

Your in hospital benefits - no overall annual limit

If you need to be hospitalised for a planned procedure or need emergency cover, the Elite Care option offers cover in a private hospital with no overall annual limit.

The Fund covers you in a private hospital for emergency and planned hospital admissions subject to authorisation.

Emergency Cover

In the event of an emergency you may be admitted to hospital and should call us within 48 hours or on the first working day. If you need medically-equipped transport in the event of a medical emergency, call 081 924 for highly qualified emergency personnel who will send the most appropriate air or road emergency evacuation transport.

Cover for planned admissions

Please call us 48 hours before you are admitted to confirm your benefits and admission.

No overall limit

There is no overall annual hospital limit on the Elite Care option. Clinical guidelines, protocols and sub-limits apply to some medical services and procedures.

Cover for medical professionals in hospital

The Fund has negotiated with the majority of specialists to guarantee that when you use contracted-in specialists, we pay them directly at our agreed tariff. In other words, when consulting a specialist who has signed a contract with the Fund you will be covered in full.

Full cover for contracted-in specialists

You can benefit by using healthcare professionals participating in our direct payment agreements because we cover their approved procedures in full.

You may have a co-payment if you use other specialists

If you are treated in hospital by a specialist who is not contracted in our payment agreements, we cover up to 225% of the NAMA tariffs on the Elite Care option.

Medical professionals

We cover GPs and specialist services up to 225% of the NAMA tariffs on the Elite Care option.

We cover radiology and pathology up to 100% of the NAMA tariffs.

Cover for investigations in hospital

MRI and CT scans

We cover your MRI or CT scans up to 100% of the NAMA tariffs limited to N\$30 000 per person.

Unlimited medical services in hospital

Most of your in hospital medical services have no overall limit. These include:

- MVA's subject to Fund rules
- Related healthcare sub-acute facilities and professionals. Subject to clinical guidelines
- Medication prescribed whilst hospitalised
- Kidney dialysis & renal failure
- Accommodation
- Blood tests & X-rays
- Specialists
- Organ transplant
- Maternity
- GPs
- Trauma
- Oncology

Limited medical services in hospital

Only the following in hospital medical services have an annual limit:

Dentistry defined specialised dental surgery

Appliances medical & surgical appliances in hospital incl. support stockings, knee & back braces etc.

Internal Prosthesis incl. knee & hip replacements, pacemakers etc.

Ambulance Services inter-hospital & non-emergency transportation

Discharge Medication prescribed medication on discharge

Reconstructive Surgery breast reductions & defined reconstructive surgery upon medical motivation & approval. Minimum 2 years membership & the benefit includes the full procedure

Mental Health incl. psychiatry & psychology

(Subject to 100% of NAMA tariffs)

You have N\$ 60 000 per person

You have N\$ 5 000 per person

You have N\$ 45 000 per person

You have N\$ 15 000 per person

You have 7 days supply per event

You have N\$ 16 000 per person

You have 21 days per person

Inclusive Benefits provide additional cover for a range of medical services

Early detection and prevention of diseases is crucial to your health. The Fund offers a range of medical services and financial assistance that protects you and helps prevent and screen illnesses that would otherwise be overlooked.

See page 17 for a full description of the Inclusive Benefits available.

*Terms and Conditions apply

The Fund pays claims for Inclusive Benefits to make your day to day benefits last longer:

- **Health screening and preventative benefits** provide additional cover for a range of medical services i.e. immunisations, flu vaccines, dental examinations and health assessments etc.
- **The travel assistance benefit** provides up to N\$ 4 000 financial assistance per family for travel expenses incurred to obtain medical treatment which is not available in your town of residence in or outside Namibia.
- **Trauma recovery extender plan** - The Fund covers your day to day medical expenses for recovery after certain specified traumatic events from your Trauma benefits to make your day to day benefits last longer. Upon your doctor's motivation and approval.
- You have an additional N\$ 100 000 per person cover for **HIV/ AIDS treatment**.
- **The maternity programme** provides additional cover for antenatal visits, urine tests, scans, paediatricians and a Renaissance Health new baby welcome pack.
- **Disease management programmes** use a diagnostic evaluation of your claims to identify certain illnesses and provide relevant information to you to assist you to manage your condition(s) better.
- **Lifestyle benefits** reimburse members for participating at approved fitness and physical development facilities.
- **A 24-hour emergency and health support line** is available. Phone us at +264 61 299 9363 to look after you in times of need.
- **The SADC emergency benefit*** provides cover for emergency evacuation and repatriation in Namibia and from SADC countries back to Namibia or South Africa when it is medically appropriate. We also provide a guaranteed direct admission at private hospitals in the event of a medical emergency when travelling or working outside Namibia. This includes assistance with the transportation of mortal remains from the place of death to the place of burial within Namibia.
- **International medical emergency*** covers the risk for emergencies when you travel outside Namibia and overseas, up to N\$10 million per person.
- **The Contribution protector benefit** is especially important if you, the principal member, have others who depend on your financial support. If you are unable to cover your monthly medical aid fund contributions upon your passing away, the benefit ensures a continuation of your contribution payments for 3 months.

We make your chronic illness benefits last longer (out of hospital)

Your cover for chronic conditions

You have comprehensive cover for a list of chronic conditions. You have full cover for approved medicine on the Fund's preferred medicine list up to the Namibia Reference Price List as long as you have benefits available.

If you choose to use medicines that are not on the preferred medicine list, the result may be that your chronic medication benefits will be depleted sooner and non-preferred medicine will continue to attract the 15% levy with a minimum co-payment of N\$ 25 per item.

You have an amount of N\$ 9 000 available for each person on chronic medication and the choice to increase your limit on chronic medication benefits through our Benefit Builder options.

Your cover for cancer, cardiac and diabetic treatment

The Fund covers your approved treatments for cancer, cardiac and insulin dependent diabetes from your trauma benefits without any sub-limit constraints. Subject to clinical guidelines.

The Chronic Illness benefit offers you comprehensive cover for chronic conditions.

You also have the option of full cover by using your preferred medicine list or the choice of using any medicine which may result in depleting your benefits sooner and will attract levies.

You have the option to increase your limit on chronic medication benefits through our Benefit Builder options.

The Fund's cancer, cardiac and diabetic programmes provide additional cover.

Cover for day to day medical expenses (out of hospital)

The following services have an annual limit:

(Subject to 100% of NAMAFA tariffs)

Professional Services

GPs & specialists
Primary health clinic & pharmacy initiated therapy
In-rooms procedures & medical services
Pathology and x-rays specialised radiology subject to approval

Medication & Injections

subject to Namibia Reference Price List
Prescribed medication 15% levy min co-pay of N\$25
Homeopathic medication 15% levy min co-pay of N\$25
Materials & injections
Self medication "OTC"

Dentistry Services

Specialised & conservative dentistry

Essential Services

Physiotherapy, dieticians, clinical psychology, occupational & speech therapy

Auxiliary Services

Homeopathy, biokinetics & chiropractors

Optical Services

Eye tests
Lenses and contact lenses
Frames

Radial Keratotomy & Cataracts

subject to clinical guidelines & approval
Removal of radial keratotomy & cataracts

Appliances & Prosthesis

subject to clinical guidelines & approval
External medical & surgical appliances incl. hearing aids, glucometers, blood pressure monitors, wheelchairs etc.
External prosthesis incl. artificial arms & legs etc.

Alcohol & Drug Rehabilitation

subject to clinical guidelines & approval
You have a once in a lifetime opportunity to make use of the alcohol & drug rehabilitation therapy benefit

Alternative Services

subject to clinical guidelines & approval
Physical rehabilitation, private nursing, hospice & step-down facilities

Member	Member+1	Member+2	Member+3	Member+4	Member+5+
N\$ 15 400	N\$ 22 000	N\$ 26 400	N\$ 30 800	N\$ 35 200	N\$ 39 600

You have 15 consultations per person

You have 15 consultations per person

Included in professional services annual threshold levels

Included in professional services annual threshold levels

You have N\$ 8 700 per person

Included in medication and injections annual threshold level

Included in medication and injections annual threshold level

You have N\$ 1 000 per person

You have N\$ 8 500 per person

Included in dentistry services annual threshold level

You have N\$ 8 700 per person

Included in essential services annual threshold level

You have N\$ 3 700 per person

Included in auxiliary services annual threshold level

You have N\$ 4 300 per person every 2 years

You have 3 tests per person

Included in optical services annual threshold level

You have N\$ 1 500 per person

You have N\$ 20 000 per person

Included in radial keratotomy & cataracts annual threshold level

You have N\$ 51 700 per person

You have N\$ 17 200 per person

You have N\$ 34 500 per person

You have N\$ 10 000 per person

Included in alcohol and drug rehabilitation annual threshold level

You have N\$ 30 000 per person

Included in alternative services annual threshold level

We pro-rate these benefits according to when you join the medical aid fund.

Extending your day to day cover (out of hospital)

Your Benefit Builder options

The Fund acknowledges that each individual person's healthcare needs are unique and your health status may change at any time during a year. That is why we offer you a menu of specific day to day benefits which you may buy to extend your day to day cover.

See page 36 for a full description of the Benefit Builders available.

Your day to day cover can be further extended through the Benefit Builder options which allow you to selectively increase specific benefits and tailor-make a unique package.



Renaissance Health
Medical Aid Fund

Contributions 2012

The Fund rules provide for the application of group claims experience rating contribution models through various and registered group premium structures. Groups may be allocated the appropriate group premium rate which could mean up to a 15% difference in your monthly contributions, based on size and low claims ratio's. The experience rating contribution tables of Renaissance Health support the objective of the Fund to retain and continue to attract a "healthier" group demographic and membership profile which not only guarantees original value when you join but also ensures lasting sustainability. Our track-record indicates that contribution increases are contained well below industry norms.

ELITE CARE MONTHLY CONTRIBUTION												
Age	Standard Rates 9 members or less			Group Rate 1* For groups with 10 to 49 main members			Group Rate 2* For groups with 50 to 249 main members			Group Rate 3* For groups with 250 and more main members		
	Main	Spouse	Child	Main	Spouse	Child	Main	Spouse	Child	Main	Spouse	Child
0-25	2,100	1,755	860	2,000	1,670	820	1,890	1,580	775	1,795	1,495	730
26-30	2,160	1,825	860	2,050	1,735	820	1,945	1,645	775	1,840	1,550	730
31-35	2,460	2,020	860	2,340	1,915	820	2,220	1,815	775	2,100	1,720	730
36-40	2,525	2,090	860	2,400	1,990	820	2,275	1,885	775	2,150	1,780	730
41-45	2,835	2,280	860	2,695	2,170	820	2,555	2,055	775	2,415	1,935	730
46-50	2,985	2,445	860	2,840	2,325	820	2,695	2,205	775	2,545	2,080	730
51-56	3,405	2,805	860	3,235	2,670	820	3,065	2,530	775	2,895	2,385	730
56-60	3,580	2,955	860	3,405	2,810	820	3,225	2,660	775	3,045	2,515	730
61-65	3,985	3,430	860	3,790	3,265	820	3,585	3,090	775	3,390	2,920	730
66+	4,205	3,645	860	4,000	3,465	820	3,790	3,285	775	3,575	3,100	730

PRESTIGE CARE MONTHLY CONTRIBUTION												
Age	Standard Rates 9 members or less			Group Rate 1 For groups with 10 to 49 main members			Group Rate 2 For groups with 50 to 249 main members			Group Rate 3 For groups with 250 and more main members		
	Main	Spouse	Child	Main	Spouse	Child	Main	Spouse	Child	Main	Spouse	Child
0-25	1,780	1,255	830	1,695	1,195	790	1,605	1,130	745	1,515	1,070	710
26-30	1,905	1,320	830	1,810	1,255	790	1,715	1,190	745	1,620	1,125	710
31-35	2,135	1,470	830	2,035	1,400	790	1,930	1,325	745	1,820	1,250	710
36-40	2,230	1,655	830	2,120	1,575	790	2,005	1,490	745	1,890	1,410	710
41-45	2,405	1,805	830	2,285	1,715	790	2,170	1,625	745	2,050	1,535	710
46-50	2,580	2,025	830	2,455	1,925	790	2,325	1,825	745	2,200	1,725	710
51-56	2,815	2,170	830	2,675	2,065	790	2,535	1,955	745	2,395	1,845	710
56-60	2,875	2,335	830	2,740	2,215	790	2,595	2,100	745	2,445	1,985	710
61-65	3,370	2,635	835	3,205	2,510	795	3,030	2,380	750	2,865	2,245	715
66+	3,620	2,815	835	3,440	2,670	795	3,260	2,530	750	3,080	2,395	715

STATUS CARE MONTHLY CONTRIBUTION												
Age	Standard Rates 9 members or less			Group Rate 1 For groups with 10 to 49 main members			Group Rate 2 For groups with 50 to 249 main members			Group Rate 3 For groups with 250 and more main members		
	Main	Spouse	Child	Main	Spouse	Child	Main	Spouse	Child	Main	Spouse	Child
0-25	1,470	925	685	1,400	880	650	1,330	835	615	1,265	795	585
26-30	1,585	1,190	685	1,510	1,135	650	1,430	1,075	615	1,360	1,025	585
31-35	1,875	1,370	685	1,785	1,305	650	1,690	1,235	615	1,610	1,175	585
36-40	1,905	1,410	685	1,815	1,340	650	1,720	1,270	615	1,635	1,210	585
41-45	2,095	1,620	685	1,990	1,540	650	1,885	1,460	615	1,795	1,390	585
46-50	2,250	1,755	685	2,145	1,670	650	2,030	1,580	615	1,935	1,505	585
51-56	2,440	1,885	685	2,320	1,795	650	2,200	1,705	615	2,095	1,620	585
56-60	2,565	1,965	685	2,440	1,870	650	2,310	1,770	615	2,200	1,685	585
61-65	2,925	2,365	685	2,785	2,250	650	2,640	2,130	615	2,505	2,025	585
66+	3,160	2,535	685	3,000	2,415	650	2,845	2,285	615	2,710	2,175	585

EXPRESS CARE MONTHLY CONTRIBUTION												
Age	Standard Rates 9 members or less			Group Rate 1 For groups with 10 to 49 main members			Group Rate 2 For groups with 50 to 249 main members			Group Rate 3 For groups with 250 and more main members		
	Main	Spouse	Child	Main	Spouse	Child	Main	Spouse	Child	Main	Spouse	Child
0-25	1,305	870	540	1,245	830	520	1,180	785	490	1,120	750	465
26-30	1,310	885	540	1,250	845	520	1,185	800	490	1,125	760	465
31-35	1,425	970	540	1,355	925	520	1,285	875	490	1,220	835	465
36-40	1,470	1,060	540	1,395	1,010	520	1,320	955	490	1,260	910	465
41-45	1,615	1,165	540	1,540	1,110	520	1,455	1,050	490	1,390	1,000	465
46-50	1,730	1,360	540	1,645	1,300	520	1,560	1,230	490	1,485	1,170	465
51-56	1,845	1,495	540	1,755	1,425	520	1,660	1,350	490	1,585	1,285	465
56-60	1,880	1,575	540	1,790	1,500	520	1,695	1,425	490	1,615	1,350	465
61-65	2,305	1,905	540	2,195	1,815	520	2,080	1,720	490	1,980	1,635	465
66+	2,410	1,965	540	2,290	1,870	520	2,170	1,770	490	2,065	1,690	465

Disclaimer: The Renaissance Health Medical Aid Fund is registered with Namfisa and is managed by the Board of Trustees, representative of the members of the Fund and in terms of the rules of the Fund as approved by Namfisa. The guide is an extract from the rules and benefits as a reference guideline only and should there be any discrepancies, misprint and or interpretation thereof, the rules as registered with Namfisa will prevail. The Renaissance Health Medical Aid Fund Rules and Benefits are subject to the approval of the Registrar of Medical Aid Funds.

ECONO CARE MONTHLY CONTRIBUTION

Salary	Standard Rates 9 members or less			Group Rate 1* For groups with 10 to 49 main members			Group Rate 2* For groups with 50 to 249 main members			Group Rate 3* For groups with 250 and more main members		
	Main	Spouse	Child	Main	Spouse	Child	Main	Spouse	Child	Main	Spouse	Child
0 - 2000	890	565	345	850	540	330	805	510	315	765	490	300
2001 - 3000	925	705	345	880	675	330	835	640	315	795	610	300
3001 - 4000	1,025	835	345	975	795	330	925	750	315	880	715	300
4 001 -5000	1,150	955	345	1,095	910	330	1,035	860	315	985	820	300
5001 - 6000	1,270	1,075	345	1,210	1,025	330	1,150	975	315	1,095	930	300
6001+	1,430	1,145	385	1,365	1,090	370	1,290	1,030	345	1,225	980	330

PRIMARY CARE MONTHLY CONTRIBUTION

Salary	Standard Rates 9 members or less			Group Rate 1 For groups with 10 to 49 main members			Group Rate 2 For groups with 50 to 249 main members			Group Rate 3 For groups with 250 and more main members		
	Main	Spouse	Child	Main	Spouse	Child	Main	Spouse	Child	Main	Spouse	Child
0 - 2000	575	335	240	550	320	225	520	305	220	495	295	205
2001 - 3000	650	390	240	625	375	225	585	355	220	560	340	205
3001 - 4000	720	475	240	690	455	225	655	430	220	630	405	205
4 001 -5000	785	550	240	745	525	225	705	500	220	675	480	205
5001 - 6000	785	550	240	745	525	225	705	500	220	675	480	205
6001+	800	550	240	760	525	225	720	500	220	685	480	205

VITAL CARE MONTHLY CONTRIBUTION

Salary	Standard Rates 9 members or less			Group Rate 1 For groups with 10 to 49 main members			Group Rate 2 For groups with 50 to 249 main members			Group Rate 3 For groups with 250 and more main members		
	Main	Spouse	Child	Main	Spouse	Child	Main	Spouse	Child	Main	Spouse	Child
0 - 800	265	180	90	250	175	90	235	160	85	220	150	80
801 - 1500	270	195	100	255	180	90	240	175	85	230	160	80
1501 - 2000	290	205	100	270	195	100	255	180	90	240	175	85
2001 - 2500	305	210	105	290	195	100	270	190	90	255	175	85
2501 - 3000	325	220	115	300	205	105	285	195	100	270	180	90
3001 - 3750	330	230	120	310	215	115	295	205	100	280	195	100
3751 -4500	345	240	125	325	225	120	310	215	105	295	205	100
4501 +	455	315	160	430	300	150	405	285	140	385	270	135

A credibility adjustment rating of 2,5% may be applied on your group contribution rates should the claims experience exceed the agreed criteria.

* We count a maximum of five dependants when we work out the monthly contribution

* Premiums are rounded upwards to nearest N\$5

BENEFIT BUILDERS

Professional Services

Cover Benefit	Benefit	Premium pm
Standard	N\$5 000	N\$ 315 Per Person
Executive	N\$10 000	N\$ 580 Per Person

Consultations

Cover Benefit	Benefit	Premium pm
Standard	12 Consultations	N\$ 170 Per Person
Executive	16 Consultations	N\$ 195 Per Person

Dental Services

Cover Benefit	Benefit	Premium pm
Standard	N\$ 8 000	N\$ 580 Per Person
Executive	N\$ 12 000	N\$ 870 Per Person

Acute Medication

Cover Benefit	Benefit	Premium pm
Standard	N\$ 4 500	N\$ 325 Per Person
Executive	N\$ 6 500	N\$ 385 Per Person

Chronic Medication

Cover Benefit	Benefit	Premium pm
Basic	N\$ 6 000	N\$ 385 Per Person
Standard	N\$12 000	N\$ 610 Per Person
Executive	N\$24 000	N\$ 810 Per Person

* The Chronic Benefit Builders are also available to Econo Care members.

Optical Services

Cover Benefit	Benefit	Premium pm
Standard	N\$ 2 300	N\$ 190 per person
* Bi-focal and tri-focal lenses @ 1.5 times the standard benefit		
Executive	N\$ 4 700	N\$ 390 per person
* You may qualify for a laser eye surgery benefit of N\$ 8000 per person, subject to ophthalmic scales.		

Auxiliary & Essential Services

Cover Benefit	Benefit	Premium pm
Standard	N\$ 4 500	N\$ 300 Per Person
Executive	N\$ 6 500	N\$ 355 Per Person

Appliances & Prothesis

Cover Benefit	Benefit	Premium pm
Standard	N\$ 5 000	N\$ 290 Per Person
Executive	N\$ 10 000	N\$ 580 Per Person

Alternative Services

Cover Benefit	Benefit	Premium pm
Standard	N\$ 10 000	N\$ 580 Per Person
Executive	N\$ 15 000	N\$ 870 Per Person

General Rules applicable to Benefit Builders:

- * If you buy down on a product at the beginning of the year then you are only allowed to buy benefit builders until 31 March of that year.
- * If you bought down to Econo Care at the beginning of the year than you are not allowed to buy benefit builders for 2 years.
- * If you remained on the same product or bought up at the beginning of the year then you are allowed to buy benefit builders at any time of that year.
- * We pro-rate benefit builders according to when you buy the options during the course of the year.