



RMA
Renaissance Health
Medical Aid Fund



PRODUCT GUIDE 2026



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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 Dependant	Child Dependant	Principal Member	Adult Dependant	Child Dependant	Principal Member	Adult Dependant	Child Dependant	Principal Member	Adult Dependant	Child Dependant
0 - 25	5,645	3,950	2,085	4,845	3,455	1,800	4,570	3,210	1,660	4,295	3,055	1,585
26 - 30	6,595	4,590	2,085	5,695	3,945	1,800	5,325	3,705	1,660	5,030	3,500	1,585
31 - 35	7,100	4,925	2,085	6,190	4,245	1,800	5,755	3,970	1,660	5,420	3,745	1,585
36 - 40	8,005	5,925	2,085	6,940	5,150	1,800	6,435	4,805	1,660	6,085	4,525	1,585
41 - 45	8,820	6,610	2,085	7,650	5,760	1,800	7,130	5,365	1,660	6,750	5,065	1,585
46 - 50	9,775	7,670	2,085	8,315	6,550	1,800	7,755	6,085	1,660	7,370	5,800	1,585
51 - 55	10,885	8,370	2,085	9,080	6,995	1,800	8,475	6,535	1,660	8,020	6,200	1,585
56 - 60	11,965	9,395	2,085	9,955	7,785	1,800	9,295	7,295	1,660	8,765	6,915	1,585
61 - 65	13,100	10,095	2,085	10,870	8,370	1,800	10,135	7,815	1,660	9,580	7,375	1,585
66+	14,320	11,070	2,085	11,900	9,145	1,800	11,055	8,540	1,660	10,500	8,115	1,585

 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\$ 47, 300 per family N\$ 23, 200 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\$ 71, 700 per family N\$ 35, 900 per beneficiary
In- and Out-of-Hospital Benefit. Part of pre-authorisation and clinical protocols.	100%		Part of the sub-limit
MAXILLOFACIAL AND DENTAL SURGERY (In- and Out-of-Hospital)			N\$ 163, 800 per family N\$ 109, 200 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. Admission is part of the Overall Annual limit.	150%		Part of the sub-limit
DENTAL AND ORAL SURGERY			N\$ 27, 900 per family N\$ 18, 500 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\$ 60, 300 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\$ 41, 000 per family N\$ 27, 200 per beneficiary
RECONSTRUCTIVE SURGERY			N\$ 31, 800 per family N\$ 21, 200 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\$ 55, 200 per family N\$ 38, 200 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
MENTAL HEALTH			N\$ 74, 300 per family N\$ 43, 700 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
INTERNAL PROSTHESIS			N\$ 142, 000 per family N\$ 92, 800 per beneficiary
Internal prosthesis - example: knee / hip / pacemakers. Part of pre-authorisation and clinical risk management protocols.	100%		Part of the sub-limit
TRAUMA TREATMENT			Unlimited
Organ transplant, acute renal and peritoneal dialysis. Including Autoimmune diseases (e.g Lupus, Rheumatoid Arthritis, Multiple Sclerosis etc.) as well as other life threatening conditions. (In- and Out-of-Hospital).	150%		Unlimited
Oncology treatment and services. (In- and Out-of-Hospital).			N\$ 1, 040, 000 per beneficiary
Specialised chemotherapeutic and high cost medication treatment (Including supportive oncology medication). Part of clinical protocols and applicable Medical Aid Fund Rules.	100% NRP		Part of the Oncology sub-limit
Motor Vehicle Accidents (MVA).	150%		Unlimited


IUD DEVICES (Intrauterine contraceptive device)		N\$ 8, 300 per family
Placement of IUD (including device and procedure)	100%	N\$ 8, 300 per family
HEALTH IS VITAL		Unlimited
Hospital and treatment.	100%	Unlimited
HIV / AIDS visits.	100%	N\$ 3, 800 per family
HIV / AIDS pathology.	100%	N\$ 13, 500 per family
HIV / AIDS medication.	100% NRP	N\$ 45, 400 per family
HIV counselling.	100%	N\$ 5, 300 per family

DAY-TO-DAY BENEFITS		TARIFF %	BENEFITS
PROFESSIONAL SERVICES			N\$ 40, 100 per family N\$ 20, 000 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\$ 21, 600 per family N\$ 10, 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\$ 95, 700 per family N\$ 47, 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\$ 14, 600 per family N\$ 6, 300 per beneficiary
Eye tests.	100%	Part of the sub-limit	
Lenses / contact lenses.	100%		
Frames, once every two years.	100%		N\$ 2, 500 per beneficiary
DENTISTRY BENEFIT			N\$ 41, 200 per family N\$ 19, 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\$ 58, 500 per family N\$ 28, 100 per beneficiary
Acute Medication - Preferred and non-preferred.	80% NRP		N\$ 22, 600 per family N\$ 9, 000 per beneficiary
Pharmacy initiated therapy and OTC medication - including multivitamins and tonics. Maximum of N\$ 200 per script.			N\$ 2,000 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\$ 35, 900 per family N\$ 17, 100 per beneficiary
EXTENDED MEDICATION BENEFIT			N\$ 150, 000 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	
Stoma appliances	100% NRP		
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.	80% NRP		N\$ 44 000 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

PREVENTATIVE BENEFITS		TARIFF %	BENEFITS
PREVENTATIVE BENEFITS		N\$ 10, 900 per family	
PREVENTATIVE BENEFITS (Members may earn benefit rewards for participation)		Part of Preventative Benefit	
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 - To enhance the scope of chronic disease benefits, to incorporate structured and closely monitored early screening for non-communicable diseases, along with the implementation of preventive care treatment plans.	100%	Part of Preventative Benefit. In accordance with an approved clinical treatment plan, for routine follow-up tests when required.	
PREVENTATIVE BENEFIT REWARDS (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	
Blood donation campaigns		150	
IMMUNISATION (Vaccines only)		Part of Preventative Benefit	
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 - 12 years.	100% NRP	Vaccinations for children 0 - 12 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	
Orthopaedic rehabilitation and treatment relating to Chronic Disease Management. Part of approved treatment plans, pre-authorisation and clinical risk management. (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).	100%	6-weeks treatment or 12 sessions	

 INCLUSIVE BASE BENEFIT BUILDER	TARIFF %	BENEFITS
INCLUSIVE BASE BENEFIT BUILDER		N\$ 550 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\$ 550 per family



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. Subject to a minimum radius of 100 km.

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\$ 6 ,300 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 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.
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).

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

Medical treatment.

Evacuation, repatriation, return of children.

100%

Terms and conditions

Related to emergency evacuation

Terms and conditions

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	4,825	3,055	1,780	4,185	2,625	1,530	3,915	2,465	1,415	3,730	2,370	1,340
26 - 30	5,595	4,235	1,780	4,855	3,630	1,530	4,545	3,415	1,415	4,305	3,245	1,340
31 - 35	6,365	4,655	1,780	5,515	4,030	1,530	5,140	3,780	1,415	4,900	3,595	1,340
36 - 40	6,945	5,130	1,780	6,045	4,465	1,530	5,630	4,135	1,415	5,365	3,995	1,340
41 - 45	7,735	5,970	1,780	6,685	5,160	1,530	6,245	4,850	1,415	5,965	4,600	1,340
46 - 50	8,690	6,790	1,780	7,430	5,810	1,530	6,900	5,415	1,415	6,615	5,140	1,340
51 - 55	9,575	7,430	1,780	8,045	6,215	1,530	7,510	5,830	1,415	7,155	5,525	1,340
56 - 60	10,415	8,045	1,780	8,665	6,665	1,530	8,080	6,190	1,415	7,745	5,935	1,340
61 - 65	11,385	8,985	1,780	9,465	7,430	1,530	8,840	6,930	1,415	8,415	6,580	1,340
66+	12,410	9,960	1,780	10,280	8,290	1,530	9,595	7,700	1,415	9,165	7,365	1,340

 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\$ 36, 400 per family N\$ 18, 200 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\$ 57, 300 per family N\$ 28, 600 per beneficiary
In- and Out-of-Hospital Benefit. Part of pre-authorisation and clinical protocols.	100%		Part of the sub-limit
MAXILLOFACIAL AND DENTAL SURGERY (In- and Out-of-Hospital)			N\$ 122, 800 per family N\$ 82, 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. Admission is part of the Overall Annual limit.	150%		Part of the sub-limit
DENTAL AND ORAL SURGERY			N\$ 20, 700 per family N\$ 13, 900 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.			
Cataract surgery only after one year membership. (All-inclusive benefit - admission, surgery, treatment and services). Part of clinical protocols.	150%		N\$ 54, 600 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\$ 36, 900 per family N\$ 24, 500 per beneficiary
RECONSTRUCTIVE SURGERY			N\$ 27, 900 per family N\$ 18, 700 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\$ 45, 100 per family N\$ 30, 200 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
MENTAL HEALTH			N\$ 74, 300 per family N\$ 43, 700 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
INTERNAL PROSTHESIS			N\$ 92, 600 per family N\$ 82, 200 per beneficiary
Internal prosthesis - example: knee / hip / pacemakers. Part of pre-authorisation and clinical risk management protocols.	100%		Part of the sub-limit
TRAUMA TREATMENT			Part of Overall limit
Organ transplant, acute renal and peritoneal dialysis. Including Autoimmune diseases (e.g Lupus, Rheumatoid Arthritis, Multiple Sclerosis etc.) as well as other life threatening conditions. (In- and Out-of-Hospital).	150%		Part of Overall limit
Oncology treatment and services. (In- and Out-of-Hospital).			N\$ 870, 000 per beneficiary
Specialised chemotherapeutic and high cost medication treatment (Including supportive oncology medication). Part of clinical protocols and applicable Medical Aid Fund Rules.	100% NRP		Part of the Oncology sub-limit
Motor Vehicle Accidents (MVA).	150%		Part of Overall limit

IUD DEVICES (Intrauterine contraceptive device)		N\$ 7, 800 per family
Placement of IUD (including device and procedure)	100%	N\$ 7, 800 per family
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, 800 per family
HIV / AIDS pathology.	100%	N\$ 13, 500 per family
HIV / AIDS medication.	100% NRP	N\$ 45, 400 per family
HIV counselling.	100%	N\$ 5, 300 per family

DAY-TO-DAY BENEFITS		TARIFF %	BENEFITS
PROFESSIONAL SERVICES			N\$ 34, 300 per family N\$ 17, 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\$ 18, 200 per family N\$ 9, 100 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\$ 68, 200 per family N\$ 35, 900 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\$ 12, 900 per family N\$ 5, 600 per beneficiary
Eye tests.	100%	Part of the sub-limit	
Lenses / contact lenses.	100%		
Frames, once every two years.	100%		N\$ 2, 000 per beneficiary
DENTISTRY BENEFIT			N\$ 28, 300 per family N\$ 13, 400 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\$ 46, 600 per family N\$ 27, 500 per beneficiary
Acute Medication - Preferred and non-preferred.	80% NRP		N\$ 19, 100 per family N\$ 7, 700 per beneficiary
Pharmacy initiated therapy and OTC medication - including multivitamins and tonics. Maximum of N\$ 200 per script.			N\$ 1, 900 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\$ 27, 500 per family N\$ 13, 100 per beneficiary
EXTENDED MEDICATION BENEFIT			N\$ 125, 000 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	
Stoma appliances	100% NRP		
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.	80% NRP		N\$ 38, 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%	
Paediatrician visits - Postnatal.	100%	2 visits per family, per annum

PREVENTATIVE BENEFITS		TARIFF %	BENEFITS
PREVENTATIVE BENEFITS		N\$ 10, 900 per family	
PREVENTATIVE BENEFITS (Members may earn benefit rewards for participation)		Part of Preventative Benefit	
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 - To enhance the scope of chronic disease benefits, to incorporate structured and closely monitored early screening for non-communicable diseases, along with the implementation of preventive care treatment plans.	100%	Part of Preventative Benefit. In accordance with an approved clinical treatment plan, for routine follow-up tests when required.	
PREVENTATIVE BENEFIT REWARDS (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	
Blood donation campaigns		150	
IMMUNISATION (Vaccines only)		Part of Preventative Benefit	
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 - 12 years.	100% NRP	Vaccinations for children 0 - 12 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	
Orthopaedic rehabilitation and treatment relating to Chronic Disease Management. Part of approved treatment plans, pre-authorisation and clinical risk management. (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).	100%	6-weeks treatment or 12 sessions	

 INCLUSIVE BASE BENEFIT BUILDER	TARIFF %	BENEFITS
INCLUSIVE BASE BENEFIT BUILDER		N\$ 550 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\$ 550 per family



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. Subject to a minimum radius of 100 km.

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 Dependents.
3. Members participating in Wellness Day initiatives, Fitness events and preventative testing, will earn additional Benefit Builder 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).

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

Medical treatment.

Evacuation, repatriation, return of children.

100%

Terms and conditions

Related to emergency evacuation

Terms and conditions

Terms and conditions

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CALIBER CARE

OVERALL ANNUAL LIMIT

Per family: N\$ 3, 280, 000

Per beneficiary: N\$ 2, 180, 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	4,015	2,715	1,365	3,535	2,370	1,180	3,310	2,225	1,095	3,145	2,090	1,050
26 - 30	4,430	3,005	1,365	3,860	2,620	1,180	3,610	2,450	1,095	3,415	2,305	1,050
31 - 35	4,710	3,200	1,365	4,080	2,795	1,180	3,815	2,590	1,095	3,630	2,495	1,050
36 - 40	5,190	3,740	1,365	4,475	3,245	1,180	4,190	3,030	1,095	3,995	2,885	1,050
41 - 45	5,820	4,200	1,365	5,035	3,655	1,180	4,700	3,405	1,095	4,475	3,245	1,050
46 - 50	6,515	5,120	1,365	5,535	4,365	1,180	5,165	4,095	1,095	4,960	3,880	1,050
51 - 55	7,075	5,735	1,365	5,910	4,795	1,180	5,500	4,485	1,095	5,265	4,260	1,050
56 - 60	7,740	6,360	1,365	6,415	5,295	1,180	5,965	4,940	1,095	5,725	4,710	1,050
61 - 65	8,265	6,830	1,365	6,865	5,665	1,180	6,365	5,295	1,095	6,130	5,030	1,050
66+	9,290	7,610	1,365	7,680	6,325	1,180	7,175	5,870	1,095	6,865	5,605	1,050

 HOSPITAL BENEFITS		TARIFF %	BENEFITS
TOTAL ALL-INCLUSIVE OVERALL ANNUAL LIMIT			Per family: N\$ 3, 280, 000 Per beneficiary: N\$ 2, 180, 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\$ 26, 200 per family N\$ 13, 100 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%		Following surgery limited to 6 weeks treatment or 12 sessions
Post-Operative Extended Benefit (Following major surgery). Part of pre-authorisation and clinical protocols.	100%		
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.	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\$ 46, 600 per family N\$ 23, 900 per beneficiary
In- and Out-of-Hospital Benefit. Part of pre-authorisation and clinical protocols.	100%		Part of the sub-limit
MAXILLOFACIAL AND DENTAL SURGERY (In- and Out-of-Hospital)			N\$ 82, 200 per family N\$ 55, 600 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. Admission is part of the Overall Annual limit.	150%		Part of the sub-limit
DENTAL AND ORAL SURGERY			N\$ 13, 900 per family N\$ 9, 200 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 - admission, 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.			
Cataract surgery only after one year membership. (All-inclusive benefit - admission, surgery, treatment and services). Part of clinical protocols.	150%		N\$ 49, 100 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\$ 32, 900 per family N\$ 21, 800 per beneficiary
RECONSTRUCTIVE SURGERY			N\$ 23, 800 per family N\$ 15, 900 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\$ 32, 900 per family N\$ 21, 800 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
MENTAL HEALTH			N\$ 74, 300 per family N\$ 43, 700 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
INTERNAL PROSTHESIS			N\$ 92, 600 per family N\$ 82, 200 per beneficiary
Internal prosthesis - example: knee / hip / pacemakers. Part of pre-authorisation and clinical risk management protocols.	100%		Part of the sub-limit
TRAUMA TREATMENT			Part of the Overall Annual Limit
Organ transplant, acute renal and peritoneal dialysis. Including Autoimmune diseases (e.g Lupus, Rheumatoid Arthritis, Multiple Sclerosis etc.) as well as other life threatening conditions. (In- and Out-of-Hospital).	150%		Part of Overall limit
Oncology treatment and services. (In- and Out-of-Hospital).			N\$ 710, 000 per beneficiary
Specialised chemotherapeutic and high cost medication treatment (Including supportive oncology medication). Part of clinical protocols and applicable Medical Aid Fund Rules.	100% NRP		Part of the Oncology sub-limit
Motor Vehicle Accidents (MVA).	150%		Part of Overall limit


IUD DEVICES (Intrauterine contraceptive device)		N\$ 7, 800 per family
Placement of IUD (including device and procedure)	100%	N\$ 7, 800 per family
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, 800 per family
HIV / AIDS pathology.	100%	N\$ 13, 500 per family
HIV / AIDS medication.	100% NRP	N\$ 45, 400 per family
HIV counselling.	100%	N\$ 5, 300 per family

DAY-TO-DAY BENEFITS		TARIFF %	BENEFITS
PROFESSIONAL SERVICES			N\$ 28, 600 per family N\$ 14, 400 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\$ 14, 900 per family N\$ 7, 500 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\$ 41, 000 per family N\$ 20, 400 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\$ 7, 100 per family N\$ 3 ,100 per beneficiary
Eye tests.	100%	Part of the sub-limit	
Lenses / contact lenses.	100%		
Frames, once every two years.	100%		N\$ 1, 500 per beneficiary
DENTISTRY BENEFIT			N\$ 22, 900 per family N\$ 10, 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\$ 33, 700 per family N\$ 17, 000 per beneficiary
Acute Medication - Preferred and non-preferred.	80% NRP		N\$ 15, 700 per family N\$ 6, 200 per beneficiary
Pharmacy initiated therapy and OTC medication - including multivitamins and tonics. 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\$ 19, 000 per family N\$ 9, 000 per beneficiary
EXTENDED MEDICATION BENEFIT			N\$ 100, 000 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	
Stoma appliances	100% NRP		
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.	80% NRP		N\$ 35, 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

PREVENTATIVE BENEFITS		TARIFF %	BENEFITS
PREVENTATIVE BENEFITS		N\$ 10, 900 per family	
PREVENTATIVE BENEFITS (Members may earn benefit rewards for participation)		Part of Preventative Benefit	
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 - To enhance the scope of chronic disease benefits, to incorporate structured and closely monitored early screening for non-communicable diseases, along with the implementation of preventive care treatment plans.	100%	Part of Preventative Benefit. In accordance with an approved clinical treatment plan, for routine follow-up tests when required.	
PREVENTATIVE BENEFIT REWARDS (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	
Blood donation campaigns	150		
IMMUNISATION (Vaccines only)		Part of Preventative Benefit	
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 - 12 years.	100% NRP	Vaccinations for children 0 - 12 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	
Orthopaedic rehabilitation and treatment relating to Chronic Disease Management. Part of approved treatment plans, pre-authorisation and clinical risk management. (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).	100%	6-weeks treatment or 12 sessions	

 INCLUSIVE BASE BENEFIT BUILDER	TARIFF %	BENEFITS
INCLUSIVE BASE BENEFIT BUILDER		N\$ 550 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\$ 550 per family



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. Subject to a minimum radius of 100 km.

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, 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 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.
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).

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

Medical treatment.

Evacuation, repatriation, return of children.

100%

Terms and conditions

Related to emergency evacuation

Terms and conditions

Terms and conditions

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ESTEEM CARE

OVERALL ANNUAL LIMIT

Per family: N\$ 1, 840, 000

Per beneficiary: N\$ 1, 200, 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	2,795	1,955	1,065	2,435	1,680	925	2,315	1,580	880	2,160	1,475	815
26 - 30	3,050	2,100	1,065	2,645	1,825	925	2,495	1,700	880	2,335	1,605	815
31 - 35	3,300	2,280	1,065	2,860	1,965	925	2,660	1,830	880	2,515	1,760	815
36 - 40	3,640	2,700	1,065	3,185	2,320	925	2,960	2,200	880	2,790	2,060	815
41 - 45	4,060	2,975	1,065	3,520	2,605	925	3,295	2,415	880	3,125	2,280	815
46 - 50	4,600	3,650	1,065	3,920	3,110	925	3,660	2,880	880	3,465	2,765	815
51 - 55	5,330	4,365	1,065	4,495	3,690	925	4,175	3,440	880	3,950	3,240	815
56 - 60	5,920	5,030	1,065	4,940	4,190	925	4,585	3,880	880	4,330	3,650	815
61 - 65	6,440	5,375	1,065	5,380	4,440	925	5,020	4,180	880	4,715	3,945	815
66+	6,885	5,665	1,065	5,730	4,700	925	5,330	4,405	880	5,070	4,140	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 Dependand	Child Dependand	Principal Member	Adult Dependand	Child Dependand	Principal Member	Adult Dependand	Child Dependand	Principal Member	Adult Dependand	Child Dependand
0 - 2, 000	3,500	2,240	1,040	3,065	1,955	900	2,850	1,810	830	2,700	1,755	790
2, 001 - 3, 000	3,650	2,780	1,040	3,150	2,425	900	2,960	2,265	830	2,795	2,160	790
3, 001 - 4, 000	4,020	3,295	1,040	3,515	2,860	900	3,285	2,655	830	3,115	2,545	790
4, 001 - 5, 000	4,525	3,760	1,040	3,945	3,280	900	3,660	3,050	830	3,500	2,895	790
5, 001 - 6, 000	4,980	4,210	1,040	4,330	3,665	900	4,050	3,465	830	3,880	3,285	790
6, 001+	5,645	4,525	1,040	4,900	3,890	900	4,565	3,625	830	4,330	3,465	790


 HOSPITAL BENEFITS		TARIFF %	BENEFITS
TOTAL ALL-INCLUSIVE OVERALL ANNUAL LIMIT			Per family: N\$ 1, 840, 000 Per beneficiary: N\$ 1, 200, 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\$ 19, 700 per family N\$ 10, 400 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 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.	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\$ 36, 100 per family N\$ 18, 000 per beneficiary
In- and Out-of-Hospital Benefit. Part of pre-authorisation and clinical protocols.	100%		Part of the sub-limit
MAXILLOFACIAL AND DENTAL SURGERY (In- and Out-of-Hospital)			N\$ 41, 300 per family N\$ 27, 500 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. Admission is part of the Overall Annual limit.	125%		Part of the sub-limit
DENTAL AND ORAL SURGERY			N\$ 6, 500 per family N\$ 4, 700 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\$ 38, 300 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\$ 16, 400 per family N\$ 10, 900 per beneficiary
RECONSTRUCTIVE SURGERY			N\$ 13, 900 per family N\$ 9, 300 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\$ 16,600 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
MENTAL HEALTH			N\$ 38, 300 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
INTERNAL PROSTHESIS			N\$ 64, 000 per family
Internal prosthesis - example: knee / hip / pacemakers. Part of pre-authorisation and clinical risk management protocols.	100%		Part of the sub-limit
TRAUMA TREATMENT			Part of the Overall Annual Limit
Acute renal and peritoneal dialysis. (In- and Out-of-Hospital).			Part of Overall limit
Organ transplant. Including Autoimmune diseases (e.g Lupus, Pheumatoid Arthritis, Multiple Sclerosis etc.) as well as other life threatening conditions. (In- and Out-of-Hospital).	125%		N\$ 218, 000 per family
Oncology treatment and services. (In- and Out-of-Hospital).			N\$ 437, 000 per family
Specialised chemotherapeutic and high cost medication treatment. Part of clinical protocols and applicable Medical Aid Fund Rules.	100% NRP		Part of Overall limit
Motor Vehicle Accidents (MVA).	100%		


IUD DEVICES (Intrauterine contraceptive device)		N\$ 7, 300 per family
Placement of IUD (including device and procedure)	100%	N\$ 7, 300 per family
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, 800 per family
HIV / AIDS pathology.	100%	N\$ 13, 500 per family
HIV / AIDS medication.	100% NRP	N\$ 45, 400 per family
HIV counselling.	100%	N\$ 5, 300 per family

DAY-TO-DAY BENEFITS		TARIFF %	BENEFITS
PROFESSIONAL SERVICES			N\$ 20, 000 per family N\$ 10, 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\$ 6, 100 per family N\$ 4, 100 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\$ 24, 500 per family N\$ 13, 600 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\$ 5, 200 per family N\$ 2, 700 per beneficiary
Eye tests.	100%	Part of the sub-limit	
Lenses / contact lenses.	100%		
Frames, once every two years.	100%		N\$ 1, 150 per beneficiary
DENTISTRY BENEFIT			N\$ 13, 600 per family N\$ 7, 200 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\$ 13, 300 per family N\$ 6, 800 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, 600 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\$ 75, 000 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	
Stoma appliances	100% NRP		

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

 PREVENTATIVE BENEFITS	TARIFF %	BENEFITS
PREVENTATIVE BENEFITS		N\$ 10, 900 per family
PREVENTATIVE BENEFITS (Members may earn benefit rewards for participation)		Part of Preventative Benefit
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 - To enhance the scope of chronic disease benefits, to incorporate structured and closely monitored early screening for non-communicable diseases, along with the implementation of preventive care treatment plans.	100%	Part of Preventative Benefit. In accordance with an approved clinical treatment plan, for routine follow-up tests when required.
PREVENTATIVE BENEFIT REWARDS (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
Blood donation campaigns		150
IMMUNISATION (Vaccines only)		Part of Preventative Benefit
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 - 12 years.	100% NRP	Vaccinations for children 0 - 12 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
Orthopaedic rehabilitation and treatment relating to Chronic Disease Management. Part of approved treatment plans, pre-authorisation and clinical risk management. (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).	100%	6-weeks treatment or 12 sessions

 INCLUSIVE BASE BENEFIT BUILDER	TARIFF %	BENEFITS
INCLUSIVE BASE BENEFIT BUILDER		N\$ 550 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\$ 550 per family



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. Subject to a minimum radius of 100 km.

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, 200 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 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.
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).

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

Medical treatment.

Evacuation, repatriation, return of children.

100%

Terms and conditions

Related to emergency evacuation

Terms and conditions

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				



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\$ 550 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. Admission is part of the Overall Annual limit.	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. (In- and Out-of-Hospital)	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. Subject to a minimum radius of 100 km. 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%	Part of the family limit
Pharmacy initiated therapy and OTC medication. Maximum of N\$ 200 per script.		
Chronic medication (Preferred).		
Chronic medication (Non-preferred).		
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, 227, 000

Per beneficiary: N\$ 860, 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	1,970	1,360	820	1,705	1,175	700	1,615	1,100	670	1,505	1,050	625
26 - 30	2,150	1,475	820	1,850	1,265	700	1,735	1,195	670	1,635	1,120	625
31 - 35	2,320	1,595	820	1,990	1,375	700	1,860	1,285	670	1,760	1,235	625
36 - 40	2,555	1,895	820	2,225	1,630	700	2,080	1,550	670	1,965	1,445	625
41 - 45	2,830	2,090	820	2,470	1,815	700	2,315	1,700	670	2,190	1,595	625
46 - 50	3,215	2,555	820	2,740	2,180	700	2,565	2,025	670	2,420	1,940	625
51 - 55	3,740	3,055	820	3,150	2,580	700	2,925	2,415	670	2,770	2,270	625
56 - 60	4,160	3,515	820	3,465	2,930	700	3,200	2,720	670	3,020	2,560	625
61 - 65	4,515	3,770	820	3,760	3,125	700	3,515	2,930	670	3,305	2,765	625
66+	4,815	3,975	820	4,005	3,280	700	3,740	3,075	670	3,555	2,915	625

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	2,220	1,330	760	1,965	1,130	655	1,810	1,070	640	1,725	1,050	585
2, 001 - 4, 000	2,510	1,535	760	2,195	1,320	655	2,030	1,240	640	1,955	1,205	585
4, 001 - 6, 000	3,105	2,175	775	2,675	1,895	660	2,475	1,780	645	2,405	1,705	600
6, 001+	3,250	2,230	795	2,800	1,965	680	2,635	1,840	670	2,500	1,745	610

 HOSPITAL BENEFITS		TARIFF %	BENEFITS
TOTAL ALL-INCLUSIVE OVERALL ANNUAL LIMIT			Per family: N\$ 1, 227, 000 Per beneficiary: N\$ 860, 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, 400 per family N\$ 5, 200 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\$ 18, 000 per family N\$ 9, 000 per beneficiary
In- and Out-of-Hospital Benefit. Part of pre-authorisation and clinical protocols.	100%		Part of the sub-limit
MAXILLOFACIAL AND DENTAL SURGERY (In- and Out-of-Hospital)			N\$ 31, 000 per family N\$ 20, 600 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. Admission is part of the Overall Annual limit.	125%		Part of the sub-limit
DENTAL AND ORAL SURGERY			N\$ 5, 100 per family N\$ 3, 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.	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, 600 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\$ 10, 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
MENTAL HEALTH			N\$ 36, 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
INTERNAL PROSTHESIS			N\$ 52, 500 per family
Internal prosthesis - example: knee / hip / pacemakers. Part of pre-authorisation and clinical risk management protocols.	100%		Part of the sub-limit
TRAUMA TREATMENT			Part of the Overall Annual Limit
Acute renal and peritoneal dialysis. (In- and Out-of-Hospital).			Part of Overall limit
Organ transplant. Including Autoimmune diseases (e.g Lupus, Pheumatoid Arthritis, Multiple Sclerosis etc.) as well as other life threatening conditions. (In- and Out-of-Hospital).	125%		N\$ 163, 000 per family
Oncology (Including basic chemo and radiation treatment) (In- and Out-of-Hospital).			N\$ 218, 000 per family
Specialised chemotherapeutic and high cost medication treatment. Part of clinical protocols and applicable Medical Aid Fund Rules.			Part of the sub-limit
Motor Vehicle Accidents (MVA).	125%		Part of Overall limit

IUD DEVICES (Intrauterine contraceptive device)		N\$ 7, 300 per family
Placement of IUD (including device and procedure)	100%	N\$ 7, 300 per family
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, 800 per family
HIV / AIDS pathology.	100%	N\$ 13, 500 per family
HIV / AIDS medication.	100% NRP	N\$ 45, 400 per family
HIV counselling.	100%	N\$ 5, 300 per family

 DAY-TO-DAY BENEFITS		TARIFF %	BENEFITS
PROFESSIONAL SERVICES			N\$ 9, 300 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, 400 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\$ 13, 300 per family N\$ 8, 900 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, 400 per family N\$ 1, 700 per beneficiary
Eye tests.	100%		Part of the sub-limit
Lenses / contact lenses.	100%		
Frames, once every two years.	100%		N\$ 820 per beneficiary
DENTISTRY BENEFIT			N\$ 5, 900 per family N\$ 4, 000 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\$ 11, 600 per family N\$ 5, 900 per beneficiary
Acute Medication - Preferred and non-preferred.			Part of Medication Benefit sub-limit
Pharmacy-initiated therapy and OTC medication as approved by the Fund. Maximum of N\$ 180 per script.	80% NRP		N\$ 990 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\$ 50, 000 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
Stoma appliances	100% NRP		

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

PREVENTATIVE BENEFITS		TARIFF %	BENEFITS
PREVENTATIVE BENEFITS		N\$ 10, 900 per family	
PREVENTATIVE BENEFITS (Members may earn benefit rewards for participation)		Part of Preventative Benefit	
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 - To enhance the scope of chronic disease benefits, to incorporate structured and closely monitored early screening for non-communicable diseases, along with the implementation of preventive care treatment plans.	100%	Part of Preventative Benefit. In accordance with an approved clinical treatment plan, for routine follow-up tests when required.	
PREVENTATIVE BENEFIT REWARDS (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	
Blood donation campaigns		150	
IMMUNISATION (Vaccines only)		Part of Preventative Benefit	
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 - 12 years.	100% NRP	Vaccinations for children 0 - 12 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. Subject to a minimum radius of 100 km.

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, 200 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 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\$ 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).

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

Medical treatment.

Evacuation, repatriation, return of children.

100%

Terms and conditions

Related to emergency evacuation

Terms and conditions

Terms and conditions

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PREMIERE CARE

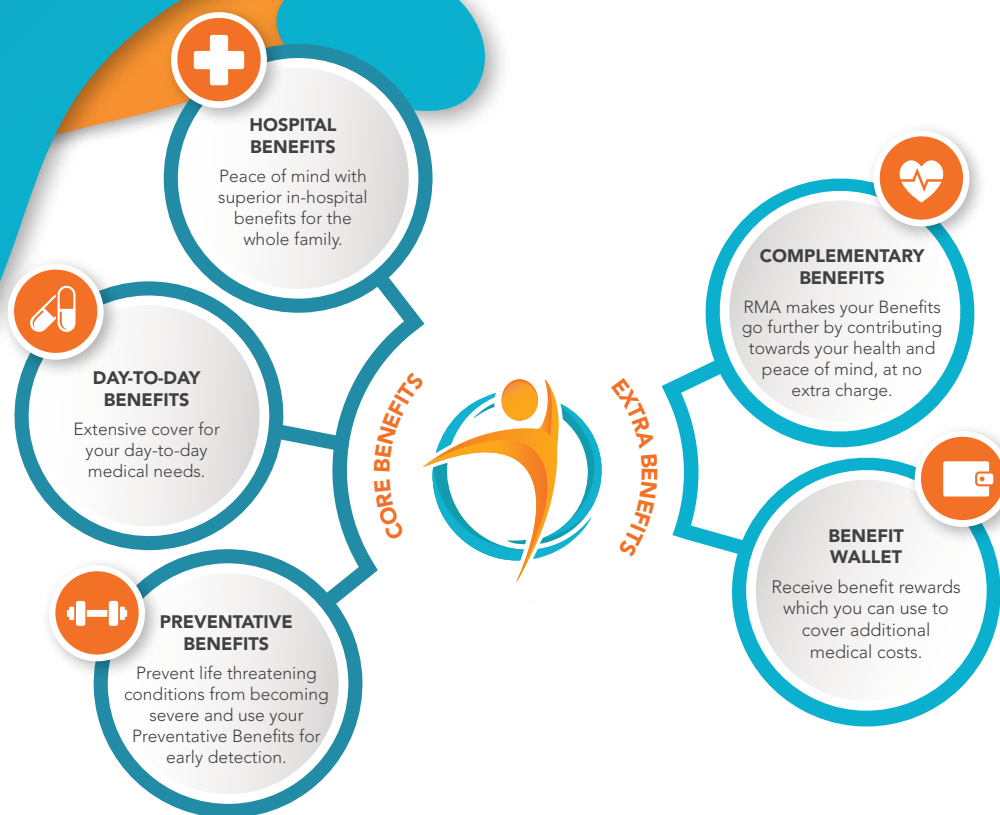
OVERALL ANNUAL LIMIT

State Hospitals: Unlimited

Private Hospitals:

N\$ 400, 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 Dependant	Child Dependant	Principal Member	Adult Dependant	Child Dependant	Principal Member	Adult Dependant	Child Dependant	Principal Member	Adult Dependant	Child Dependant
0 - 25	1,020	705	385	885	615	330	835	575	315	785	530	295
26 - 30	1,080	740	385	945	640	330	885	600	315	830	565	295
31 - 35	1,130	780	385	965	675	330	910	625	315	855	590	295
36 - 40	1,205	900	385	1,060	760	330	975	730	315	920	680	295
41 - 45	1,355	1,000	385	1,190	865	330	1,095	815	315	1,040	755	295
46 - 50	1,570	1,240	385	1,325	1,065	330	1,240	975	315	1,190	950	295
51 - 55	1,825	1,490	385	1,535	1,255	330	1,425	1,175	315	1,355	1,110	295
56 - 60	2,030	1,715	385	1,685	1,425	330	1,555	1,320	315	1,475	1,240	295
61 - 65	2,210	1,840	385	1,835	1,520	330	1,705	1,425	315	1,610	1,345	295
66+	2,355	1,940	385	1,940	1,595	330	1,810	1,510	315	1,735	1,415	295

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 - 1, 500	1,000	695	280	855	615	240	795	555	230	740	520	225
1, 501 - 3, 000	1,110	785	310	915	695	290	875	640	255	835	635	230
3, 001 - 6, 000	1,300	910	395	1,110	780	345	1,040	745	290	1,020	715	290
6, 001 +	1,795	1,235	515	1,535	1,095	430	1,440	1,040	400	1,385	970	395

 HOSPITAL BENEFITS		TARIFF %	BENEFITS
TOTAL ALL-INCLUSIVE OVERALL ANNUAL LIMIT			State Hospitals: Unlimited Private Hospitals: N\$ 400, 000 per family
HOSPITAL BENEFIT GROUP (Subject to clinical risk management protocols)			N\$ 400, 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\$ 400, 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\$ 9, 000 per family N\$ 4, 600 per beneficiary
In- and Out-of-Hospital Benefit. Part of pre-authorisation and clinical protocols.	100%		Part of the sub-limit
MAXILLOFACIAL AND DENTAL SURGERY (In- and Out-of-Hospital)			N\$ 17, 900 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. Admission is part of the Overall Annual limit.	100%		Part of the sub-limit
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\$ 60, 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
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
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
TRAUMA TREATMENT			No benefit
Organ transplant, acute renal and peritoneal dialysis. Including Autoimmune diseases (e.g Lupus, Rheumatoid Arthritis, Multiple Sclerosis etc.) as well as other life threatening conditions. (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).			Part of the Overall Annual Limit

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, 800 per family
HIV / AIDS pathology.	100%	N\$ 13, 500 per family
HIV / AIDS medication.	100% NRP	N\$ 45, 400 per family
HIV counselling.	100%	N\$ 5, 300 per family

 DAY-TO-DAY BENEFITS		TARIFF %	BENEFITS
PROFESSIONAL SERVICES			N\$ 10, 200 per family N\$ 5, 100 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\$ 1, 040 per family N\$ 710 per beneficiary
Eye tests.	100%		Part of the sub-limit
Lenses / contact lenses.	100%		
Frames, once every two years.	100%		
DENTISTRY BENEFIT			N\$ 5, 800 per family N\$ 2, 800 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\$ 7, 500 per family N\$ 3, 700 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. Maximum of N\$ 280 per claim.			N\$ 980 per family
Homeopathic medication.			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		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%	



PREVENTATIVE BENEFITS

TARIFF %

BENEFITS

PREVENTATIVE BENEFITS

N\$ 10, 900 per family

PREVENTATIVE BENEFITS (Members may earn benefit rewards for participation)

Part of Preventative Benefit

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 - To enhance the scope of chronic disease benefits, to incorporate structured and closely monitored early screening for non-communicable diseases, along with the implementation of preventive care treatment plans.	100%	Part of Preventative Benefit. In accordance with an approved clinical treatment plan, for routine follow-up tests when required.

PREVENTATIVE BENEFIT REWARDS (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
Blood donation campaigns		150

IMMUNISATION (Vaccines only)

Part of Preventative Benefit

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 - 12 years.	100% NRP	Vaccinations for children 0 - 12 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

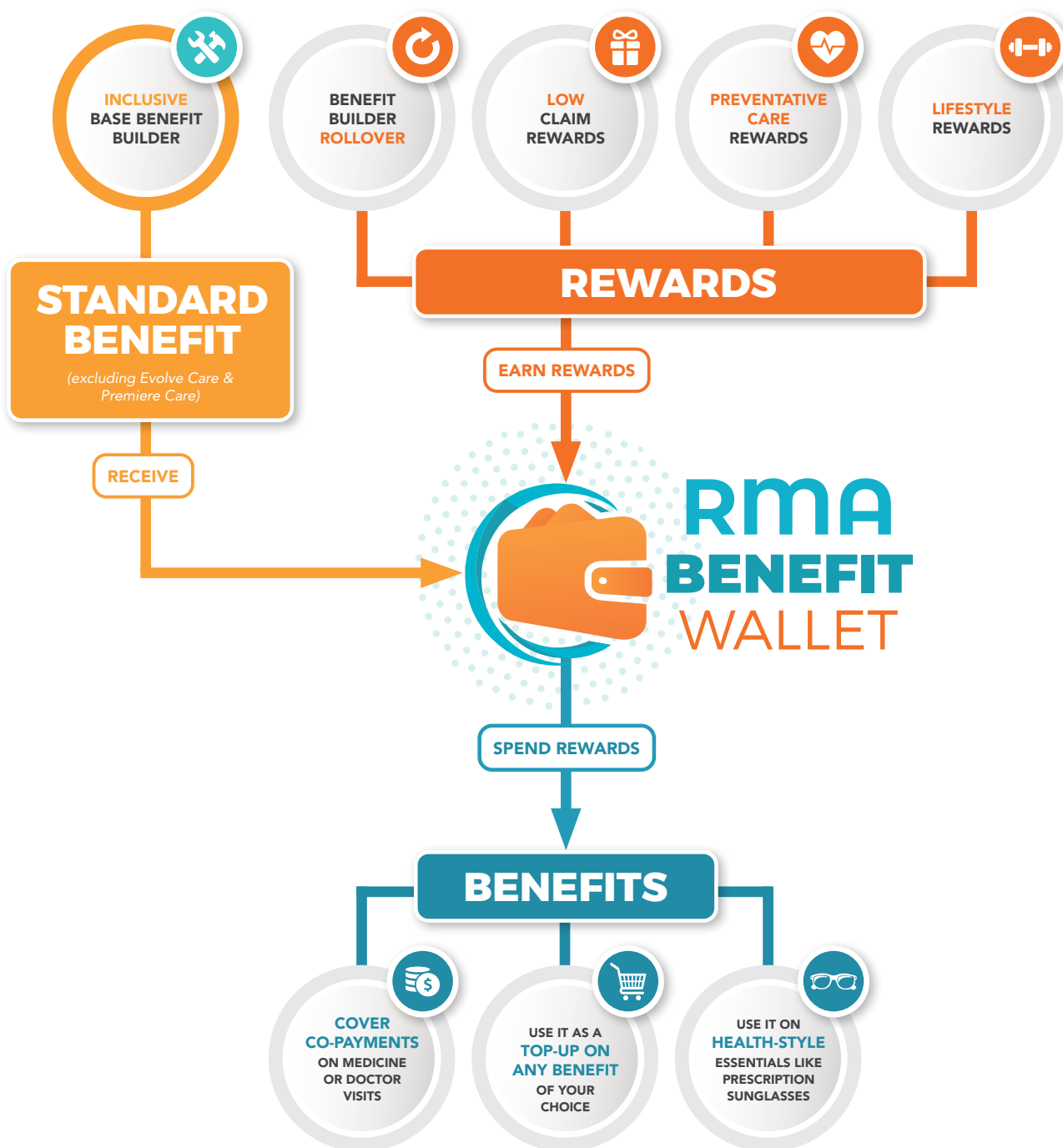
Evacuation, repatriation, return of children.

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.

BENEFIT WALLET

REWARDING
YOUR
HEALTH!



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




JOIN OUR

Preventative Lifestyle Program

Take control of your health with RMA, through covered sessions at partnered Biokinetics facilities.

Follow these easy steps

- 1 Complete a health screenings with one of our nurses 
- 2 Get your Signed Referral Form 
- 3 Choose one of our Registered Biokinetics Facilities 
- 4 Start your training sessions 
- 5 Stay committed and enjoy the benefits 

***Stronger. Healthier. Happier.
It all starts here.***

For more info contact: +264 83 2999 000



A woman with long brown hair, wearing a wide-brimmed straw hat and a white t-shirt, is looking upwards and to the right. She is wearing a necklace with a silver chain and a pendant. The background is a blurred outdoor setting with a stone wall and greenery. There are decorative elements: a blue speech bubble in the top right corner, orange and blue circles and dots in the top left, and orange plus signs and dots in the middle right.

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 27 years - there after they may join as Principal members under group rate 1. 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.

PAID ADVERTISING



C+MPLI MED PLUS

**PRIVATE HOSPITAL GAP PLAN
FOR MEMBERS OF RMA**

Why You Need Complimed Plus!

Complimed Plus is a Gap insurance policy that bridges the financial gap between what your medical aid covers and excess of tariff treatment costs in private hospitals. Designed to complement your existing medical aid, it ensures peace of mind by covering in-hospital excess of tariff costs at the insured rate up to the benefit limit, including surgeries, maternity care, trauma-related treatments, and more. Complimed Plus provides up to **N\$ 2.5 million** in gap coverage per family, allowing policyholders to access the care they need without unexpected expenses. Ideal for those seeking enhanced protection, it's a valuable addition to your healthcare plan.

BOOST YOUR MEDICAL AID COVER WITH COMPLIMED PLUS

SMS "PLUS" TO 999 555

Ts & Cs Apply

Underwritten by  **PROSPERITY
LIFE**



What is Complimed PLUS?

- Complimed PLUS is an insurance policy designed to complement your medical aid fund. It covers the difference between what your medical aid fund pays and what doctors and specialists charge for treatment in Private hospitals (this means the excess in tariff charged), at the Rate Insured. The Agreed tariff is based on the Prosperity Benchmark Tariff ("PBT") + 225%.

OVERALL ANNUAL LIMIT - N\$ 1,250 000 million per person & N\$ 2,5 million per family

IN-HOSPITAL COVER		Cover
In-Hospital cover is subject to policyholder validation & insurance protocols.		
Private Hospitals including Sub-Acute/Step Down facilities in lieu of hospitalization.	Including consultations, treatment & services, radiology, pathology and blood transfusions	Part of overall annual limit
Private Ward	Difference in private ward and general ward rates	N\$ 2 400 per event
Medicine	To take out of hospital	7 days up to N\$ 3 600
Trauma-related treatment	Oncology (Including Chemo and Radiation therapy and treatment), Organ Transplant, Acute Renal and Peritoneal Dialysis (IN and OUT of Hospital) the Benefit specifically excludes Biological Drugs in the treatment of Oncology, Renal Care or Organ Transplants, which is insured under the Specialised Medication benefit.	Part of overall annual limit
	Biological drugs and Specialised medicines (excluding off-label medication) relating to the treatment of Oncology, Renal Care and Organ Transplants. (In and Out of Hospital) (Part of registration and treatment plan protocols)	N\$ 5 000 per person
	Motor vehicle accidents (MVA) - subject to registration with MVA	Part of the Sum Insured
Surgical Procedures in Rooms and Unattached Theatres	Doctors' rooms - selective surgical and endoscopic procedures, circumcisions, including admission, surgery, treatment and services	N\$ 10 000 per person
	Selective surgical and endoscopic procedures, circumcisions in unattached operating theatres and sub-acute facilities, including surgery, treatment and services	
MRI, CT, PET & Bone Density Scans	In-hospital	N\$ 26 000 per person
Maxillo Facial Surgery	Non-elective and trauma maxillo/oral surgery, including dental extractions of more than 3 teeth or multiple fillings or removal of impacted wisdom teeth in children under the age of ten (10) and disabled dependants, including admission and all services inclusive	N\$ 56 000 per person
Dental & Oral Surgery	Elective dental & oral surgery, including dental implants (all-inclusive benefit - admissions, surgery, treatment and services)	N\$ 6 300 per person
Eye Surgery	Including cataracts, glaucoma, eye muscle and corneal surgery, eye removal, vitreo-retinal surgery, etc. (12 month waiting period)	Part of overall annual limit
	Eximer laser and radial keratotomy only after 2 years insured cover (all-inclusive benefit - admissions, surgery, treatment and services)	N\$ 12 600 per person
Reconstructive Surgery	Reconstructive surgery only after 2 years insured cover, including breast reductions (all-inclusive benefits - admissions, surgery, treatment and services)	N\$ 6 300 per person
Internal Prosthesis	Knee / hip / pacemakers, etc.	N\$ 68 000 per person
Alternative Services	Occupational Therapy, Private Nursing, Frail care (medical treatment and services only), Mental Health including Psychiatric hospital accommodation, treatment and services. Admission for Alcohol and Drug addiction including related treatment and services will only be allowed ONCE per beneficiary in a Lifetime.	N\$ 20 000 per person
Maternity (one pregnancy per family per year)	Gynaecology / Obstetric - In and OUT of Hospital Consultations treatment and services	N\$ 44 000 per person
	Neo-natal ICU / ward fees	
Special Illness Conditions	HIV/Aids and sexually transmitted diseases.	N\$ 6 000 per person

Oncology - Excess of Benefit - 100% Prosperity Benchmark Tariff (PBT)

Oncology (Including Chemo and Radiation therapy and treatment) (IN / OUT Hospital)	N\$ 200 000 per person
Specialise Chemotherapeutic and high cost medication treatment, including supportive oncology medication, subject to clinical review and approval for the fund	
Palliative end stage Home Care for a maximum 21 days (Nursing Service)	N\$ 20 000 per person

MONTHLY INDIVIDUAL PREMIUM

Age Category	Main	Adult	Child
0-25	214	131	105
26-30	237	144	105
31-35	260	159	105
36-40	283	173	105
41-45	322	196	105

MONTHLY INDIVIDUAL PREMIUM

Age Category	Main	Adult	Child
46-50	378	230	105
51-55	450	274	105
56-60	568	346	105
61-65	757	461	105
66+	1 040	633	105

NOTE: Risk rating may apply / * Maximum charge for six beneficiaries e.g. Policyholder + 5 dependants

Disclaimer: Prosperity Lifecare Insurance is a Long-Term Insurer duly registered with Namfisa. This guide is an extract from the terms and conditions of this insurance policy. Should there be any discrepancies, misprint and/or misinterpretation thereof, the terms and condition of the insurance policy will prevail.

Terms & Conditions (summary) - The head notes and the clauses of this brochure are for reference purposes only and shall in no way govern or affect the interpretation nor modify, nor amplify the Terms and Conditions of the policy agreement nor any clause thereof: 1 - Pre-existing conditions will be excluded for a period as determined by the Insurer, 2 - The Insurer's liability is conditional on the insured claiming the benefit and keeping to the policy Terms and Conditions, 3 - The Insurer reserves the right to alter the Terms & Conditions, premiums and provisions of this policy with one month notice to the insured, 4 - Maximum entry age on this policy for Policyholder and his/her spouse is 60 years; child dependants qualify for coverage up to the age of 25 years, 5 - The Insurer shall not be liable for the failure of a Intermediary to adequately explain the Terms and Conditions of the policy, 6 - The territory as defined will include Namibia, South African, Lesotho, Swaziland, Mozambique, Botswana, Zimbabwe, Zambia and Angola, 7 - In terms of a Namfisa directive, insurers should avoid over and/or under insurance. The Insurer herewith notifies the Policyholder to declare any over and/or under insurance immediately to the Insurer and to declare any change in status of health of the Policyholder or any of the beneficiaries, which occurs prior to the acceptance of this policy.

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 27 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. 125% means that RMA will cover 125% 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.

SAY
HELLO!

CONTACT DETAILS



SUPPORT

CLIENT SERVICE

+264 83 299 9000
clientservices@prosperitynam.com

NEW BUSINESS

RMA@prosperitynam.com

MEMBERSHIP

RMAmember@prosperitynam.com

CLAIMS

claims@prosperitynam.com

HOSPITAL PRE-AUTHORISATION

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hpa@prosperitynam.com

24-HOUR EMERGENCY PRE-AUTHORISATION

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Disease Management Programme

HIV Management Programme

Maternity Programme

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ONGWEDIVA

Ongwediva Medipark Complex
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Kokerboom St
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SWAKOPMUND

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Swakopmund
Tel: +264 83 323 2050

TSUMEB

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P.O. Box 791, Tsumeb
Tel: +264 83 323 2070

WALVIS BAY

Unit 7, Medipark
Dr Putsch 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.



MEMBER AMENDMENT FORM

Tel: +264 83 2999 000

E-mail queries: rmamember@prosperitynam.com

Kindly do not use Tippex in the completion of this form - kindly initial where corrections have been made and complete accordingly.



For **OPTION CHANGE**: Complete sections A, B, E, F, G (where applicable)
 For **BENEFIT BUILDERS**: Complete sections A, C, E, F, G (where applicable)
 For **BANK DETAIL UPDATE**: Complete sections A, D, E, F, G (where applicable)

Office Use Only

Screened		Captured		QC		Scanned	
Date		Date		Date		Date	
Signature		Signature		Signature		Signature	

Section A - Principal Member Details

Member Number													
*Source of Income	Salary		Private Business		Other								
*Source of funds, please specify													
Title		Initials		Full Names									
Surname													
Previous Names (If any)						Nationality							
Physical Address													
Postal Address						Postal code							
Telephone Number	(H) Code					(W) Code							
Cellphone Number					Fax Number								
I.D./Passport Number					Passport Expiry Date	D	D	M	M	Y	Y	Y	Y
E-mail Address													
Date of Birth	D	D	M	M	Y	Y	Y	Y	Age				

Section B - Option Change Selection (Effective annually on 1 January)

Elite Care		Prestige Care		Status Care	
Caliber Care		Esteem Care		Evolve Care	
Premiere Care					
Reason For Option Change:	Affordability			Benefits	
Other, kindly specify					

Section C - Benefit Builder Selection (Period of cover up to 31 December) - Automatically rolled-over to the next benefit year

General rules

- Pro-Rated benefits are applied on a Benefit Builder from the inception date.
- Benefit Builder options are not available to members belonging to Evolve Care or Premiere Care.
- Benefit Builders may only be purchased once per family per annum.

80% of unused benefits in a family Benefit Builder selected by the member in previous benefit year will be transferred in the following year to the member's Benefit Wallet as a top up medical benefit for use when needed. (Note: The balance is transferred after 4 months to allow for the run-off of medical claims incurred in the previous year.)

Benefit Builders			Add / Change				Termination				Termination Date			D	D	M	M	Y	Y
Family Benefit		Monthly Contribution	Effective Date						Family Benefit		Monthly Contribution	Effective Date							
N\$ 3,000		N\$ 225	D	D	M	M	Y	Y	N\$ 15,000		N\$ 1,125	D	D	M	M	Y	Y		
N\$ 5,000		N\$ 375	D	D	M	M	Y	Y	N\$ 17,000		N\$ 1,275	D	D	M	M	Y	Y		
N\$ 7,000		N\$ 525	D	D	M	M	Y	Y	N\$ 20,000		N\$ 1,500	D	D	M	M	Y	Y		
N\$ 10,000		N\$ 750	D	D	M	M	Y	Y	N\$ 22,000		N\$ 1,650	D	D	M	M	Y	Y		
N\$ 12,000		N\$ 900	D	D	M	M	Y	Y	N\$ 25,000		N\$ 1,875	D	D	M	M	Y	Y		

Section D - Bank Details *(For Debit Order Contributions or EFT Claim Refunds)*

IMPORTANT NOTICE: It is compulsory to provide RMA with this information. (In the event that refunds should be deposited into a different bank account, attach details as well.) Kindly provide proof of banking details not older than 3 months.

Effective Date	D	D	M	M	Y	Y	Y	Y		
Claims Refund										
Date for Contribution Payments via Debit Order	1st of every month					26th of every month				
Name of Account Holder										
Bank Name					Bank Branch Name					
Account Number					Bank Branch Code					
Type of Account	Cheque / Current			Savings			Signature of Account Holder			

Section E - Declaration by Principal Member

I the undersigned declare that the information provided is true and correct.

Signed at		on this		day of		2	0		
Principal Member Name									
Principal Member Signature									

Section F - Documentation *(The following documentation should accompany the Amendment form as per the FIA Legislation.)*

Proof of source of funds + Certified ID or valid passport		Payslip for options Esteem Care, Evolve Care and Premiere Care	
Proof of banking details not older than 3 months			

Identification and Verification in terms of FIA Legislation

I hereby confirm that the information provided to me by the RMA member, has been verified in compliance with the FIA Legislation and the identity of the member established.

Financial Intermediary Name		Date	D	D	M	M	Y	Y	Y	Y
Financial Intermediary Signature										

Section G - Employer Warranty

Compulsory for members belonging to an Employer Group.

Name of Company		Date	D	D	M	M	Y	Y	Y	Y
Management Representation	Company Stamp									
Name										
Designation										
Authorised Signatory Signature										



RMA
Renaissance Health
Medical Aid Fund



www.rmanam.com



Renaissance Health Medical Aid Fund



[rma.nam](https://www.instagram.com/rma.nam)



Windhoek
Lüderitz
Oranjemund
Ongwediva
Rosh Pinah
Swakopmund
Tsumeb
Walvis Bay