RMA
Renaissance Health
Medical Aid Fund
Your Health Comes First



2027

CALIBER CARE GUIDE

CALIBER CARE

OVERALL ANNUAL LIMIT

Per family: N$ 3, 444, 000
Per beneficiary: N$ 2, 290, 000



MONTHLY CONTRIBUTIONS

EFFECTIVE 1 APRIL 2027

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	4,280	2,715	1,365	3,770	2,370	1,180	3,530	2,225	1,095	3,350	2,090	1,050
26 - 30	4,720	3,005	1,365	4,115	2,620	1,180	3,850	2,450	1,095	3,640	2,305	1,050
31 - 35	5,020	3,200	1,365	4,350	2,795	1,180	4,065	2,590	1,095	3,870	2,495	1,050
36 - 40	5,530	3,740	1,365	4,770	3,245	1,180	4,465	3,030	1,095	4,260	2,885	1,050
41 - 45	6,205	4,200	1,365	5,365	3,655	1,180	5,010	3,405	1,095	4,770	3,245	1,050
46 - 50	6,945	5,120	1,365	5,900	4,365	1,180	5,505	4,095	1,095	5,285	3,880	1,050
51 - 55	7,540	5,735	1,365	6,300	4,795	1,180	5,865	4,485	1,095	5,610	4,260	1,050
56 - 60	8,250	6,360	1,365	6,840	5,295	1,180	6,360	4,940	1,095	6,105	4,710	1,050
61 - 65	8,810	6,830	1,365	7,320	5,665	1,180	6,785	5,295	1,095	6,535	5,030	1,050
66+	9,905	7,610	1,365	8,185	6,325	1,180	7,650	5,870	1,095	7,320	5,605	1,050

HOSPITAL BENEFITS	TARIFF %	BENEFITS
TOTAL ALL-INCLUSIVE OVERALL ANNUAL LIMIT		**Per family:** N$ 3, 444, 000 **Per beneficiary:** N$ 2, 290, 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.		N$ 27, 500 per family N$ 13, 800 per beneficiary
State hospitals (Including medicines, materials, hospital apparatus & Take-Out Medication, limited to a 7 day supply).		Part of the Overall Annual Limit
Sub-acute facility ward fees. (Admission in lieu of hospitalisation).		
Consultations including treatment and services.	150%	
Blood transfusion.	100%	
Radiology and Pathology.		
Physiotherapy.		
Post-Operative Extended Benefit (up to 12 weeks after major surgery). Part of pre-authorisation and clinical protocols. Additional treatment plan required beyond 12 sessions.		24 sessions maximum 2 sessions per week
Post Operative Extended Benefit for Wound Care (following major surgery). Part of pre-authorisation and clinical protocols.		Part of the Overall Annual Limit
DBC (Musculoskeletal rehabilitaion in prevention of lumbar-spinal surgery)	Agreed Tariff	As per DBC protocol and treatment plan
SURGICAL PROCEDURES DONE IN ROOMS / UNATTACHED THEATRES		Part of the Overall Annual Limit
Doctors' rooms / Unattached theatres - Selective surgical and endoscopic procedures, circumcisions. Inclusive benefit - Admissions, surgery, treatment and services. Part of pre-authorisation and clinical protocols.	150%	Part of the Overall Annual Limit
Admission to unattached operating theatres and sub-acute facilities.	100%	
MRI / CT / PET SCAN / BONE DENSITY (In- and Out-of-Hospital)		N$ 48, 900 per family N$ 25, 100 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$ 86, 300 per family N$ 58, 400 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$ 14, 600 per family N$ 9, 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.	150%	
EYE SURGERY		Part of the Overall Annual Limit
Admission.	100%	Part of the Overall Annual Limit
Including glaucoma surgery, eye muscle surgery, corneal surgery, vitreo-retinal surgery, eye removal, etc. (All-inclusive benefit - admission, surgery, treatment and services). Part of clinical protocols.	150%	
Cataract surgery only after one year membership. (All-inclusive benefit - admission, surgery, treatment and services). Excluding IOL which is paid from the Internal Surgical Prothesis Benefit. Part of clinical protocols.		N$ 51, 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$ 34, 500 per family N$ 22, 900 per beneficiary
RECONSTRUCTIVE SURGERY		N$ 25, 000 per family N$ 16, 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$ 34, 500 per family N$ 22, 900 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$ 78, 000 per family N$ 45, 900 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$ 97, 200 per family N$ 86, 300 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, Pheumatoid 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$ 750, 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$ 8, 200 per family**
Placement of IUD (including device and procedure)	100%	N$ 8, 200 per family
HEALTH IS VITAL		**Part of the Overall Annual Limit**
Hospital and treatment.	100%	Part of the Overall Annual Limit
HIV / AIDS visits.		N$ 4, 000 per family
HIV / AIDS pathology.		N$ 14, 200 per family
HIV / AIDS medication.	100% NRP	N$ 47, 700 per family
HIV counselling.	100%	N$ 5, 600 per family

DAY-TO-DAY BENEFITS

	TARIFF %	BENEFITS
PROFESSIONAL SERVICES		**N$ 30, 000 per family N$ 15, 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.		
Psychiatric and Psychology consultations and treatment.		
Radiology.		
Pathology.		
PARAMEDICAL SERVICES		**N$ 15, 600 per family N$ 7, 900 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.		
EXTERNAL PROSTHESIS AND MEDICAL APPLIANCES		**N$ 43, 000 per family N$ 21, 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.		
General external medical appliances - Including glucometers, blood pressure monitors, stockings, braces etc. Part of pre-authorisation and approval.		
OPTICAL BENEFIT		**N$ 7, 900 per family N$ 3, 600 per beneficiary**
Eye tests.	100%	Part of the sub-limit
Lenses / contact lenses.		
Frames, once every two years.		N$ 1, 600 per beneficiary
DENTISTRY BENEFIT		**N$ 24, 000 per family N$ 11, 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.		
MEDICATION BENEFIT		**N$ 36, 500 per family N$ 17, 900 per beneficiary**
Acute Medication - Preferred and non-preferred.	80% NRP	N$ 16, 500 per family N$ 6, 500 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.	90% NRP	N$ 20, 000 per family N$ 9, 500 per beneficiary

EXTENDED MEDICATION BENEFIT		N$ 105, 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.	90% 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.	90% NRP	N$ 37, 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

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.		2 scans per beneficiary
Antenatal visits.		12 visits per beneficiary
Amniocentesis - AHB excluded.		Part of the Overall Annual Limit
Neonatal ICU / ward fees.		
Paediatrician visits - Postnatal.		2 visits per family, per annum

PREVENTATIVE BENEFITS

PREVENTATIVE BENEFITS	TARIFF %	BENEFITS
PREVENTATIVE BENEFITS		N$ 11, 400 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.		
Mammogram (inclusive DEXA bone density scan) - Radiology.		1 per female, over 40-years, per annum
Pap smear. Pathology including general practitioner / gynaecology visits.		1 per female, over 20-years, per annum
HIV test all ages.		1 per beneficiary
Prostate screening. Pathology prostate specific antigen test.		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. Including Metabolic Disease Health Benefit in support of obesity management and reduction of chronic disease.		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.		1 per beneficiary, over 65-years, per annum
Baby immunisations 0 - 12 years.		Vaccinations for children 0 - 12 years
HPV vaccine - Females between 9 - 30 years.		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

INCLUSIVE BASE BENEFIT BUILDER	TARIFF %	BENEFITS
		N$ 580 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$ 580 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, 100 per family
BENEFIT REWARDS		Low claiming threshold levels
1. Each Dependant is allocated with a threshold value per annum. Should you claim less than your threshold value as at 31 December of each year, the remaining balance in your threshold will be transferred to your Benefit Wallet. *(Note: The balance is transferred after 4-months to allow for the run off of medical claims incurred in the previous year)* 2. The threshold is a Family threshold and maximum calculation based on Principal Member plus 5 Dependants. 3. Members participating in Wellness Day initiatives, Fitness events and preventative testing, will earn additional Benefit Wallet rewards, this includes early registration on the maternity programme and additional rewards for normal births. 4. 80% of the unused Benefits in the Benefit Builder will be transferred annually to the Benefit Wallet. *(Note: The balance is transferred after 4-months to allow for the run off of medical claims incurred in the previous year)*		Principal Member N$ 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).	100%	Terms and conditions
Repatriation (SADC) - Return after emergency or return of mortal remains.		Related to emergency evacuation
Medical treatment.		Terms and conditions
Evacuation, repatriation, return of children.		Terms and conditions

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

BENEFIT BUILDERS

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

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

BENEFIT BUILDERS ARE AVAILABLE ON THESE PRODUCT OPTIONS

PRESTIGE CARE	√	STATUS CARE	√	CALIBER CARE	√	ESTEEM CARE	√
EVOLVE CARE	X	*PREMIERE CARE*	X				

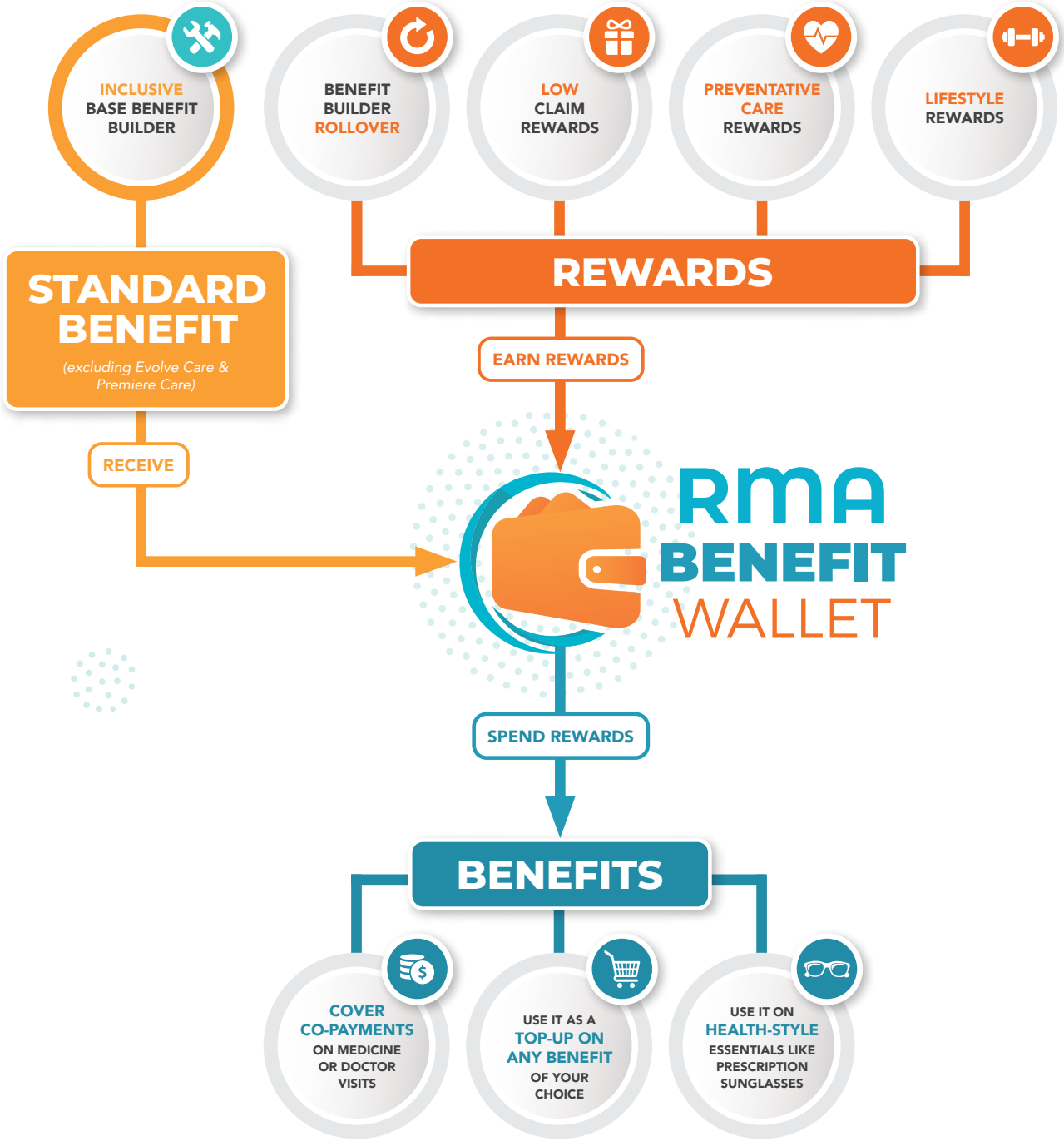
INCLUSIVE BASE BENEFIT BUILDER	TARIFF %	BENEFITS
Additional medical benefits that allows for the payment of medication co-payments, levies, excess of tariff rejections and additional medical benefits. Medication levies and co-payments will be paid automatically. Optional additional Benefit Builders may be added.	100% of cost	N$ 580 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

BENEFIT WALLET

REWARDING YOUR HEALTH!



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

GENERIC MEDICATION

SAME ACTIVE INGREDIENTS HEALTH BENEFITS

LESS TO PAY

An approved generic medicine contains the same active ingredient, in the same strength, as the original branded medicine. The active ingredient is the part that treats your condition. Generics must meet strict quality, safety and effectiveness standards.

THE NAME, PACKAGING OR TABLET MAY LOOK DIFFERENT. THE TREATMENT BENEFIT REMAINS THE SAME.

Generics usually cost less. Choosing a suitable generic within the amount RMA pays for your medicine can reduce your co-payment. If your medicine benefit has a limit, the lower cost also leaves more available for future healthcare needs.

NEXT TIME YOU VISIT YOUR PHARMACY, ASK



LESS OUT OF YOUR POCKET + **YOUR BENEFITS LAST LONGER**

A SIMPLE QUESTION COULD SAVE YOU MONEY AND BENEFITS.

QUESTIONS & ANSWERS



FREQUENTLY ASKED QUESTIONS

When can I join the Fund?

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

What do pro-rated benefits mean?

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

When can I change my benefit option?

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

What are pre-existing conditions?

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

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

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



PREVENTATIVE LIFESTYLE PROGRAMME

Sessions covered by RMA

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

For more info contact +264 83 2999 000

RMA
Renaissance Health
Medical Aid Fund

Your Health Comes First

REGISTERED BIOKINETIC FACILITIES ACROSS NAMIBIA



WINDHOEK

BRG BIOKINETICS CENTRAL
35 Sir Seretse Khama St,
Windhoek

BRG KHOMASDAL
4758 Swartz Ave
C/o Florence Nightingale &
Forbes St, Khomasdal,
+264 81 772 9204

BRG WESTCARE
C/o Sam Nujoma Ave &
Beethoven St,
Windhoek West

DESMOND STRAMIS BIOKINETICS
Mayo St,
Windhoek West
+264 83 722 6700
+264 81 871 5021

EVOLVE SPORTS & REHABILITATION CENTRE
12 Sipres St,
Suiderhof

JACKIE RETIEF BIOKINETICS
14 Eros Rd,
Eros

REIFF BIOKINETICS
24 Sidney
Atkinson St,
Olympia

SWAKOPMUND

BRG BIOKINETICS
Makarios Centre, Cottage Ave,
Tamariskia

BIOFIT BIOKINETICS
Cottage Medical Center,
Cottage Ave

WALVIS BAY

BRG BIOKINETICS
Hidipo Hamutenya Rd,
Welwitchchia Medi Park

YES! BIOKINETICS
61 Hidipo Hamutenya St, Welwitschia
Medipark, Anna Mart Kruger Physio Building

OTAVI

OTAVI BIOKINETICS
Union Rd, Shop 1, Erf 13

TSUMEB

TSUMEB BIOKINETICS
Erf 3327, Blei St, Ext. 4

ONGWEDIVA

NOVA BIOKINETICS
Auguste Tanyaanda Erf 6329

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 Members'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.



CONTACT DETAILS

SUPPORT

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24-HOUR EMERGENCY PRE-AUTHORISATION
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HIV Management Programme
Maternity Programme
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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.

Download on the App Store | GET IT ON Google Play

www.rmanam.com

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