



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

Administered by  **PROSPERITY**  
HEALTH

# PREMIERE CARE GUIDE 2021

# PREMIERE CARE

## OVERALL ANNUAL LIMIT

Unlimited at State Hospitals  
Per family: N\$ 368, 000 at Private Hospitals



## 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	655	455	270	570	395	235	540	370	220	505	345	205
26 - 30	700	480	270	605	415	235	570	390	220	535	365	205
31 - 35	730	500	270	625	435	235	590	405	220	555	385	205
36 - 40	780	580	270	680	495	235	635	475	220	600	440	205
41 - 45	875	645	270	765	560	235	710	525	220	675	490	205
46 - 50	995	790	270	860	685	235	805	635	220	765	610	205
51 - 55	1,135	930	270	990	810	235	920	760	220	875	715	205
56 - 60	1,255	1,060	270	1,090	920	235	1,010	855	220	955	805	205
61 - 65	1,365	1,135	270	1,185	980	235	1,105	920	220	1,040	870	205
66+	1,455	1,200	270	1,260	1,030	235	1,175	970	220	1,120	915	205

## 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 - 1, 500	645	445	195	555	395	170	515	355	165	480	340	160
1, 501 - 3, 000	715	505	215	595	445	200	565	415	180	540	410	165
3, 001 - 6, 000	840	590	275	715	500	240	675	485	200	655	460	200
6, 001 +	1,160	800	360	990	710	300	930	675	280	895	630	275



# HOSPITAL BENEFITS

**TARIFF %****BENEFITS**

TOTAL ALL-INCLUSIVE OVERALL ANNUAL LIMIT		Unlimited at State Facilities
HOSPITAL BENEFIT GROUP (Subject to clinical risk management protocols)		N\$ 368, 000 per family
Private hospital (Approved surgical and medical admissions only) (Including medicines, materials, hospital apparatus and seven days Take-Out Medication).	100%	N\$ 368, 000 per family
Accommodation in private wards.	100%	No benefit
State hospitals (Approved surgical and medical admissions only) (Including medicines, materials, hospital apparatus & seven days, Take-Out Medication).	100%	Unlimited
Sub-acute facility ward fees. (Admission in lieu of hospitalisation).	100%	Part of the sub-limit in a private hospital and unlimited in State facilities
Consultations including treatment and services.	100%	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.		No benefit
DBC (Musculoskeletal rehabilitation 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.	100%	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.	100%	
MRI / CT / PET SCAN / BONE DENSITY (In- and Out-of-Hospital)		N\$ 8, 300 per family N\$ 4, 200 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\$ 16, 300 per family
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 sub-limit
DENTAL AND ORAL SURGERY		No benefit
Admission.		State facilities only No benefit in private hospitals
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.		
EYE SURGERY		N\$ 54, 000 per family
Admission.		Part of the sub-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.	100%	
Excimer laser and radial keratotomy only after two years membership. (All-inclusive benefit - admissions, surgery, treatment and services). Part of clinical protocols.		
RECONSTRUCTIVE SURGERY		No benefit
Admission.		State facilities only No benefit in private hospitals
Reconstructive Surgery - After two years membership, including breast reductions. (All-inclusive benefit - admissions, surgery, treatment and services). Part of clinical protocols.		
ALTERNATIVE SERVICES		No benefit
In- and Out-of-Hospital Benefit including occupational therapy, private nursing, palliative care (end stage terminal diseases) and frail care.		State facilities only No benefit in private hospitals
MENTAL HEALTH		No benefit
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%	State facilities only No benefit in private hospitals
INTERNAL PROSTHESIS		No benefit
Internal prosthesis - example: knee / hip / pacemakers. Part of pre-authorisation and clinical risk management protocols.	100%	State facilities only No benefit in private hospitals
TRAUMA TREATMENT		No benefit
Oncology (Including chemo and radiation treatment), organ transplant, acute renal and peritoneal dialysis (In hospital).	100%	State facilities only No benefit in private hospitals
Oncology (Including chemo and radiation treatment), organ transplant, acute renal and peritoneal dialysis (Out-of-hospital).		
Motor Vehicle Accidents (MVA).		
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 FEE FOR SERVICE

BENEFITS NETWORK PROVIDERS

### PROFESSIONAL SERVICES

N\$ 9, 300 per family  
N\$ 4, 700 per beneficiary

Unlimited

General Practitioner, specialist consultations and primary healthcare consultations.

100%

Part of Professional Service limit

Unlimited GP consultations (N\$10 per visit.)  
Specialist consultations on referral of Network provider only (N\$10 per visit)

After hours General Practitioner, specialist or primary healthcare consultations.

Agreed Tariff

Part of the sub-limit

3 consultations per family

Pharmacist / General Practitioner telephone consultations.

100%

Part of Professional Service limit

2 consultations per beneficiary

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

100%

State facilities only

Unlimited (N\$10 per visit.)

Psychiatric treatment.

State facilities only

State facilities only

Radiology.

100%

Part of Professional Service limit

Basic black and white only

Pathology.

100%

Part of Professional Service limit

Basic pathology only

### PARAMEDICAL SERVICES

No benefit

No benefit

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

State facilities only

State facilities only

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

### EXTERNAL PROSTHESIS AND MEDICAL APPLIANCES

No benefit

No benefit

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

State facilities only

State facilities only

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\$ 950 per family  
N\$ 630 per beneficiary

N\$ 950 per family  
N\$ 630 per beneficiary

Eye tests.

100%

Part of the sub-limit

Part of the sub-limit

Lenses / contact lenses.

100%

Frames, once every two years.

100%

### DENTISTRY BENEFIT

N\$ 5, 300 per family  
N\$ 2, 600 per beneficiary

N\$ 5, 300 per family  
N\$ 2, 600 per beneficiary

Conservative dentistry - Fillings, extractions and oral hygiene.

100%

Part of the sub-limit

Part of the sub-limit

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

100%

Plastic dentures every 2 years

Plastic dentures every 2 years

### MEDICATION BENEFIT

N\$ 6, 900 per family  
N\$ 3, 400 per beneficiary

Unlimited

Acute Medication - Preferred and non-preferred.

100% NRP

Part of the sub-limit

Script limit N\$ 280

Pharmacy initiated therapy and OTC medication.

100% NRP

No benefit

N\$ 800 per family  
Script limit N\$ 200

Homeopathic medication.

100% NRP

Part of the sub-limit

Script limit N\$ 280

Primary health scripts.

100% NRP

Part of the sub-limit

N\$ 4, 000 per family  
Script limit N\$ 280

Chronic Medication - Preferred and non-preferred.

100% NRP

Part of the sub-limit

N\$ 4, 000 per family  
Script limit N\$ 280

### EXTENDED MEDICATION BENEFIT

No benefit

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.

State facilities only

Preferred medication.

Non preferred medication.

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).



## 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%

Part of the sub-limit in private hospitals

Gynaecology / obstetric - Out of hospital.

100%

Unlimited in State facilities

Maternity scans.

100%

2 scans per beneficiary

Antenatal visits.

100%

12 visits per beneficiary

Amniocentesis - AHB excluded.

100%

Neonatal ICU / ward fees.



100%

Part of the sub-limit in private hospitals

Paediatrician visits - Postnatal.

100%

Unlimited in State facilities

 <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>			No benefit
Transport cost when referred for specialist services not available in the area of residence.			No benefit
<b>BENEFIT REWARDS</b>			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)			Principal Member N\$ 700 Adult Dependant N\$ 450 Child Dependant N\$ 200
2. The Threshold is a Family Threshold and maximum calculation based on Principal member plus 5 dependants.			
3. 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.			
<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 will 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

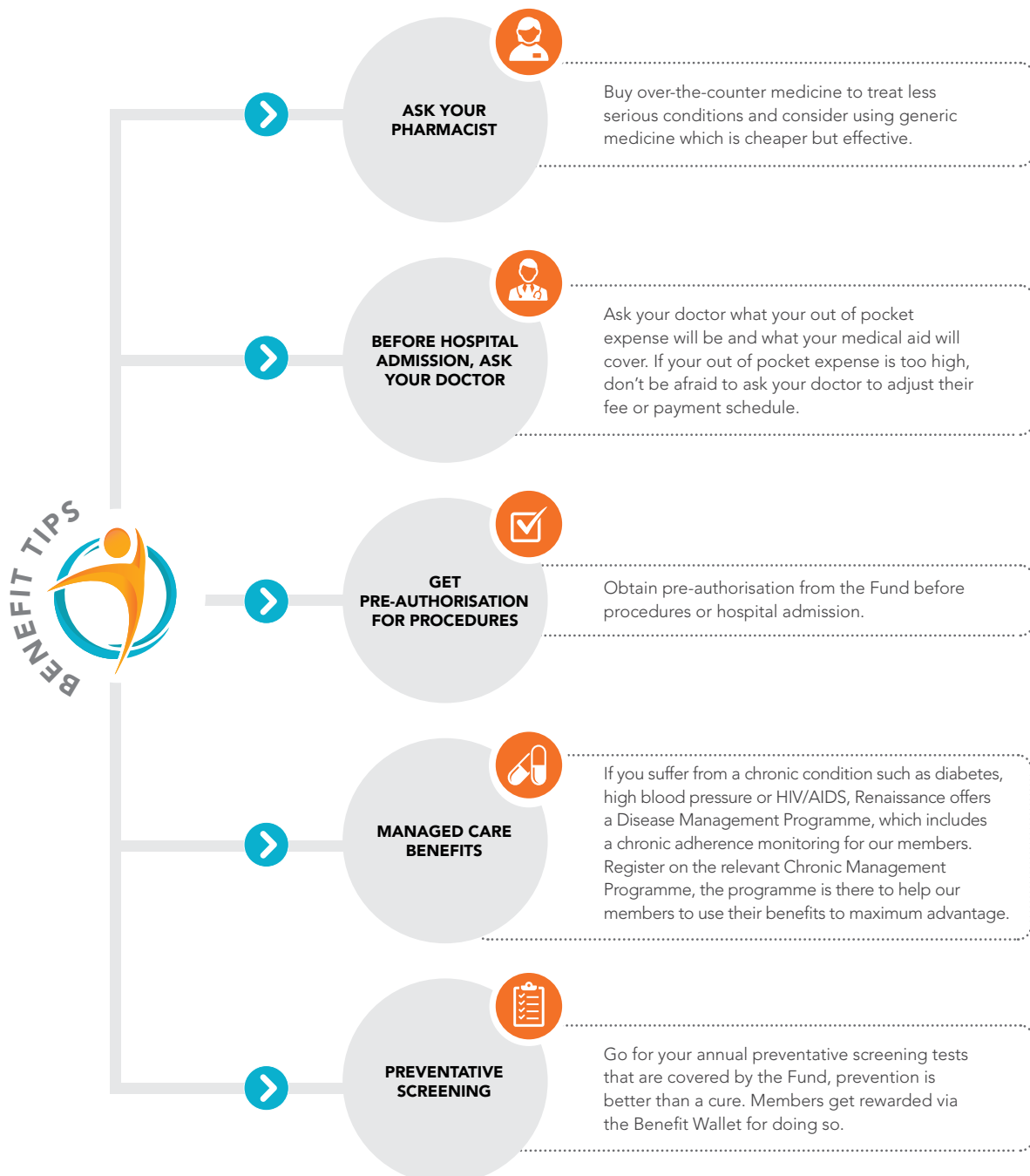
**Disclaimer:** The Renaissance Health Medical Aid Fund is registered with NAMFISA and is managed by the Board of Trustees, representative of the members of the Fund and in terms of the Rules of the Fund as approved by NAMFISA. The guide is an extract from the Rules and Benefits as a reference guideline 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 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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### CLAIMS

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### 24 HOUR EMERGENCY & SUPPORT

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### REGISTRATION

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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