



Renaissance Health
Medical Aid Fund

We revolve around your health

ESTEEM CARE GUIDE

2020

ESTEEM CARE

OVERALL ANNUAL LIMIT

Per family: N\$ 1, 680, 000

Per beneficiary: N\$ 1, 103, 000



MONTHLY CONTRIBUTIONS

AGE	INDIVIDUAL RATES 9 members or less			GROUP RATE 1 For groups with 10 - 49 Principal Members			GROUP RATE 2 For groups with 50 - 249 Principal Members			GROUP RATE 3 For groups with 250 and more Principal Members		
	Principal Member	Adult Dependand	Child Dependand	Principal Member	Adult Dependand	Child Dependand	Principal Member	Adult Dependand	Child Dependand	Principal Member	Adult Dependand	Child Dependand
0 - 25	1,715	1,195	770	1,495	1,030	665	1,415	965	625	1,320	905	585
26 - 30	1,865	1,280	770	1,615	1,115	665	1,525	1,040	625	1,430	980	585
31 - 35	2,020	1,390	770	1,745	1,205	665	1,630	1,120	625	1,535	1,075	585
36 - 40	2,225	1,650	770	1,945	1,420	665	1,810	1,350	625	1,710	1,260	585
41 - 45	2,485	1,825	770	2,155	1,590	665	2,015	1,480	625	1,915	1,390	585
46 - 50	2,765	2,190	770	2,390	1,900	665	2,240	1,760	625	2,115	1,690	585
51 - 55	3,150	2,585	770	2,750	2,255	665	2,550	2,105	625	2,415	1,980	585
56 - 60	3,475	2,945	770	3,020	2,560	665	2,805	2,375	625	2,645	2,235	585
61 - 65	3,775	3,150	770	3,285	2,720	665	3,065	2,555	625	2,885	2,410	585
66+	4,035	3,320	770	3,500	2,870	665	3,260	2,690	625	3,100	2,535	585

MONTHLY CONTRIBUTIONS (GROUPS ONLY)

INCOME	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 - 2, 000	2,140	1,370	745	1,875	1,195	645	1,740	1,105	600	1,650	1,070	570
2, 001 - 3, 000	2,235	1,700	745	1,930	1,485	645	1,810	1,385	600	1,715	1,320	570
3, 001 - 4, 000	2,460	2,015	745	2,150	1,745	645	2,010	1,625	600	1,905	1,555	570
4, 001 - 5, 000	2,765	2,295	745	2,410	2,005	645	2,240	1,865	600	2,140	1,775	570
5, 001 - 6, 000	3,050	2,580	745	2,645	2,245	645	2,475	2,115	600	2,375	2,010	570
6, 001+	3,450	2,765	745	2,995	2,385	645	2,790	2,220	600	2,645	2,115	570



HOSPITAL Benefits

TARIFF %**BENEFITS**

TOTAL ALL-INCLUSIVE OVERALL ANNUAL LIMIT		Part of the Overall Annual Limit
HOSPITAL BENEFIT GROUP (Subject to clinical risk management protocols)		
Private hospital (Including medicines, materials, hospital apparatus and seven days Take-Out Medication).		100% Part of the Overall Annual Limit
Accommodation in private wards.		100% N\$ 18, 900 per family N\$ 10, 000 per beneficiary
State hospitals (Including medicines, materials, hospital apparatus & seven days, Take-Out Medication).		100%
Sub-acute facility ward fees. (Admission in lieu of hospitalisation).		100%
Consultations including treatment and services.		180% 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% Following surgery limited to 6 weeks treatment or 12 sessions
SURGICAL PROCEDURES DONE IN ROOMS / UNATTACHED THEATRES		
Doctors' rooms - Selective surgical and endoscopic procedures, circumcisions. Inclusive benefit - Admissions, surgery, treatment and services. Part of pre-authorisation and clinical protocols.		180%
Admission to unattached operating theatres and sub-acute facilities.		100% Part of the Overall Annual Limit
Selective surgical and endoscopic procedures, circumcisions - unattached operating theatres, doctors' rooms and sub-acute facilities. Including surgery, treatment and services. Part of pre-authorisation and clinical protocols.		180%
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% N\$ 33, 000 per family N\$ 16, 500 per beneficiary Part of the sub-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.		180% N\$ 37, 500 per family N\$ 25, 000 per beneficiary Part of the sub-limit
DENTAL AND ORAL SURGERY		
Admission.		100% N\$ 5, 900 per family N\$ 4, 300 per beneficiary 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.		180%
EYE SURGERY		
Admission.		100% Part of the Overall Annual Limit
Including cataract surgery, glaucoma surgery, eye muscle surgery, corneal surgery, eye removal, vitreo-retinal surgery, etc. (All-inclusive benefit - admission, surgery, treatment and services). Part of clinical protocols and twelve month waiting period.		180% Part of the Overall Annual Limit
Excimer laser and radial keratotomy only after two years membership. (All-inclusive benefit - admissions, surgery, treatment and services). Part of clinical protocols.		N\$ 15, 000 per family N\$ 10, 000 per beneficiary
RECONSTRUCTIVE SURGERY		
Admission.		100% N\$ 12, 800 per family N\$ 8, 500 per beneficiary Part of the sub-limit
Reconstructive Surgery - After two years membership, including breast reductions. (All-inclusive benefit - admissions, surgery, treatment and services). Part of clinical protocols.		180%
ALTERNATIVE SERVICES		
In- and Out-of-Hospital Benefit including occupational therapy, private nursing, palliative care (end stage terminal diseases) and frail care.		100% N\$ 22, 500 per family N\$ 15, 000 per beneficiary Part of the sub-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% 21 days per beneficiary 21 days per beneficiary
INTERNAL PROSTHESIS		
Internal prosthesis - example: knee / hip / pacemakers. Part of pre-authorisation and clinical risk management protocols.		100% Subject to RHMAF protocol Subject to RHMAF protocol
TRAUMA TREATMENT		
Oncology (Including chemo and radiation treatment), organ transplant, acute renal and peritoneal dialysis (In hospital).		180%
Oncology (Including chemo and radiation treatment), organ transplant, acute renal and peritoneal dialysis (Out of hospital).		180% Part of the Overall Annual Limit
Motor Vehicle Accidents (MVA).		180%
HEALTH IS VITAL		
Hospital and treatment.		100% Part of the Overall Annual Limit
HIV / AIDS visits.		100% N\$ 3, 500 per family
HIV / AIDS pathology.		100% N\$ 12, 700 per family
HIV / AIDS medication.		100% NRP N\$ 41, 600 per family
HIV counselling.		100% N\$ 4, 900 per family



DAY-TO-DAY Benefits

TARIFF %**BENEFITS****PROFESSIONAL SERVICES**N\$ 18, 300 per family
N\$ 9, 200 per beneficiary

General Practitioner, specialist consultations and primary healthcare consultations.	100%
General Practitioner and specialist administration fee for chronic patient applications and medical reports.	Agreed Tariff
Pharmacist and telephone consultations.	100%
General Practitioner / primary and specialist procedures in rooms including equipment, materials and injections.	100%
Psychiatric treatment.	100%
Radiology.	100%
Pathology.	100%

Part of Professional Service limit

PARAMEDICAL SERVICESN\$ 5, 600 per family
N\$ 3, 700 per beneficiary

Including physiotherapy, social workers, speech therapy, audiology, acousticians, dieticians, occupational therapy, clinical psychology, biokinetics, homeo / chiro / osteopathy, podiatry, acupuncture, etc.	100%
Auxiliary services - Biokinetics, homeo / chiro / osteopathy, podiatry, acupuncture, etc.	100%

Part of the sub-limit

EXTERNAL PROSTHESIS AND MEDICAL APPLIANCESN\$ 22, 500 per family
N\$ 12, 500 per beneficiary

Prosthesis external - Artificial arms / legs / eyes every two years. Part of pre-authorisation and approval.	100% of cost
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

Part of the sub-limit

OPTICAL BENEFITN\$ 4, 800 per family
N\$ 2, 500 per beneficiary

Eye tests.	100%
Lenses / contact lenses.	100%
Frames, once every two years.	100%

Part of the sub-limit

N\$ 1, 050 per beneficiary

DENTISTRY BENEFITN\$ 12, 400 per family
N\$ 6, 600 per beneficiary

Conservative dentistry - Fillings, extractions and oral hygiene.	100%
Special dentistry - Dental implants, crowns, bridges, dentures and orthodontic treatments. Part of pre-authorisation and approved treatment plan.	100%

Part of the sub-limit

MEDICATION BENEFITN\$ 12, 200 per family
N\$ 6, 200 per beneficiary

Acute medication - Preferred and non-preferred.	80% NRP
Pharmacy initiated therapy and OTC medication. Maximum of N\$ 180 per script.	80% NRP
Homeopathic medication.	80% NRP
Primary health scripts.	80% NRP
Chronic medication - Preferred and non-preferred.	Preferred 90% Non-preferred 80%

Part of Medication Benefit sub-limit

N\$ 1, 400 per beneficiary

Part of Medication Benefit sub-limit

EXTENDED MEDICATION BENEFIT

N\$ 68, 700 per family

In- and Out-of-Hospital: Extended Medication Benefit cover for oncology, renal care and organ transplant (excluding chemo and radiation therapy and treatment). Part of registration and treatment plan protocols. 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.	
Preferred medication.	90% NRP
Non preferred medication.	80% NRP
Specialised medicines such as biologicals (In terms of defined conditions and part of managed care protocols - excluding off-label medication. In- and Out-of-Hospital).	80% NRP

Part of the sub-limit



MATERNITY Benefits

TARIFF %**BENEFITS****MATERNITY AND BABY BENEFIT**

Part of the Overall Annual Limit

Gynaecology / obstetric - In hospital.	180%
Gynaecology / obstetric - Out of hospital.	100%
Maternity scans.	100%
Antenatal visits.	100%
Amniocentesis - AHB excluded.	100%
Neonatal ICU / ward fees.	100%
Paediatrician visits - Postnatal.	100%

Normal birth / Caesarean Section

Part of the Overall Annual Limit

2 scans per beneficiary

12 visits per beneficiary

Part of the Overall Annual Limit

2 visits per family, per annum



WELLNESS Benefits

TARIFF %**BENEFITS**

WELLNESS MANAGEMENT		N\$ 10, 000 per family
PREVENTATIVE HEALTH BENEFIT (Members may earn benefit rewards for participation)		
Part of Wellness Management		
Blood sugar test, cholesterol test, BMI and blood pressure measurement.	100%	1 per beneficiary, per annum
Dental examinations.	100%	
Mammogram (inclusive DEXA bone density scan) - Radiology.	100%	1 per female, over 40 years, per annum
Pap smear. Pathology including general practitioner / gynaecology visits.	100%	1 per female, over 20 years, per annum
HIV test all ages.	100%	1 per beneficiary
Prostate screening. Pathology prostate specific antigen test.	100%	1 screen per male beneficiary over the age of 50 years, per annum
Chronic disease wellness management - Follow-up test in the management of selective chronic diseases including: chronic renal failure, diabetes mellitus type 1 & 2, HIV / Aids, hyperlipidemia and multiple sclerosis (MS) - Excluding specialised radiology, which will be payable from the available MRI / CT Benefit.	100%	Part of Wellness Management sub-limit. In accordance with an approved clinical treatment plan, for routine follow-up tests when required.
WELLNESS REWARD - BENEFIT WALLET ALLOCATION FOR PREVENTATIVE HEALTH BEHAVIOUR		Benefit Wallet Reward Points
Blood sugar test, cholesterol test, BMI and blood pressure measurement.		100
Dental examinations.		100
Mammogram (inclusive DEXA bone density scan) - Radiology.		150
Pap smear. Pathology including general practitioner / gynaecology visits.		100
HIV test, all ages.		100
Prostate screening. Pathology prostate specific antigen test.		150
Chronic medication compliance.		150
IMMUNISATION (Vaccines only)		Part of Wellness Management
Flu vaccines.	100% NRP	1 flu vaccination per beneficiary, per annum
Pneumococcal vaccine.	100% NRP	1 per beneficiary, over 65 years, per annum
Baby immunisations 0 - 7 years.	100% NRP	Vaccinations for children 0 - 7 years
HPV vaccine - Females between 9 - 30 years.	100% NRP	3 injections during the course of a year, once per lifetime
PREVENTATIVE REHABILITATION TREATMENT		Part of Preventative Benefit sub-limit
Orthopaedic rehabilitation and treatment relating to Chronic disease management - Part of approved treatment plans, pre-authorisation and clinical risk management. (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



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		
Transport cost when referred for specialist services not available in the area of residence.	100% of cost	N\$ 3, 800 per family
BENEFIT REWARDS		Low claiming threshold levels
1. Each dependant is allocated with a threshold value per annum. Should you claim less than your threshold value as at 31 December of each year, the remaining balance of your threshold may be transferred to your Benefit Wallet. (The balance is transferred after 4 months to allow for the run off of medical claims incurred in the previous year). 2. Members participating in wellness day initiatives and preventative testing may earn additional Benefit Wallet rewards, this includes early registration on the maternity program and additional rewards for normal deliveries. 3. 80% of unused benefits in the Benefit Builder may be transferred annually to the Benefit Wallet (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 may be used for purchasing of medical treatment and services in terms of the Medical Aid Funds Act, provided that the member pays first and claims back from the Benefit Wallet within the 4 month claiming period. Allow Provider payments for excess of Benefit and tariff rejections.	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
A 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.	100%	Related to emergency evacuation
Medical treatment.	100%	Terms and conditions
Evacuation, repatriation, return of children.	100%	Terms and conditions

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. Should there be any discrepancies, misprints and / or interpretation thereof, the Rules 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.



BENEFIT BUILDERS

We acknowledge that each individual person's healthcare needs are unique, and that his / her health status may change at any time during the year. For this reason we offer you a plethora of medical benefits, which you may buy, in order to extend your cover. Please call us at +264 83 299 9000 to apply.

BENEFIT BUILDER OPTIONS	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

BENEFIT BUILDERS COVER	TARIFF %	BENEFITS
DAY-TO-DAY BENEFITS		
MEDICAL SERVICES		
General Practitioner, specialist consultations and primary healthcare consultations.	100%	Part of the family limit
General Practitioner and Specialist administration fee for chronic patient applications and medical reports.		
Pharmacist and telephone consultations.		
General Practitioner / primary and specialist procedures in rooms including equipment, materials and injections.		
Psychiatric treatment.		
Radiology and Pathology.		
Alcohol and drug addiction and addiction therapy and related pathology. Part of treatment plan protocols.		
Paramedical services including physiotherapy, social workers, speech therapy, audiology, acousticians, dietitians, occupational therapy, clinical psychology, biokinetics, homeo / chiro / osteopathy, podiatry, acupuncture, etc.		
TRANSPORT AND ACCOMMODATION		
Transport cost when referred for specialist services not available in the area of residence.	100%	Part of the family limit
MEDICATION		
Acute medication (Non-preferred and preferred medication) including homeopathic medication and primary health scripts.	100% NRP	Part of the family limit
Pharmacy initiated therapy and OTC medication. Maximum of N\$ 200 per script.	100% NRP	
Chronic medication (Preferred).	100% NRP	
Chronic medication (Non-preferred).	100% NRP	
OPTICAL BENEFIT		
Lenses / contact lenses.	100%	Part of the family limit
Frames.		
Eye tests.		
DENTISTRY BENEFIT		
Conservative dentistry and specialised dentistry including - Fillings, extractions and oral hygiene, dental implants, crowns, bridges, dentures and orthodontic treatment.	100%	Part of the family limit
HOSPITAL BENEFITS		
MRI / CT / PET SCAN / BONE DENSITY (In- and Out-of-Hospital)		
In- and Out-of-Hospital Benefit. Part of pre-authorisation and clinical protocols.	100%	Part of the family limit
MAXILLOFACIAL AND DENTAL SURGERY (In- and Out-of-Hospital)		
Non-elective maxillofacial / oral surgery - Trauma, including dental extractions of more than three teeth or multiple fillings in children under the age of ten and disabled dependants / removal of impacted wisdom teeth. (All-inclusive benefit - surgery, treatment and services). Part of clinical protocols.	100%	Part of the family limit
DENTAL AND ORAL SURGERY		
Elective dental and oral surgery, including dental implant surgery, excluding the cost of the dental implant. (All-inclusive benefit - surgery, treatment and services). Part of clinical protocols and applicable Medical Aid Fund Rules.	100%	Part of the family limit
EYE SURGERY		
Excimer laser and radial keratotomy only after two years membership. (All-inclusive benefit - admissions, surgery, treatment and services). Part of clinical protocols.	100%	Part of the family limit

RECONSTRUCTIVE SURGERY

Reconstructive Surgery - After two years membership, including breast reductions. (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.

HIV / AIDS pathology.

HIV / AIDS medication.

HIV counselling.

100%

Part of the family limit

BENEFIT WALLET

Early maternity registration and natural births; 80% of unused Benefit Builders; participating in wellness days and preventative testing; and when a member claims less than the threshold, the balance is carried over to the Benefit Wallet.



SUPPORT

CLIENT SERVICE

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HOSPITAL PRE-AUTHORISATION

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24 HOUR EMERGENCY & SUPPORT

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REGISTRATION

CHRONIC PROGRAMME
DISEASE MANAGEMENT PROGRAMME
HIV MANAGEMENT PROGRAMME
MATERNITY PROGRAMME
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MEMBER PRODUCT MANAGEMENT



MEMBER PORTAL

Use the member portal to manage your Renaissance Health Product in conjunction with the member mobile app

- Visit www.rhmaf.com.na
- 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 Prosperity Health mobile app to manage your Renaissance Health Product in conjunction with the member portal. The app is available at no cost.

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





Renaissance Health
Medical Aid Fund



www.rhmaf.com



Renaissance Health Medical Aid Fund



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



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