		N\$ 43, 220 pbpa
	Internal Prosthesis - example: Knee/Hip/Pacemakers. Including intra ocular lenses. Subject to pre- authorization and clinical risk management protocols.	100% cost	Part of the Sub-limit B2
B3	MRI/CT Scans (In/Out Hospital)		N\$ 44, 310 per family (limited to N\$ 22, 155) pbpa)
	In and Out of Hospital Benefit. Subject to pre-approval and Clinical protocols.	100% tariff	Part of the Sub-limit B3
B4	Psychiatric Accommodation treatment and services		21 days, limited to N\$ 66, 470 pbpa
	including Psychiatric Hospital Accommodation, treatment and services. Subject to clinical protocols and	100% tariff	Part of sub-limit B4
B5	Alcohol and Drug Rehabilitation		N\$ 25, 950 pbpa
	Alcohol & Drug Addiction, addiction Therapy, related Pathology and medication. (Part of treatment plan protocols) Annual benefit.	100% tariff	Part of the Sub-limit B5
	Alcohol & Drug medication	100% NRP	Levy 15% minimum N\$30 maximum N\$65
B6	Refractive Surgery		N\$ 22, 980 pbpa
	including Eximer Laser and Radial Keratotomy	100% tariff	Part of the Sub-limit B6
B7	Maternity		PART OF OAL
	Hospital Caesarean (Non-Emergency)	100% tariff	Part of the Overall Annual limit
	GP and specialist Caesarean(Non-Emergency) (Hospital)	200% tariff	10% co-payment
	Hospital Confinement/Caesarean (Emergency)	100% tariff	Part of the Overall Annual limit
	GP and Specialist	200% tariff	
	GP/Specialists Confinement(In Rooms)	100% tariff	
	Ante Natal Visits	100% tariff	
		Maternity scans	100% tariff
B8	Circumcision		PART OF OAL
	Hospital Circumcision subject to authorisation	100% tariff	Part of the Overall Annual limit
	GP and specialists Circumcision (In Hospital) children 0-10 years	200% tariff	Part of the Overall Annual Limit
	GP and specialists Circumcision (In Hospital) 11 years and	200% tariff	10% co-payment
	GP and specialist circumcision done in Rooms	200% tariff	Part of the Overall Annual limit
B9	Gastroscopy & Colonoscopy		PART OF OAL
	Hospital Gastroscopy/Colonoscopy	100% tariff	5% co-payment
	GP and specialist Gastroscopy/Colonoscopy (Hospital)	200% tariff	5% co-payment
	GP and specialist Gastroscopy/Colonoscopy in rooms or unattached theatres.	200% of tariff	Part of the Overall Annual

B10	Renal (Kidney) Dialysis		PART OF OAL
	Hospital Admission Renal/Kidney Dialysis	100% tariff	Part of the OAL
	GP and Specialists Kidney Dialysis (Hospital)	200% tariff	
	GP and Specialists Kidney Dialysis (Rooms)	100% tariff	
	Kidney/Organ Medication	100% NRP	
B11	Organ Transplant		PART OF OAL
	GP and Specialists - Organ Transplants (Hospital)	200% tariff	Part of Overall annual limit
	GP and Specialists - Organ Transplants (Rooms)	100% tariff	
	Organ medication	100% NRP	
B12	Oncology Treatment		N\$ 496, 210 pbpa
	GP and Specialists - Oncology (Hospital)	200% tariff	Part of Overall annual limit
	GP and Specialists - Oncology (Rooms)	100% tariff	
	Chemo Medication	100% NRP	
B13	MVA/Third Party		N\$ 401, 250 per event pbpa
	MVA/Third Party (Hospital)	100% tariff	Part of the event limit
	GP and specialist treatment and services	200% tariff	
	MVA/Third Party (Rooms)	100% tariff	
	MVA Medication	100% NRP	
B14	Maxillo Facial		M\$ 50, 000 pbpa
	Non-Elective Maxillo Facial/Oral Surgery - Trauma. Including Dental extractions of more than 3 teeth or multiple fillings in children under the age of ten and disabled dependants/ Removal of impacted wisdom teeth. (All Inclusive Benefit - surgery, treatment and services). Part of Clinical protocols	200% tariff	Part of the sub-limit
B15	Auxilliary Services		PART OF OAL
	Including Physiotherapy, Biokenetics, Occupational therapy in Hospital	100% tariff	Part of the Overall Annual limit
B16	Alternatives Hospital		N\$ 36, 750 per family per annum
	Frail Care, Private Nursing (home nursing and Hospice	100% tariff	Part of the Sub-limit
B17	Ambulance Services		Stipulated Limits
	Interhospital ambulance transfers	100% of cost	N\$ 6, 930 pbpa
	Travel assistance to South Africa		N\$ 4, 620 pbpa
	Travel assistance to Namibia on specialist referrals		N\$ 3, 130 pbpa
	Accommodation (specialist referral Namibia)		N\$ 520 per day
	Accommodation (specialist referral South Africa)		N\$ 660 per day
B18	HIV/AIDS Benefit		N\$ 170, 490 pbpa
	Hospital treatment and services	100% of tariff	N\$ 83, 020 pbpa sublimit to B18
	HIV/Aids Medication	100% of NRP	N\$ 68, 740 pbpa sublimit to B18
	Counselling	100% of tariff	N\$ 4, 840 pbpa sublimit to B18
	Consultations		12 visits pbpa sublimit to B18
	Radiology Pathology		N\$ 13, 880 pbpa sublimit to B18

DAY-TO-DAY BENEFITS			
C1	Professional Services		M0: N\$ 15, 090 pmpa M1: N\$ 22, 080 pfpa M2: N\$ 26, 190 pfpa M3: N\$ 30, 320 pfpa M4: N\$ 34, 430 pfpa M5+N\$ 38, 540 pfpa
	GP& Specialist and Primary Health Consultations including Out-patient Visits. 1. Professional Services - 100% of Tariff <ul style="list-style-type: none"> GP/Spec/Primary Health/OPD Consultations Out-patient Visits Telephone /PIT Consultations GP/Spec/Primary Health Procedures (In Rooms) Radiology(In Rooms) Pathology (In Rooms) 	100% tariff	Part of the Sub-limit of C1
C2	Acute Medication		M0: N\$ 6, 640 pmpa M1: N\$ 9, 280 pfpa M2: N\$ 11, 930 pfpa M3: N\$ 14, 580 pfpa M4: N\$ 16, 250 pfpa M5: N\$ 17, 950 pfpa
	Acute medication including Primary Healthcare Scripts	100% NRP	15% levy minimum N\$30 maximum N\$65
	GP/Specialist and Primary Health Care Injections and materials		
	Homeopathic medication		
C3	Chronic Medication		N\$ 11, 490 pbpa
	Chronic medication (preferred)	100% NRP	no levy
	Chronic medication (non- preferred)	100% NRP	15% levy minimum N\$30 maximum N\$65
C4	OTC Medication OTC Medication	100% NRP	M0: N\$ 1, 070 pmpa M1: N\$ 1, 430 pfpa M2: N\$ 1, 780 pfpa M3: N\$ 2, 780 pfpa M4: N\$ 2, 850 pfpa M5: N\$ 3, 170 pfpa
C5	External Appliances		N\$ 11, 780 pbpa
	General appliances including artificial limbs, eyes, wheelchairs, hearing aids and all approved appliances	100% cost	Part of the Sub-limit
C6	Auxillary Service		N\$ 5, 290 pbpa
	Including Physiotherapy, Social Workers, Speech, Audiology, Acousticians, Dieticians, Occupational Therapy, Biokenetics, Hom/ Chiro/ Osteopathy, Podiatry, Acupuncture etc.	100% tariff	Part of the Sub-limit C6

ABBREVIATIONS:

OAL	-	Overall Annual Limit
pbpa	-	Per beneficiary per annum
pmpa	-	Per member per annum
pfpa	-	Per family per annum

C7	Psychology		N\$ 6, 230 pbpa
	Clinical Psychology	100% tariff	Part of the Sub-limit C7
C8	Psychiatry		N\$ 6, 230 pbpa
	Psychiatric treatment	100% tariff	Part of the Sub-limit C8
C9	Dentistry		M0: N\$ 7, 720 pmpa M1: N\$ 12, 200 pfpa M2: N\$ 12, 620 pfpa M3: N\$ 18, 240 pfpa M4: N\$ 19, 850 pfpa M5: N\$ 21, 850 pfpa
	Including Conservative dentistry, specialised dentistry and selected maxillo facial procedures in rooms (orthodontic treatment)	100% tariff	Part of the Sub-limit C9
C10	Optical Services		N\$ 5, 300 per beneficiary benefit allocated every 2 nd year
	Frames	100% tariff	N\$ 1, 560 per beneficiary
	Eye Test		2 eye tests per beneficiary
	Lenses/Contact Lenses	100% tariff	Part of the Sub-limit
	Bi-Focal/Multi Focal & Tri-Focal Lenses in addition to the Optical benefit limit	100% tariff	N\$ 1, 660 per beneficiary
C11	Napotel Benefit Wallet	Threshold Limits	Difference between the actual day-to-day claims excluding chronic benefits and the allocated threshold limits (maximum claim limits to qualify) Threshold limits: M0: N\$ 3, 180 M1: N\$ 5, 210 M2: N\$ 7, 780 M3: N\$ 10, 320 M4: N\$ 12, 020 M5: N\$ 12, 380 M1
C12	Preventative		Part of the OAL
	Baby Immunisations	100% NRP	0 - 6 years pbpa
	Cholesterol/Test Blood Sugar(Finger Prick)		1 per beneficiary
	Mammogram		1 per female beneficiary (>40 years)
	DEXA Bone Density scan)		1 per beneficiary (> 50 years)
	Pap Smear	100% tariff	1 per female beneficiary (>15 years)
	Glaucoma Screening		1 per beneficiary (>40 years)
	Prostate Screening		1 per male beneficiary (>40 years)
	HPV Vaccine		3 per beneficiary once in a lifetime - Females 9 - 30 years
	Pneumococcal Vaccine	100% NRP	1 per beneficiary adults (>65 years) Children \ 9<5 years)
	Flu Vaccines		1 Flu vaccination per beneficiary per year.

ABBREVIATIONS:

OAL	-	Overall Annual Limit
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MONTHLY CONTRIBUTIONS - ACTIVE EMPLOYEES						
INCOME BRACKETS	M	M1	M2	M3	M4+	M5
N\$0 - N\$3 400	2 145	3 281	4 499	5 600	6 749	6 749
N\$3 401 - N\$6 200	3 446	4 996	6 603	8 136	9 764	9 764
N\$6 201 - N\$14 200	3 678	5 258	6 893	8 478	10 099	10 099
N\$14 201 - N\$20 000	3 889	5 535	7 154	8 800	10 383	10 383
N\$20 001+	4 107	5 816	7 420	9 126	10 673	10 673

PENSIONER AND CONTINUATION CONTRIBUTIONS						
INCOME BRACKETS	M	M1	M2	M3	M4+	M5
N\$0 - N\$3 400	2 145	3 281	4 499	5 600	6 749	6 749
N\$3 401 - N\$6 200	2 769	4 246	5 829	7 261	8 754	8 754
N\$6 201 - N\$14 200	2 873	4 407	6 051	7 537	9 088	9 088
N\$14 201 - N\$20 000	2 977	4 567	6 273	7 814	9 423	9 423
N\$20 001+	3 081	4 728	6 494	8 091	9 757	9 757

MEDICATION ADD-ON BENEFITS			
BENEFIT	LEVELS	ANNUAL BENEFIT LIMIT	MONTHLY PREMIUM
Includes Acute & Chronic Medication	1	3 760 per family	210
	2	5 640 per family	315
	3	8 150 per family	455
	4	10 030 per family	560
	5	12 540 per family	700
	6	15 680 per family	875
	7	20 060 per family	1 120
	8	25 080 per family	1 400
	9	27 590 per family	1 540
	10	32 600 per family	1 820
	11	39 710 per family	2 240

DAY-TO-DAY ADD-ON BENEFITS			
BENEFIT	LEVELS	ANNUAL BENEFIT LIMIT	MONTHLY PREMIUM
1. Professional Services <ul style="list-style-type: none"> GP/Spec/Primary Health/OPD Consultations GP/Spec Admin Fee for Chronic Telephone /PIT Consultations GP/Spec/Primary Health Procedures (In Rms) Radiology(In Rms) Pathology 	1	3 140 per family	215
	2	5 230 per family	360
	3	8 360 per family	575
	4	10 450 per family	720
	5	12 540 per family	860
	6	15 680 per family	1 075
	7	19 860 per family	1 365
	8	25 080 per family	1 720
	9	28 220 per family	1 940
2. MRI/CT Scan (In/Out Hsp) 3. Optical services 5. Auxilliary services 6. Dentistry 7. External Appliances 8. Psychology 9. Psychiatry	10	31 350 per family	2 155

Disclaimer: Napotel Medical Aid Fund is registered with NAMFISA and is managed by the Board of Trustees, representative of the members of the Fund and in terms of the Rules of the Fund as approved by NAMFISA. This guide is an extract from the Rules and Benefits as a reference guideline only and should there be any discrepancies, misprint and/or interpretation thereof, the Rules as registered with NAMFISA will prevail.