



RMA
Renaissance Health
Medical Aid Fund



PRODUCT GUIDE

2024

Administered by  PROSPERITY HEALTH

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PRESTIGE CARE

OVERALL ANNUAL LIMIT
Unlimited



MONTHLY CONTRIBUTIONS

AGE	INDIVIDUAL RATES 9 members or less			GROUP RATE 1 For groups with 10 - 49 Principal Members			GROUP RATE 2 For groups with 50 - 249 Principal Members			GROUP RATE 3 For groups with 250 and more Principal Members		
	Principal Member	Adult Dependand	Child Dependand	Principal Member	Adult Dependand	Child Dependand	Principal Member	Adult Dependand	Child Dependand	Principal Member	Adult Dependand	Child Dependand
0 - 25	4,755	3,330	2,290	4,085	2,910	1,980	3,850	2,705	1,820	3,620	2,575	1,745
26 - 30	5,555	3,870	2,290	4,800	3,325	1,980	4,490	3,125	1,820	4,240	2,950	1,745
31 - 35	5,985	4,150	2,290	5,215	3,580	1,980	4,850	3,345	1,820	4,570	3,155	1,745
36 - 40	6,750	4,995	2,290	5,850	4,345	1,980	5,425	4,050	1,820	5,130	3,815	1,745
41 - 45	7,435	5,570	2,290	6,450	4,855	1,980	6,010	4,520	1,820	5,690	4,270	1,745
46 - 50	8,240	6,465	2,290	7,010	5,520	1,980	6,535	5,130	1,820	6,210	4,890	1,745
51 - 55	9,175	7,055	2,290	7,655	5,900	1,980	7,145	5,505	1,820	6,760	5,225	1,745
56 - 60	10,085	7,915	2,290	8,390	6,560	1,980	7,835	6,150	1,820	7,390	5,830	1,745
61 - 65	11,040	8,510	2,290	9,165	7,055	1,980	8,545	6,590	1,820	8,075	6,215	1,745
66+	12,070	9,330	2,290	10,030	7,710	1,980	9,320	7,200	1,820	8,850	6,840	1,745



HOSPITAL BENEFITS

TARIFF %

BENEFITS

TOTAL ALL-INCLUSIVE OVERALL ANNUAL LIMIT

Unlimited

HOSPITAL BENEFIT GROUP (Subject to clinical risk management protocols)

Unlimited

Private hospital (Including medicines, materials, hospital apparatus & Take-Out Medication, limited to a 7 day supply).	100%	Unlimited
Accommodation in private wards.	100%	N\$ 45, 500 per family N\$ 22, 300 per beneficiary
State hospitals (Including medicines, materials, hospital apparatus & Take-Out Medication, limited to a 7 day supply).	100%	Unlimited
Sub-acute facility ward fees. (Admission in lieu of hospitalisation).	100%	
Consultations including treatment and services.	150%	
Blood transfusion.	100%	
Radiology and Pathology.	100%	
Physiotherapy.	100%	
Post-Operative Extended Benefit (Following major surgery). Part of pre-authorisation and clinical protocols.	100%	Following surgery limited to 6 weeks treatment or 12 sessions
DBC (Musculoskeletal rehabilitation in prevention of lumbar-spinal surgery)	Agreed Tariff	As per DBC protocol and treatment plan

SURGICAL PROCEDURES DONE IN ROOMS / UNATTACHED THEATRES

Unlimited

Doctors' rooms / Unattached theatres - Selective surgical and endoscopic procedures, circumcisions. Inclusive benefit - Admissions, surgery, treatment and services. Part of pre-authorisation and clinical protocols.	150%	Unlimited
Admission to unattached operating theatres and sub-acute facilities.	100%	

MRI / CT / PET SCAN / BONE DENSITY (In- and Out-of-Hospital)

N\$ 65, 600 per family
N\$ 32, 900 per beneficiary

In- and Out-of-Hospital Benefit. Part of pre-authorisation and clinical protocols.	100%	Part of the sub-limit
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MAXILLOFACIAL AND DENTAL SURGERY (In- and Out-of-Hospital)

N\$ 150, 000 per family
N\$ 100, 000 per beneficiary

Non-elective maxillofacial / oral surgery - Trauma, including dental extractions of more than three 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.	150%	Part of the sub-limit
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DENTAL AND ORAL SURGERY

N\$ 25, 300 per family
N\$ 16, 800 per beneficiary

Admission.	100%	Part of the sub-limit
Elective dental and oral surgery, including dental implant surgery, excluding the cost of the dental implant. (All-inclusive benefit - surgery, treatment and services). Part of clinical protocols and applicable Medical Aid Fund Rules.	150%	

EYE SURGERY

Unlimited

Admission.	100%	Unlimited
Including glaucoma surgery, eye muscle surgery, corneal surgery, vitreo-retinal surgery, eye removal, etc. (All-inclusive benefit - admission, surgery, treatment and services). Part of clinical protocols.		
Cataract surgery only after one year membership. (All-inclusive benefit - admission, surgery, treatment and services). Part of clinical protocols.	150%	N\$ 55, 000 per family
Excimer laser and radial keratotomy only after two years membership. (All-inclusive benefit - admissions, surgery, treatment and services). Part of clinical protocols.		N\$ 37, 500 per family N\$ 25, 000 per beneficiary

RECONSTRUCTIVE SURGERY

N\$ 29, 100 per family
N\$ 19, 400 per beneficiary

Admission.	100%	Part of the sub-limit
Reconstructive Surgery - After two years membership. (All-inclusive benefit - admissions, surgery, treatment and services). Part of clinical protocols.	150%	

ALTERNATIVE SERVICES

N\$ 50, 600 per family
N\$ 35, 000 per beneficiary

In- and Out-of-Hospital Benefit including occupational therapy, private nursing, palliative care (end stage terminal diseases) and frail care.	100%	Part of the sub-limit
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MENTAL HEALTH

N\$ 68, 000 per family
N\$ 40, 000 per beneficiary

In- and Out-of-Hospital treatment and services, including psychiatric hospital accommodation, treatment and services, alcohol & drug addiction, addiction therapy and related pathology. (Part of treatment plan protocols). Excluding auxiliary services, which are part of the day-to-day benefit limits.	100%	Part of the sub-limit
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INTERNAL PROSTHESIS

N\$ 130, 000 per family
N\$ 85, 000 per beneficiary

Internal prosthesis - example: knee / hip / pacemakers. Part of pre-authorisation and clinical risk management protocols.	100%	Part of the sub-limit
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TRAUMA TREATMENT

Unlimited

Organ transplant, acute renal and peritoneal dialysis. (In- and Out-of-Hospital).	150%	Unlimited
Oncology treatment and services. (In- and Out-of-Hospital).		N\$ 950, 000 per beneficiary
Specialised chemotherapeutic and high cost medication treatment (Including supportive oncology medication). Part of clinical protocols and applicable Medical Aid Fund Rules.	80% NRP	Part of the Oncology sub-limit
Motor Vehicle Accidents (MVA).	150%	Unlimited

IUD DEVICES (Intrauterine contraceptive device)		N\$ 6, 800 per beneficiary
Placement of IUD (including device and procedure)	100%	N\$ 6, 800 per beneficiary
HEALTH IS VITAL		Unlimited
Hospital and treatment.	100%	Unlimited
HIV / AIDS visits.	100%	N\$ 3, 500 per family
HIV / AIDS pathology.	100%	N\$ 12, 700 per family
HIV / AIDS medication.	100% NRP	N\$ 41, 600 per family
HIV counselling.	100%	N\$ 4, 900 per family

 DAY-TO-DAY BENEFITS	TARIFF %	BENEFITS
PROFESSIONAL SERVICES		N\$ 36, 800 per family N\$ 18, 300 per beneficiary
General Practitioner, specialist consultations and primary healthcare consultations.	100%	Part of Professional Service limit
General Practitioner and specialist administration fee for chronic patient applications and medical reports.	Agreed Tariff	
General Practitioners and Psychologists telephone consultations.	100%	
General Practitioner / primary and specialist procedures in rooms including equipment, materials and injections.	100%	
Psychiatric and Psychology consultations and treatment.	100%	
Radiology.	100%	
Pathology.	100%	
PARAMEDICAL SERVICES		N\$ 19, 600 per family N\$ 9, 800 per beneficiary
Including physiotherapy, social workers, speech therapy, audiology, acousticians, dieticians, occupational therapy, biokinetics, homeo / chiro / osteopathy, podiatry, acupuncture, etc.	100%	Part of the sub-limit
Auxiliary services - Biokinetics, homeo / chiro / osteopathy, podiatry, acupuncture, etc.	100%	
EXTERNAL PROSTHESIS AND MEDICAL APPLIANCES		N\$ 87, 500 per family N\$ 43, 800 per beneficiary
Prosthesis external - Artificial arms / legs / eyes every two years. Part of pre-authorisation and approval.	100% of cost	Part of the sub-limit
Special external medical appliances - Wheelchairs every three years; hearing aids apparatus every two years. Part of pre-authorisation and approval.	90% of cost	
General external medical appliances - Including glucometers, blood pressure monitors, stockings, braces etc. Part of pre-authorisation and approval.	80% of cost	
OPTICAL BENEFIT		N\$ 13, 300 per family N\$ 5, 800 per beneficiary
Eye tests.	100%	Part of the sub-limit
Lenses / contact lenses.	100%	
Frames, once every two years.	100%	N\$ 2, 300 per beneficiary
DENTISTRY BENEFIT		N\$ 37, 700 per family N\$ 17, 900 per beneficiary
Conservative dentistry - Fillings, extractions and oral hygiene.	100%	Part of the sub-limit
Special dentistry - Dental implants, crowns, bridges, dentures and orthodontic treatments. Part of pre-authorisation and approved treatment plan.	100%	
MEDICATION BENEFIT		N\$ 53, 600 per family N\$ 23, 900 per beneficiary
Acute Medication - Preferred and non-preferred.	80% NRP	N\$ 20, 700 per family N\$ 8, 300 per beneficiary
Pharmacy initiated therapy and OTC medication - including multivitamins, tonics and male contraceptives. Maximum of N\$ 200 per script.		N\$ 1, 800 per beneficiary
Homeopathic medication.		Part of Acute Medication sub-limit
Chronic Medication - Preferred and non-preferred. Subject to a defined list of conditions available on the RMA website per Benefit option.		N\$ 32, 900 per family N\$ 15, 600 per beneficiary
EXTENDED MEDICATION BENEFIT		N\$ 137, 400 per family
In- and Out-of-Hospital: Extended Medication Benefit cover for renal care and organ transplant. Part of registration and treatment plan protocols. Including specialised medicines such as biologicals in terms of defined conditions and treatment plan protocols. Excluding off-label medication.	80% NRP	Part of the sub-limit
In- and Out-of-Hospital: Extended Medication Benefit cover for cardiovascular (CCF, CAD and Dysrhythmia) and diabetes related medication from date of registration. Chronic Medication related to severe illness conditions may be extended to this Benefit, where Medication Benefit has been depleted. Part of registration and treatment plan protocols.		N\$ 40, 000 per family

Note: Specialised chemotherapy treatment means the treatment of the disease by using immunotherapies and includes medicines such as immunomodulators and monoclonal antibodies.



MATERNITY BENEFITS

TARIFF %

BENEFITS

MATERNITY AND BABY BENEFIT (Including child beneficiary and third generation pregnancies - subject to Fund Rules)

Unlimited

Gynaecology / obstetric - In hospital.	150%	Normal birth / Caesarean Section
Gynaecology / obstetric - Out of hospital.	100%	Unlimited
Maternity scans.	100%	2 scans per beneficiary
Antenatal visits.	100%	12 visits per beneficiary
Amniocentesis - AHB excluded.	100%	Unlimited
Neonatal ICU / ward fees.	100%	
Paediatrician visits - Postnatal.	100%	2 visits per family, per annum



WELLNESS BENEFITS

TARIFF %

BENEFITS

WELLNESS MANAGEMENT

N\$ 10, 000 per family

PREVENTATIVE HEALTH BENEFIT (Members may earn benefit rewards for participation)

Part of Wellness Management

Blood sugar test, cholesterol test, BMI and blood pressure measurement. (Finger prick tests only)	100%	1 per beneficiary, per annum
Dental examinations.	100%	
Mammogram (inclusive DEXA bone density scan) - Radiology.	100%	1 per female, over 40-years, per annum
Pap smear. Pathology including general practitioner / gynaecology visits.	100%	1 per female, over 20-years, per annum
HIV test all ages.	100%	1 per beneficiary
Prostate screening. Pathology prostate specific antigen test.	100%	1 screen per male beneficiary over the age of 50-years, per annum
Chronic disease wellness management - Follow-up test in the management of selective chronic diseases including: chronic renal failure, diabetes mellitus type 1 & 2 (including 2 HBA1C rapid tests), HIV / Aids, hyperlipidemia and multiple sclerosis (MS) - Excluding specialised radiology, which will be payable from the available MRI / CT Benefit.	100%	Part of Wellness Management sub-limit. In accordance with an approved clinical treatment plan, for routine follow-up tests when required.

WELLNESS REWARD - BENEFIT WALLET ALLOCATION FOR PREVENTATIVE HEALTH BEHAVIOUR

Benefit Wallet Reward Points

Blood sugar test, cholesterol test, BMI and blood pressure measurement.		100
Dental examinations.		100
Mammogram (inclusive DEXA bone density scan) - Radiology.		150
Pap smear. Pathology including general practitioner / gynaecology visits.		100
HIV test, all ages.		100
Prostate screening. Pathology prostate specific antigen test.		150
Chronic medication compliance.		150
Lifestyle Rewards (for the participation in selective Regional Sport and Fitness events)		N\$100 Benefit Rewards per beneficiary, per annum, to a maximum of N\$ 1,200 per beneficiary, per annum.
Generic medication compliance of a minimum of 80%.		150

IMMUNISATION (Vaccines only)

Part of Wellness Management

Flu vaccines.	100% NRP	1 flu vaccination per beneficiary, per annum
Pneumococcal vaccine.	100% NRP	1 per beneficiary, over 65-years, per annum
Baby immunisations 0 - 7 years.	100% NRP	Vaccinations for children 0 - 7 years
HPV vaccine - Females between 9 - 30 years.	100% NRP	3 injections during the course of a year, once per lifetime

PREVENTATIVE REHABILITATION TREATMENT

Part of Preventative Benefit sub-limit

Orthopaedic rehabilitation and treatment relating to Chronic Disease Management. Part of approved treatment plans, pre-authorisation and clinical risk management. <i>(Note - Biokinetic treatment plans for orthopaedic rehabilitation and chronic members' disease management - may first be approved and payable from the normal day-to-day Paramedical Services Benefit - additional required treatment sessions may be considered for approval from the Preventative Rehabilitation Treatment Benefit - subject to available treatment sessions).</i>	100%	6-weeks treatment or 12 sessions
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INCLUSIVE BASE BENEFIT BUILDER

TARIFF %

BENEFITS

INCLUSIVE BASE BENEFIT BUILDER

N\$ 500 per family

Additional medical benefits that allows for the payment of medication co-payments, levies, excess of tariff rejections and additional medical benefits. Medication levies and co-payments will be paid automatically. Optional additional Benefit Builders may be added.	100% of cost	N\$ 500 per family
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COMPLEMENTARY BENEFITS

TARIFF %

BENEFITS

PREMIUM PROTECTION

Period

Covers monthly Medical Aid Fund contributions on the life of the Principal Member.

100%

3-months

TRAVEL AND ACCOMMODATION BENEFIT

Travel expenses (including accommodation) incurred to obtain medical treatment which is not available in your town of residence in or outside Namibia.

Where a Member obtains accommodation from a registered hospitality institution the claim would be paid, subject to the stipulated Benefit limits per Option.

Members opting to stay with family, may claim N\$450 per day for accommodation, subject to the stipulated available Benefit limit per Option.

100% of cost

N\$ 5, 700 per family

BENEFIT REWARDS

Low claiming threshold levels

1. Each Dependant is allocated with a threshold value per annum. Should you claim less than your threshold value as at 31 December of each year, the remaining balance in your threshold will be transferred to your Benefit Wallet.
(Note: The balance is transferred after 4-months to allow for the run off of medical claims incurred in the previous year)
2. The threshold is a Family threshold and maximum calculation based on Principal Member plus 5 Dependants.
3. Members participating in Wellness Day initiatives, Fitness events and preventative testing, will earn additional Benefit Wallet rewards, this includes early registration on the maternity programme and additional rewards for normal births.
4. 80% of the unused Benefits in the Benefit Builder will be transferred annually to the Benefit Wallet.
(Note: The balance is transferred after 4-months to allow for the run off of medical claims incurred in the previous year)

Principal Member N\$ 5, 600
Adult Dependant N\$ 4, 200
Child Dependant N\$ 1, 900

BENEFIT WALLET

Accumulated Benefit Wallet Benefits can be used for purchasing any medical treatment and services in terms of the Medical Aid Funds Act, should the member pay first and claim back from the Benefit Wallet, it needs to be done within the 8-month claiming period.

Where medical aid benefit limits have been exceeded, or tariff short payments have been rejected, such rejections may be paid directly to the Health Professional on receipt of a signed claim form from the member.

Accumulated Benefit Wallet Benefits will automatically be used for the payment of medication levies.

Unused Benefits in your Benefit Wallet will roll over year on year.

Benefit Wallet Benefits can be accumulated through:

- Participation in Wellness Day initiatives
- Participation in Lifestyle and fitness events
- Preventative testing
- Early registration for the maternity programme
- Normal births

100% of cost

Subject to availability of Benefit Wallet Benefits, medical treatment and services obtained from a registered medical facility.

LONGSTANDING MEMBERSHIP REWARDS

Group Rate 1 Contributions

An Individual Member who is 65 or older and has been with the Fund for more than 20 years may qualify for Group Rate 1 contribution.

Provided the member is not already on a Group Rate status

INTERNATIONAL RESCUE ME & ASSISTANCE (In addition to the Overall Annual Limit)

N\$ 10, 000, 000 per family

Emergency evacuation and ambulance services (air or road).

Terms and conditions

Repatriation (SADC) - Return after emergency or return of mortal remains.

Related to emergency evacuation

Medical treatment.

100%

Terms and conditions

Evacuation, repatriation, return of children.

Terms and conditions

Disclaimer: The Renaissance Health Medical Aid Fund (RMA) is registered with NAMFISA. It is governed by the Board of Trustees on behalf of the Members of the Fund and in terms of the Fund Rules as approved by NAMFISA. The RMA Fund Rules and benefits are subject to the approval of the Registrar of the Medical Aid Funds. This product guide is an extract from the Rules and Benefits and only serves as a reference guideline. Should there be any discrepancies, misprints and/or misinterpretations thereof, the Fund Rules as approved by NAMFISA will prevail.

STATUS CARE

OVERALL ANNUAL LIMIT
Unlimited



MONTHLY CONTRIBUTIONS

AGE	INDIVIDUAL RATES 9 members or less			GROUP RATE 1 For groups with 10 - 49 Principal Members			GROUP RATE 2 For groups with 50 - 249 Principal Members			GROUP RATE 3 For groups with 250 and more Principal Members		
	Principal Member	Adult Dependand	Child Dependand	Principal Member	Adult Dependand	Child Dependand	Principal Member	Adult Dependand	Child Dependand	Principal Member	Adult Dependand	Child Dependand
0 - 25	4,105	2,600	1,955	3,560	2,235	1,680	3,330	2,095	1,555	3,175	2,015	1,470
26 - 30	4,760	3,600	1,955	4,130	3,090	1,680	3,865	2,905	1,555	3,660	2,760	1,470
31 - 35	5,415	3,960	1,955	4,695	3,430	1,680	4,375	3,215	1,555	4,170	3,060	1,470
36 - 40	5,905	4,365	1,955	5,145	3,795	1,680	4,790	3,520	1,555	4,565	3,395	1,470
41 - 45	6,580	5,080	1,955	5,690	4,390	1,680	5,310	4,125	1,555	5,075	3,915	1,470
46 - 50	7,395	5,775	1,955	6,320	4,945	1,680	5,870	4,605	1,555	5,630	4,375	1,470
51 - 55	8,145	6,320	1,955	6,845	5,290	1,680	6,390	4,960	1,555	6,090	4,700	1,470
56 - 60	8,865	6,845	1,955	7,370	5,670	1,680	6,875	5,265	1,555	6,590	5,050	1,470
61 - 65	9,685	7,645	1,955	8,055	6,320	1,680	7,520	5,900	1,555	7,160	5,600	1,470
66+	10,560	8,470	1,955	8,745	7,055	1,680	8,165	6,555	1,555	7,800	6,265	1,470



HOSPITAL BENEFITS

TARIFF %

BENEFITS

TOTAL ALL-INCLUSIVE OVERALL ANNUAL LIMIT

Unlimited

HOSPITAL BENEFIT GROUP (Subject to clinical risk management protocols)

Unlimited

Private hospital (Including medicines, materials, hospital apparatus & Take-Out Medication, limited to a 7 day supply).	100%	Unlimited
Accommodation in private wards.	100%	N\$ 35, 500 per family N\$ 17, 500 per beneficiary
State hospitals (Including medicines, materials, hospital apparatus & Take-Out Medication, limited to a 7 day supply).	100%	Unlimited
Sub-acute facility ward fees. (Admission in lieu of hospitalisation).	100%	
Consultations including treatment and services.	150%	
Blood transfusion.	100%	
Radiology and Pathology.	100%	
Physiotherapy.	100%	
Post-Operative Extended Benefit (Following major surgery). Part of pre-authorisation and clinical protocols.	100%	Following surgery limited to 6 weeks treatment or 12 sessions
DBC (Musculoskeletal rehabilitation in prevention of lumbar-spinal surgery)	Agreed Tariff	As per DBC protocol and treatment plan

SURGICAL PROCEDURES DONE IN ROOMS / UNATTACHED THEATRES

Part of Overall limit

Doctors' rooms / Unattached theatres - Selective surgical and endoscopic procedures, circumcisions. Inclusive benefit - Admissions, surgery, treatment and services. Part of pre-authorisation and clinical protocols.	150%	Part of Overall limit
Admission to unattached operating theatres and sub-acute facilities.	100%	

MRI / CT / PET SCAN / BONE DENSITY (In- and Out-of-Hospital)

N\$ 52, 500 per family
N\$ 26, 200 per beneficiary

In- and Out-of-Hospital Benefit. Part of pre-authorisation and clinical protocols.	100%	Part of the sub-limit
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MAXILLOFACIAL AND DENTAL SURGERY (In- and Out-of-Hospital)

N\$ 112, 500 per family
N\$ 75, 000 per beneficiary

Non-elective maxillofacial / oral surgery - Trauma, including dental extractions of more than three 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.	150%	Part of the sub-limit
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DENTAL AND ORAL SURGERY

N\$ 18, 800 per family
N\$ 12, 600 per beneficiary

Admission.	100%	Part of the sub-limit
Elective dental and oral surgery, including dental implant surgery, excluding the cost of the dental implant. (All-inclusive benefit - surgery, treatment and services). Part of clinical protocols and applicable Medical Aid Fund Rules.	150%	

EYE SURGERY

Part of Overall limit

Admission.	100%	Part of Overall limit
Including glaucoma surgery, eye muscle surgery, corneal surgery, vitreo-retinal surgery, eye removal, etc. (All-inclusive benefit - admission, surgery, treatment and services). Part of clinical protocols.	150%	
Cataract surgery only after one year membership. (All-inclusive benefit - admission, surgery, treatment and services). Part of clinical protocols.		N\$ 50, 000 per family
Excimer laser and radial keratotomy only after two years membership. (All-inclusive benefit - admissions, surgery, treatment and services). Part of clinical protocols.		N\$ 33, 800 per family N\$ 22, 500 per beneficiary

RECONSTRUCTIVE SURGERY

N\$ 25, 500 per family
N\$ 17, 100 per beneficiary

Admission.	100%	Part of the sub-limit
Reconstructive Surgery - After two years membership. (All-inclusive benefit - admissions, surgery, treatment and services). Part of clinical protocols.	150%	

ALTERNATIVE SERVICES

N\$ 41, 300 per family
N\$ 27, 600 per beneficiary

In- and Out-of-Hospital Benefit including occupational therapy, private nursing, palliative care (end stage terminal diseases) and frail care.	100%	Part of the sub-limit
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MENTAL HEALTH

N\$ 68, 000 per family
N\$ 40, 000 per beneficiary

In- and Out-of-Hospital treatment and services, including psychiatric hospital accommodation, treatment and services, alcohol & drug addiction, addiction therapy and related pathology. (Part of treatment plan protocols). Excluding auxiliary services, which are part of the day-to-day benefit limits.	100%	Part of the sub-limit
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INTERNAL PROSTHESIS

N\$ 85, 000 per family
N\$ 75, 000 per beneficiary

Internal prosthesis - example: knee / hip / pacemakers. Part of pre-authorisation and clinical risk management protocols.	100%	Part of the sub-limit
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TRAUMA TREATMENT

Part of Overall limit

Organ transplant, acute renal and peritoneal dialysis. (In- and Out-of-Hospital).	150%	Part of Overall limit
Oncology treatment and services. (In- and Out-of-Hospital).		N\$ 800, 000 per beneficiary
Specialised chemotherapeutic and high cost medication treatment (Including supportive oncology medication). Part of clinical protocols and applicable Medical Aid Fund Rules.	80% NRP	Part of the Oncology sub-limit
Motor Vehicle Accidents (MVA).	150%	Part of Overall limit

IUD DEVICES (Intrauterine contraceptive device)		N\$ 6, 800 per beneficiary
Placement of IUD (including device and procedure)	100%	N\$ 6, 800 per beneficiary
HEALTH IS VITAL		Part of the Overall Annual Limit
Hospital and treatment.	100%	Part of the Overall Annual Limit
HIV / AIDS visits.	100%	N\$ 3, 500 per family
HIV / AIDS pathology.	100%	N\$ 12, 700 per family
HIV / AIDS medication.	100% NRP	N\$ 41, 600 per family
HIV counselling.	100%	N\$ 4, 900 per family

 DAY-TO-DAY BENEFITS	TARIFF %	BENEFITS
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PROFESSIONAL SERVICES		N\$ 31, 400 per family N\$ 15, 700 per beneficiary
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General Practitioner, specialist consultations and primary healthcare consultations.	100%	Part of Professional Service limit
General Practitioner and specialist administration fee for chronic patient applications and medical reports.	Agreed Tariff	
General Practitioners and Psychologists telephone consultations.	100%	
General Practitioner / primary and specialist procedures in rooms including equipment, materials and injections.	100%	
Psychiatric and Psychology consultations and treatment.	100%	
Radiology.	100%	
Pathology.	100%	

PARAMEDICAL SERVICES		N\$ 16, 500 per family N\$ 8, 300 per beneficiary
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Including physiotherapy, social workers, speech therapy, audiology, acousticians, dieticians, occupational therapy, biokinetics, homeo / chiro / osteopathy, podiatry, acupuncture, etc.	100%	Part of the sub-limit
Auxiliary services - Biokinetics, homeo / chiro / osteopathy, podiatry, acupuncture, etc.	100%	

EXTERNAL PROSTHESIS AND MEDICAL APPLIANCES		N\$ 62, 500 per family N\$ 32, 900 per beneficiary
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Prosthesis external - Artificial arms / legs / eyes every two years. Part of pre-authorisation and approval.	100% of cost	Part of the sub-limit
Special external medical appliances - Wheelchairs every three years; hearing aids apparatus every two years. Part of pre-authorisation and approval.	90% of cost	
General external medical appliances - Including glucometers, blood pressure monitors, stockings, braces etc. Part of pre-authorisation and approval.	80% of cost	

OPTICAL BENEFIT		N\$ 11, 800 per family N\$ 5, 100 per beneficiary
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Eye tests.	100%	Part of the sub-limit
Lenses / contact lenses.	100%	
Frames, once every two years.	100%	N\$ 1, 800 per beneficiary

DENTISTRY BENEFIT		N\$ 25, 900 per family N\$ 12, 300 per beneficiary
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Conservative dentistry - Fillings, extractions and oral hygiene.	100%	Part of the sub-limit
Special dentistry - Dental implants, crowns, bridges, dentures and orthodontic treatments. Part of pre-authorisation and approved treatment plan.	100%	

MEDICATION BENEFIT		N\$ 42, 600 per family N\$ 19, 000 per beneficiary
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Acute Medication - Preferred and non-preferred.	80% NRP	N\$ 17, 500 per family N\$ 7, 000 per beneficiary
Pharmacy initiated therapy and OTC medication - including multivitamins, tonics and male contraceptives. Maximum of N\$ 200 per script.		N\$ 1, 700 per beneficiary
Homeopathic medication.		Part of Acute Medication sub-limit
Chronic Medication - Preferred and non-preferred. Subject to a defined list of conditions available on the RMA website per Benefit option.		N\$ 25, 100 per family N\$ 12, 000 per beneficiary

EXTENDED MEDICATION BENEFIT		N\$ 114, 500 per family
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In- and Out-of-Hospital: Extended Medication Benefit cover for renal care and organ transplant. Part of registration and treatment plan protocols. Including specialised medicines such as biologicals in terms of defined conditions and treatment plan protocols. Excluding off-label medication.	80% NRP	Part of the sub-limit
In- and Out-of-Hospital: Extended Medication Benefit cover for cardiovascular (CCF, CAD and Dysrhythmia) and diabetes related medication from date of registration. Chronic Medication related to severe illness conditions may be extended to this Benefit, where Medication Benefit has been depleted. Part of registration and treatment plan protocols.		N\$ 30, 000 per family

Note: Specialised chemotherapy treatment means the treatment of the disease by using immunotherapies and includes medicines such as immunomodulators and monoclonal antibodies.



MATERNITY BENEFITS

TARIFF %

BENEFITS

MATERNITY AND BABY BENEFIT (Including child beneficiary and third generation pregnancies - subject to Fund Rules)

Part of the Overall Annual Limit

Gynaecology / obstetric - In hospital.	150%	Normal birth / Caesarean Section
Gynaecology / obstetric - Out of hospital.	100%	Part of Overall limit
Maternity scans.	100%	2 scans per beneficiary
Antenatal visits.	100%	12 visits per beneficiary
Amniocentesis - AHB excluded.	100%	Part of Overall limit
Neonatal ICU / ward fees.	100%	Part of Overall limit
Paediatrician visits - Postnatal.	100%	2 visits per family, per annum



WELLNESS BENEFITS

TARIFF %

BENEFITS

WELLNESS MANAGEMENT

N\$ 10, 000 per family

PREVENTATIVE HEALTH BENEFIT (Members may earn benefit rewards for participation)

Part of Wellness Management

Blood sugar test, cholesterol test, BMI and blood pressure measurement. (Finger prick tests only)	100%	1 per beneficiary, per annum
Dental examinations.	100%	
Mammogram (inclusive DEXA bone density scan) - Radiology.	100%	1 per female, over 40-years, per annum
Pap smear. Pathology including general practitioner / gynaecology visits.	100%	1 per female, over 20-years, per annum
HIV test all ages.	100%	1 per beneficiary
Prostate screening. Pathology prostate specific antigen test.	100%	1 screen per male beneficiary over the age of 50-years, per annum
Chronic disease wellness management - Follow-up test in the management of selective chronic diseases including: chronic renal failure, diabetes mellitus type 1 & 2 (including 2 HBA1C rapid tests), HIV / Aids, hyperlipidemia and multiple sclerosis (MS) - Excluding specialised radiology, which will be payable from the available MRI / CT Benefit.	100%	Part of Wellness Management sub-limit. In accordance with an approved clinical treatment plan, for routine follow-up tests when required.

WELLNESS REWARD - BENEFIT WALLET ALLOCATION FOR PREVENTATIVE HEALTH BEHAVIOUR

Benefit Wallet Reward Points

Blood sugar test, cholesterol test, BMI and blood pressure measurement.		100
Dental examinations.		100
Mammogram (inclusive DEXA bone density scan) - Radiology.		150
Pap smear. Pathology including general practitioner / gynaecology visits.		100
HIV test, all ages.		100
Prostate screening. Pathology prostate specific antigen test.		150
Chronic medication compliance.		150
Lifestyle Rewards (for the participation in selective Regional Sport and Fitness events)		N\$100 Benefit Rewards per beneficiary, per annum, to a maximum of N\$ 1,200 per beneficiary, per annum.
Generic medication compliance of a minimum of 80%.		150

IMMUNISATION (Vaccines only)

Part of Wellness Management

Flu vaccines.	100% NRP	1 flu vaccination per beneficiary, per annum
Pneumococcal vaccine.	100% NRP	1 per beneficiary, over 65-years, per annum
Baby immunisations 0 - 7 years.	100% NRP	Vaccinations for children 0 - 7 years
HPV vaccine - Females between 9 - 30 years.	100% NRP	3 injections during the course of a year, once per lifetime

PREVENTATIVE REHABILITATION TREATMENT

Part of Preventative Benefit sub-limit

Orthopaedic rehabilitation and treatment relating to Chronic Disease Management. Part of approved treatment plans, pre-authorisation and clinical risk management. <i>(Note - Biokinetic treatment plans for orthopaedic rehabilitation and chronic members' disease management - may first be approved and payable from the normal day-to-day Paramedical Services Benefit - additional required treatment sessions may be considered for approval from the Preventative Rehabilitation Treatment Benefit - subject to available treatment sessions).</i>	100%	6-weeks treatment or 12 sessions
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INCLUSIVE BASE BENEFIT BUILDER

TARIFF %

BENEFITS

INCLUSIVE BASE BENEFIT BUILDER

N\$ 500 per family

Additional medical benefits that allows for the payment of medication co-payments, levies, excess of tariff rejections and additional medical benefits. Medication levies and co-payments will be paid automatically. Optional additional Benefit Builders may be added.	100% of cost	N\$ 500 per family
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COMPLEMENTARY BENEFITS

TARIFF %

BENEFITS

PREMIUM PROTECTION

Period

Covers monthly Medical Aid Fund contributions on the life of the Principal Member.

100%

3-months

TRAVEL AND ACCOMMODATION BENEFIT

Travel expenses (including accommodation) incurred to obtain medical treatment which is not available in your town of residence in or outside Namibia.

Where a Member obtains accommodation from a registered hospitality institution the claim would be paid, subject to the stipulated Benefit limits per Option.

Members opting to stay with family, may claim N\$450 per day for accommodation, subject to the stipulated available Benefit limit per Option.

100% of cost

N\$ 5, 100 per family

BENEFIT REWARDS

Low claiming threshold levels

1. Each Dependant is allocated with a threshold value per annum. Should you claim less than your threshold value as at 31 December of each year, the remaining balance in your threshold will be transferred to your Benefit Wallet.
(Note: The balance is transferred after 4-months to allow for the run off of medical claims incurred in the previous year)
2. The threshold is a Family threshold and maximum calculation based on Principal Member plus 5 Dependants.
3. Members participating in Wellness Day initiatives, Fitness events and preventative testing, will earn additional Benefit Wallet rewards, this includes early registration on the maternity programme and additional rewards for normal births.
4. 80% of the unused Benefits in the Benefit Builder will be transferred annually to the Benefit Wallet.
(Note: The balance is transferred after 4-months to allow for the run off of medical claims incurred in the previous year)

Principal Member N\$ 4, 900
Adult Dependant N\$ 3, 800
Child Dependant N\$ 1, 700

BENEFIT WALLET

Accumulated Benefit Wallet Benefits can be used for purchasing any medical treatment and services in terms of the Medical Aid Funds Act, should the member pay first and claim back from the Benefit Wallet, it needs to be done within the 8-month claiming period.

Where medical aid benefit limits have been exceeded, or tariff short payments have been rejected, such rejections may be paid directly to the Health Professional on receipt of a signed claim form from the member.

Accumulated Benefit Wallet Benefits will automatically be used for the payment of medication levies.

Unused Benefits in your Benefit Wallet will roll over year on year.

Benefit Wallet Benefits can be accumulated through:

- Participation in Wellness Day initiatives
- Participation in Lifestyle and fitness events
- Preventative testing
- Early registration for the maternity programme
- Normal births

100% of cost

Subject to availability of Benefit Wallet Benefits, medical treatment and services obtained from a registered medical facility.

LONGSTANDING MEMBERSHIP REWARDS

Group Rate 1 Contributions

An Individual Member who is 65 or older and has been with the Fund for more than 20 years may qualify for Group Rate 1 contribution.

Provided the member is not already on a Group Rate status

INTERNATIONAL RESCUE ME & ASSISTANCE (In addition to the Overall Annual Limit)

N\$ 10, 000, 000 per family

Emergency evacuation and ambulance services (air or road).

Terms and conditions

Repatriation (SADC) - Return after emergency or return of mortal remains.

Related to emergency evacuation

Medical treatment.

100%

Terms and conditions

Evacuation, repatriation, return of children.

Terms and conditions

Disclaimer: The Renaissance Health Medical Aid Fund (RMA) is registered with NAMFISA. It is governed by the Board of Trustees on behalf of the Members of the Fund and in terms of the Fund Rules as approved by NAMFISA. The RMA Fund Rules and benefits are subject to the approval of the Registrar of the Medical Aid Funds. This product guide is an extract from the Rules and Benefits and only serves as a reference guideline. Should there be any discrepancies, misprints and/or misinterpretations thereof, the Fund Rules as approved by NAMFISA will prevail.

ENJOY 10% OFF

YOUR MONTHLY VIRGIN ACTIVE
MEMBERSHIP WITH RMA



10 % off any 12-month Virgin Active product



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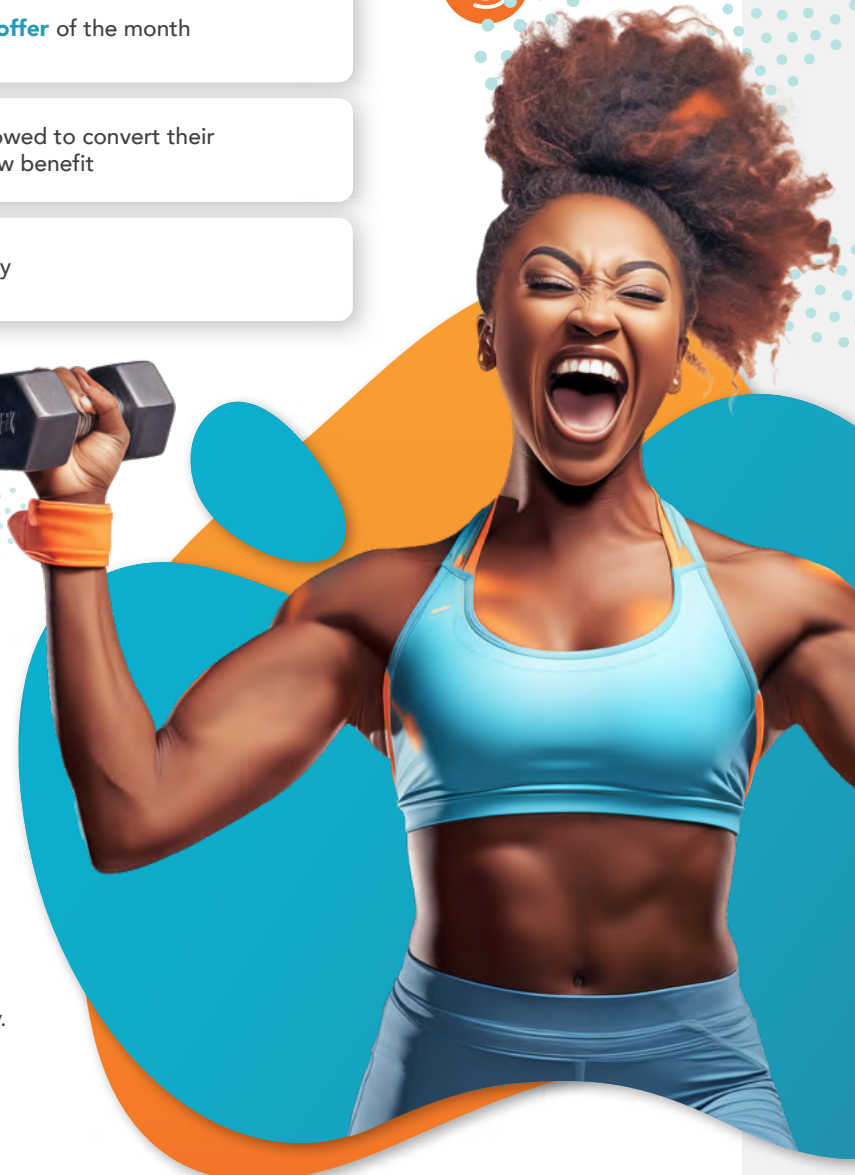


Existing members allowed to convert their membership to the new benefit



Joining Fees may apply

Virgin active



For more information, contact
Virgin Active Kleine Kuppe at 061 251 640 or
Virgin Active Maerua Mall at 061 234 399 today.

Monthly Ts & Cs apply.

PROUDLY NAMIBIAN SINCE 1994



1994

The Birth of Prosperity Medical Aid Fund.



Renaissance Health
Medical Aid Fund

2001

Prosperity Medical Aid Fund transformed and emerged as Renaissance Health.



Renaissance Health
Medical Aid Fund

2010

Renaissance Health spread across the entire Namibia, boasting members in every town.



Renaissance Health
Medical Aid Fund

2020

Amidst the COVID19 pandemic, RMA provided vital oxygen machines to Namibians, saving numerous lives.



RMA
Renaissance Health
Medical Aid Fund

2024

Renaissance Health remains an integral part of the ever-evolving Namibian medical aid landscape. Thank you for being part of our Namibian journey.



CALIBER CARE

OVERALL ANNUAL LIMIT

Per family: N\$ 3, 000, 000

Per beneficiary: N\$ 2, 000, 000



MONTHLY CONTRIBUTIONS

AGE	INDIVIDUAL RATES 9 members or less			GROUP RATE 1 For groups with 10 - 49 Principal Members			GROUP RATE 2 For groups with 50 - 249 Principal Members			GROUP RATE 3 For groups with 250 and more Principal Members		
	Principal Member	Adult Dependand	Child Dependand	Principal Member	Adult Dependand	Child Dependand	Principal Member	Adult Dependand	Child Dependand	Principal Member	Adult Dependand	Child Dependand
0 - 25	3,415	2,310	1,495	3,005	2,015	1,295	2,815	1,890	1,200	2,675	1,780	1,150
26 - 30	3,770	2,555	1,495	3,285	2,230	1,295	3,070	2,085	1,200	2,905	1,960	1,150
31 - 35	4,005	2,725	1,495	3,470	2,380	1,295	3,245	2,205	1,200	3,090	2,125	1,150
36 - 40	4,415	3,185	1,495	3,805	2,760	1,295	3,565	2,580	1,200	3,395	2,455	1,150
41 - 45	4,950	3,575	1,495	4,285	3,110	1,295	3,995	2,895	1,200	3,805	2,760	1,150
46 - 50	5,545	4,355	1,495	4,710	3,715	1,295	4,395	3,485	1,200	4,220	3,300	1,150
51 - 55	6,020	4,880	1,495	5,030	4,080	1,295	4,680	3,815	1,200	4,480	3,625	1,150
56 - 60	6,585	5,410	1,495	5,455	4,505	1,295	5,075	4,200	1,200	4,870	4,005	1,150
61 - 65	7,030	5,810	1,495	5,840	4,820	1,295	5,415	4,505	1,200	5,215	4,280	1,150
66+	7,905	6,475	1,495	6,535	5,380	1,295	6,105	4,995	1,200	5,840	4,770	1,150



HOSPITAL BENEFITS

TARIFF %

BENEFITS

TOTAL ALL-INCLUSIVE OVERALL ANNUAL LIMIT

Per family: N\$ 3, 000, 000
Per beneficiary: N\$ 2, 000, 000

HOSPITAL BENEFIT GROUP (Subject to clinical risk management protocols)

Part of the Overall Annual Limit

Private hospital (Including medicines, materials, hospital apparatus & Take-Out Medication, limited to a 7 day supply).	100%	Part of the Overall Annual Limit
Accommodation in private wards.	100%	N\$ 25, 200 per family N\$ 12, 600 per beneficiary
State hospitals (Including medicines, materials, hospital apparatus & Take-Out Medication, limited to a 7 day supply).	100%	Part of the Overall Annual Limit
Sub-acute facility ward fees. (Admission in lieu of hospitalisation).	100%	
Consultations including treatment and services.	150%	
Blood transfusion.	100%	
Radiology and Pathology.	100%	
Physiotherapy.	100%	
Post-Operative Extended Benefit (Following major surgery). Part of pre-authorisation and clinical protocols.	100%	Following surgery limited to 6 weeks treatment or 12 sessions
DBC (Musculoskeletal rehabilitaion in prevention of lumbar-spinal surgery)	Agreed Tariff	As per DBC protocol and treatment plan

SURGICAL PROCEDURES DONE IN ROOMS / UNATTACHED THEATRES

Part of the Overall Annual Limit

Doctors' rooms / Unattached theatres - Selective surgical and endoscopic procedures, circumcisions. Inclusive benefit - Admissions, surgery, treatment and services. Part of pre-authorisation and clinical protocols.	150%	Part of the Overall Annual Limit
Admission to unattached operating theatres and sub-acute facilities.	100%	

MRI / CT / PET SCAN / BONE DENSITY (In- and Out-of-Hospital)

N\$ 42, 600 per family
N\$ 21, 900 per beneficiary

In- and Out-of-Hospital Benefit. Part of pre-authorisation and clinical protocols.	100%	Part of the sub-limit
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MAXILLOFACIAL AND DENTAL SURGERY (In- and Out-of-Hospital)

N\$ 75, 000 per family
N\$ 50, 000 per beneficiary

Non-elective maxillofacial / oral surgery - Trauma, including dental extractions of more than three 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.	150%	Part of the sub-limit
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DENTAL AND ORAL SURGERY

N\$ 12, 600 per family
N\$ 8, 400 per beneficiary

Admission.	100%	Part of the sub-limit
Elective dental and oral surgery, including dental implant surgery, excluding the cost of the dental implant. (All-inclusive benefit - surgery, treatment and services). Part of clinical protocols and applicable Medical Aid Fund Rules.	150%	

EYE SURGERY

Part of the Overall Annual Limit

Admission.	100%	Part of the Overall Annual Limit
Including glaucoma surgery, eye muscle surgery, corneal surgery, vitreo-retinal surgery, eye removal, etc. (All-inclusive benefit - admission, surgery, treatment and services). Part of clinical protocols.	150%	
Cataract surgery only after one year membership. (All-inclusive benefit - admission, surgery, treatment and services). Part of clinical protocols.		N\$ 45, 000 per family
Excimer laser and radial keratotomy only after two years membership. (All-inclusive benefit - admissions, surgery, treatment and services). Part of clinical protocols.		N\$ 30, 100 per family N\$ 20, 000 per beneficiary

RECONSTRUCTIVE SURGERY

N\$ 21, 800 per family
N\$ 14, 600 per beneficiary

Admission.	100%	Part of the sub-limit
Reconstructive Surgery - After two years membership. (All-inclusive benefit - admissions, surgery, treatment and services). Part of clinical protocols.	150%	

ALTERNATIVE SERVICES

N\$ 30, 100 per family
N\$ 20, 000 per beneficiary

In- and Out-of-Hospital Benefit including occupational therapy, private nursing, palliative care (end stage terminal diseases) and frail care.	100%	Part of the sub-limit
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MENTAL HEALTH

N\$ 68, 000 per family
N\$ 40, 000 per beneficiary

In- and Out-of-Hospital treatment and services, including psychiatric hospital accommodation, treatment and services, alcohol & drug addiction, addiction therapy and related pathology. (Part of treatment plan protocols). Excluding auxiliary services, which are part of the day-to-day benefit limits.	100%	Part of the sub-limit
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INTERNAL PROSTHESIS

N\$ 85, 000 per family
N\$ 75, 000 per beneficiary

Internal prosthesis - example: knee / hip / pacemakers. Part of pre-authorisation and clinical risk management protocols.	100%	Part of the sub-limit
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TRAUMA TREATMENT

Part of the Overall Annual Limit

Organ transplant, acute renal and peritoneal dialysis. (In- and Out-of-Hospital).	150%	Part of Overall limit
Oncology treatment and services. (In- and Out-of-Hospital).		N\$ 650, 000 per beneficiary
Specialised chemotherapeutic and high cost medication treatment (Including supportive oncology medication). Part of clinical protocols and applicable Medical Aid Fund Rules.	80% NRP	Part of the Oncology sub-limit
Motor Vehicle Accidents (MVA).	150%	Part of Overall limit

IUD DEVICES (Intrauterine contraceptive device)		N\$ 6, 800 per beneficiary
Placement of IUD (including device and procedure)	100%	N\$ 6, 800 per beneficiary
HEALTH IS VITAL		Part of the Overall Annual Limit
Hospital and treatment.	100%	Part of the Overall Annual Limit
HIV / AIDS visits.	100%	N\$ 3, 500 per family
HIV / AIDS pathology.	100%	N\$ 12, 700 per family
HIV / AIDS medication.	100% NRP	N\$ 41, 600 per family
HIV counselling.	100%	N\$ 4, 900 per family

 DAY-TO-DAY BENEFITS	TARIFF %	BENEFITS
PROFESSIONAL SERVICES		N\$ 26, 200 per family N\$ 13, 100 per beneficiary
General Practitioner, specialist consultations and primary healthcare consultations.	100%	Part of Professional Service limit
General Practitioner and specialist administration fee for chronic patient applications and medical reports.	Agreed Tariff	
General Practitioners and Psychologists telephone consultations.	100%	
General Practitioner / primary and specialist procedures in rooms including equipment, materials and injections.	100%	
Psychiatric and Psychology consultations and treatment.	100%	
Radiology.	100%	
Pathology.	100%	
PARAMEDICAL SERVICES		N\$ 13, 500 per family N\$ 6, 800 per beneficiary
Including physiotherapy, social workers, speech therapy, audiology, acousticians, dieticians, occupational therapy, biokinetics, homeo / chiro / osteopathy, podiatry, acupuncture, etc.	100%	Part of the sub-limit
Auxiliary services - Biokinetics, homeo / chiro / osteopathy, podiatry, acupuncture, etc.	100%	
EXTERNAL PROSTHESIS AND MEDICAL APPLIANCES		N\$ 37, 500 per family N\$ 18, 700 per beneficiary
Prosthesis external - Artificial arms / legs / eyes every two years. Part of pre-authorisation and approval.	100% of cost	Part of the sub-limit
Special external medical appliances - Wheelchairs every three years; hearing aids apparatus every two years. Part of pre-authorisation and approval.	90% of cost	
General external medical appliances - Including glucometers, blood pressure monitors, stockings, braces etc. Part of pre-authorisation and approval.	80% of cost	
OPTICAL BENEFIT		N\$ 6, 400 per family N\$ 2, 800 per beneficiary
Eye tests.	100%	Part of the sub-limit
Lenses / contact lenses.	100%	
Frames, once every two years.	100%	N\$ 1, 300 per beneficiary
DENTISTRY BENEFIT		N\$ 20, 800 per family N\$ 9, 500 per beneficiary
Conservative dentistry - Fillings, extractions and oral hygiene.	100%	Part of the sub-limit
Special dentistry - Dental implants, crowns, bridges, dentures and orthodontic treatments. Part of pre-authorisation and approved treatment plan.	100%	
MEDICATION BENEFIT		N\$ 31, 800 per family N\$ 14, 000 per beneficiary
Acute Medication - Preferred and non-preferred.	80% NRP	N\$ 14, 400 per family N\$ 5, 700 per beneficiary
Pharmacy initiated therapy and OTC medication - including multivitamins, tonics and male contraceptives. Maximum of N\$ 200 per script.		N\$ 1, 600 per beneficiary
Homeopathic medication.		Part of Acute Medication sub-limit
Chronic Medication - Preferred and non-preferred. Subject to a defined list of conditions available on the RMA website per Benefit option.		N\$ 17, 400 per family N\$ 8, 300 per beneficiary
EXTENDED MEDICATION BENEFIT		N\$ 91, 600 per family
In- and Out-of-Hospital: Extended Medication Benefit cover for renal care and organ transplant. Part of registration and treatment plan protocols. Including specialised medicines such as biologicals in terms of defined conditions and treatment plan protocols. Excluding off-label medication.	80% NRP	Part of the sub-limit
In- and Out-of-Hospital: Extended Medication Benefit cover for cardiovascular (CCF, CAD and Dysrhythmia) and diabetes related medication from date of registration. Chronic Medication related to severe illness conditions may be extended to this Benefit, where Medication Benefit has been depleted. Part of registration and treatment plan protocols.		N\$ 30, 000 per family

Note: Specialised chemotherapy treatment means the treatment of the disease by using immunotherapies and includes medicines such as immunomodulators and monoclonal antibodies.



MATERNITY BENEFITS

TARIFF %

BENEFITS

MATERNITY AND BABY BENEFIT (Including child beneficiary and third generation pregnancies - subject to Fund Rules)

Part of the Overall Annual Limit

Gynaecology / obstetric - In hospital.	150%	Normal birth / Caesarean Section
Gynaecology / obstetric - Out of hospital.	100%	Part of the Overall Annual Limit
Maternity scans.	100%	2 scans per beneficiary
Antenatal visits.	100%	12 visits per beneficiary
Amniocentesis - AHB excluded.	100%	Part of the Overall Annual Limit
Neonatal ICU / ward fees.	100%	
Paediatrician visits - Postnatal.	100%	2 visits per family, per annum



WELLNESS BENEFITS

TARIFF %

BENEFITS

WELLNESS MANAGEMENT

N\$ 10, 000 per family

PREVENTATIVE HEALTH BENEFIT (Members may earn benefit rewards for participation)

Part of Wellness Management

Blood sugar test, cholesterol test, BMI and blood pressure measurement. (Finger prick tests only)	100%	1 per beneficiary, per annum
Dental examinations.	100%	
Mammogram (inclusive DEXA bone density scan) - Radiology.	100%	1 per female, over 40-years, per annum
Pap smear. Pathology including general practitioner / gynaecology visits.	100%	1 per female, over 20-years, per annum
HIV test all ages.	100%	1 per beneficiary
Prostate screening. Pathology prostate specific antigen test.	100%	1 screen per male beneficiary over the age of 50-years, per annum
Chronic disease wellness management - Follow-up test in the management of selective chronic diseases including: chronic renal failure, diabetes mellitus type 1 & 2 (including 2 HBA1C rapid tests), HIV / Aids, hyperlipidemia and multiple sclerosis (MS) - Excluding specialised radiology, which will be payable from the available MRI / CT Benefit.	100%	Part of Wellness Management sub-limit. In accordance with an approved clinical treatment plan, for routine follow-up tests when required.

WELLNESS REWARD - BENEFIT WALLET ALLOCATION FOR PREVENTATIVE HEALTH BEHAVIOUR

Benefit Wallet Reward Points

Blood sugar test, cholesterol test, BMI and blood pressure measurement.		100
Dental examinations.		100
Mammogram (inclusive DEXA bone density scan) - Radiology.		150
Pap smear. Pathology including general practitioner / gynaecology visits.		100
HIV test, all ages.		100
Prostate screening. Pathology prostate specific antigen test.		150
Chronic medication compliance.		150
Lifestyle Rewards (for the participation in selective Regional Sport and Fitness events)		N\$100 Benefit Rewards per beneficiary, per annum, to a maximum of N\$ 1,200 per beneficiary, per annum.
Generic medication compliance of a minimum of 80%.		150

IMMUNISATION (Vaccines only)

Part of Wellness Management

Flu vaccines.	100% NRP	1 flu vaccination per beneficiary, per annum
Pneumococcal vaccine.	100% NRP	1 per beneficiary, over 65-years, per annum
Baby immunisations 0 - 7 years.	100% NRP	Vaccinations for children 0 - 7 years
HPV vaccine - Females between 9 - 30 years.	100% NRP	3 injections during the course of a year, once per lifetime

PREVENTATIVE REHABILITATION TREATMENT

Part of Preventative Benefit sub-limit

Orthopaedic rehabilitation and treatment relating to Chronic Disease Management. Part of approved treatment plans, pre-authorisation and clinical risk management. <i>(Note - Biokinetic treatment plans for orthopaedic rehabilitation and chronic members' disease management - may first be approved and payable from the normal day-to-day Paramedical Services Benefit - additional required treatment sessions may be considered for approval from the Preventative Rehabilitation Treatment Benefit - subject to available treatment sessions).</i>	100%	6-weeks treatment or 12 sessions
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INCLUSIVE BASE BENEFIT BUILDER

TARIFF %

BENEFITS

INCLUSIVE BASE BENEFIT BUILDER

N\$ 500 per family

Additional medical benefits that allows for the payment of medication co-payments, levies, excess of tariff rejections and additional medical benefits. Medication levies and co-payments will be paid automatically. Optional additional Benefit Builders may be added.	100% of cost	N\$ 500 per family
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COMPLEMENTARY BENEFITS

TARIFF %

BENEFITS

PREMIUM PROTECTION

Period

Covers monthly Medical Aid Fund contributions on the life of the Principal Member.

100%

3-months

TRAVEL AND ACCOMMODATION BENEFIT

Travel expenses (including accommodation) incurred to obtain medical treatment which is not available in your town of residence in or outside Namibia.

Where a Member obtains accommodation from a registered hospitality institution the claim would be paid, subject to the stipulated Benefit limits per Option.

Members opting to stay with family, may claim N\$450 per day for accommodation, subject to the stipulated available Benefit limit per Option.

100% of cost

N\$ 4, 500 per family

BENEFIT REWARDS

Low claiming threshold levels

1. Each Dependant is allocated with a threshold value per annum. Should you claim less than your threshold value as at 31 December of each year, the remaining balance in your threshold will be transferred to your Benefit Wallet.
(Note: The balance is transferred after 4-months to allow for the run off of medical claims incurred in the previous year)
2. The threshold is a Family threshold and maximum calculation based on Principal Member plus 5 Dependants.
3. Members participating in Wellness Day initiatives, Fitness events and preventative testing, will earn additional Benefit Wallet rewards, this includes early registration on the maternity programme and additional rewards for normal births.
4. 80% of the unused Benefits in the Benefit Builder will be transferred annually to the Benefit Wallet.
(Note: The balance is transferred after 4-months to allow for the run off of medical claims incurred in the previous year)

Principal Member N\$ 3, 800
Adult Dependant N\$ 2, 700
Child Dependant N\$ 1, 400

BENEFIT WALLET

Accumulated Benefit Wallet Benefits can be used for purchasing any medical treatment and services in terms of the Medical Aid Funds Act, should the member pay first and claim back from the Benefit Wallet, it needs to be done within the 8-month claiming period.

Where medical aid benefit limits have been exceeded, or tariff short payments have been rejected, such rejections may be paid directly to the Health Professional on receipt of a signed claim form from the member.

Accumulated Benefit Wallet Benefits will automatically be used for the payment of medication levies.

Unused Benefits in your Benefit Wallet will roll over year on year.

Benefit Wallet Benefits can be accumulated through:

- Participation in Wellness Day initiatives
- Participation in Lifestyle and fitness events
- Preventative testing
- Early registration for the maternity programme
- Normal births

100% of cost

Subject to availability of Benefit Wallet Benefits, medical treatment and services obtained from a registered medical facility.

LONGSTANDING MEMBERSHIP REWARDS

Group Rate 1 Contributions

An Individual Member who is 65 or older and has been with the Fund for more than 20 years may qualify for Group Rate 1 contribution.

Provided the member is not already on a Group Rate status

INTERNATIONAL RESCUE ME & ASSISTANCE (In addition to the Overall Annual Limit)

N\$ 10, 000, 000 per family

Emergency evacuation and ambulance services (air or road).

Terms and conditions

Repatriation (SADC) - Return after emergency or return of mortal remains.

Related to emergency evacuation

Medical treatment.

100%

Terms and conditions

Evacuation, repatriation, return of children.

Terms and conditions

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ESTEEM CARE

OVERALL ANNUAL LIMIT

Per family: N\$ 1, 680, 000

Per beneficiary: N\$ 1, 103, 000



MONTHLY CONTRIBUTIONS

AGE	INDIVIDUAL RATES 9 members or less			GROUP RATE 1 For groups with 10 - 49 Principal Members			GROUP RATE 2 For groups with 50 - 249 Principal Members			GROUP RATE 3 For groups with 250 and more Principal Members		
	Principal Member	Adult Dependant	Child Dependant	Principal Member	Adult Dependant	Child Dependant	Principal Member	Adult Dependant	Child Dependant	Principal Member	Adult Dependant	Child Dependant
0 - 25	2,380	1,665	1,065	2,075	1,430	925	1,970	1,345	880	1,835	1,255	815
26 - 30	2,595	1,785	1,065	2,250	1,550	925	2,125	1,445	880	1,985	1,365	815
31 - 35	2,805	1,940	1,065	2,435	1,675	925	2,265	1,555	880	2,140	1,495	815
36 - 40	3,095	2,295	1,065	2,710	1,975	925	2,520	1,875	880	2,375	1,750	815
41 - 45	3,455	2,535	1,065	2,995	2,215	925	2,800	2,055	880	2,660	1,940	815
46 - 50	3,915	3,105	1,065	3,335	2,645	925	3,115	2,450	880	2,945	2,350	815
51 - 55	4,535	3,715	1,065	3,825	3,140	925	3,550	2,930	880	3,360	2,755	815
56 - 60	5,040	4,280	1,065	4,200	3,565	925	3,900	3,300	880	3,685	3,105	815
61 - 65	5,480	4,575	1,065	4,580	3,780	925	4,270	3,555	880	4,010	3,355	815
66+	5,855	4,820	1,065	4,875	3,995	925	4,535	3,745	880	4,315	3,525	815

MONTHLY CONTRIBUTIONS (GROUPS ONLY)

INCOME	INDIVIDUAL RATES For groups with 9 or less Principal Members			GROUP RATE 1 For groups with 10 - 49 Principal Members			GROUP RATE 2 For groups with 50 - 249 Principal Members			GROUP RATE 3 For groups with 250 and more Principal Members		
	Principal Member	Adult Dependant	Child Dependant	Principal Member	Adult Dependant	Child Dependant	Principal Member	Adult Dependant	Child Dependant	Principal Member	Adult Dependant	Child Dependant
0 - 2, 000	2,980	1,905	1,040	2,605	1,665	900	2,425	1,540	830	2,295	1,490	790
2, 001 - 3, 000	3,105	2,365	1,040	2,680	2,065	900	2,520	1,930	830	2,380	1,835	790
3, 001 - 4, 000	3,420	2,800	1,040	2,990	2,435	900	2,795	2,260	830	2,650	2,165	790
4, 001 - 5, 000	3,850	3,195	1,040	3,355	2,790	900	3,115	2,595	830	2,980	2,465	790
5, 001 - 6, 000	4,240	3,585	1,040	3,685	3,120	900	3,445	2,945	830	3,300	2,795	790
6, 001+	4,800	3,850	1,040	4,170	3,310	900	3,885	3,085	830	3,685	2,945	790



HOSPITAL BENEFITS

TARIFF %

BENEFITS

TOTAL ALL-INCLUSIVE OVERALL ANNUAL LIMIT

Per family: N\$ 1,680,000
Per beneficiary: N\$ 1,103,000

HOSPITAL BENEFIT GROUP (Subject to clinical risk management protocols)

Part of the Overall Annual Limit

Private hospital (Including medicines, materials, hospital apparatus & Take-Out Medication, limited to a 7 day supply).	100%	Part of the Overall Annual Limit
Accommodation in private wards.	100%	N\$ 18,900 per family N\$ 10,000 per beneficiary
State hospitals (Including medicines, materials, hospital apparatus & Take-Out Medication, limited to a 7 day supply).	100%	Part of the Overall Annual Limit
Sub-acute facility ward fees. (Admission in lieu of hospitalisation).	100%	
Consultations including treatment and services.	125%	
Blood transfusion.	100%	
Radiology and Pathology.	100%	
Physiotherapy.	100%	
Post-Operative Extended Benefit (Following major surgery). Part of pre-authorisation and clinical protocols.	100%	Following surgery limited to 6 weeks treatment or 12 sessions
DBC (Musculoskeletal rehabilitation in prevention of lumbar-spinal surgery)	Agreed Tariff	As per DBC protocol and treatment plan

SURGICAL PROCEDURES DONE IN ROOMS / UNATTACHED THEATRES

Part of the Overall Annual Limit

Doctors' rooms / Unattached theatres - Selective surgical and endoscopic procedures, circumcisions. Inclusive benefit - Admissions, surgery, treatment and services. Part of pre-authorisation and clinical protocols.	125%	Part of the Overall Annual Limit
Admission to unattached operating theatres and sub-acute facilities.	100%	

MRI / CT / PET SCAN / BONE DENSITY (In- and Out-of-Hospital)

N\$ 33,000 per family
N\$ 16,500 per beneficiary

In- and Out-of-Hospital Benefit. Part of pre-authorisation and clinical protocols.	100%	Part of the sub-limit
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MAXILLOFACIAL AND DENTAL SURGERY (In- and Out-of-Hospital)

N\$ 37,500 per family
N\$ 25,000 per beneficiary

Non-elective maxillofacial / oral surgery - Trauma, including dental extractions of more than three 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.	125%	Part of the sub-limit
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DENTAL AND ORAL SURGERY

N\$ 5,900 per family
N\$ 4,300 per beneficiary

Admission.	100%	Part of the sub-limit
Elective dental and oral surgery, including dental implant surgery, excluding the cost of the dental implant. (All-inclusive benefit - surgery, treatment and services). Part of clinical protocols and applicable Medical Aid Fund Rules.	125%	

EYE SURGERY

Part of the Overall Annual Limit

Admission.	100%	Part of the Overall Annual Limit
Including glaucoma surgery, eye muscle surgery, corneal surgery, vitreo-retinal surgery, eye removal, etc. (All-inclusive benefit - admission, surgery, treatment and services). Part of clinical protocols.		
Cataract surgery only after one year membership. (All-inclusive benefit - admission, surgery, treatment and services). Part of clinical protocols.	125%	N\$ 35,000 per family
Excimer laser and radial keratotomy only after two years membership. (All-inclusive benefit - admissions, surgery, treatment and services). Part of clinical protocols.		N\$ 15,000 per family N\$ 10,000 per beneficiary

RECONSTRUCTIVE SURGERY

N\$ 12,800 per family
N\$ 8,500 per beneficiary

Admission.	100%	Part of the sub-limit
Reconstructive Surgery - After two years membership. (All-inclusive benefit - admissions, surgery, treatment and services). Part of clinical protocols.	125%	

ALTERNATIVE SERVICES

N\$ 15,000 per family

In- and Out-of-Hospital Benefit including occupational therapy, private nursing, palliative care (end stage terminal diseases) and frail care.	100%	Part of the sub-limit
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MENTAL HEALTH

N\$ 35,000 per family

In- and Out-of-Hospital treatment and services, including psychiatric hospital accommodation, treatment and services, alcohol & drug addiction, addiction therapy and related pathology. (Part of treatment plan protocols). Excluding auxiliary services, which are part of the day-to-day benefit limits.	100%	Part of the sub-limit
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INTERNAL PROSTHESIS

N\$ 58,000 per family


Internal prosthesis - example: knee / hip / pacemakers. Part of pre-authorisation and clinical risk management protocols.	100%	Part of the sub-limit
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TRAUMA TREATMENT

Part of the Overall Annual Limit

Acute renal and peritoneal dialysis. (In- and Out-of-Hospital).		Part of Overall limit
Organ transplant. (In- and Out-of-Hospital).	125%	N\$ 200,000 per family
Oncology treatment and services. (In- and Out-of-Hospital).		N\$ 400,000 per family
Specialised chemotherapeutic and high cost medication treatment. Part of clinical protocols and applicable Medical Aid Fund Rules.		No Benefit
Motor Vehicle Accidents (MVA).	125%	Part of Overall limit

IUD DEVICES (Intrauterine contraceptive device)		N\$ 6, 800 per beneficiary
Placement of IUD (including device and procedure)	100%	N\$ 6, 800 per beneficiary
HEALTH IS VITAL		Part of the Overall Annual Limit
Hospital and treatment.	100%	Part of the Overall Annual Limit
HIV / AIDS visits.	100%	N\$ 3, 500 per family
HIV / AIDS pathology.	100%	N\$ 12, 700 per family
HIV / AIDS medication.	100% NRP	N\$ 41, 600 per family
HIV counselling.	100%	N\$ 4, 900 per family

 DAY-TO-DAY BENEFITS	TARIFF %	BENEFITS
PROFESSIONAL SERVICES		N\$ 18, 300 per family N\$ 9, 200 per beneficiary
General Practitioner, specialist consultations and primary healthcare consultations.	100%	Part of Professional Service limit
General Practitioner and specialist administration fee for chronic patient applications and medical reports.	Agreed Tariff	
General Practitioners and Psychologists telephone consultations.	100%	
General Practitioner / primary and specialist procedures in rooms including equipment, materials and injections.	100%	
Psychiatric and Psychology consultations and treatment.	100%	
Radiology.	100%	
Pathology.	100%	
PARAMEDICAL SERVICES		N\$ 5, 600 per family N\$ 3, 700 per beneficiary
Including physiotherapy, social workers, speech therapy, audiology, acousticians, dieticians, occupational therapy, biokinetics, homeo / chiro / osteopathy, podiatry, acupuncture, etc.	100%	Part of the sub-limit
Auxiliary services - Biokinetics, homeo / chiro / osteopathy, podiatry, acupuncture, etc.	100%	
EXTERNAL PROSTHESIS AND MEDICAL APPLIANCES		N\$ 22, 500 per family N\$ 12, 500 per beneficiary
Prosthesis external - Artificial arms / legs / eyes every two years. Part of pre-authorisation and approval.	100% of cost	Part of the sub-limit
Special external medical appliances - Wheelchairs every three years; hearing aids apparatus every two years. Part of pre-authorisation and approval.	90% of cost	
General external medical appliances - Including glucometers, blood pressure monitors, stockings, braces etc. Part of pre-authorisation and approval.	80% of cost	
OPTICAL BENEFIT		N\$ 4, 800 per family N\$ 2, 500 per beneficiary
Eye tests.	100%	Part of the sub-limit
Lenses / contact lenses.	100%	
Frames, once every two years.	100%	N\$ 1, 050 per beneficiary
DENTISTRY BENEFIT		N\$ 12, 400 per family N\$ 6, 600 per beneficiary
Conservative dentistry - Fillings, extractions and oral hygiene.	100%	Part of the sub-limit
Special dentistry - Dental implants, crowns, bridges, dentures and orthodontic treatments. Part of pre-authorisation and approved treatment plan.	100%	
MEDICATION BENEFIT		N\$ 12, 200 per family N\$ 6, 200 per beneficiary
Acute Medication - Preferred and non-preferred.	80% NRP	Part of Medication Benefit sub-limit
Pharmacy-initiated therapy and OTC medication as approved by the Fund. Maximum of N\$ 200 per script.		N\$ 1, 400 per family
Chronic Medication - Preferred and non-preferred. Subject to a defined list of conditions available on the RMA website per Benefit option.		Part of Medication Benefit sub-limit
EXTENDED MEDICATION BENEFIT		N\$ 68, 700 per family
In- and Out-of-Hospital: Extended Medication Benefit cover for renal care and organ transplant. Part of registration and treatment plan protocols. Including specialised medicines such as biologicals in terms of defined conditions and treatment plan protocols. Excluding off-label medication.	80% NRP	Part of the sub-limit

Note: Specialised chemotherapy treatment means the treatment of the disease by using immunotherapies and includes medicines such as immunomodulators and monoclonal antibodies.



MATERNITY BENEFITS

TARIFF %

BENEFITS

MATERNITY AND BABY BENEFIT (Including child beneficiary and third generation pregnancies - subject to Fund Rules)

Part of the Overall Annual Limit

Gynaecology / obstetric - In hospital.	125%	Normal birth / Caesarean Section
Gynaecology / obstetric - Out of hospital.	100%	Part of the Overall Annual Limit
Maternity scans.	100%	2 scans per beneficiary
Antenatal visits.	100%	12 visits per beneficiary
Amniocentesis - AHB excluded.	100%	Part of the Overall Annual Limit
Neonatal ICU / ward fees.	100%	
Paediatrician visits - Postnatal.	100%	2 visits per family, per annum



WELLNESS BENEFITS

TARIFF %

BENEFITS

WELLNESS MANAGEMENT

N\$ 10, 000 per family

PREVENTATIVE HEALTH BENEFIT (Members may earn benefit rewards for participation)

Part of Wellness Management

Blood sugar test, cholesterol test, BMI and blood pressure measurement. (Finger prick tests only)	100%	1 per beneficiary, per annum
Dental examinations.	100%	
Mammogram (inclusive DEXA bone density scan) - Radiology.	100%	1 per female, over 40-years, per annum
Pap smear. Pathology including general practitioner / gynaecology visits.	100%	1 per female, over 20-years, per annum
HIV test all ages.	100%	1 per beneficiary
Prostate screening. Pathology prostate specific antigen test.	100%	1 screen per male beneficiary over the age of 50-years, per annum
Chronic disease wellness management - Follow-up test in the management of selective chronic diseases including: chronic renal failure, diabetes mellitus type 1 & 2 (including 2 HBA1C rapid tests), HIV / Aids, hyperlipidemia and multiple sclerosis (MS) - Excluding specialised radiology, which will be payable from the available MRI / CT Benefit.	100%	Part of Wellness Management sub-limit. In accordance with an approved clinical treatment plan, for routine follow-up tests when required.

WELLNESS REWARD - BENEFIT WALLET ALLOCATION FOR PREVENTATIVE HEALTH BEHAVIOUR

Benefit Wallet Reward Points

Blood sugar test, cholesterol test, BMI and blood pressure measurement.		100
Dental examinations.		100
Mammogram (inclusive DEXA bone density scan) - Radiology.		150
Pap smear. Pathology including general practitioner / gynaecology visits.		100
HIV test, all ages.		100
Prostate screening. Pathology prostate specific antigen test.		150
Chronic medication compliance.		150
Lifestyle Rewards (for the participation in selective Regional Sport and Fitness events)		N\$100 Benefit Rewards per beneficiary, per annum, to a maximum of N\$ 1,200 per beneficiary, per annum.
Generic medication compliance of a minimum of 80%.		150

IMMUNISATION (Vaccines only)

Part of Wellness Management

Flu vaccines.	100% NRP	1 flu vaccination per beneficiary, per annum
Pneumococcal vaccine.	100% NRP	1 per beneficiary, over 65-years, per annum
Baby immunisations 0 - 7 years.	100% NRP	Vaccinations for children 0 - 7 years
HPV vaccine - Females between 9 - 30 years.	100% NRP	3 injections during the course of a year, once per lifetime

PREVENTATIVE REHABILITATION TREATMENT

Part of Preventative Benefit sub-limit

Orthopaedic rehabilitation and treatment relating to Chronic Disease Management. Part of approved treatment plans, pre-authorisation and clinical risk management. <i>(Note - Biokinetic treatment plans for orthopaedic rehabilitation and chronic members' disease management - may first be approved and payable from the normal day-to-day Paramedical Services Benefit - additional required treatment sessions may be considered for approval from the Preventative Rehabilitation Treatment Benefit - subject to available treatment sessions).</i>	100%	6-weeks treatment or 12 sessions
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INCLUSIVE BASE BENEFIT BUILDER

TARIFF %

BENEFITS

INCLUSIVE BASE BENEFIT BUILDER

N\$ 500 per family

Additional medical benefits that allows for the payment of medication co-payments, levies, excess of tariff rejections and additional medical benefits. Medication levies and co-payments will be paid automatically. Optional additional Benefit Builders may be added.	100% of cost	N\$ 500 per family
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COMPLEMENTARY BENEFITS

TARIFF %

BENEFITS

PREMIUM PROTECTION

Period

Covers monthly Medical Aid Fund contributions on the life of the Principal Member.

100%

3-months

TRAVEL AND ACCOMMODATION BENEFIT

Travel expenses (including accommodation) incurred to obtain medical treatment which is not available in your town of residence in or outside Namibia.

Where a Member obtains accommodation from a registered hospitality institution the claim would be paid, subject to the stipulated Benefit limits per Option.

Members opting to stay with family, may claim N\$450 per day for accommodation, subject to the stipulated available Benefit limit per Option.

100% of cost

N\$ 3, 800 per family

BENEFIT REWARDS

Low claiming threshold levels

1. Each Dependant is allocated with a threshold value per annum. Should you claim less than your threshold value as at 31 December of each year, the remaining balance in your threshold will be transferred to your Benefit Wallet.
(Note: The balance is transferred after 4-months to allow for the run off of medical claims incurred in the previous year)
2. The threshold is a Family threshold and maximum calculation based on Principal Member plus 5 Dependants.
3. Members participating in Wellness Day initiatives, Fitness events and preventative testing, will earn additional Benefit Wallet rewards, this includes early registration on the maternity programme and additional rewards for normal births.
4. 80% of the unused Benefits in the Benefit Builder will be transferred annually to the Benefit Wallet.
(Note: The balance is transferred after 4-months to allow for the run off of medical claims incurred in the previous year)

Principal Member N\$ 2, 400
Adult Dependant N\$ 1, 700
Child Dependant N\$ 900

BENEFIT WALLET

Accumulated Benefit Wallet Benefits can be used for purchasing any medical treatment and services in terms of the Medical Aid Funds Act, should the member pay first and claim back from the Benefit Wallet, it needs to be done within the 8-month claiming period.

Where medical aid benefit limits have been exceeded, or tariff short payments have been rejected, such rejections may be paid directly to the Health Professional on receipt of a signed claim form from the member.

Accumulated Benefit Wallet Benefits will automatically be used for the payment of medication levies.

Unused Benefits in your Benefit Wallet will roll over year on year.

Benefit Wallet Benefits can be accumulated through:

- Participation in Wellness Day initiatives
- Participation in Lifestyle and fitness events
- Preventative testing
- Early registration for the maternity programme
- Normal births

100% of cost

Subject to availability of Benefit Wallet Benefits, medical treatment and services obtained from a registered medical facility.

LONGSTANDING MEMBERSHIP REWARDS

Group Rate 1 Contributions

An Individual Member who is 65 or older and has been with the Fund for more than 20 years may qualify for Group Rate 1 contribution.

Provided the member is not already on a Group Rate status

INTERNATIONAL RESCUE ME & ASSISTANCE (In addition to the Overall Annual Limit)

N\$ 10, 000, 000 per family

Emergency evacuation and ambulance services (air or road).

Terms and conditions

Repatriation (SADC) - Return after emergency or return of mortal remains.

Related to emergency evacuation

Medical treatment.

100%

Terms and conditions

Evacuation, repatriation, return of children.

Terms and conditions

Disclaimer: The Renaissance Health Medical Aid Fund (RMA) is registered with NAMFISA. It is governed by the Board of Trustees on behalf of the Members of the Fund and in terms of the Fund Rules as approved by NAMFISA. The RMA Fund Rules and benefits are subject to the approval of the Registrar of the Medical Aid Funds. This product guide is an extract from the Rules and Benefits and only serves as a reference guideline. Should there be any discrepancies, misprints and/or misinterpretations thereof, the Fund Rules as approved by NAMFISA will prevail.

BENEFIT BUILDERS

We acknowledge that each individual's healthcare needs are unique, and that your health status may change at any time during the year. For this reason we offer you a large range of medical benefits, which you may buy, in order to extend your cover.

Please call us at +264 83 299 9000 to apply.

BENEFIT BUILDERS ARE AVAILABLE ON THESE PRODUCT OPTIONS

PRESTIGE CARE	✓	STATUS CARE	✓	CALIBER CARE	✓	ESTEEM CARE	✓
EVOLVE CARE	X	PREMIERE CARE	X	PREMIERE CARE NETWORK	X		



INCLUSIVE BASE BENEFIT BUILDER

Additional medical benefits that allows for the payment of medication co-payments, levies, excess of tariff rejections and additional medical benefits. Medication levies and co-payments will be paid automatically. Optional additional Benefit Builders may be added.

TARIFF %

100% of cost

BENEFITS

N\$ 500 per family



OPTIONAL BENEFIT BUILDERS

ANNUAL CONTRIBUTION

MONTHLY CONTRIBUTIONS

Family Benefit Builder N\$ 3,000	N\$ 2,700	N\$ 225
Family Benefit Builder N\$ 5,000	N\$ 4,500	N\$ 375
Family Benefit Builder N\$ 7,000	N\$ 6,300	N\$ 525
Family Benefit Builder N\$ 10,000	N\$ 9,000	N\$ 750
Family Benefit Builder N\$ 12,000	N\$ 10,800	N\$ 900
Family Benefit Builder N\$ 15,000	N\$ 13,500	N\$ 1,125
Family Benefit Builder N\$ 17,000	N\$ 15,300	N\$ 1,275
Family Benefit Builder N\$ 20,000	N\$ 18,000	N\$ 1,500
Family Benefit Builder N\$ 22,000	N\$ 19,800	N\$ 1,650
Family Benefit Builder N\$ 25,000	N\$ 22,500	N\$ 1,875

OPTIONAL BENEFIT BUILDER COVER	TARIFF %	BENEFITS
HOSPITAL BENEFITS		
MRI / CT / PET SCAN / BONE DENSITY (In- and Out-of-Hospital)		
In- and Out-of-Hospital Benefit. Part of pre-authorisation and clinical protocols.	100%	Part of the family limit
MAXILLOFACIAL AND DENTAL SURGERY (In- and Out-of-Hospital)		
Non-elective maxillofacial / oral surgery - Trauma, including dental extractions of more than three 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.	100%	Part of the family limit
DENTAL AND ORAL SURGERY		
Elective dental and oral surgery, including dental implant surgery, excluding the cost of the dental implant. (All-inclusive benefit - surgery, treatment and services). Part of clinical protocols and applicable Medical Aid Fund Rules.	100%	Part of the family limit
EYE SURGERY		
Excimer laser and radial keratotomy only after two years membership. (All-inclusive benefit - admissions, surgery, treatment and services). Part of clinical protocols.	100%	Part of the family limit
RECONSTRUCTIVE SURGERY		
Reconstructive Surgery - After two years membership. (All-inclusive benefit - admissions, surgery, treatment and services). Part of clinical protocols.	100%	Part of the family limit
ALTERNATIVE SERVICES		
In- and Out-of-Hospital Benefit including occupational therapy, private nursing, palliative care (end stage terminal diseases) and frail care.	100%	Part of the family limit
MENTAL HEALTH		
In- and Out-of-Hospital treatment and services, including psychiatric hospital accommodation, treatment and services, alcohol & drug addiction, addiction therapy and related pathology. (Part of treatment plan protocols). Excluding auxiliary services, which is part of the day to day benefit limits.	100%	Part of the family limit
HEALTH IS VITAL		
HIV / AIDS visits.	100%	Part of the family limit
HIV / AIDS pathology.		
HIV / AIDS medication.		
HIV counselling.		
DAY-TO-DAY BENEFITS		
MEDICAL SERVICES		
General Practitioner, specialist consultations and primary healthcare consultations.	100%	Part of the family limit
General Practitioner and Specialist administration fee for chronic patient applications and medical reports.		
Pharmacist and telephone consultations.		
General Practitioner / primary and specialist procedures in rooms including equipment, materials and injections.		
Psychiatric treatment.		
Radiology and Pathology.		
Alcohol and drug addiction and addiction therapy and related pathology. Part of treatment plan protocols.		
Paramedical services including physiotherapy, social workers, speech therapy, audiology, acousticians, dietitians, occupational therapy, clinical psychology, biokinetics, homeo / chiro / osteopathy, podiatry, acupuncture, etc.		
TRANSPORT AND ACCOMMODATION		
Travel expenses (including accommodation) incurred to obtain medical treatment which is not available in your town of residence in or outside Namibia. Where a member obtains accommodation from a registered hospitality institution the claim would be paid, subject to the stipulated Benefit limits per Option. Members opting to stay with family, may claim N\$450 per day for accommodation, subject to the stipulated available Benefit limit per Option.	100%	Part of the family limit
MEDICATION		
Acute medication (Non-preferred and preferred medication) Including homeopathic medication.	100% NRP	Part of the family limit
Pharmacy initiated therapy and OTC medication. Maximum of N\$ 200 per script.	100% NRP	
Chronic medication (Preferred).	100% NRP	
Chronic medication (Non-preferred).	100% NRP	
OPTICAL BENEFIT		
Lenses / contact lenses.	100%	Part of the family limit
Frames.		
Eye tests.		
DENTISTRY BENEFIT		
Conservative dentistry and specialised dentistry including - Fillings, extractions and oral hygiene, dental implants, crowns, bridges, dentures and orthodontic treatment.	100%	Part of the family limit

EVOLVE CARE

OVERALL ANNUAL LIMIT

Per family: N\$ 1, 165, 000

Per beneficiary: N\$ 787, 000



MONTHLY CONTRIBUTIONS

AGE	INDIVIDUAL RATES 9 members or less			GROUP RATE 1 For groups with 10 - 49 Principal Members			GROUP RATE 2 For groups with 50 - 249 Principal Members			GROUP RATE 3 For groups with 250 and more Principal Members		
	Principal Member	Adult Dependand	Child Dependand	Principal Member	Adult Dependand	Child Dependand	Principal Member	Adult Dependand	Child Dependand	Principal Member	Adult Dependand	Child Dependand
0 - 25	1,650	1,140	745	1,430	985	635	1,355	925	610	1,260	880	570
26 - 30	1,800	1,235	745	1,550	1,060	635	1,455	1,000	610	1,370	935	570
31 - 35	1,945	1,335	745	1,670	1,150	635	1,560	1,080	610	1,475	1,035	570
36 - 40	2,140	1,585	745	1,865	1,365	635	1,740	1,300	610	1,645	1,210	570
41 - 45	2,375	1,750	745	2,070	1,525	635	1,940	1,425	610	1,835	1,335	570
46 - 50	2,695	2,140	745	2,295	1,830	635	2,150	1,695	610	2,030	1,630	570
51 - 55	3,135	2,560	745	2,640	2,165	635	2,450	2,025	610	2,325	1,900	570
56 - 60	3,490	2,945	745	2,905	2,455	635	2,685	2,280	610	2,535	2,145	570
61 - 65	3,785	3,160	745	3,150	2,620	635	2,945	2,455	610	2,770	2,320	570
66+	4,040	3,335	745	3,355	2,750	635	3,135	2,580	610	2,980	2,440	570

MONTHLY CONTRIBUTIONS (GROUPS ONLY)

INCOME	INDIVIDUAL RATES For groups with 9 or less Principal Members			GROUP RATE 1 For groups with 10 - 49 Principal Members			GROUP RATE 2 For groups with 50 - 249 Principal Members			GROUP RATE 3 For groups with 250 and more Principal Members		
	Principal Member	Adult Dependand	Child Dependand	Principal Member	Adult Dependand	Child Dependand	Principal Member	Adult Dependand	Child Dependand	Principal Member	Adult Dependand	Child Dependand
0 - 2,000	1,860	1,115	690	1,645	945	595	1,520	895	580	1,445	880	530
2,001 - 4,000	2,105	1,285	690	1,840	1,105	595	1,700	1,040	580	1,635	1,010	530
4,001 - 6,000	2,600	1,825	705	2,240	1,585	600	2,075	1,490	585	2,015	1,430	545
6,001+	2,725	1,870	725	2,345	1,645	620	2,210	1,540	610	2,095	1,465	555



HOSPITAL BENEFITS

TARIFF %

BENEFITS

TOTAL ALL-INCLUSIVE OVERALL ANNUAL LIMIT

Per family: N\$ 1, 165, 000
Per beneficiary: N\$ 787, 000

HOSPITAL BENEFIT GROUP (Subject to clinical risk management protocols)

Part of the Overall Annual Limit

Private hospital (Including medicines, materials, hospital apparatus & Take-Out Medication, limited to a 7 day supply).	100%	Part of the Overall Annual Limit
Accommodation in private wards.	100%	N\$ 10, 000 per family N\$ 5, 000 per beneficiary
State hospitals (Including medicines, materials, hospital apparatus & Take-Out Medication, limited to a 7 day supply).	100%	Part of the Overall Annual Limit
Sub-acute facility ward fees. (Admission in lieu of hospitalisation).	100%	
Consultations including treatment and services.	125%	
Blood transfusion.	100%	
Radiology and Pathology.	100%	
Physiotherapy.	100%	
Post-Operative Extended Benefit (Following major surgery). Part of pre-authorisation and clinical protocols.	100%	Following surgery limited to 6 weeks treatment or 12 sessions
DBC (Musculoskeletal rehabilitation in prevention of lumbar-spinal surgery)	Agreed Tariff	As per DBC protocol and treatment plan

SURGICAL PROCEDURES DONE IN ROOMS / UNATTACHED THEATRES

Part of the Overall Annual Limit

Doctors' rooms / Unattached theatres - Selective surgical and endoscopic procedures, circumcisions. Inclusive benefit - Admissions, surgery, treatment and services. Part of pre-authorisation and clinical protocols.	125%	Part of the Overall Annual Limit
Admission to unattached operating theatres and sub-acute facilities.	100%	

MRI / CT / PET SCAN / BONE DENSITY (In- and Out-of-Hospital)

N\$ 16, 500 per family
N\$ 8, 300 per beneficiary

In- and Out-of-Hospital Benefit. Part of pre-authorisation and clinical protocols.	100%	Part of the sub-limit
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MAXILLOFACIAL AND DENTAL SURGERY (In- and Out-of-Hospital)

N\$ 28, 100 per family
N\$ 18, 700 per beneficiary

Non-elective maxillofacial / oral surgery - Trauma, including dental extractions of more than three 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.	125%	Part of the sub-limit
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DENTAL AND ORAL SURGERY

N\$ 4, 700 per family
N\$ 3, 100 per beneficiary

Admission.	100%	Part of the sub-limit
Elective dental and oral surgery, including dental implant surgery, excluding the cost of the dental implant. (All-inclusive benefit - surgery, treatment and services). Part of clinical protocols and applicable Medical Aid Fund Rules.	125%	

EYE SURGERY

Part of the Overall Annual Limit

Admission.	100%	Part of the Overall Annual Limit
Including glaucoma surgery, eye muscle surgery, corneal surgery, vitreo-retinal surgery, eye removal, etc. (All-inclusive benefit - admission, surgery, treatment and services). Part of clinical protocols.	125%	
Cataract surgery only after one year membership. (All-inclusive benefit - admission, surgery, treatment and services). Part of clinical protocols.		No Benefit
Excimer laser and radial keratotomy only after two years membership. (All-inclusive benefit - admissions, surgery, treatment and services). Part of clinical protocols.		

RECONSTRUCTIVE SURGERY

N\$ 6, 000 per family

Admission.	100%	Part of the sub-limit
Reconstructive Surgery - After two years membership. (All-inclusive benefit - admissions, surgery, treatment and services). Part of clinical protocols.	125%	

ALTERNATIVE SERVICES

N\$ 9, 000 per family

In- and Out-of-Hospital Benefit including occupational therapy, private nursing, palliative care (end stage terminal diseases) and frail care.	100%	Part of the sub-limit
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MENTAL HEALTH

N\$ 33, 000 per family

In- and Out-of-Hospital treatment and services, including psychiatric hospital accommodation, treatment and services, alcohol & drug addiction, addiction therapy and related pathology. (Part of treatment plan protocols). Excluding auxiliary services, which are part of the day-to-day benefit limits.	100%	Part of the sub-limit
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INTERNAL PROSTHESIS

N\$ 48, 000 per family


Internal prosthesis - example: knee / hip / pacemakers. Part of pre-authorisation and clinical risk management protocols.	100%	Part of the sub-limit
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TRAUMA TREATMENT

Part of the Overall Annual Limit

Acute renal and peritoneal dialysis. (In- and Out-of-Hospital).		Part of Overall limit
Organ transplant. (In- and Out-of-Hospital).	125%	N\$ 150, 000 per family
Oncology (Including basic chemo and radiation treatment) (In- and Out-of-Hospital).		N\$ 200, 000 per family
Specialised chemotherapeutic and high cost medication treatment. Part of clinical protocols and applicable Medical Aid Fund Rules.		No Benefit
Motor Vehicle Accidents (MVA).	125%	Part of Overall limit

IUD DEVICES (Intrauterine contraceptive device)		N\$ 6, 800 per beneficiary
Placement of IUD (including device and procedure)	100%	N\$ 6, 800 per beneficiary
HEALTH IS VITAL		Part of the Overall Annual Limit
Hospital and treatment.	100%	Part of the Overall Annual Limit
HIV / AIDS visits.	100%	N\$ 3, 500 per family
HIV / AIDS pathology.	100%	N\$ 12, 700 per family
HIV / AIDS medication.	100% NRP	N\$ 41, 600 per family
HIV counselling.	100%	N\$ 4, 900 per family

 DAY-TO-DAY BENEFITS	TARIFF %	BENEFITS
PROFESSIONAL SERVICES		N\$ 8, 500 per family
General Practitioner, specialist consultations and primary healthcare consultations.	100%	Part of Professional Service limit
General Practitioner and specialist administration fee for chronic patient applications and medical reports.	Agreed Tariff	
General Practitioners and Psychologists telephone consultations.	100%	
General Practitioner / primary and specialist procedures in rooms including equipment, materials and injections.	100%	
Psychiatric and Psychology consultations and treatment.	100%	
Radiology.	100%	
Pathology.	100%	
PARAMEDICAL SERVICES		N\$ 4, 000 per family
Including physiotherapy, social workers, speech therapy, audiology, acousticians, dieticians, occupational therapy, biokinetics, homeo / chiro / osteopathy, podiatry, acupuncture, etc.	100%	Part of the sub-limit
Auxiliary services - Biokinetics, homeo / chiro / osteopathy, podiatry, acupuncture, etc.	100%	
EXTERNAL PROSTHESIS AND MEDICAL APPLIANCES		N\$ 12, 200 per family N\$ 8, 100 per beneficiary
Prosthesis external - Artificial arms / legs / eyes every two years. Part of pre-authorisation and approval.	100% of cost	Part of the sub-limit
Special external medical appliances - Wheelchairs every three years; hearing aids apparatus every two years. Part of pre-authorisation and approval.	90% of cost	
General external medical appliances - Including glucometers, blood pressure monitors, stockings, braces etc. Part of pre-authorisation and approval.	80% of cost	
OPTICAL BENEFIT		N\$ 2, 200 per family N\$ 1, 500 per beneficiary
Eye tests.	100%	Part of the sub-limit
Lenses / contact lenses.	100%	
Frames, once every two years.	100%	N\$ 750 per beneficiary
DENTISTRY BENEFIT		N\$ 5, 300 per family N\$ 3, 600 per beneficiary
Conservative dentistry - Fillings, extractions and oral hygiene.	100%	Part of the sub-limit
Special dentistry - Dental implants, crowns, bridges, dentures and orthodontic treatments. Part of pre-authorisation and approved treatment plan.	100%	
MEDICATION BENEFIT		N\$ 10, 700 per family N\$ 5, 400 per beneficiary
Acute Medication - Preferred and non-preferred.	80% NRP	Part of Medication Benefit sub-limit
Pharmacy-initiated therapy and OTC medication as approved by the Fund. Maximum of N\$ 180 per script.		N\$ 900 per family
Chronic Medication - Preferred and non-preferred. Subject to a defined list of conditions available on the RMA website per Benefit option.		Part of Medication Benefit sub-limit
EXTENDED MEDICATION BENEFIT		N\$ 45, 800 per family
In- and Out-of-Hospital: Extended Medication Benefit cover for renal care and organ transplant. Part of registration and treatment plan protocols. Including specialised medicines such as biologicals in terms of defined conditions and treatment plan protocols. Excluding off-label medication.	80% NRP	Part of the sub-limit

Note: Specialised chemotherapy treatment means the treatment of the disease by using immunotherapies and includes medicines such as immunomodulators and monoclonal antibodies.



MATERNITY BENEFITS

TARIFF %

BENEFITS

MATERNITY AND BABY BENEFIT (Including child beneficiary and third generation pregnancies - subject to Fund Rules)

Part of the Overall Annual Limit

Gynaecology / obstetric - In hospital.	125%	Normal birth / Caesarean Section
Gynaecology / obstetric - Out of hospital.	100%	Part of the Overall Annual Limit
Maternity scans.	100%	2 scans per beneficiary
Antenatal visits.	100%	12 visits per beneficiary
Amniocentesis - AHB excluded.	100%	Part of the Overall Annual Limit
Neonatal ICU / ward fees.	100%	
Paediatrician visits - Postnatal.	100%	2 visits per family, per annum



WELLNESS BENEFITS

TARIFF %

BENEFITS

WELLNESS MANAGEMENT

N\$ 10,000 per family

PREVENTATIVE HEALTH BENEFIT (Members may earn benefit rewards for participation)

Part of Wellness Management

Blood sugar test, cholesterol test, BMI and blood pressure measurement. (Finger prick tests only)	100%	1 per beneficiary, per annum
Dental examinations.	100%	
Mammogram (inclusive DEXA bone density scan) - Radiology.	100%	1 per female, over 40-years, per annum
Pap smear. Pathology including general practitioner / gynaecology visits.	100%	1 per female, over 20-years, per annum
HIV test all ages.	100%	1 per beneficiary
Prostate screening. Pathology prostate specific antigen test.	100%	1 screen per male beneficiary over the age of 50-years, per annum
Chronic disease wellness management - Follow-up test in the management of selective chronic diseases including: chronic renal failure, diabetes mellitus type 1 & 2 (including 2 HBA1C rapid tests), HIV / Aids, hyperlipidemia and multiple sclerosis (MS) - Excluding specialised radiology, which will be payable from the available MRI / CT Benefit.	100%	Part of Wellness Management sub-limit. In accordance with an approved clinical treatment plan, for routine follow-up tests when required.

WELLNESS REWARD - BENEFIT WALLET ALLOCATION FOR PREVENTATIVE HEALTH BEHAVIOUR

Benefit Wallet Reward Points

Blood sugar test, cholesterol test, BMI and blood pressure measurement.		100
Dental examinations.		100
Mammogram (inclusive DEXA bone density scan) - Radiology.		150
Pap smear. Pathology including general practitioner / gynaecology visits.		100
HIV test, all ages.		100
Prostate screening. Pathology prostate specific antigen test.		150
Chronic medication compliance.		150
Lifestyle Rewards (for the participation in selective Regional Sport and Fitness events)		N\$100 Benefit Rewards per beneficiary, per annum, to a maximum of N\$ 1,200 per beneficiary, per annum.
Generic medication compliance of a minimum of 80%.		150

IMMUNISATION (Vaccines only)

Part of Wellness Management

Flu vaccines.	100% NRP	1 flu vaccination per beneficiary, per annum
Pneumococcal vaccine.	100% NRP	1 per beneficiary, over 65-years, per annum
Baby immunisations 0 - 7 years.	100% NRP	Vaccinations for children 0 - 7 years
HPV vaccine - Females between 9 - 30 years.	100% NRP	3 injections during the course of a year, once per lifetime



COMPLEMENTARY BENEFITS

TARIFF %

BENEFITS

PREMIUM PROTECTION

Period

Covers monthly Medical Aid Fund contributions on the life of the Principal Member.

100%

3-months

TRAVEL AND ACCOMMODATION BENEFIT

Travel expenses (including accommodation) incurred to obtain medical treatment which is not available in your town of residence in or outside Namibia.

Where a Member obtains accommodation from a registered hospitality institution the claim would be paid, subject to the stipulated Benefit limits per Option.

Members opting to stay with family, may claim N\$450 per day for accommodation, subject to the stipulated available Benefit limit per Option.

100% of cost

N\$ 3, 900 per family

BENEFIT REWARDS

Low claiming threshold levels

1. Each Dependant is allocated with a threshold value per annum. Should you claim less than your threshold value as at 31 December of each year, the remaining balance in your threshold will be transferred to your Benefit Wallet.
(Note: The balance is transferred after 4-months to allow for the run off of medical claims incurred in the previous year)
2. The threshold is a Family threshold and maximum calculation based on Principal Member plus 5 Dependants.
3. Members participating in Wellness Day initiatives, Fitness events and preventative testing, will earn additional Benefit Wallet rewards, this includes early registration on the maternity programme and additional rewards for normal births.

Principal Member N\$ 1, 700
Adult Dependant N\$ 1, 200
Child Dependant N\$ 600

BENEFIT WALLET

Accumulated Benefit Wallet Benefits can be used for purchasing any medical treatment and services in terms of the Medical Aid Funds Act, should the member pay first and claim back from the Benefit Wallet, it needs to be done within the 8-month claiming period.

Where medical aid benefit limits have been exceeded, or tariff short payments have been rejected, such rejections may be paid directly to the Health Professional on receipt of a signed claim form from the member.

Accumulated Benefit Wallet Benefits will automatically be used for the payment of medication levies.

Unused Benefits in your Benefit Wallet will roll over year on year.

Benefit Wallet Benefits can be accumulated through:

- Participation in Wellness Day initiatives
- Participation in Lifestyle and fitness events
- Preventative testing
- Early registration for the maternity programme
- Normal births

100% of cost

Subject to availability of Benefit Wallet Benefits, medical treatment and services obtained from a registered medical facility.

LONGSTANDING MEMBERSHIP REWARDS

Group Rate 1 Contributions

An Individual Member who is 65 or older and has been with the Fund for more than 20 years may qualify for Group Rate 1 contribution.

Provided the member is not already on a Group Rate status

INTERNATIONAL RESCUE ME & ASSISTANCE (In addition to the Overall Annual Limit)

N\$ 10, 000, 000 per family

Emergency evacuation and ambulance services (air or road).

Terms and conditions

Repatriation (SADC) - Return after emergency or return of mortal remains.

Related to emergency evacuation

Medical treatment.

100%

Terms and conditions

Evacuation, repatriation, return of children.

Terms and conditions

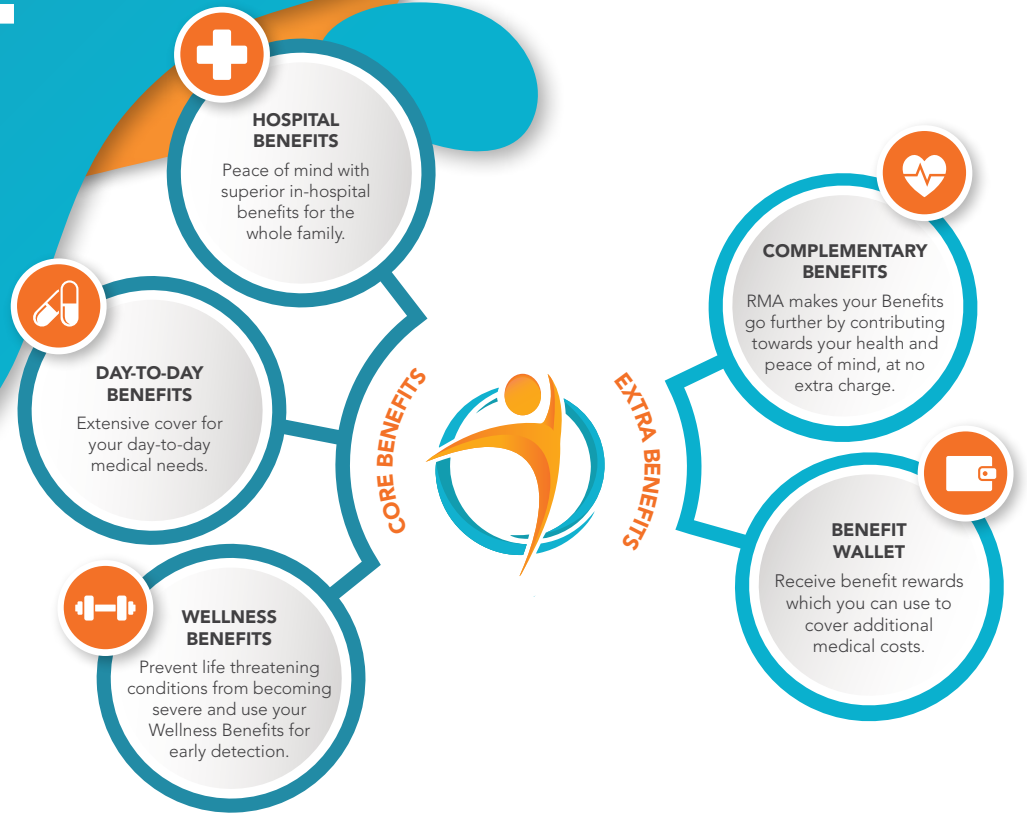
Disclaimer: The Renaissance Health Medical Aid Fund (RMA) is registered with NAMFISA. It is governed by the Board of Trustees on behalf of the Members of the Fund and in terms of the Fund Rules as approved by NAMFISA. The RMA Fund Rules and benefits are subject to the approval of the Registrar of the Medical Aid Funds. This product guide is an extract from the Rules and Benefits and only serves as a reference guideline. Should there be any discrepancies, misprints and/or misinterpretations thereof, the Fund Rules as approved by NAMFISA will prevail.

PREMIERE CARE

OVERALL ANNUAL LIMIT

State Hospitals: Unlimited
Private Hospitals:
N\$ 368, 000 per family

Subject to benefit rules.



MONTHLY CONTRIBUTIONS

AGE	INDIVIDUAL RATES 9 members or less			GROUP RATE 1 For groups with 10 - 49 Principal Members			GROUP RATE 2 For groups with 50 - 249 Principal Members			GROUP RATE 3 For groups with 250 and more Principal Members		
	Principal Member	Adult Dependand	Child Dependand	Principal Member	Adult Dependand	Child Dependand	Principal Member	Adult Dependand	Child Dependand	Principal Member	Adult Dependand	Child Dependand
0 - 25	855	590	350	740	515	300	700	480	285	660	445	270
26 - 30	905	620	350	790	535	300	740	505	285	695	475	270
31 - 35	945	655	350	810	565	300	765	525	285	720	495	270
36 - 40	1,010	755	350	885	635	300	820	615	285	775	570	270
41 - 45	1,135	835	350	995	725	300	920	680	285	875	630	270
46 - 50	1,315	1,040	350	1,110	890	300	1,040	820	285	995	795	270
51 - 55	1,530	1,250	350	1,285	1,050	300	1,195	985	285	1,135	930	270
56 - 60	1,700	1,435	350	1,415	1,195	300	1,305	1,105	285	1,235	1,040	270
61 - 65	1,850	1,540	350	1,535	1,275	300	1,430	1,195	285	1,350	1,130	270
66+	1,975	1,630	350	1,630	1,335	300	1,520	1,265	285	1,455	1,185	270

MONTHLY CONTRIBUTIONS (GROUPS ONLY)

INCOME	INDIVIDUAL RATES For groups with 9 or less Principal Members			GROUP RATE 1 For groups with 10 - 49 Principal Members			GROUP RATE 2 For groups with 50 - 249 Principal Members			GROUP RATE 3 For groups with 250 and more Principal Members		
	Principal Member	Adult Dependand	Child Dependand	Principal Member	Adult Dependand	Child Dependand	Principal Member	Adult Dependand	Child Dependand	Principal Member	Adult Dependand	Child Dependand
0 - 1, 500	835	580	255	720	515	220	670	465	210	620	435	205
1, 501 - 3, 000	930	660	280	770	580	265	730	535	230	700	530	210
3, 001 - 6, 000	1,090	765	360	930	655	315	875	625	265	855	600	265
6, 001 +	1,505	1,035	470	1,285	920	390	1,205	875	365	1,160	815	360



HOSPITAL BENEFITS

TARIFF %

BENEFITS

TOTAL ALL-INCLUSIVE OVERALL ANNUAL LIMIT

State Hospitals: Unlimited
Private Hospitals:
N\$ 368, 000 per family

HOSPITAL BENEFIT GROUP (Subject to clinical risk management protocols)

N\$ 368, 000 per family

Private hospital (Approved surgical and medical admissions only) (Including medicines, materials, hospital apparatus & Take-Out Medication, limited to a 7 day supply).	100%	N\$ 368, 000 per family
Accommodation in private wards.	100%	No benefit
State hospitals (Approved surgical and medical admissions only) (Including medicines, materials, hospital apparatus & Take-Out Medication, limited to a 7 day supply).	100%	Unlimited
Consultations including treatment and services.	100%	Part of the sub-limit in a Private hospital and unlimited in State facilities
Sub-acute facility ward fees. (Admission in lieu of hospitalisation).	100%	Part of the Overall Annual Limit
Blood transfusion.	100%	
Radiology and Pathology.	100%	
Physiotherapy.	100%	
Post-Operative Extended Benefit (Following major surgery). Part of pre-authorisation and clinical protocols.	100%	No benefit
DBC (Musculoskeletal rehabilitation in prevention of lumbar-spinal surgery)	Agreed Tariff	As per DBC protocol and treatment plan

SURGICAL PROCEDURES DONE IN ROOMS / UNATTACHED THEATRES

Part of the Overall Annual Limit

Doctors' rooms / Unattached theatres - Selective surgical and endoscopic procedures, circumcisions. Inclusive benefit - Admissions, surgery, treatment and services. Part of pre-authorisation and clinical protocols.	100%	Part of the Overall Annual Limit
Admission to unattached operating theatres and sub-acute facilities.	100%	

MRI / CT / PET SCAN / BONE DENSITY (In- and Out-of-Hospital)

N\$ 8, 300 per family
N\$ 4, 200 per beneficiary

In- and Out-of-Hospital Benefit. Part of pre-authorisation and clinical protocols.	100%	Part of the sub-limit
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MAXILLOFACIAL AND DENTAL SURGERY (In- and Out-of-Hospital)

N\$ 16, 300 per family

Non-elective maxillofacial / oral surgery - Trauma, including dental extractions of more than three 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.	100%	Part of the sub-limit
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DENTAL AND ORAL SURGERY

No benefit

Admission.		State facilities only
Elective dental and oral surgery, including dental implant surgery, excluding the cost of the dental implant. (All-inclusive benefit - surgery, treatment and services). Part of clinical protocols and applicable Medical Aid Fund Rules.		No benefit in Private hospitals

EYE SURGERY

N\$ 54, 000 per family

Admission.		Part of the sub-limit
Including glaucoma surgery, eye muscle surgery, corneal surgery, vitreo-retinal surgery, eye removal, etc. (All-inclusive benefit - admission, surgery, treatment and services). Part of clinical protocols.	100%	Part of the sub-limit
Cataract surgery only after one year membership. Excimer laser and radial keratotomy only after two years membership. (All-inclusive benefit - admissions, surgery, treatment and services). Part of clinical protocols.		No benefit

RECONSTRUCTIVE SURGERY

No benefit

Admission.		State facilities only
Reconstructive Surgery - After two years membership. (All-inclusive benefit - admissions, surgery, treatment and services). Part of clinical protocols.		No benefit in Private hospitals

ALTERNATIVE SERVICES

No benefit

In- and Out-of-Hospital Benefit including occupational therapy, private nursing, palliative care (end stage terminal diseases) and frail care.		State facilities only No benefit in Private hospitals
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MENTAL HEALTH

No benefit

In- and Out-of-Hospital treatment and services, including psychiatric hospital accommodation, treatment and services, alcohol & drug addiction, addiction therapy and related pathology. (Part of treatment plan protocols). Excluding auxiliary services, which are part of the day-to-day benefit limits.		State facilities only No benefit in Private hospitals
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INTERNAL PROSTHESIS

No benefit


Internal prosthesis - example: knee / hip / pacemakers. Part of pre-authorisation and clinical risk management protocols.		State facilities only No benefit in Private hospitals
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TRAUMA TREATMENT

No benefit

Organ transplant, acute renal and peritoneal dialysis. (In- and Out-of-Hospital).		State facilities only No benefit in Private hospitals
Oncology (Including basic chemo and radiation treatment) (In- and Out-of-Hospital).		
Specialised chemotherapeutic and high cost medication treatment. Part of clinical protocols and applicable Medical Aid Fund Rules.		
Motor Vehicle Accidents (MVA).		

IUD DEVICES (Intrauterine contraceptive device)		No benefit
Placement of IUD (including device and procedure)		No benefit
HEALTH IS VITAL		Part of the Overall Annual Limit
Hospital and treatment.	100%	Part of the Overall Annual Limit
HIV / AIDS visits.	100%	N\$ 3, 500 per family
HIV / AIDS pathology.	100%	N\$ 12, 700 per family
HIV / AIDS medication.	100% NRP	N\$ 41, 600 per family
HIV counselling.	100%	N\$ 4, 900 per family

 DAY-TO-DAY BENEFITS	TARIFF %	BENEFITS
PROFESSIONAL SERVICES		N\$ 9, 300 per family N\$ 4, 700 per beneficiary
General Practitioner, specialist consultations and primary healthcare consultations.	100%	Part of Professional Service limit
After hours General Practitioner, specialist or primary healthcare consultations.	Agreed Tariff	Part of the sub-limit
General Practitioner telephone consultations.	100%	Part of Professional Service limit
General Practitioner / primary and specialist procedures in rooms including equipment, materials and injections.	100%	
Psychiatric and Psychology consultations and treatment.		State facilities only
Radiology.	100%	Part of Professional Service limit
Pathology.	100%	
PARAMEDICAL SERVICES		No benefit
Including physiotherapy, social workers, speech therapy, audiology, acousticians, dieticians, occupational therapy, biokinetics, homeo / chiro / osteopathy, podiatry, acupuncture, etc.		State facilities only
Auxiliary services - Biokinetics, homeo / chiro / osteopathy, podiatry, acupuncture, etc.		
EXTERNAL PROSTHESIS AND MEDICAL APPLIANCES		No benefit
Prosthesis external - Artificial arms / legs / eyes every two years. Part of pre-authorisation and approval.		State facilities only
Special external medical appliances - Wheelchairs every three years; hearing aids apparatus every two years. Part of pre-authorisation and approval.		
General external medical appliances - Including glucometers, blood pressure monitors, stockings, braces etc. Part of pre-authorisation and approval.		
OPTICAL BENEFIT		N\$ 950 per family N\$ 630 per beneficiary
Eye tests.	100%	Part of the sub-limit
Lenses / contact lenses.	100%	
Frames, once every two years.	100%	
DENTISTRY BENEFIT		N\$ 5, 300 per family N\$ 2, 600 per beneficiary
Conservative dentistry - Fillings, extractions and oral hygiene.	100%	Part of the sub-limit
Special dentistry - Dental implants, crowns, bridges, dentures and orthodontic treatments. Part of pre-authorisation and approved treatment plan.	100%	Plastic dentures every two years
MEDICATION BENEFIT		N\$ 6, 900 per family N\$ 3, 400 per beneficiary
Acute Medication - Preferred and non-preferred.	100% NRP	Part of the sub-limit
Pharmacy initiated therapy and OTC medication - including multivitamins, tonics and male contraceptives.		No benefit
Homeopathic medication.		
Chronic Medication - Preferred and non-preferred. Subject to a defined list of conditions available on the RMA website per Benefit option.	100% NRP	Part of the sub-limit



MATERNITY BENEFITS

TARIFF %

BENEFITS

MATERNITY AND BABY BENEFIT (Including child beneficiary and third generation pregnancies - subject to Fund Rules)

Part of the Overall Annual Limit

Gynaecology / obstetric - In hospital.	100%	Part of the sub-limit in Private hospitals Unlimited in State facilities
Gynaecology / obstetric - Out of hospital.	100%	
Maternity scans.	100%	2 scans per beneficiary
Antenatal visits.	100%	12 visits per beneficiary
Amniocentesis - AHB excluded.	100%	Part of the sub-limit in Private hospitals Unlimited in State facilities
Neonatal ICU / ward fees.	100%	
Paediatrician visits - Postnatal.	100%	



WELLNESS BENEFITS

TARIFF %

BENEFITS

WELLNESS MANAGEMENT

N\$ 10, 000 per family

PREVENTATIVE HEALTH BENEFIT (Members may earn benefit rewards for participation)

Part of Wellness Management

Blood sugar test, cholesterol test, BMI and blood pressure measurement. (Finger prick tests only)	100%	1 per beneficiary, per annum
Dental examinations.	100%	
Mammogram (inclusive DEXA bone density scan) - Radiology.	100%	1 per female, over 40-years, per annum
Pap smear. Pathology including general practitioner / gynaecology visits.	100%	1 per female, over 20-years, per annum
HIV test all ages.	100%	1 per beneficiary
Prostate screening. Pathology prostate specific antigen test.	100%	1 screen per male beneficiary over the age of 50-years, per annum
Chronic disease wellness management - Follow-up test in the management of selective chronic diseases including: chronic renal failure, diabetes mellitus type 1 & 2 (including 2 HBA1C rapid tests), HIV / Aids, hyperlipidemia and multiple sclerosis (MS) - Excluding specialised radiology, which will be payable from the available MRI / CT Benefit.	100%	Part of Wellness Management sub-limit. In accordance with an approved clinical treatment plan, for routine follow-up tests when required.

WELLNESS REWARD - BENEFIT WALLET ALLOCATION FOR PREVENTATIVE HEALTH BEHAVIOUR

Benefit Wallet Reward Points

Blood sugar test, cholesterol test, BMI and blood pressure measurement.		100
Dental examinations.		100
Mammogram (inclusive DEXA bone density scan) - Radiology.		150
Pap smear. Pathology including general practitioner / gynaecology visits.		100
HIV test, all ages.		100
Prostate screening. Pathology prostate specific antigen test.		150
Chronic medication compliance.		150
Lifestyle Rewards (for the participation in selective Regional Sport and Fitness events)		N\$100 Benefit Rewards per beneficiary, per annum, to a maximum of N\$ 1,200 per beneficiary, per annum.
Generic medication compliance of a minimum of 80%.		150

IMMUNISATION (Vaccines only)

Part of Wellness Management

Flu vaccines.	100% NRP	1 flu vaccination per beneficiary, per annum
Pneumococcal vaccine.	100% NRP	1 per beneficiary, over 65-years, per annum
Baby immunisations 0 - 7 years.	100% NRP	Vaccinations for children 0 - 7 years
HPV vaccine - Females between 9 - 30 years.	100% NRP	3 injections during the course of a year, once per lifetime



COMPLEMENTARY BENEFITS

TARIFF %

BENEFITS

PREMIUM PROTECTION

Period

Covers monthly Medical Aid Fund contributions on the life of the Principal Member.

100%

3-months

TRAVEL AND ACCOMMODATION BENEFIT

No benefit

Transport cost when referred for specialist services not available in the area of residence.

No benefit

BENEFIT REWARDS

Low claiming threshold levels

1. Each Dependant is allocated with a threshold value per annum. Should you claim less than your threshold value as at 31 December of each year, the remaining balance in your threshold will be transferred to your Benefit Wallet.
(Note: The balance is transferred after 4-months to allow for the run off of medical claims incurred in the previous year)
2. The threshold is a Family threshold and maximum calculation based on Principal Member plus 5 Dependents.
3. Members participating in Wellness Day initiatives, Fitness events and preventative testing, will earn additional Benefit Wallet rewards, this includes early registration on the maternity programme and additional rewards for normal births.

Principal Member N\$ 700
 Adult Dependant N\$ 450
 Child Dependant N\$ 200

BENEFIT WALLET

Accumulated Benefit Wallet Benefits can be used for purchasing any medical treatment and services in terms of the Medical Aid Funds Act, should the member pay first and claim back from the Benefit Wallet, it needs to be done within the 8-month claiming period.

Where medical aid benefit limits have been exceeded, or tariff short payments have been rejected, such rejections may be paid directly to the Health Professional on receipt of a signed claim form from the member.

Accumulated Benefit Wallet Benefits will automatically be used for the payment of medication levies.

Unused Benefits in your Benefit Wallet will roll over year on year.

Benefit Wallet Benefits can be accumulated through:

- Participation in Wellness Day initiatives
- Participation in Lifestyle and fitness events
- Preventative testing
- Early registration for the maternity programme
- Normal births

100% of cost

Subject to availability of Benefit Wallet Benefits, medical treatment and services obtained from a registered medical facility.

LONGSTANDING MEMBERSHIP REWARDS

Group Rate 1 Contributions

An Individual Member who is 65 or older and has been with the Fund for more than 20 years may qualify for Group Rate 1 contribution.

Provided the member is not already on a Group Rate status

INTERNATIONAL RESCUE ME & ASSISTANCE (In addition to the Overall Annual Limit)

N\$ 10, 000, 000 per family

Emergency evacuation and ambulance services (air or road).

Terms and conditions

Repatriation (SADC) - Return after emergency or return of mortal remains.

Related to emergency evacuation

Medical treatment.

100%

Terms and conditions

Evacuation, repatriation, return of children.

Terms and conditions

Disclaimer: The Renaissance Health Medical Aid Fund (RMA) is registered with NAMFISA. It is governed by the Board of Trustees on behalf of the Members of the Fund and in terms of the Fund Rules as approved by NAMFISA. The RMA Fund Rules and benefits are subject to the approval of the Registrar of the Medical Aid Funds. This product guide is an extract from the Rules and Benefits and only serves as a reference guideline. Should there be any discrepancies, misprints and/or misinterpretations thereof, the Fund Rules as approved by NAMFISA will prevail.

PREMIERE CARE NETWORK

OVERALL ANNUAL LIMIT

State Hospitals: Unlimited

Private Hospitals:

N\$ 368, 000 per family

Subject to benefit rules.



SCAN TO VIEW LIST OF NETWORK PROVIDERS



MONTHLY CONTRIBUTIONS

AGE	INDIVIDUAL RATES 9 members or less			GROUP RATE 1 For groups with 10 - 49 Principal Members			GROUP RATE 2 For groups with 50 - 249 Principal Members			GROUP RATE 3 For groups with 250 and more Principal Members		
	Principal Member	Adult Dependand	Child Dependand	Principal Member	Adult Dependand	Child Dependand	Principal Member	Adult Dependand	Child Dependand	Principal Member	Adult Dependand	Child Dependand
0 - 25	855	590	350	740	515	300	700	480	285	660	445	270
26 - 30	905	620	350	790	535	300	740	505	285	695	475	270
31 - 35	945	655	350	810	565	300	765	525	285	720	495	270
36 - 40	1,010	755	350	885	635	300	820	615	285	775	570	270
41 - 45	1,135	835	350	995	725	300	920	680	285	875	630	270
46 - 50	1,315	1,040	350	1,110	890	300	1,040	820	285	995	795	270
51 - 55	1,530	1,250	350	1,285	1,050	300	1,195	985	285	1,135	930	270
56 - 60	1,700	1,435	350	1,415	1,195	300	1,305	1,105	285	1,235	1,040	270
61 - 65	1,850	1,540	350	1,535	1,275	300	1,430	1,195	285	1,350	1,130	270
66+	1,975	1,630	350	1,630	1,335	300	1,520	1,265	285	1,455	1,185	270

MONTHLY CONTRIBUTIONS (GROUPS ONLY)

INCOME	INDIVIDUAL RATES For groups with 9 or less Principal Members			GROUP RATE 1 For groups with 10 - 49 Principal Members			GROUP RATE 2 For groups with 50 - 249 Principal Members			GROUP RATE 3 For groups with 250 and more Principal Members		
	Principal Member	Adult Dependand	Child Dependand	Principal Member	Adult Dependand	Child Dependand	Principal Member	Adult Dependand	Child Dependand	Principal Member	Adult Dependand	Child Dependand
0 - 1, 500	835	580	255	720	515	220	670	465	210	620	435	205
1, 501 - 3, 000	930	660	280	770	580	265	730	535	230	700	530	210
3, 001 - 6, 000	1,090	765	360	930	655	315	875	625	265	855	600	265
6, 001 +	1,505	1,035	470	1,285	920	390	1,205	875	365	1,160	815	360



HOSPITAL BENEFITS

TARIFF %

BENEFITS

TOTAL ALL-INCLUSIVE OVERALL ANNUAL LIMIT

State Hospitals: Unlimited
Private Hospitals:
N\$ 368, 000 per family

HOSPITAL BENEFIT GROUP (Subject to clinical risk management protocols)

N\$ 368, 000 per family

Private hospital (Approved surgical and medical admissions only). (Including medicines, materials, hospital apparatus & Take-Out Medication, limited to a 7 day supply).	100%	N\$ 368, 000 per family
Accommodation in private wards.	100%	No benefit
State hospitals (Approved surgical and medical admissions only). (Including medicines, materials, hospital apparatus & Take-Out Medication, limited to a 7 day supply).	100%	Unlimited
Consultations including treatment and services.	100%	Part of the sub-limit in a Private hospital and unlimited in State facilities
Sub-acute facility ward fees. (Admission in lieu of hospitalisation).	100%	Part of the Overall Annual Limit
Blood transfusion.	100%	
Radiology and Pathology.	100%	
Physiotherapy.	100%	
Post-Operative Extended Benefit (Following major surgery). Part of pre-authorisation and clinical protocols.	100%	No benefit
DBC (Musculoskeletal rehabilitation in prevention of lumbar-spinal surgery)	Agreed Tariff	As per DBC protocol and treatment plan

SURGICAL PROCEDURES DONE IN ROOMS / UNATTACHED THEATRES

Part of the Overall Annual Limit

Doctors' rooms / Unattached theatres - Selective surgical and endoscopic procedures, circumcisions. Inclusive benefit - Admissions, surgery, treatment and services. Part of pre-authorisation and clinical protocols.	100%	Part of the Overall Annual Limit
Admission to unattached operating theatres and sub-acute facilities.	100%	

MRI / CT / PET SCAN / BONE DENSITY (In- and Out-of-Hospital)

N\$ 8, 300 per family
N\$ 4, 200 per beneficiary

In- and Out-of-Hospital Benefit. Part of pre-authorisation and clinical protocols.	100%	Part of the sub-limit
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MAXILLOFACIAL AND DENTAL SURGERY (In- and Out-of-Hospital)

N\$ 16, 300 per family

Non-elective maxillofacial / oral surgery - Trauma, including dental extractions of more than three 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.	100%	Part of the sub-limit
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DENTAL AND ORAL SURGERY

No benefit

Admission.		State facilities only No benefit in Private hospitals
Elective dental and oral surgery, including dental implant surgery, excluding the cost of the dental implant. (All-inclusive benefit - surgery, treatment and services). Part of clinical protocols and applicable Medical Aid Fund Rules.		

EYE SURGERY

N\$ 54, 000 per family

Admission.		Part of the sub-limit
Including glaucoma surgery, eye muscle surgery, corneal surgery, vitreo-retinal surgery, eye removal, etc. (All-inclusive benefit - admission, surgery, treatment and services). Part of clinical protocols.	100%	
Cataract surgery only after one year membership. Excimer laser and radial keratotomy only after two years membership. (All-inclusive benefit - admissions, surgery, treatment and services). Part of clinical protocols.		No benefit

RECONSTRUCTIVE SURGERY

No benefit

Admission.		State facilities only No benefit in Private hospitals
Reconstructive Surgery - After two years membership. (All-inclusive benefit - admissions, surgery, treatment and services). Part of clinical protocols.		

ALTERNATIVE SERVICES

No benefit

In- and Out-of-Hospital Benefit including occupational therapy, private nursing, palliative care (end stage terminal diseases) and frail care.		State facilities only No benefit in Private hospitals
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MENTAL HEALTH

No benefit

In- and Out-of-Hospital treatment and services, including psychiatric hospital accommodation, treatment and services, alcohol & drug addiction, addiction therapy and related pathology. (Part of treatment plan protocols). Excluding auxiliary services, which are part of the day-to-day benefit limits.		State facilities only No benefit in Private hospitals
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INTERNAL PROSTHESIS

No benefit


Internal prosthesis - example: knee / hip / pacemakers. Part of pre-authorisation and clinical risk management protocols.		State facilities only No benefit in Private hospitals
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TRAUMA TREATMENT

No benefit

Organ transplant, acute renal and peritoneal dialysis. (In- and Out-of-Hospital).		State facilities only No benefit in Private hospitals
Oncology (Including basic chemo and radiation treatment) (In- and Out-of-Hospital).		
Specialised chemotherapeutic and high cost medication treatment. Part of clinical protocols and applicable Medical Aid Fund Rules.		
Motor Vehicle Accidents (MVA).		

IUD DEVICES (Intrauterine contraceptive device)		No benefit
Placement of IUD (including device and procedure)		No benefit
HEALTH IS VITAL		Part of the Overall Annual Limit
Hospital and treatment.	100%	Part of the Overall Annual Limit
HIV / AIDS visits.	100%	N\$ 3, 500 per family
HIV / AIDS pathology.	100%	N\$ 12, 700 per family
HIV / AIDS medication.	100% NRP	N\$ 41, 600 per family
HIV counselling.	100%	N\$ 4, 900 per family

 DAY-TO-DAY BENEFITS	TARIFF %	BENEFITS
PROFESSIONAL SERVICES		Unlimited
General Practitioner, specialist consultations and primary healthcare consultations.	100%	Unlimited GP consultations (N\$10 per visit.) Specialist consultations on referral of Network provider only (N\$10 per visit)
After hours General Practitioner, specialist or primary healthcare consultations.	Agreed Tariff	3 consultations per family
General Practitioner telephone consultations.	100%	2 consultations per beneficiary
General Practitioner / primary and specialist procedures in rooms including equipment, materials and injections.	100%	Unlimited (N\$10 per visit.)
Psychiatric and Psychology consultations and treatment.		State facilities only
Radiology.	100%	Basic black and white only
Pathology.	100%	Basic pathology only
PARAMEDICAL SERVICES		No benefit
Including physiotherapy, social workers, speech therapy, audiology, acousticians, dieticians, occupational therapy, biokinetics, homeo / chiro / osteopathy, podiatry, acupuncture, etc.		State facilities only
Auxiliary services - Biokinetics, homeo / chiro / osteopathy, podiatry, acupuncture, etc.		
EXTERNAL PROSTHESIS AND MEDICAL APPLIANCES		No benefit
Prosthesis external - Artificial arms / legs / eyes every two years. Part of pre-authorisation and approval.		
Special external medical appliances - Wheelchairs every three years; hearing aids apparatus every two years. Part of pre-authorisation and approval.		State facilities only
General external medical appliances - Including glucometers, blood pressure monitors, stockings, braces etc. Part of pre-authorisation and approval.		
OPTICAL BENEFIT		N\$ 950 per family N\$ 630 per beneficiary
Eye tests.	100%	
Lenses / contact lenses.	100%	Part of the sub-limit
Frames, once every two years.	100%	
DENTISTRY BENEFIT		N\$ 5, 300 per family N\$ 2, 600 per beneficiary
Conservative dentistry - Fillings, extractions and oral hygiene.	100%	Part of the sub-limit
Special dentistry - Dental implants, crowns, bridges, dentures and orthodontic treatments. Part of pre-authorisation and approved treatment plan.	100%	Plastic dentures every two years
MEDICATION BENEFIT		Unlimited
Acute Medication - Preferred and non-preferred.	100% NRP	Script limit N\$ 280
Pharmacy initiated therapy and OTC medication - including multivitamins, tonics and male contraceptives. Maximum of N\$ 200 per script.		No benefit
Chronic Medication - Preferred and non-preferred. Subject to a defined list of conditions available on the RMA website per Benefit option.	100% NRP	N\$ 4, 000 per family Script limit N\$ 280



MATERNITY BENEFITS

TARIFF %

BENEFITS

MATERNITY AND BABY BENEFIT (Including child beneficiary and third generation pregnancies - subject to Fund Rules)

Part of the Overall Annual Limit

Gynaecology / obstetric - In hospital.	100%	Part of the sub-limit in Private hospitals Unlimited in State facilities
Gynaecology / obstetric - Out of hospital.	100%	
Maternity scans.	100%	2 scans per beneficiary
Antenatal visits.	100%	12 visits per beneficiary
Amniocentesis - AHB excluded.	100%	Part of the sub-limit in Private hospitals Unlimited in State facilities
Neonatal ICU / ward fees.	100%	
Paediatrician visits - Postnatal.	100%	



WELLNESS BENEFITS

TARIFF %

BENEFITS

WELLNESS MANAGEMENT

N\$ 10,000 per family

PREVENTATIVE HEALTH BENEFIT (Members may earn benefit rewards for participation)

Part of Wellness Management

Blood sugar test, cholesterol test, BMI and blood pressure measurement. (Finger prick tests only)	100%	1 per beneficiary, per annum
Dental examinations.	100%	
Mammogram (inclusive DEXA bone density scan) - Radiology.	100%	1 per female, over 40-years, per annum
Pap smear. Pathology including general practitioner / gynaecology visits.	100%	1 per female, over 20-years, per annum
HIV test all ages.	100%	1 per beneficiary
Prostate screening. Pathology prostate specific antigen test.	100%	1 screen per male beneficiary over the age of 50-years, per annum
Chronic disease wellness management - Follow-up test in the management of selective chronic diseases including: chronic renal failure, diabetes mellitus type 1 & 2 (including 2 HBA1C rapid tests), HIV / Aids, hyperlipidemia and multiple sclerosis (MS) - Excluding specialised radiology, which will be payable from the available MRI / CT Benefit.	100%	Part of Wellness Management sub-limit. In accordance with an approved clinical treatment plan, for routine follow-up tests when required.

WELLNESS REWARD - BENEFIT WALLET ALLOCATION FOR PREVENTATIVE HEALTH BEHAVIOUR

Benefit Wallet Reward Points

Blood sugar test, cholesterol test, BMI and blood pressure measurement.		100
Dental examinations.		100
Mammogram (inclusive DEXA bone density scan) - Radiology.		150
Pap smear. Pathology including general practitioner / gynaecology visits.		100
HIV test, all ages.		100
Prostate screening. Pathology prostate specific antigen test.		150
Chronic medication compliance.		150
Lifestyle Rewards (for the participation in selective Regional Sport and Fitness events)		N\$100 Benefit Rewards per beneficiary, per annum, to a maximum of N\$ 1,200 per beneficiary, per annum.
Generic medication compliance of a minimum of 80%.		150

IMMUNISATION (Vaccines only)

Part of Wellness Management

Flu vaccines.	100% NRP	1 flu vaccination per beneficiary, per annum
Pneumococcal vaccine.	100% NRP	1 per beneficiary, over 65-years, per annum
Baby immunisations 0 - 7 years.	100% NRP	Vaccinations for children 0 - 7 years
HPV vaccine - Females between 9 - 30 years.	100% NRP	3 injections during the course of a year, once per lifetime



COMPLEMENTARY BENEFITS

TARIFF %

BENEFITS

PREMIUM PROTECTION

Period

Covers monthly Medical Aid Fund contributions on the life of the Principal Member.

100%

3-months

TRAVEL AND ACCOMMODATION BENEFIT

No benefit

Transport cost when referred for specialist services not available in the area of residence.

No benefit

BENEFIT REWARDS

Low claiming threshold levels

1. Each Dependant is allocated with a threshold value per annum. Should you claim less than your threshold value as at 31 December of each year, the remaining balance in your threshold will be transferred to your Benefit Wallet.
(Note: The balance is transferred after 4-months to allow for the run off of medical claims incurred in the previous year)
2. The threshold is a Family threshold and maximum calculation based on Principal Member plus 5 Dependents.
3. Members participating in Wellness Day initiatives, Fitness events and preventative testing, will earn additional Benefit Wallet rewards, this includes early registration on the maternity programme and additional rewards for normal births.

Principal Member N\$ 700
 Adult Dependant N\$ 450
 Child Dependant N\$ 200

BENEFIT WALLET

Accumulated Benefit Wallet Benefits can be used for purchasing any medical treatment and services in terms of the Medical Aid Funds Act, should the member pay first and claim back from the Benefit Wallet, it needs to be done within the 8-month claiming period.

Where medical aid benefit limits have been exceeded, or tariff short payments have been rejected, such rejections may be paid directly to the Health Professional on receipt of a signed claim form from the member.

Accumulated Benefit Wallet Benefits will automatically be used for the payment of medication levies.

Unused Benefits in your Benefit Wallet will roll over year on year.

Benefit Wallet Benefits can be accumulated through:

- Participation in Wellness Day initiatives
- Participation in Lifestyle and fitness events
- Preventative testing
- Early registration for the maternity programme
- Normal births

100% of cost

Subject to availability of Benefit Wallet Benefits, medical treatment and services obtained from a registered medical facility.

LONGSTANDING MEMBERSHIP REWARDS

Group Rate 1 Contributions

An Individual Member who is 65 or older and has been with the Fund for more than 20 years may qualify for Group Rate 1 contribution.

Provided the member is not already on a Group Rate status

INTERNATIONAL RESCUE ME & ASSISTANCE (In addition to the Overall Annual Limit)

N\$ 10, 000, 000 per family

Emergency evacuation and ambulance services (air or road).

Terms and conditions

Repatriation (SADC) - Return after emergency or return of mortal remains.

Related to emergency evacuation

Medical treatment.

100%

Terms and conditions

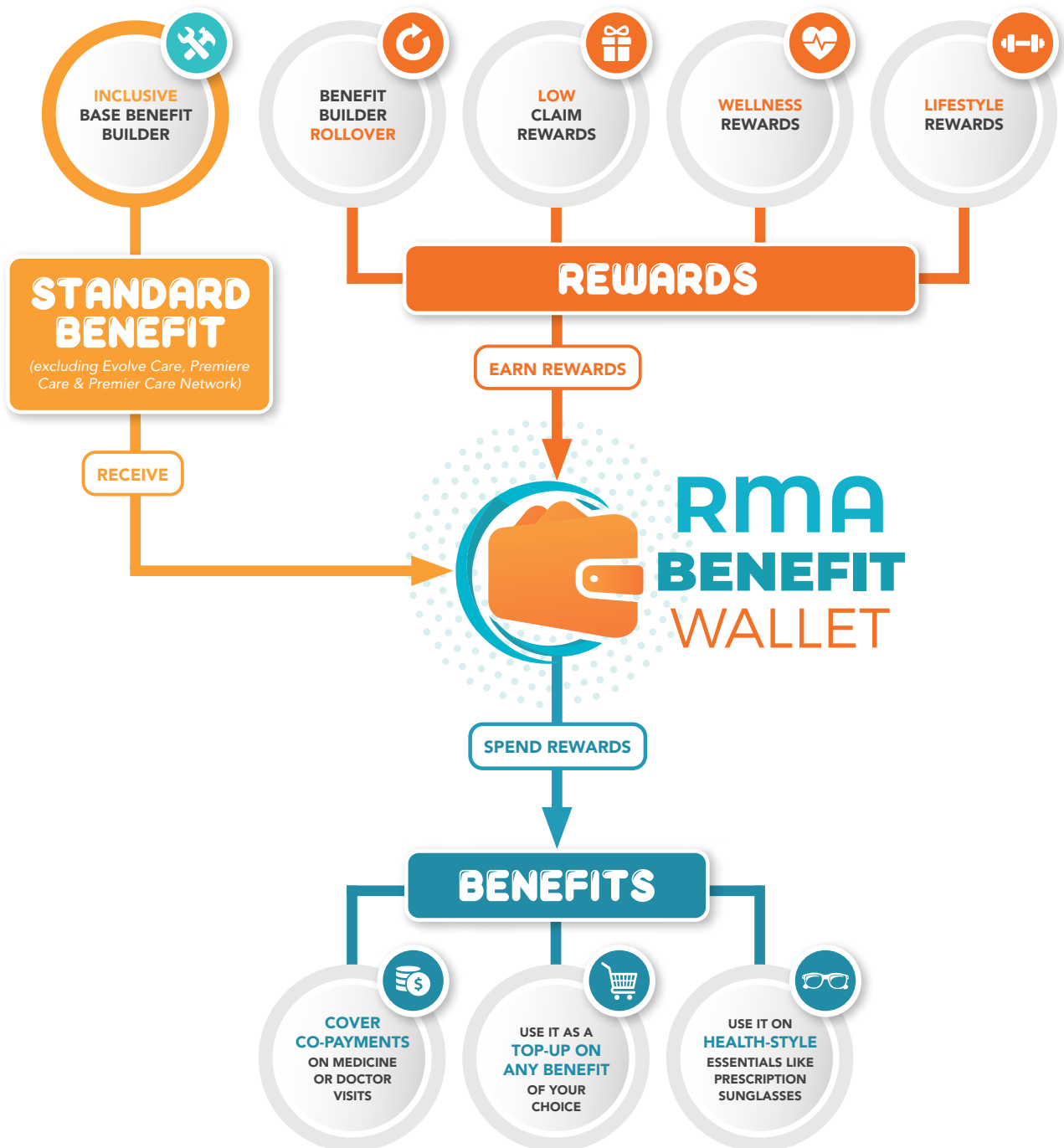
Evacuation, repatriation, return of children.

Terms and conditions

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BENEFIT WALLET

REWARDING YOUR HEALTH!



Medicine co-payments will automatically be paid from available Benefit Wallet Benefits.



**QUESTIONS &
ANSWERS**



FREQUENTLY ASKED QUESTIONS

➤ **When can I join the Fund?**

Fund Membership is effective from the first day of the month. Applications should preferably be received two weeks before the joining date to go through the approval process. If the application is only received during the month of joining (e.g. the 10th of January for the 1st of January) an arrangement should be made on how the outstanding payment will be settled since contributions are payable one month in advance.

➤ **What do pro-rated benefits mean?**

As the Fund's benefit year is from 1 January to 31 December, any Member who joins during the benefit year may receive pro-rated benefits at joining and on termination. That means that your annual limits on benefits may be calculated according to the number of months left in the benefit year.

➤ **When can I change my benefit option?**

Members are allowed to change benefit options once annually, effective from the 1st of January each year. The closing date for all option changes is the 31st of January.

➤ **What are pre-existing conditions?**

A pre-existing condition is any medical-related condition and/or symptom for which treatment was received before joining with long term consequences. A 12-month exclusion period may be placed on such conditions, meaning that all costs incurred on any related symptoms and/or treatment will not be covered during this period.

➤ **What are co-payments and how can you prevent it?**

Co-payments are the difference between the amount claimed by your Health Care Provider (doctor, specialist, dentist, hospitals, pharmacies etc.) and what your Medical Aid Fund pays. The Medical Aid Fund pays 100% of the NAMAFA (Namibian Association of Medical Aid Funds) rates. Members can avoid co-payments by making use of service providers who charge the NAMAFA tariff.

CLAIMS INFORMATION

➤ **When should you submit claims?**

All claims should be submitted within 4-months from the date on which the service was rendered, otherwise, you may lose your right to payment in respect of these claims.

➤ **Do I receive immediate cover if I join the Fund and can I claim immediately?**

There may be a waiting period of 3-months before you are covered for full benefits. A waiting period may apply if you were not a member of a registered medical aid fund for at least two years previously, and the break-in membership between leaving your previous fund and joining RMA is more than 3-months.

➤ **Am I covered while travelling abroad?**

All Members have International Travel Cover included in their Medical Aid benefits, which is underwritten by Hollard Insurance. Members may contact client service for assistance with regard to travel cover.

MEMBERSHIP INFORMATION

➤ **May I still continue with my Medical Aid as an Individual Member or retiree?**

If a member has been on the Fund through their employer and leaves the employer, they may continue with their cover as an Individual Member or retiree.

➤ **Can the dependants remain on the Fund if the principal member passes on?**

Beneficiaries (spouse and children) of deceased members, who are registered with the Fund at the time of the Principal Member's death, are entitled to remain as Members on the Fund. The family should inform the Fund in writing within 30-days of the Principal Member's death.

➤ **Up to what age may my child be on my Medical Aid as a child dependant?**

Your child may be a dependant up to the age of 25. New members joining with a child over the age of 21 will need to submit proof of financial dependence on the parent.

➤ **When are my contribution payments due?**

Monthly payments are payable in advance by no later than the 7th of every month. All debit order payments are deducted on the 1st of every month, except if it falls on a weekend or public holiday. In this case, the debit order may be deducted on the following working day.

➤ **What will happen if I fail to pay my monthly contributions?**

The Fund may suspend the payment of claims if you are more than 30-days behind. The Fund may terminate your Membership if your contributions are in arrears for more than 90-days.

➤ **May I be a member of more than one (1) Medical Aid Fund?**

In terms of the Medical Aid Funds Act, no person shall be admitted as a member of more than one registered Fund, being either as the principal member or as a dependant.

➤ **What should I do when my membership card is lost or stolen?**

Should a Membership card be stolen or lost the member must inform the Fund immediately. Failing to do so, the Member could be held personally liable for any expenses incurred due to fraudulent use.



GLOSSARY

ACUTE CONDITION	An acute condition is a condition that can be cured, varies in terms of severity, lasts a short time and generally disappears after treatment, for example, bronchitis, tonsillitis, ear, nose and throat infections, or pneumonia.
ANTI-SELECTION	Anti-selection is when a person joins a medical aid fund without declaring known pre-existing conditions, intending to immediately claim for medical treatment. To protect the fund, a waiting period is applied. Anti-selection can lead to immediate termination of Membership.
BENEFIT YEAR	The RMA Benefit year starts on 1 January and ends on 31 December, and the benefits are established on this basis. If you join during the year, your benefits will be pro-rated to your start date and the year's remaining months.
BIOLOGICALS	Biologicals are medications developed from blood, proteins, viruses or living organisms used to prevent, treat and cure various health conditions. Patients receive biologicals mainly by injection under the skin (subcutaneously) or by intravenous infusion because they are proteins that are quickly digested and inactivated if given by mouth. Examples of biologicals include hormones, blood products, cytokines, growth factors, vaccines, gene and cellular therapies, fusion proteins, interferon, and monoclonal antibody (mAb) products.
CHILD DEPENDANT	A Member's natural child, legally adopted child, or under legal guardianship who is under the age of 21 or not self-supporting up to the age of 25 is classified as a child-dependant and will be charged the child-dependant rate.
CHRONIC CONDITION	A chronic condition is a long-lasting condition that requires ongoing treatment, such as diabetes and asthma.
CO-PAYMENT	A co-payment is a portion of cost of a procedure or medicine for which the member is responsible, either due to an excess of tariff charges or treatment shortfalls.
DEPENDANT	A member's spouse or common-law spouse, natural child, adopted child, grandchild as well as special dependants who is not a member or registered dependent of another medical aid fund can be registered under the member as a dependent and pay dependant rates.
ELECTIVE PROCEDURE	An elective surgery or elective procedure is surgery that is scheduled in advance because it does not involve a medical emergency.
EXCLUSIONS	Exclusions are Medical procedures or conditions which the medical aid fund will not cover due to pre-existing conditions diagnosed before joining the fund or limitations to the benefit options, as per the Fund Rules.
EXCESS OF TARIFF	RMA pays claims on behalf of its members according to the set NAMAf benchmark tariffs, to the percentage indicated in the relevant product option. The member will be liable for the difference when a healthcare provider charges above this set tariff. Healthcare providers are not limited to charging according to the NAMAf benchmark tariff structure.
MEMBER	Any person admitted as a member of the fund, in terms of the approved RMA Fund Rules. A member can join as an individual or as part of a group through their employer. A person can only be a member of a single medical aid fund.

MEDICATION - NRP	The price at which medication is sold to Members, calculated as the base listed price plus a 40% markup. The listed price includes manufacturing and distribution costs, while the markup covers operational expenses and profit margin for the pharmacy.
NAMAF	The Namibian Association of Medical Aid Funds (NAMAF) is a juristic body established in terms of the Medical Aid Funds Act, 1995 (Act 23 of 1995) to control, promote, encourage and coordinate the establishment, development and functioning of Medical Aid Funds in Namibia.
NAMAF TARIFF	The NAMAF Benchmark Tariff is the recommended fixed price of medical procedures, as layn out by NAMAF for the use of Medical Aid Funds in Namibia.
OVERALL ANNUAL LIMIT	The RMA Overall Annual Limit (OAL) refers to the total limit of benefits which can be claimed against throughout the benefit year per product. Sub-limits apply to certain benefits.
PRE-AUTHORISATION	Before a hospital admission, a member should apply for authorisation to ensure the procedure is covered in terms of the fund's rules and available benefits. Emergency and life-threatening admissions are dealt with retrospectively not to delay the process.
PRO-RATED BENEFITS	Should a member join RMA during the year, their benefits will be pro-rated to their start date and the year's remaining months. Medical Aid Benefits are calculated based on the benefit year. Members joining later in the year will only have access to the benefits for the remaining months, not the full 12 months.
PRE-EXISTING CONDITION	Any medical illness, condition, injury or procedure, treatment, diagnosis, or treatment recommendation received before the member applied to become a member of RMA. The fund may apply a maximum 12-month exclusion on any pre-existing condition.
TARIFF PERCENTAGE	The tariff percentage (tariff %) is the percentage of the NAMAF tariff covered by the fund for specific benefits or procedures. For example, 100% means that RMA covers 100% of the recommended NAMAF tariff. 200% means that RMA will cover 200% of the recommended NAMAF tariff.
WAITING PERIOD	When becoming a member of RMA, a general three (3) month waiting period may be applied to all elective procedures and treatments. RMA may also apply a 12-month waiting period on pre-existing conditions for non-continuation members. During the waiting period, access to medical benefits is restricted unless the medical treatment is as a result of a medical emergency. This is done to protect the fund from anti-selection.

Disclaimer: The above definitions have been simplified for the benefit of our members and are subject to the approved RMA Fund Rules.



CONTACT DETAILS



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REGISTRATION

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DISEASE MANAGEMENT PROGRAMME
HIV MANAGEMENT PROGRAMME
MATERNITY PROGRAMME
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Dr Putch Harries Dr
P.O. Box 731, Walvis Bay
Tel: +264 83 323 2000



MEMBER PRODUCT MANAGEMENT



MEMBER PORTAL

Use the Member portal to manage your RMA Product in conjunction with the Member Mobile App

- Visit www.rmanam.com
- Go to the drop down menu 'Home'
- Select 'Portal Login'
- A new login window will open.

If you have not yet registered, you will find links that help you register, as well as an explainer on how to use the portal.

MEMBER MOBILE APP

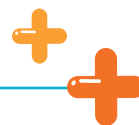
Use the Member Mobile App to manage your RMA Product in conjunction with the Member portal. The RMA Mobile App is available for RMA Members at no cost.

You can use it to:

- Check your available benefits
- Check claims you made
- Check payments made to you
- Search for medical practitioners
- View pre-authorizations
- Find out if you have exclusions
- Confirm dependants
- Update your member details
- Register for the maternity programme

How to get the app:

- Search for RMA on the App store or Google play and download the app.
- Follow the easy instructions to register.





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www.rmanam.com



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