



RMA
Renaissance Health
Medical Aid Fund

Administered by  **PROSPERITY HEALTH**



CALIBER CARE GUIDE 2021

CALIBER CARE

OVERALL ANNUAL LIMIT

Per family: N\$ 3,000,000

Per beneficiary: N\$ 2,000,000



MONTHLY CONTRIBUTIONS

AGE	INDIVIDUAL RATES 9 members or less			GROUP RATE 1 For groups with 10 - 49 Principal Members			GROUP RATE 2 For groups with 50 - 249 Principal Members			GROUP RATE 3 For groups with 250 and more Principal Members		
	Principal Member	Adult Dependand	Child Dependand	Principal Member	Adult Dependand	Child Dependand	Principal Member	Adult Dependand	Child Dependand	Principal Member	Adult Dependand	Child Dependand
0 - 25	2,635	1,780	1,155	2,320	1,555	1,000	2,175	1,455	925	2,065	1,375	885
26 - 30	2,910	1,965	1,155	2,535	1,720	1,000	2,365	1,605	925	2,240	1,510	885
31 - 35	3,090	2,105	1,155	2,675	1,835	1,000	2,500	1,705	925	2,385	1,640	885
36 - 40	3,405	2,455	1,155	2,935	2,125	1,000	2,750	1,990	925	2,620	1,890	885
41 - 45	3,815	2,755	1,155	3,305	2,400	1,000	3,080	2,230	925	2,935	2,125	885
46 - 50	4,200	3,300	1,155	3,635	2,865	1,000	3,390	2,690	925	3,255	2,545	885
51 - 55	4,485	3,635	1,155	3,880	3,145	1,000	3,610	2,945	925	3,455	2,800	885
56 - 60	4,860	3,995	1,155	4,205	3,475	1,000	3,910	3,240	925	3,755	3,090	885
61 - 65	5,190	4,285	1,155	4,500	3,720	1,000	4,175	3,475	925	4,020	3,300	885
66+	5,835	4,780	1,155	5,040	4,150	1,000	4,710	3,855	925	4,500	3,680	885



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)		Part of the Overall Annual Limit
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\$ 25, 200 per family N\$ 12, 600 per beneficiary
State hospitals (Including medicines, materials, hospital apparatus & seven days, Take-Out Medication).	100%	Part of the Overall Annual Limit
Sub-acute facility ward fees. (Admission in lieu of hospitalisation).	100%	
Consultations including treatment and services.	225%	
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 - Selective surgical and endoscopic procedures, circumcisions. Inclusive benefit - Admissions, surgery, treatment and services. Part of pre-authorisation and clinical protocols.	225%	Part of the Overall Annual Limit
Admission to unattached operating theatres and sub-acute facilities.	100%	
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.	225%	
MRI / CT / PET SCAN / BONE DENSITY (In- and Out-of-Hospital)		N\$ 42, 600 per family N\$ 21, 900 per beneficiary
In- and Out-of-Hospital Benefit. Part of pre-authorisation and clinical protocols.	100%	Part of the sub-limit
MAXILLOFACIAL AND DENTAL SURGERY (In- and Out-of-Hospital)		N\$ 75, 000 per family N\$ 50, 000 per beneficiary
Non-elective maxillofacial / oral surgery - Trauma, including dental extractions of more than three teeth or multiple fillings in children under the age of ten and disabled dependants / removal of impacted wisdom teeth. (All-inclusive benefit - surgery, treatment and services). Part of clinical protocols.	225%	Part of the sub-limit
DENTAL AND ORAL SURGERY		N\$ 12, 600 per family N\$ 8, 400 per beneficiary
Admission.	100%	Part of the sub-limit
Elective dental and oral surgery, including dental implant surgery, excluding the cost of the dental implant. (All-inclusive benefit - surgery, treatment and services). Part of clinical protocols and applicable Medical Aid Fund Rules.	225%	
EYE SURGERY		Part of the Overall Annual Limit
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.	225%	
Excimer laser and radial keratotomy only after two years membership. (All-inclusive benefit - admissions, surgery, treatment and services). Part of clinical protocols.		
		N\$ 30, 100 per family N\$ 20, 000 per beneficiary
RECONSTRUCTIVE SURGERY		N\$ 21, 800 per family N\$ 14, 600 per beneficiary
Admission.	100%	Part of the sub-limit
Reconstructive Surgery - After two years membership, including breast reductions. (All-inclusive benefit - admissions, surgery, treatment and services). Part of clinical protocols.	225%	
ALTERNATIVE SERVICES		N\$ 30, 100 per family N\$ 20, 000 per beneficiary
In- and Out-of-Hospital Benefit including occupational therapy, private nursing, palliative care (end stage terminal diseases) and frail care.	100%	Part of the sub-limit
MENTAL HEALTH		21 days 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%	21 days per beneficiary
INTERNAL PROSTHESIS		Subject to RMA protocol
Internal prosthesis - example: knee / hip / pacemakers. Part of pre-authorisation and clinical risk management protocols.	100%	Subject to RMA protocol
TRAUMA TREATMENT		Part of the Overall Annual Limit
Oncology (Including chemo and radiation treatment), organ transplant, acute renal and peritoneal dialysis (In hospital).	225%	Part of the Overall Annual Limit
Oncology (Including chemo and radiation treatment), organ transplant, acute renal and peritoneal dialysis (Out-of-hospital).	180%	
Motor Vehicle Accidents (MVA).	225%	
HEALTH IS VITAL		Part of the Overall Annual Limit
Hospital and treatment.	100%	Part of the Overall Annual Limit
HIV / AIDS visits.	100%	N\$ 3, 500 per family
HIV / AIDS pathology.	100%	N\$ 12, 700 per family
HIV / AIDS medication.	100% NRP	N\$ 41, 600 per family
HIV counselling.	100%	N\$ 4, 900 per family



DAY-TO-DAY BENEFITS

TARIFF %

BENEFITS

PROFESSIONAL SERVICES

N\$ 26, 200 per family
N\$ 13, 100 per beneficiary

General Practitioner, specialist consultations and primary healthcare consultations.

100%

General Practitioner and specialist administration fee for chronic patient applications and medical reports.

Agreed Tariff

Pharmacist / General Practitioners and Psychologists telephone consultations.

100%

General Practitioner / primary and specialist procedures in rooms including equipment, materials and injections.

100%

Part of Professional Service limit

Psychiatric and Psychology consultations and treatment.

100%

Radiology.

100%

Pathology.

100%

PARAMEDICAL SERVICES

N\$ 13, 500 per family
N\$ 6, 800 per beneficiary

Including physiotherapy, social workers, speech therapy, audiology, acousticians, dieticians, occupational therapy, biokinetics, homeo / chiro / osteopathy, podiatry, acupuncture, etc.

100%

Part of the sub-limit

Auxiliary services - Biokinetics, homeo / chiro / osteopathy, podiatry, acupuncture, etc.

100%

EXTERNAL PROSTHESIS AND MEDICAL APPLIANCES

N\$ 37, 500 per family
N\$ 18, 700 per beneficiary

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

100% of cost

Special external medical appliances - Wheelchairs every three years; hearing aids apparatus every two years. Part of pre-authorisation and approval.

90% of cost

Part of the sub-limit

General external medical appliances - Including glucometers, blood pressure monitors, stockings, braces etc. Part of pre-authorisation and approval.

80% of cost

OPTICAL BENEFIT

N\$ 6, 400 per family
N\$ 2, 800 per beneficiary

Eye tests.

100%

Part of the sub-limit

Lenses / contact lenses.

100%

Frames, once every two years.

100%

N\$ 1, 300 per beneficiary

DENTISTRY BENEFIT

N\$ 20, 800 per family
N\$ 9, 500 per beneficiary

Conservative dentistry - Fillings, extractions and oral hygiene.

100%

Part of the sub-limit

Special dentistry - Dental implants, crowns, bridges, dentures and orthodontic treatments. Part of pre-authorisation and approved treatment plan.

100%

MEDICATION BENEFIT

N\$ 31, 800 per family
N\$ 14, 000 per beneficiary

Acute Medication - Preferred and non-preferred.

80% NRP

N\$ 14, 400 per family
N\$ 5, 700 per beneficiary

Pharmacy initiated therapy and OTC medication. Maximum of N\$ 200 per script.

80% NRP

N\$ 1, 600 per beneficiary

Homeopathic medication.

80% NRP

Part of Acute Medication sub-limit

Primary health scripts.

80% NRP

Chronic Medication - Preferred and non-preferred.

Preferred 90%
Non-preferred
80%

N\$ 17, 400 per family
N\$ 8, 300 per beneficiary

EXTENDED MEDICATION BENEFIT

N\$ 91, 600 per family

In- and Out-of-Hospital: Extended Medication Benefit cover for oncology, renal care, organ transplant, cardiovascular and diabetes related medication (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

Part of the sub-limit

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



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.

225%

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

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.



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%	1 per beneficiary, per annum
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
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COMPLEMENTARY BENEFITS

TARIFF %

BENEFITS

PREMIUM PROTECTION

Period

Covers monthly Medical Aid Fund contributions on the life of the Principal Member.	100%	3 months
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TRAVEL AND ACCOMMODATION BENEFIT

Travel expenses (including accommodation) incurred to obtain medical treatment which is not available in your town of residence in or outside Namibia. Where a member obtains accommodation from a registered hospitality institution the claim would be paid, subject to the stipulated Benefit limits per Option. Members opting to stay with family, may claim N\$450 per day for accommodation, subject to the stipulated available Benefit limit per Option.	100% of cost	N\$ 4, 500 per family
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BENEFIT REWARDS

Low claiming threshold levels

<ol style="list-style-type: none"> 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) The Threshold is a Family Threshold and maximum calculation based on Principal member plus 5 dependants. Members participating in Wellness Day initiatives and preventative testing will earn additional Benefit Wallet rewards, this includes early registration on the maternity programme and additional rewards for normal births. 80% 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) 		<p>Principal Member N\$ 3, 800 Adult Dependand N\$ 2, 700 Child Dependand N\$ 1, 400</p>
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BENEFIT WALLET

Registered beneficiaries only. Accumulated Benefit Wallet benefits can be used for purchasing of any 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. 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. EARN WELLNESS POINTS for participating in Wellness Day initiatives and preventative testing including early registration on maternity programme and normal births.	100% of cost	Subject to availability of Benefit Wallet Benefits, medical treatment and services obtained from a registered medical facility.
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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
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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

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 BUILDERS AVAILABLE ON THESE PRODUCT OPTIONS

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

BENEFIT BUILDER OPTIONS

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 BUILDER COVER

BENEFIT BUILDER 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		
Travel expenses (including accommodation) incurred to obtain medical treatment which is not available in your town of residence in or outside Namibia. Where a member obtains accommodation from a registered hospitality institution the claim would be paid, subject to the stipulated Benefit limits per Option. Members opting to stay with family, may claim N\$450 per day for accommodation, subject to the stipulated available Benefit limit per Option.	100%	Part of the family limit
MEDICATION		
Acute medication (Non-preferred and preferred medication) including homeopathic medication 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

BENEFIT BUILDER COVER	TARIFF %	BENEFITS
HOSPITAL BENEFITS		
MRI / CT / PET SCAN / BONE DENSITY (In- and Out-of-Hospital)		
In- and Out-of-Hospital Benefit. Part of pre-authorisation and clinical protocols.	100%	Part of the family limit
MAXILLOFACIAL AND DENTAL SURGERY (In- and Out-of-Hospital)		
Non-elective maxillofacial / oral surgery - Trauma, including dental extractions of more than three teeth or multiple fillings in children under the age of ten and disabled dependants / removal of impacted wisdom teeth. (All-inclusive benefit - surgery, treatment and services). Part of clinical protocols.	100%	Part of the family limit
DENTAL AND ORAL SURGERY		
Elective dental and oral surgery, including dental implant surgery, excluding the cost of the dental implant. (All-inclusive benefit - surgery, treatment and services). Part of clinical protocols and applicable Medical Aid Fund Rules.	100%	Part of the family limit
EYE SURGERY		
Excimer laser and radial keratotomy only after two years membership. (All-inclusive benefit - admissions, surgery, treatment and services). Part of clinical protocols.	100%	Part of the family limit
RECONSTRUCTIVE SURGERY		
Reconstructive Surgery - After two years membership, 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.	100%	Part of the family limit
HIV / AIDS pathology.		
HIV / AIDS medication.		
HIV counselling.		

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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MEMBERSHIP
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HOSPITAL PRE-AUTHORISATION
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24 HOUR EMERGENCY & SUPPORT
+264 61 2999 363

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.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 Renaissance Health Product in conjunction with the member portal. The Prosperity Health mobile app is available for Renaissance Health 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 Prosperity Health on the app store or Google play and download the app.
- Follow the easy instructions to register.



www.rmanam.com



Renaissance Health Medical Aid Fund



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



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