



**RMA**  
*Renaissance Health*  
Medical Aid Fund

Administered by  **PROSPERITY HEALTH**



# EVOLVE CARE GUIDE 2021

# EVOLVE CARE

## OVERALL ANNUAL LIMIT

Per family: N\$ 1, 165, 500  
Per beneficiary: N\$ 787, 500



## 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	1,240	860	560	1,075	740	480	1,020	695	455	950	655	425
26 - 30	1,350	925	560	1,165	800	480	1,095	750	455	1,030	705	425
31 - 35	1,460	1,005	560	1,255	865	480	1,175	810	455	1,110	775	425
36 - 40	1,605	1,190	560	1,400	1,025	480	1,305	975	455	1,235	910	425
41 - 45	1,785	1,315	560	1,555	1,145	480	1,455	1,070	455	1,380	1,005	425
46 - 50	1,990	1,580	560	1,725	1,375	480	1,615	1,270	455	1,525	1,225	425
51 - 55	2,275	1,860	560	1,980	1,625	480	1,840	1,520	455	1,745	1,425	425
56 - 60	2,510	2,120	560	2,180	1,845	480	2,020	1,710	455	1,905	1,610	425
61 - 65	2,725	2,275	560	2,365	1,965	480	2,210	1,845	455	2,080	1,740	425
66+	2,910	2,400	560	2,520	2,065	480	2,350	1,940	455	2,235	1,830	425

## MONTHLY CONTRIBUTIONS (GROUPS ONLY)

INCOME	INDIVIDUAL RATES For groups with 9 or less Principal Members			GROUP RATE 1 For groups with 10 - 49 Principal Members			GROUP RATE 2 For groups with 50 - 249 Principal Members			GROUP RATE 3 For groups with 250 and more Principal Members		
	Principal Member	Adult Dependand	Child Dependand	Principal Member	Adult Dependand	Child Dependand	Principal Member	Adult Dependand	Child Dependand	Principal Member	Adult Dependand	Child Dependand
0 - 2,000	1,395	835	515	1,235	710	445	1,140	670	435	1,085	655	395
2,001 - 4,000	1,580	965	515	1,385	830	445	1,275	780	435	1,230	760	395
4,001 - 6,000	1,955	1,370	530	1,680	1,190	450	1,560	1,120	440	1,510	1,075	410
6,001+	2,045	1,405	545	1,760	1,235	465	1,655	1,155	455	1,575	1,100	420



# HOSPITAL BENEFITS

**TARIFF %****BENEFITS**

HOSPITAL BENEFITS		TARIFF %	BENEFITS
<b>TOTAL ALL-INCLUSIVE OVERALL ANNUAL LIMIT</b>			Part of the Overall Annual Limit
<b>HOSPITAL BENEFIT GROUP (Subject to clinical risk management protocols)</b>			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\$ 10, 000 per family N\$ 5, 000 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.	180%		
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	
<b>SURGICAL PROCEDURES DONE IN ROOMS / UNATTACHED THEATRES</b>			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.	180%	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.	180%		
<b>MRI / CT / PET SCAN / BONE DENSITY (In- and Out-of-Hospital)</b>			N\$ 16, 500 per family N\$ 8, 300 per beneficiary
In- and Out-of-Hospital Benefit. Part of pre-authorisation and clinical protocols.	100%	Part of the sub-limit	
<b>MAXILLOFACIAL AND DENTAL SURGERY (In- and Out-of-Hospital)</b>			N\$ 28, 100 per family N\$ 18, 700 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.	180%	Part of the sub-limit	
<b>DENTAL AND ORAL SURGERY</b>			N\$ 4, 700 per family N\$ 3, 100 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.	180%		
<b>EYE SURGERY</b>			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.	180%		
Excimer laser and radial keratotomy only after two years membership. (All-inclusive benefit - admissions, surgery, treatment and services). Part of clinical protocols.			
<b>RECONSTRUCTIVE SURGERY</b>			N\$ 9, 200 per family N\$ 6, 000 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.	180%		
<b>ALTERNATIVE SERVICES</b>			N\$ 22, 500 per family N\$ 15, 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	
<b>MENTAL HEALTH</b>			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	
<b>INTERNAL PROSTHESIS</b>			Subject to RMA protocol
Internal prosthesis - example: knee / hip / pacemakers. Part of pre-authorisation and clinical risk management protocols.	100%	Subject to RMA protocol	
<b>TRAUMA TREATMENT</b>			Part of the Overall Annual Limit
Oncology (Including chemo and radiation treatment), organ transplant, acute renal and peritoneal dialysis (In hospital).	180%	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).	180%		
<b>HEALTH IS VITAL</b>			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\$ 15,700 per family  
N\$ 7,900 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\$ 4,500 per family  
N\$ 3,000 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\$ 12,200 per family  
N\$ 8,100 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\$ 2,200 per family  
N\$ 1,500 per beneficiary

Eye tests.

100%

Part of the sub-limit

Lenses / contact lenses.

100%

Frames, once every two years.

100%

N\$ 750 per beneficiary

### DENTISTRY BENEFIT

N\$ 5,300 per family  
N\$ 3,600 per beneficiary

Conservative dentistry - Fillings, extractions and oral hygiene.

100%

Part of the sub-limit

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

100%

### MEDICATION BENEFIT

N\$ 10,700 per family  
N\$ 5,400 per beneficiary

Acute Medication - Preferred and non-preferred.

80% NRP

Part of Medication Benefit sub-limit

Pharmacy initiated therapy and OTC medication. Maximum of N\$ 180 per script.

80% NRP

N\$ 1,400 per beneficiary

Homeopathic medication.

80% NRP

Primary health scripts.

80% NRP

Part of Medication Benefit sub-limit

Chronic Medication - Preferred and non-preferred.

Preferred 90%  
Non-preferred  
80%

### EXTENDED MEDICATION BENEFIT

N\$ 45,800 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.

180%

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.

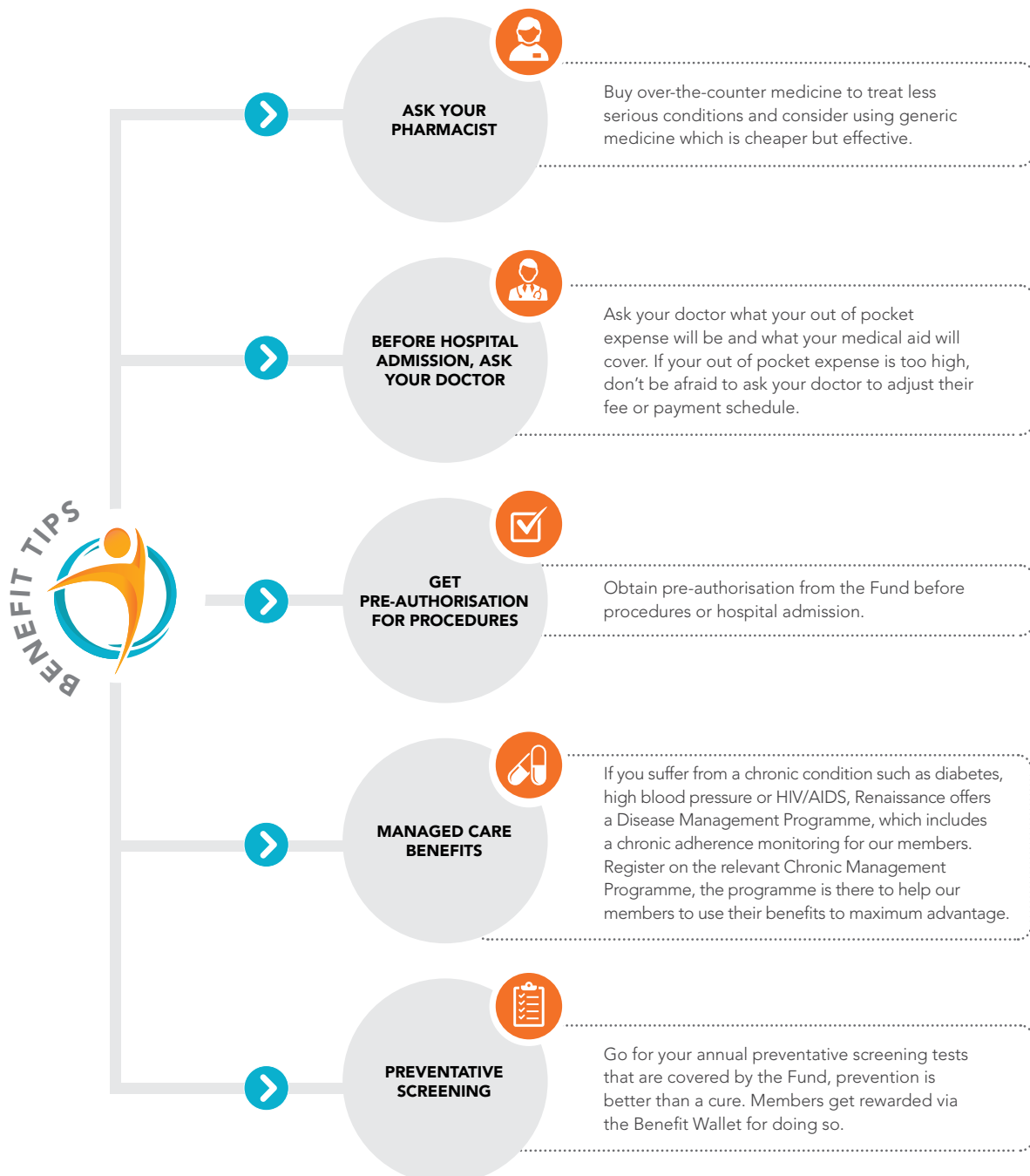
 <b>WELLNESS BENEFITS</b>		TARIFF %	BENEFITS
<b>WELLNESS MANAGEMENT</b>			N\$ 10, 000 per family
<b>PREVENTATIVE HEALTH BENEFIT (Members may earn benefit rewards for participation)</b>			Part of Wellness Management
Blood sugar test, cholesterol test, BMI and blood pressure measurement.	100%		1 per beneficiary, 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.
<b>WELLNESS REWARD - BENEFIT WALLET ALLOCATION FOR PREVENTATIVE HEALTH BEHAVIOUR</b>			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
<b>IMMUNISATION (Vaccines only)</b>			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
<b>PREVENTATIVE REHABILITATION TREATMENT</b>			No 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).			No benefit
 <b>COMPLEMENTARY BENEFITS</b>		TARIFF %	BENEFITS
<b>PREMIUM PROTECTION</b>			Period
Covers monthly Medical Aid Fund contributions on the life of the Principal Member.	100%		3 months
<b>TRAVEL AND ACCOMMODATION BENEFIT</b>			
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\$ 3, 900 per family
<b>BENEFIT REWARDS</b>			Low claiming threshold levels
<ol style="list-style-type: none"> <li>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)</li> <li>The Threshold is a Family Threshold and maximum calculation based on Principal member plus 5 dependants.</li> <li>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.</li> </ol>			Principal Member N\$ 1, 700 Adult Dependand N\$ 1, 200 Child Dependand N\$ 600
<b>BENEFIT WALLET</b>			
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.
<b>LONGSTANDING MEMBERSHIP REWARDS</b>			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
<b>INTERNATIONAL RESCUE ME &amp; ASSISTANCE (In addition to the Overall Annual Limit)</b>			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 TIPS

*Use your benefits wisely*

**As the new year begins medical aid members start with a clean slate, with new benefits.**

If you manage your medical expenses correctly, you can avoid out-of-pocket expenses and limit the possibility of running out of benefits.



# CONTACT DETAILS



## SUPPORT

### CLIENT SERVICE

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### 24 HOUR EMERGENCY & SUPPORT

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CHRONIC PROGRAMME  
DISEASE MANAGEMENT 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](http://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](http://www.rmanam.com)



Renaissance Health Medical Aid Fund



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



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Rosh Pinah  
Swakopmund  
Tsumeb  
Walvis Bay