



**Protect your
family's future.
Insure and enjoy
peace of mind.**

*National
Health Insurance
Scheme*

Benefits Package



Leaving No One Behind

The NHIMA Benefit Package is a list of medical services and procedures that the National Health Insurance Management Authority offers to its esteemed beneficiaries of the scheme. The scheme is a family cover but the benefits are per insured individual. However, there is a limit of 3 outpatient visits per health event at Secondary and tertiary level Hospitals unless its a chronic condition.

The following are the benefits covered by the scheme;

1. OPD Registration and Consultation

The scheme pays for registration fees as well consultation fees. These amounts are part of the predetermined capitation and DRGs fees.

Investigations

It provides for the costs of Investigations and Diagnostic tests as per the Investigation List in the benefits Package. This includes radiological investigation such as X-Ray, CT scan, MRI, Ultra sound and Mammogram.



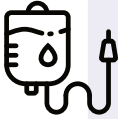
2. Pharmaceuticals and Blood Products

It covers for the costs of medicines prescribed in generic names and medical consumables as per the National Essential Medicines List. It includes a medicine list recommended from time to time to meet members evolving needs. The benefit package provides for whole blood where indicated as part of the treatment protocol.



3. Surgical Services

The scheme covers for the cost of minor, major, orthopedic, ENT and diagnostic surgical procedures. The tariff for surgical procedures will include the cost for anesthesia disposables; medicines and medical consumables, dressing, Orthopedic implants and other medical expendables used during the operation.



4. Maternal, New-born and Pediatric Services

This benefit pays for cost of deliveries both normal and caesarean, obstetric and gynecological interventions, New-born and pediatric services as listed in the package.



5. Inpatient Care Services

This benefit pays for the costs of daily patient admission in private or ordinary ward, Intensive Care Unit, High Dependent Unit, Services for the daily admission costs depending on the level of the facility and the agreed daily rates as per the tariff schemes. Investigations, Nursing care, Oxygen therapy, Medicines and Medical Consumables dispensed while the member is admitted.





6. Physiotherapy and Rehabilitation Services

This benefit pays for cost of physiotherapy and rehabilitation services offered as in-patient and out-patient.



7. Vision Care and Spectacles

This benefit pays for visual corrective spectacles to the member once for every three years as well as vision care services for interventions for conditions such as Cataract, Glaucoma and trauma.



8. Dental and Oral Health Services

This benefit pays for oral health services for both inpatient and outpatient. This includes dental conservation surgeries (e.g. dental filling), gum diseases, dental extractions, braces, dentures and root canal treatment.





9. Cancer / Oncology services

A limited number of investigations and interventions have been included for cervical, prostate, breast and Colon cancer.



10. Mental Health

The mental health benefit pays for the cost of chronic conditions such as schizophrenia and affective disorders such as Mania and depression and other conditions as the NHIS will determine from time to time.



11. Medical / Orthopedic Appliances and Prosthesis

This benefit pays for supportive orthopedic and medical appliances such as crutches, hearing aids, surgical pins, plates and screws.



this package are not covered by the NHIS. These include but not limited to the following:-

- Public health care services under Government or Donor vertical programs, epidemic and disasters
- Purchases of cosmetic items, wheel chairs or prosthetic appliances not listed
- Illegal abortion and illicit drug use
- Employment injuries or illness arising from occupational hazards which are compensated under other schemes
- Cosmetic surgery and aesthetic treatments (unless where medically required)
- All costs for operations, medicines, treatment and procedures for cosmetic purposes
- Holidays for recuperative purposes
- Medicines and consumables not registered with ZAMRA including;
 - Toiletries, perfumes, deodorants and other beauty preparations
 - Slimming products
 - Homemade remedies
 - Alternative medicines
- Where a beneficiary is required to pay a penalty to any service provider which penalty is levied by health provider due to beneficiary not keeping an appointment. Nhima does not cover by pass fee.
- Costs of services rendered by or in respect of;
 - Persons not registered with recognized professional body in terms of legislation
 - Any institutions not registered in terms of legislation
 - Any procedure or treatment not supported by National treatment protocols or scheme protocols,
 - Any procedure, treatment or medication that is provided to

members in the course of a clinical trial unless authorized by the scheme subsequent to an authorization request from a member. Treatment or participation in any health service deemed to be experimental. Experimental, for this policy, refers to treatment, medicine or other procedures that are a part of a research programme and have not been approved by the relevant medical board and/or accreditation authority



- Trans-sexual surgery
- Long-term in-patient nursing care (over 90 days per admission and 180 days per year for the insured person).
- Medical treatment of motor vehicle accident injuries covered by other insurance/funds arrangements, such as motor vehicle insurance and a Motor Vehicle Accident Fund.
- Treatment of occupational accidents and illness covered by Worker's Compensation Fund.
- Treatment of injuries resulting from declared national disasters in collaboration with the National Disaster Management and Mitigation Unit.
- Fertility treatment according to set criteria.
- Telephone charges
- Treatment Abroad



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